

Buckinghamshire's Local Area SEND Inspection

Written Statement of Action



**Buckinghamshire
Children & Young
People's Partnership**

Working together to reach our goals



Introduction

Between the 28 February and 11 March 2022, Ofsted and the Care Quality Commission (CQC) inspected the services provided for children and young people with Special Educational Needs and Disabilities (SEND) in Buckinghamshire. The inspection team considered how well the local area:

- identifies the needs of children and young people with SEND
- assesses and meets the needs of children and young people with SEND
- ensures positive outcomes for children and young people with SEND

The inspection team spoke to a wide range of professionals across health, education and social care and met with children and young people of all abilities in education settings and focus groups. They received feedback from over 1000 parents and carers. In addition, inspectors reviewed Education, Health and Care Plans and over 150 documents and pieces of supporting evidence.

Inspectors identified a number of strengths in the provision and support Buckinghamshire provides to children and young people with SEND and their families and recognised the difference the improvement activity is making. They also identified three areas of significant weakness; because of this the local area is

required to submit a Written Statement of Action (WSOA) to Ofsted that sets out the actions that will be taken to address these. The three areas are:

1. The lack of a cohesive area strategy to identify and meet the needs of those children and young people requiring **speech and language, communication and occupational therapy**
2. Waiting times for assessments on the **autism and attention deficit and hyperactivity disorder diagnosis pathways** and the system-owned plans in place to address this
3. Waiting times to see a **community paediatrician**.

The Local Authority, Integrated Care System (ICS) and Parent/Carer Forum (FACT Bucks) representatives have worked together to develop this WSoA which sets out:

- Our vision and commitment to improve as detailed in our SEND and Inclusion Strategy 2021-23
- The governance structure and accountabilities to drive forward the required changes
- The priority actions that will be taken in relation to the three areas identified

- The measures that will be used to assess our performance and achievements.

The SEND Improvement and Intervention Unit (SIIU) at the Department for Education will monitor our progress, working closely with NHS England.

The three areas identified in this Written Statement of Action are closely interlinked and as such the solutions to them are also interconnected. A whole systems approach is being taken to address the issues which span education health and care, encompassing needs-led early intervention, assessment and diagnoses pathways, and post assessment/diagnostic support. Two local area stakeholder workshops have informed the development of this plan and the more detailed project plans that will underpin the work. These workshops were attended by representatives from across the whole system in Buckinghamshire, including parent/carers and voluntary and community sector representatives, as well as schools and settings, and professionals from a wide range of disciplines. This engagement was solution focused and reflects the commitment across Buckinghamshire to move forward positively and improve in these key areas.

Our Vision

In Buckinghamshire we are ambitious to continuously improve the support we provide to children and young people with Special Educational Needs and Disabilities (SEND) and their families. Our vision for children and young people with SEND is the same as that for all children in Buckinghamshire:

To build a better future for all children and young people in Buckinghamshire so that they realise their potential, whatever their starting point is.

We will ensure children and young people:

- Are safe.
- Live fulfilling lives.
- Are healthy.
- Reach their potential in education and other aspects of their lives.
- Together with their families are resilient and can identify their own solutions.
- Make a positive contribution to their community.



We recognise that children and young people with SEND face more challenges than their peers and we are committed to supporting them as individuals through every stage of their lives and into adulthood. Our approach to this is outlined in our co-produced SEND and Inclusion Strategy 2020 – 23 which reflects our commitment to improving the support provided across Buckinghamshire to ensure children and young people with SEND achieve the best possible outcomes.

Governance and Accountabilities

Progress against the WSoA will be monitored at the **Children's Services Continuous Improvement Board**. This established Board provides the leadership, scrutiny and challenge that will drive forward change in the 3 key areas. The Board is chaired independently of the Council and the ICS, and as such will ensure:

- the identified actions are the right actions that will lead to change
- progress is reviewed objectively and challenged where it falls short
- impact is reviewed and further actions are agreed where required
- outcomes are high quality and have a positive impact on children and families
- there is sufficient accountability across the Council, ICS and partner organisations

This level of governance reflects the local area's commitment to achieving the ambitions of the WSoA and the importance of getting it right first time for Buckinghamshire children and young people with SEND and their families.

Membership of the Children's Services Continuous Improvement Board includes Buckinghamshire Council and ICS representatives as well as parent/carers forum

(FACT Bucks) representatives and DfE and NHS England advisors.

