



Report to Leader (Education and Children's Services portfolio)

Decision Date:	11 August 2023
Reference number:	EC07.23
Title:	Local Area Strategy (2023-26): Early Identification and Intervention to Better Support Children and Young People's Therapy Needs ("the Strategy")
Cabinet Member(s):	Councillor Anita Cranmer
Contact officer:	Gemma Workman Gemma.Workman@buckinghamshire.gov.uk
Ward(s) affected:	All Wards
Recommendations:	To Approve the final Local Area Therapy Strategy (2023-26)
Reason for decision:	<ol style="list-style-type: none">To ensure that children and young people in Buckinghamshire continue to receive support and interventions to manage their therapy needs.To improve early identification, intervention and outcomes for Buckinghamshire Children and Young People with therapy needs.To enable work across the wider system that will reduce escalation of need and demand for therapies over time.To support delivery against the Written Statement of Action (WSOA).

Executive summary

- 1.1 Ofsted and the Care Quality Commission (CQC) carried out a Local Area Inspection in March 2022. The outcome of the inspection emphasised the need for a single Therapies Strategy for Buckinghamshire.
- 1.2 It specifically stated the need for: *'a cohesive area strategy to identify and meet the needs of those children and young people requiring speech and language, communication and occupational therapy.*
- 1.3 The Council and the Integrated Care Board (ICB), formerly the Clinical Commissioning Group, have a statutory duty to provide Speech and language Therapy (SaLT), Occupational Therapy (OT) and Physiotherapy (PT) services for Children and Young People (CYP) for whom they are responsible.
- 1.4 The delivery of these services has been under pressure due to a range of contributing factors:
 - a) Increasing demand picture across all provision (Health, Education and Social Care)
 - b) Limitations of the current contracted provision
 - c) Shortages of qualified staff (seen locally, regionally and nationally)
- 1.5 The development of a local area strategy was included as part of the Written Statement of Action (WSOA) required in response to the inspection outcome.
- 1.6 The strategy has been developed in consultation with children and young people, their families and carers and key partners from across the system and informed by guidance and best practice.
- 1.7 The aim of the strategy is to ensure that Buckinghamshire children and young people's needs are identified as soon as possible and that they can access therapy support at the earliest stage.
- 1.8 To do this, the strategy describes a move away from referring all children and young people to an expert therapist for support to an approach that develops expertise within the child and young person's everyday environment. This includes the use of whole school approaches to better support children and young people when in school.
- 1.9 By doing this, this will reduce demand for, and dependence on, the limited specialist provision available. This will improve access to specialist provision for children and young people with more complex needs.
- 1.10 The direction of travel for Buckinghamshire detailed within the strategy is to:
 - move towards a better balance of support across universal, targeted and specialist levels of support

- install a whole school approach to the delivery of therapy support
- support the role of community delivery in supporting children and young people's development

1.11 This strategy aligns with the envisaged approach to the needs led approach being discussed currently through the SEND Improvement Board.

Content of report

1.12 Initial Development of the Strategy

a) Development of Needs Assessment for Therapies

A needs assessment for the Therapies Service delivery was developed between March and September 2022. Information gathered through this process has been utilised to inform the development of the Strategy.

The needs assessment included analysis of a range of quantitative information on local trends, performance and service capacity. It also included benchmarking of our local offer with that of other areas following discussions with other commissioners.

b) Other strategy, best practice & guidance

A range of guidance & best practice was consulted in order to inform the development of the Strategy. This included information from a range of sources including National Institute for Health and Care Excellence (NICE), Royal College of Occupational Therapists, Public Health England (now OHID), Department for Education and others.

Interdependent plans and strategies were also included in this consideration to ensure that any strategy developed in this space dovetailed to existing agreed policy. This included the SEND Inclusion Strategy, SEND Improvement Plan and Early Help Strategy.

Whilst not planned, the direction of the Strategy is also aligned to the recently published 'Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan' from the DfE.

c) Development of vision & key areas of activity

Draft vision statements developed following consultation of best practice and guidance models were shared with key stakeholders (as listed in appendix 2) ahead of a workshop held on the 25th May 2022.

Within the workshop, attendees discussed the draft vision statements, suggested amendments and contributed actions that could support the delivery of the vision statements.

d) Development of first draft of the strategy

Following the workshop, a first draft of the Strategy was developed. This was shared with key stakeholders and feedback requested from them to develop the first draft further ahead of consultation. This took place in June 2022.

