



Local Area Strategy (2023-26): Early Identification and Intervention to Better Support Children and Young People’s Therapy Needs

Appendix 4 – Key themes from the Consultation feedback

You said	We did or are planning to...
Vision	
You recognised that collaboration across professional groups is important to best meet the needs of children and young people	
You were pleased that the Strategy recognised other aspects of children and young people's health that are impacted by unmet need	
You were pleased that the strategy reflected the challenges on children and young people and their families caused by not having access to the appropriate level of support	
There is a need to ensure an adequate balance of delivery across statutory and non-statutory support.	The Strategy tries to illustrate the importance of having a suitable balance of delivery of support. This would reduce the probability of children's needs escalating to requiring statutory provision.
There was support for the balanced approach to delivery - support for evidence based approach. A specialist therapist is not always required however important to reflect that specialist level therapy is not always solely required by those with the most complex needs.	We have tried to ensure that in the final version that it is clear that it is not always children with complex needs that benefit from specialist level intervention.
You explained that there would be strong communication needed to support this way of working - especially at transition points	Strong communication is something that teams across the local area aim for; we realise that this isn't always as good as it could be. Communication is a workstream currently being developed across the local area.
You stated that the strategy should specifically recognise all 3 disciplines (SLT, OT and PT)	We have included more specific information about the need for physiotherapy seen locally. We have also ensured

	that we are including physiotherapy more explicitly in the strategy document.
You expressed concern that children in need of specialist input would be without support if the strategy was implemented and that there was not enough focus on children with complex needs.	We have adapted the wording within the strategy to reflect that the reason that we want to focus on early intervention and reducing escalation of need is to ensure that specialist level provision is safeguarded for those children and young people for who there is no alternative way to meet their needs.
You expressed concern in relation to the additional pressure that this approach would place on schools in particular	This is a message that we have heard extensively throughout the development of the strategy and through the consultation and has been shared across system partners. The offer described within the strategy for educational settings will further support the delivery of the Graduated Approach to SEND in Buckinghamshire. We will continue to work alongside our colleagues from educational settings over the life of the Strategy to work to reduce the barriers to working to the Graduated Approach and to deliver Ordinarily Available Provision within settings.
You expressed concern that the health needs of children were not fully considered within the draft strategy and that the primary focus was on the educational needs of children with therapy needs.	We have added more reference to the health needs of children being met within the Strategy and reflected this in the outcomes for the Strategy. It's important to note that in the Early Years, the universal service for all children is health visiting and the strategy reflects the importance of the health visiting team's role in supporting families to access therapy support at this early stage. More broadly, the recommissioning of therapy services would absolutely consider the full range of needs that are being supported within specialist therapy provision. Once a child becomes school aged, the primary universal offer in Buckinghamshire to children and young people are education settings and so the focus in terms of identification and early intervention shifts at this point.
Priorities	
You expressed strong support for the areas of focus for the strategy	
You urged the importance of ensuring appropriate support is in place for educational settings to support at a universal and targeted level	
You also described a need for broader training to support the presenting needs of children, e.g. mental health, awareness of different conditions and how to support these (particularly autism)	



<p>Where you were not in agreement with the idea of expanding our universal and targeted offer, this was due to concern regarding resources available to support this.</p>	<p>There has been significant additional funding identified across both Buckinghamshire Council and Buckinghamshire's Integrated Care Board (Health) to support the delivery of the Therapies Strategy. This will also support the recommissioning of the Children's Integrated Therapy Service.</p>
<p>You highlighted the need to ensure support for children and young people who are home-educated</p>	<p>Current service delivery includes provision of therapy support to Buckinghamshire children who are electively home educated. This will remain a requirement in any future service.</p>
<p>You highlighted the need for resources to support parents and carers to support children and young people and to reinforce therapy interventions at home. This was not universal among parent groups with some expressing concern that the strategy was placing additional expectations on them in terms of their child's therapy needs.</p>	<p>Parents can currently access resources to help support their child at https://www.buckshealthcare.nhs.uk/cyp/therapy/ under 'Help and Support'. This will also feed into the recommissioning of the Integrated Therapies Service to ensure that suitable resources are readily available to parents and carers in the future. Also, we will work to ensure that as wide a range of professionals are aware of these so these can be readily shared with parents/carers</p>
<p>You said that the move to the strategy should be phased to avoid undue pressure on an already pressurised system</p>	<p>Thank you for your feedback; this will be fed into future development of the action plan to support the delivery of the Therapies Strategy</p>
<p>You agreed that early identification was important but that access to early intervention following this identification was just as important</p>	<p>The Strategy includes a priority around the importance of intervention availability alongside early identification for just this reason.</p>
<p>You suggested that onward referral to specialist provision should be quicker, possibly opening referral to specialist level intervention where actions at targeted level have not resulted in progress within 1 term.</p>	<p>Currently the guidance is to refer to specialist where Language Link/Speechlink interventions are not successful after 2 terms. This allows for embedding of the approaches within the child's environment and time to see if the intervention has been successful. If there are significant concerns that would mean that a referral might be necessary, a discussion with the therapies service through the advice sessions for schools would be the best route forward (available at https://www.buckshealthcare.nhs.uk/cyp/therapy/speech-and-language-therapy/speech-and-language-therapy-virtual-advice-sessions/)</p>
<p>You suggested that the screening process could work across a larger range of ages (Early Years to KS2)</p>	<p>Widening screening programmes is being considered. As part of this, we need to be mindful of the ongoing resource pressures reported by schools during the consultation.</p>
<p>You suggested that the use of national training programmes to support universal staff would remove pressure from the local delivery of specialist support</p>	<p>There has been significant additional funding identified across both Buckinghamshire Council and Buckinghamshire's Integrated Care Board (Health) to support the delivery of the Therapies Strategy. This will</p>

	also support the recommissioning of the Children's Integrated Therapy Service.
You recognised that there was a shortage of therapists both locally and nationally; you suggested ways that would support training, recruitment and retention of therapists in Buckinghamshire	Your suggestions have been fed into the AHP Workforce Lead at the ICS to inform future work on training, recruitment, and retention of therapists.
You suggested support being made available before school age	Support being made available at the earliest opportunity is the key tenet to the Therapies Strategy. This includes the delivery of support within Early Years. The wording of the strategy has been adapted to reflect this more clearly.
You asked for a clear map of provision of therapies	A map of provision is currently being developed to help parents, carers and professionals across SEND provision. Once this has been developed it will be shared on the Local Offer pages and promoted to parents, carers and professionals.
You highlighted that funding to support the strategy would be necessary	There has been significant additional funding identified across both Buckinghamshire Council and Buckinghamshire's Integrated Care Board (Health) to support the delivery of the Therapies Strategy. This will support the recommissioning of the Children's Integrated Therapy Service.
You asked that training in relation to neurodiversity should be developed with neurodiverse people and, wherever possible, delivered by those who are neurodiverse	We have fed this feedback into the development of the All-Age Autism Strategy. We have also highlighted in the strategy the commitment to co-production in relation to the delivery of therapies, including training.
You also highlighted that the ability to easily share information with system partners was likely to be a challenge to implementation of the strategy	Thank you for this feedback; this is something that is recognised more broadly across the SEND support landscape. This is an area of improvement within the SEND Improvement Plan locally and would feed into work to improve therapies availability and provision.
Accessibility	
Most of you found the strategy easy or very easy to understand. Where you didn't find it easy, you made suggestions on how it could be made easier to understand.	We are using feedback from the consultation in how we could make the strategy more accessible to inform the final wording and design of the strategy.