The WSoA is part of Buckinghamshire's broader SEND Improvement Programme and as such the actions will also be reviewed as part of the work of the multi-agency **SEND Integrated Services Board** who direct and guide the work. The SEND Integrated Services Board reports into the Children's Services Continuous Improvement Board and is held accountable by it in relation to the WSoA.

The **WSoA Group** will be the key group that maintains oversight of the activity in relation to the 3 areas of weakness. It will:

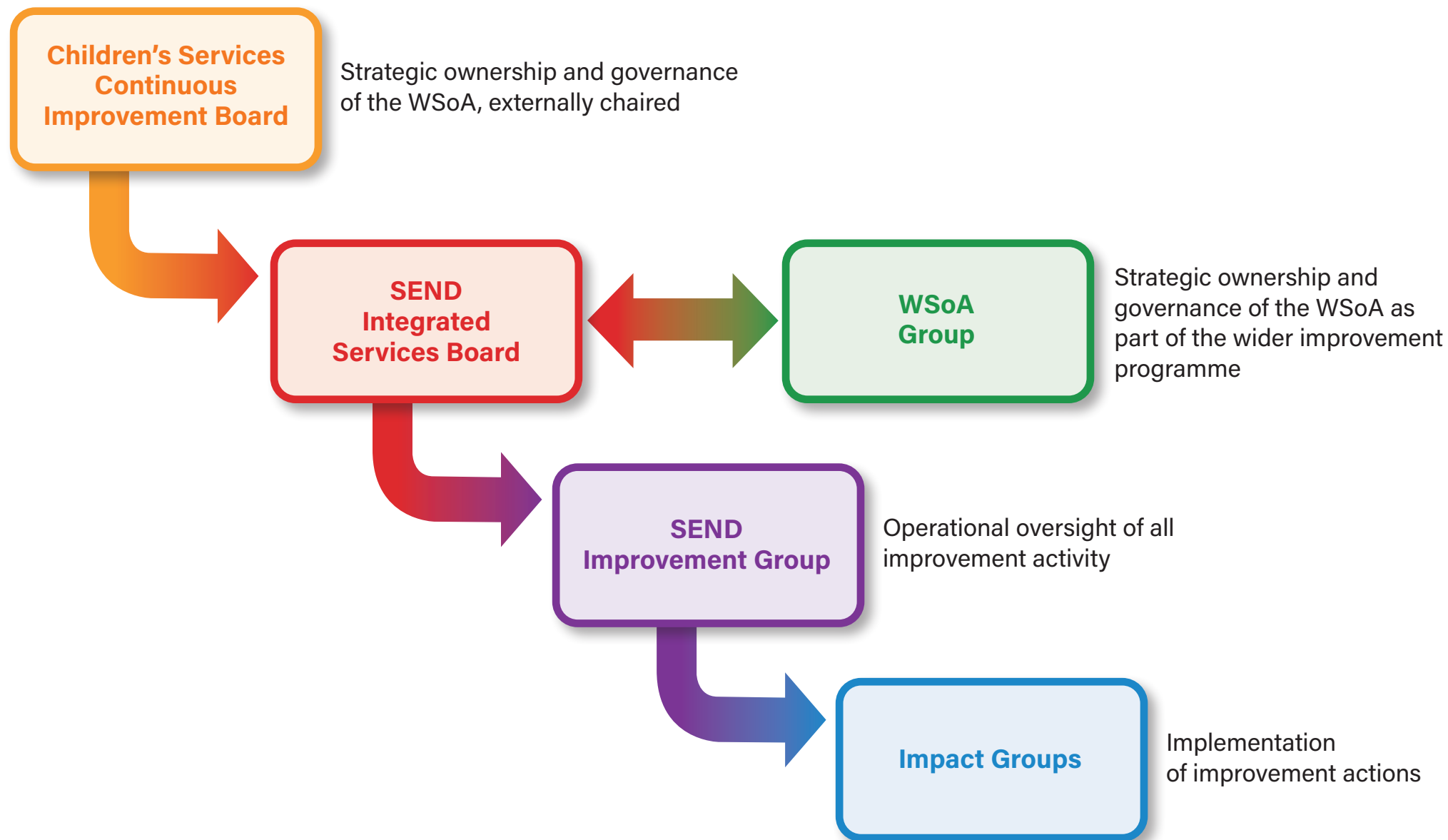
1. Provide strategic direction across the local area to ensure the WSoA is prioritised and delivered as part of the wider SEND Improvement Programme across Health, Education and Care services, and the wider partnership.
2. Oversee the delivery of the WSoA, thereby, driving change and improvement, ensuring accountability of all agencies and partners in achieving the aspirations of the WSoA and effective joint working.
3. Ensure senior leadership teams of the respective organisations and services are briefed on progress and issues.