Young people, parents and carers provided feedback at the Shout Out for SEND conference in October 2021 which was fed into the development of the draft Strategy.

1.13 Formal Consultation

Please see Appendix 3 for consultation materials.

a) Reason to Consult

- i. The Strategy is a significant move forward in articulating how as a local area, both the Council and the ICS (Health) will work together to better meet the therapy needs of children and young people in Buckinghamshire. These changes require a wide range of people to understand the changes being proposed and to work to implement them. The consultation provided an opportunity to promote the draft strategy across a broader stakeholder group, act as a sense check for the proposed strategy and allow for consideration of alternative views on the best way to improve delivery of therapy support to children and young people.
- ii. In addition, as a result of the changes described in the strategy, it was expected that some groups of professionals would feel that they are being asked to do more to alleviate pressure on specialist therapy provision. The consultation provided an opportunity to start a dialogue in regard to these perceived pressures, for professionals to be heard in respect of the challenges in implementing the strategy and for alternative approaches to be suggested and considered for inclusion in the final Strategy.

b) Adult Residents, Parents, Carers and Professionals

- i. The consultation was undertaken via a website based survey, which was available in hard copy on demand. Individuals could also respond by sending comments to the Prevention Commissioning mailbox if they did not want to complete the questionnaire.
- ii. The consultation was promoted to professionals via a range of newsletters and emails which included a prompt for professionals to promote to parents they work with. The consultation was also

promoted to residents via Buckinghamshire Council social media channels.

iii. The survey was available alongside a series of engagement sessions to encourage a conversation about the strategy in a more fluid way across a wide range of groups. These took part during early November and December 2022 and included:

- 2 parent engagement sessions, covering the strategy and how parents/carers would find communication to them most helpful. This presentation was shown to the Therapies Parent Dialogue Group (PDG) and FACT Bucks prior to the sessions to ensure that it was shown in a way suitable for parents.
- 3 education setting engagement sessions, covering the strategy and the concept of taking a whole setting approach
- 2 SEND professional sessions covering the strategy, opportunities to expand the targeted approach in Buckinghamshire and any barriers
- 2 Early Help professional sessions, covering the strategy, opportunities to expand the targeted approach in Buckinghamshire and any barriers
- 1 Therapist session covering the strategy, opportunities to expand the targeted approach in Buckinghamshire and any barriers

iv. The sessions were held at various times during the day and evening to make them as accessible as possible.

c) CYP Approach

i. It was recognised that the approach being taken for parent/carers and professionals may not be the most useful approach when obtaining the views of children and young people.

ii. The CYP Participation Team supported the development of an approach that within the time restraints for this work would be most suitable. This included development of:

- A CYP facing consultation page
- A consultation pack with hypothetical case studies to draw out their views on the proposals within the strategy
- Guidance for parents, carers and professionals to help support children to respond to the questions
- A response sheet for non-verbal children and young people, developed in collaboration with PACE and Specialist Teaching

In addition, it was decided to offer the opportunity to form part of a group or for a 1:1 conversation about the strategy for children and young people.

- iii. The CYP consultation was promoted via social media, sharing information on the consultation with school SENCOs for onward sharing with parents as well as information sharing by the Integrated Therapy Service to children and young people they support. Information on this consultation route was also shared with parents taking part on the Therapies PDG and the Therapies Consultation Parent and Carer sessions.

d) Member Engagement

The consultation was promoted to all Councillors via a letter from Cllr Anita Cranmer at the start of the consultation period. This was recirculated towards the end of the consultation period.