4. Receive escalations where progress has been insufficient, challenge underperformance and take action where monitoring indicates that targets and deadlines are not being met.
5. Be assured of the positive impact of activity on children and young people with SEND and their families and ensure effective communication with them.

The WSoA group will include parent/carers representatives in line with our wider improvement programme. They will have a key role in working alongside services to assess the impact of improvement activity on families, and will work with services to communicate progress, changes and achievements. Updates will be regularly published on the Local Offer to ensure all families are updated, know how to get involved and can offer feedback.

Direct feedback from children and young people will also contribute to our assessment of impact. Youth engagement activity will encompass all 3 areas of weakness in a single approach.

Governance Structure



Priority 1:

Therapy Provision

Context

Therapy provision for children in Buckinghamshire is delivered via a range of routes and providers:

1. Children's Integrated Therapy Service
2. Special School placements
3. Additionally Resources Provision/
Pupil Referral Unit arrangements
4. Spot purchase via private providers
5. Personalised budget provision
6. Voluntary sector provision

The Buckinghamshire Children and Young People's Integrated Therapies Service (which commenced on 1 April 2017) is the main service providing therapies to children and young people within mainstream settings. It includes the management and delivery of Speech and Language Therapy, Occupational Therapy and Physiotherapy through universal, targeted and specialist support. The provision is county-wide, evidence-, needs- and outcomes-based, and provides a continuum of therapeutic services to eligible children and young people to meet their health, education and social care needs over time.

Recruitment and retention of specialist Speech and Language Therapists and

Occupational Therapists has been problematic in Buckinghamshire and the posts are nationally identified as Shortage Occupations. Buckinghamshire's proximity to London (and the promise of London Weighting) means that recruitment and retention challenges are acute locally.

Alongside this, there has been an increase in demand at statutory or high-level or urgent health need level for specialist therapist input. This has led to a decline in meeting children's therapy needs at the earliest stage possible.

The contract for Children's Integrated Therapies does not meet the current or expected future statutory demand, even if staffed at full establishment. Work is ongoing to stabilise the current service provision and to recommission the next iteration of the service. The current model of therapy support and specialist provision in Buckinghamshire does not meet best practice in terms of Speech, Language and Communication Needs support (PHE, 2020) and retendering a similar contract would not be attractive to providers, given the level of difficulty in delivering this.

The action plan below focuses on boosting the capacity of the local area to provide increased levels of early identification and support within universal settings with the aim of improving the timeliness of early support and reducing the level of increase of statutory need being experienced currently within the local area.



Significant weakness identified: The lack of a cohesive area strategy to identify and meet the needs of those children and young people requiring speech and language, communication and occupational therapy (Inspection Report, p.10, 26 April 2022).

“Capacity within the speech and language therapy (SALT) and occupational therapy (OT) services is unable to meet the demand. These services are trying to develop local solutions to meet needs earlier and reduce the demand on specialist provision. However, this is not underpinned by an area strategy to address the integrated therapy needs of the children and young people across the county” (Inspection Report, p.2, 26 April 2022)

1. Therapies Focus Area: Strategy and system led response

The absence of a joined-up approach across the county to the lack of sufficient speech and language therapy and occupational therapy means that early support is too reliant upon individual settings. The positive impact of initiatives such as the planned roll out of early language identification measures, school advice clinics and therapy webinars are making a difference. However, a tighter, coherent and coordinated system response is needed to tackle the full extent of the issue (Inspection Report, p.7, 26 April 2022).

Outcomes we are seeking to achieve:

1. A clear vision and strategy for supporting the development of children’s speech, language and communication, and sensory and occupational performance needs across the SEND system is developed and agreed locally.
2. Children and young people’s speech, language and communication needs and occupational therapy needs are identified early, and they have access to the right level of support at the earliest opportunity.
3. Families are well informed about available services and support and report positively on their experience of their child’s needs being identified and met.

Red: Little or no progress/at risk
Amber: Progressing with minor delays
Green: Good progress
Blue: Completed/embedding
White: Not started

Ref	Action	Accountable Lead	Start Date	Deadline	Success and Impact Measures	Progress RAG
System response/strategy (outcomes 1, 2, and 3)						
1.1	Establish and embed a therapies Parent Dialogue Group as a formal mechanism to ensure collaboration with families. Embed a co-productive approach to development of the service offer with parents/ carers via this group.	Head of Children’s Integrated Therapies Service, Buckinghamshire Healthcare Trust	1 Jan 2022	21 Dec 2022	<ul style="list-style-type: none"> ▪ Parent Dialogue Group is established, well-attended and feedback shapes the pathway/ service redesign (3 groups held) ▪ Parents/carers attending the group report communication has improved, frustration is minimised, and they can see demonstrable change is being implemented 	Green

Ref	Action	Accountable Lead	Start Date	Deadline	Success and Impact Measures	Progress RAG
1.2	Develop a shared approach to collating children and young people's views across children's services and health provision to inform service redesign and improvements, and to provide a benchmark against which to measure progress	Head of Early Help, Buckinghamshire Council	1 July 2022	30 Nov 2022 31 Jan 2023 30 April 2023	<ul style="list-style-type: none"> A shared approach is developed and agreed "You Said We did" evidence of change is published on the local offer Children and young people's voices inform the improvement activity in relation to therapies Children and young people report an improved experience through service user evaluations 	Green
1.3	Co-produce a Buckinghamshire Therapies Strategy that details how children and young people's needs will be met	Specialist Commissioning Manager (All Age Prevention in the Community), Integrated Commissioning.	1 May 2022	31 Jan 2023	<ul style="list-style-type: none"> Needs assessment completed Pathway redesign workshop completed Co-produced strategy published on the local offer that sets out the direction of travel Parent Dialogue Group representatives feel fully involved in strategy development and support the outcomes it aims to deliver 	Green
1.4	Co-produce an action plan that underpins the strategy and deliver against it <i>(Requires completion of 1.3)</i>	Specialist Commissioning Manager (All Age Prevention in the Community), Integrated Commissioning.	31 Jan 2023	28 Feb 2023 – action plan produced	<ul style="list-style-type: none"> Action plan developed and published on the local offer Parent Dialogue Group representatives feel fully involved in action planning Action plan is delivered within identified timescales 	Green
Consistent early support (outcomes 2 and 3)						
1.5	Establish a Community of Practice following a SEND Pathway Codesign Workshop to continue progress from the Institute for Voluntary Action Research Workshop	Principal Educational Psychologist, Integrated SEND Service	1 Aug 2021	31 Dec 2022	<ul style="list-style-type: none"> SEND Pathway Codesign Workshop completed and action plan integrated into the SEND Improvement Programme 3 community of practice meetings held leading to improved professional awareness of the offer available to parents Identification of improvement opportunities on an ongoing basis Parents/carers report improved experience of access to early help and support 	Green

Ref	Action	Accountable Lead	Start Date	Deadline	Success and Impact Measures	Progress RAG
1.6	Develop mechanisms to ensure parents can access information/signposting if they have concerns about their child's development	Deputy Divisional Director, Specialist Community Public Health Nurses Service, Buckinghamshire Healthcare Trust	1 Jan 2022	31 Dec 2022 (Phase 1)	<ul style="list-style-type: none"> Digital information and support offer is live (ChatHealth – phase 1) Evidence of increased accessibility of information, advice and support Increased number of families accessing support options Evidence of effective support via case studies from providers and parent feedback Children and young people's needs are identified and met at an earlier stage 	Green
1.7	Further develop the programme of screening, identification and assessment delivered in universal and targeted settings (Links to ref. 1.5) To include a review of the integrated approach to 2-year checks in Buckinghamshire	Project Officer	1 Sept 2022 4 Jan 2023	21 July 2023 31 March 2023	<ul style="list-style-type: none"> Screening pathway in place and is clear to parents/carers Increase in completion of 2-year health visitor mandated checks – target 80% (2021-22 Q4: 74.9%) 85% schools undertake screening across Reception, Year 1 and 2 pupils by 31 July 2023 (2021-22 Reception: 84%, Yr. 1:75%, Yr. 2: 61%) Families using the service report that the screening, identification and assessment process is timely and results in action being taken, e.g. service offered and/or advice, support and signposting 	White