1.14 Analysis & Summary of feedback received through the Consultation

a) Resident, Parent, Carer and Professional Survey Responses

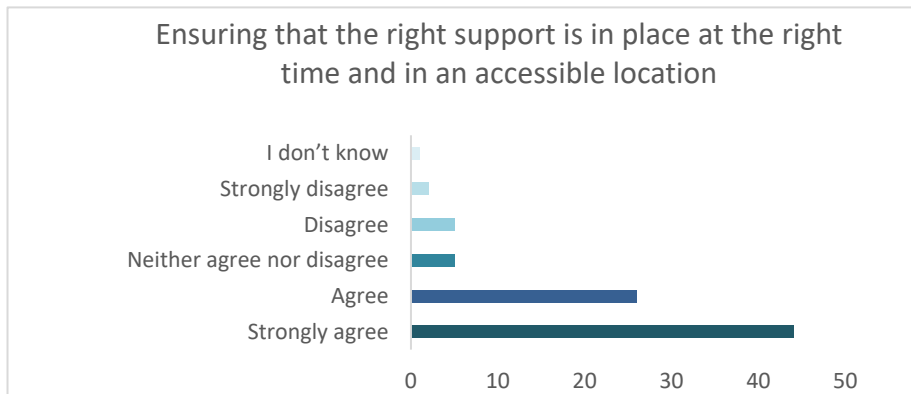
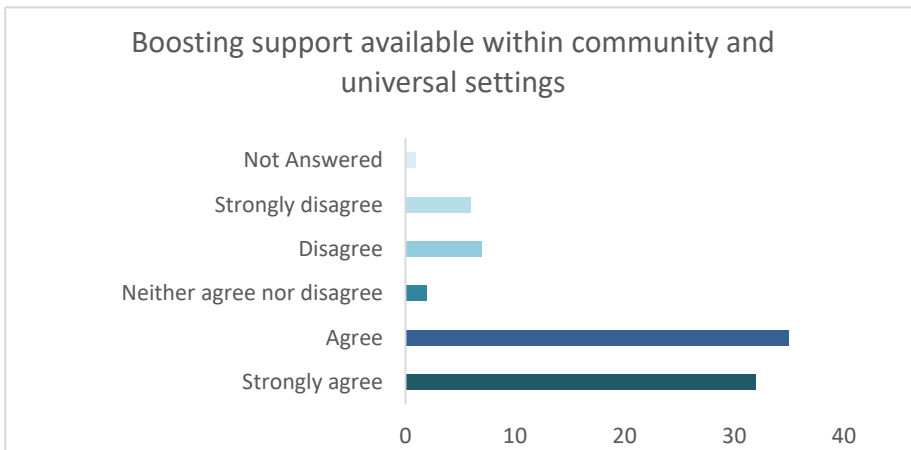
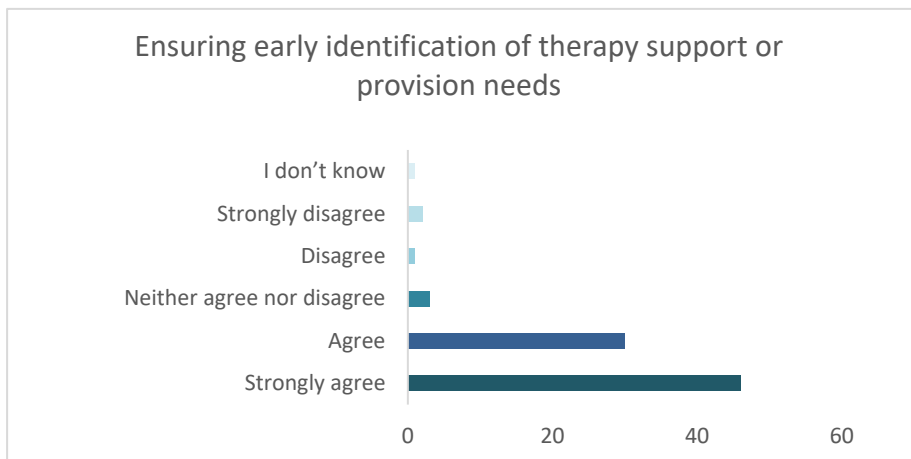
- i. There were 83 consultation responses received via the online survey or via the Prevention Commissioning Mailbox. The type of respondents are listed below:

Respondent Type	% of respondents*
Professional working in an Education Setting	33.3%
Parent or Carer of Child/Young Person with SEND	20.5%
Professionals working with Children/Young People with SEND	50.6%
EY Professional	1.2%
Child/Young Person with SEND	1.2%
SLT, OT or Physiotherapist	40.7%

**respondents could choose multiple entries*

- ii. *The majority of respondents agreed or strongly agreed (67.5%) with the vision described within the Strategy.*

- iii. *The majority of respondents agreed or strongly agreed with the 3 priority areas described within the strategy (91.5%, 81.0% and 84.3% respectively across Priority 1, 2 and 3)*



b) Resident, Parent, Carer and Professional Workshop Feedback

i. 77 individuals signed up to attend for one of these events. These were distributed as follows:

Session Type	Sign ups (%)
Education Setting	47
SEND Professionals	5
Parent Sessions	13
Early Help Sessions	12



ii. The Therapist session was held as part of the Children's Integrated Therapy service team meeting and so was open to all members of the therapy team (over 200 professionals)

iii. Key Themes

- Across all of the groups run, there was general agreement across all the groups run that the approach detailed in the strategy was a positive step.
- There were concerns raised across all groups about resource to implement the strategy, recruitment and retention across multiple professional groups (mainly therapists and teaching assistant) impacting on the implementation.
- Across all groups (including parents and carers), information, advice and training provision was seen as crucial to the implementation of the strategy. A huge range of suggestions on what information and how this could be made was shared through the consultation (including recorded training to allow for out of hours access).
- Another theme across all groups was that of the need for clear information on the pathways available and how these are accessed. This was articulated across a range of needs, including neurodiversity, therapy support and beyond.
- Education settings shared that generally a whole school approach was what most schools were striving for and that the approach taken might not look the same across different schools. Guidance to support this way of working would be welcomed by the schools that attended. Support from a link therapist or specialist service worker would allow for development of an improved and more efficient working relationship.
- Some of the professionals attending articulated ways of improving the way in which advice was given to schools; they described a single point of access model to determine the most appropriate professional to support a particular child or young person across SEND teams.
- Parents expressed the importance of co-production with those who have a particular need, particularly when considering training about, or for, those who are neurodiverse.
- Some therapists explained that they did not feel that the draft reflected the entirety of therapy provision provided within the local area.

c) Children and Young People Survey Responses

- i. 7 responses were received to the Children and Young People’s Consultation; some of these were responses from parents or carers on behalf of their child.
 - ii. Of these, 28.6% accessed Speech and Language support, 42.9% accessed Occupational Therapy and 42.9% accessed Physiotherapy (some respondents reported multiple professional involvement).
 - iii. In regard to the provision of therapy services, the feedback received included:
 - Description of the benefit of face-to-face appointments with therapists
 - Concerns around waiting times to see a therapist
 - iv. When considering the two scenarios, the respondents felt that it was generally a positive way of being supported. They did raise some concerns; these included:
 - The risk of bullying if they were being treated differently in class
 - Still being able to access therapists if this was needed
 - The workload for teaching staff within schools
- d) CYP Engagement Events
- i. Despite effort to recruit CYP for the engagement events, there was no contact with the commissioning team for this method of engagement.

1.15 Development of Final Draft

- a) Following analysis of the consultation responses and information gathered through the workshop events, the strategy was amended in line with feedback. In addition, a list of key themes was drawn into a “you said, we did” format. A draft of these is included at Appendix 4.
- b) The final draft was circulated to the key stakeholder group involved in developing the initial vision, priorities, and actions for a final opportunity for key stakeholders to feedback. Feedback from this round included amendment to the title of the document to better reflect the intent of the strategy.

1.16 Equalities Impact Assessment

- a) An Equalities Impact Assessment was completed prior to consultation.
- b) There was no additional information shared as part of the consultation or from outside of the consultation that has led to a need to amend the assessment at this time.

1.17 Workforce and recruitment



- a) The implementation of the strategy will require a system change over a number of years. In the interim, the incumbent integrated therapies provider has commenced recruitment.
- b) Additional funding has been allocated to meet demand and support increased capacity within the service.
- c) All clinical posts supported by additional funding to recruit above current establishment levels have been advertised nationally.

1.17.1 Mitigating factors regarding recruitment:

The actions detailed in the strategy will enable earlier identification and support of therapy needs by boosting universal and targeted support from universal services and settings e.g., Health Visiting, Family Centres, Education Settings and Early Years settings. This will reduce demand and reliance upon specialist provision from the CYPIT service whilst ensuring improved access for children and young people with complex needs which cannot be met by any other level of support.

In addition, the service will continue to provide the widened offer of ready access to advice and training for settings and parents to enable to support presenting need.

1.18 **Lessons Learned**

- a) Timescales for this level of collaboration

Initially, the timescales for the development and finalisation of the Strategy were much more ambitious than has been realised. In hindsight, it would have been preferable to commit to a longer timescale from the outset which would have increased ability to engage more broadly with stakeholder groups.

- b) Timing of consultation

The timing of the consultation was driven by necessity rather than planning. It would have been preferable to avoid December altogether instead carrying out the consultation earlier in November or to delay and carry out the consultation in January.

- c) CYP Engagement

Setting dates for the CYP engagement sessions may have improved the uptake of this option, but there has been no feedback to support this. Like the timescales point at a), this approach could have been done differently if a longer timescale was in place from the start, potentially with better take up.

Other options considered

2.1 Option: Do nothing (Business as Usual) – not implementing a countywide strategy

Pros –

- Officer time not required and therefore able to focus on other areas of commissioning.

Cons –

- would not meet directive of Written Statement of Action (WSOA) that outlined the need for a countywide strategy.
- Likelihood that the desired transformational change would not be achieved.

2.2 Option: Action planning (light touch) approach ONLY without full consultation or demographic / population prevalence data

Pros –

- In principle less intensive piece of work required.

Cons –

- Potential duplication of work being undertaken as part of the WSoA.
- Would likely not be compliant with the directive within the WSoA.
- May not receive same level of buy-in from partners as wouldn't require full governance process and wouldn't carry the same weight as a strategy outlining a framework for change.

Legal and financial implications

- 3.1 There will be no direct legal or financial implications from the implementation of the strategy.
- 3.2 One of the key workstreams of the strategy is the recommissioning of the Children and Young Peoples Integrated Therapies service. Additional investment has been allocated to enable expansion of the service to keep pace with demand and to support the system through a rolling programme of training. The service is demand led and is funded in partnership with the ICB. The Local Authority funds its share through a mix of DSG (High Needs Block) and the General Fund.
- 3.3 By focussing investment on early identification and intervention this should reduce demand for, and dependence on, the limited and more expensive specialist provision available. This will ensure that the limited specialist resource is focussed on delivering support to children and young people with the most complex needs. It is

anticipated that over the new service contract term and following the work to rebalance the local system, there will be less demand for therapies over time which would result in improved value for money across the system for the level of support delivered.

Corporate implications

- 4.1 This strategy supports the ‘Protecting the Vulnerable’ priority within the Buckinghamshire Council Corporate Plan 2020-2025.
- 4.2 There is no property, HR, climate change, sustainability implications that have been identified in respect to this decision.
- 4.3 An Equalities Impact Assessment has been completed to identify any potential implications in relation to this strategy.

Local councillors & community boards consultation & views

- 5.1 Councillors were invited to take part during the consultation period and have been consulted on the final version of the strategy. This approach has been supported by Cllr Anita Cranmer, Cabinet Member for Education and Children’s Services.

Communication, engagement & further consultation

- 6.1 Key stakeholders from across the system have been engaged in the development of this strategy and a public consultation has been run. Information received as part of this consultation has been fed into the development of the final version of the strategy.
- 6.2 A communication plan has been developed.

Next steps and review

- 7.1 Timeline for complete sign off:

	Board	Date
Local Authority Sign Off	Education DMT	28 th March 2023
	Children’s SLT	20 th April 2023
	CMT	1st June 2023
	Leader Decision	August 2023
Health sign off	ICET	6 th April 2023
	Buckinghamshire Exec Partnership	August 2023



- 7.2 The Local Area Therapies Strategy action plan has started to be drafted based on the actions outlined within the strategy. A core group of key stakeholders will be drawn together to consider the fullest range of actions to support the implementation of the strategy. It is envisaged that these actions will be monitored in line with the SEND Improvement Plan once developed and agreed.
- 7.3 The work to develop the action plan is interdependent with the SEND Early Intervention Needs Based Model Transformation Programme.
- 7.4 The timeline for this is envisaged as follows:
- a) Initial meeting – end June / early July 2023
 - b) Benchmarking & drawing together outcomes to be monitored – mid/end July 2023
 - c) Development of full action plan – June – August 2023
- 7.5 An outcomes dashboard to evidence how the local system is performing for children with SEND is also being developed. This activity is being led by the Transition to Adulthood Lead Officer, Improvement and Transformation Service. Activity to identify options for monitoring need and outcomes across organisations is being led by the Head of Service for iSEND. Metrics currently being explored include, but are not restricted to, outcomes for children at SEND support level, outcomes for children with an EHCP via Annual Review data, reduced referrals to the CYPIT service, lived experience measures of children, families and partner organisations.

Background papers

- 8.1 Appendix 1: Final Draft Local Area Strategy (2023-26)
- Appendix 2: Stakeholder Lists
- Appendix 3: Consultation Questions & Supporting Documentation
- Appendix 4: Key themes from Consultation Feedback

Your questions and views (for key decisions)

- 9.2 If you have any questions about the matters contained in this report, please get in touch with the author of this report. If you have any views that you would like the cabinet member to consider, please inform the democratic services team. This can be done by email to democracy@buckinghamshire.gov.uk.