Ref	Action	Accountable Lead	Start Date	Deadline	Success and Impact Measures	Progress RAG
1.8	Scope the therapy support that can be rolled out in universal settings to provide targeted support for children and young people Implement recommendations	Project Officer	5 Sept 2022 1 Jan 2023	22 Dec 2022 1 Jan 2024	<ul style="list-style-type: none"> Existing support mapped and options for further support developed by Dec 2022 Additional therapy support is available in line with recommendations Once embedded, there is evidence of effective support in targeted and universal settings including a whole school approach (case studies from providers/parent feedback) Reduction in referrals requiring specialist provision 	White
1.9	Develop and deliver a universal training offer for universal/targeted support professionals within non-specialist settings (e.g. family support centres, schools, early years settings etc.) to enable them to provide support, advice and guidance for parents on speech, language and communication needs and occupational therapy needs	Project Officer	5 Sept 2022	21 July 2023	<ul style="list-style-type: none"> Training offer options scoped and agreed (Dec 2022) 100% settings offered training (31 Mar 2023) 75% of participants completing training give positive evaluations Evidence of effective support in targeted and universal settings following training (case studies from providers/parent feedback) Children are supported at an earlier stage with speech, language and communication, and occupational therapy needs. 	White
1.10	Relaunch and further promote the webinar, advice line and school/settings advice clinics that support children and schools in relation to speech, language and communication, and occupational therapy needs.	Specialist Commissioning Manager (All Age Prevention in the Community), Integrated Commissioning	1 Sept 2022	30 Dec 2022	<ul style="list-style-type: none"> More children, families and schools/settings are aware of and can access the offer Increased number of attendees accessing webinars Increase % of attendees reporting that the webinars have provided strategies to better support children 	White

Ref	Action	Accountable Lead	Start Date	Deadline	Success and Impact Measures	Progress RAG
Therapist Workforce (outcomes 2 and 3)						
1.11	Identify opportunities to increase the number of therapists in Buckinghamshire (short, medium and long-term approaches)	Associated Health Professional Workforce Programme Manager, Bucks, Oxon and Berkshire West Integrated Care System	1 June 2022	31 Oct 2022	<ul style="list-style-type: none"> Plan developed (Oct 2022) 90% staffing capacity achieved across all commissioned therapies following implementation of the plan Reduction of waiting times experienced by families for therapy support <ul style="list-style-type: none"> 90% of children seen for initial assessments within 18 weeks by September 2023 (monitored monthly) backlog of App F returns reduced by 50% by 28 Feb 2023 100% of App Fs returned within 6 weeks by September 2023 (monitored monthly) Parents/carers report improved experience of therapy delivery 	Green
1.12	Re-commission therapies provision in line with the strategy	Specialist Commissioning Manager (all Age Prevention in the Community), Integrated Commissioning.	1 Aug 2021	Out to tender by 21 Dec 2022 New service in place from 1 Oct 2023	<ul style="list-style-type: none"> New service commissioned Required waiting times sustained/improved <ul style="list-style-type: none"> 90% of children seen for initial assessments within 18 weeks (monitored monthly) backlog of App F returns reduced by 50% by 28 Feb 2023 100% of App Fs returned within 6 weeks by September 2023 (monitored monthly) Service can provide necessary statutory provision to support children and young people with Education, Health and Care Plans 	Amber

2. Therapies Focus Area: Demonstrating Outcomes

Work to record and analyse outcomes from therapy interventions to inform future priorities, improvement and commissioning has started. The trust's information systems have recently been adapted to facilitate this work. This offers the potential to enable the local area to monitor health outcomes more effectively for children and young people (Inspection Report, p.9, 26 April 2022).

Outcomes we are seeking to achieve:

1. There is readily available information on the needs and outcomes of children receiving therapy support
2. Outcome data analysis evidences the positive impact of therapy interventions on children
3. Monitoring is timely and supports service improvement

Red: Little or no progress/at risk
Amber: Progressing with minor delays
Green: Good progress
Blue: Completed/embedding
White: Not started

Ref	Action	Accountable Lead	Start Date	Deadline	Success and Impact Measures	Progress RAG
System response/strategy (outcomes 1, 2, and 3)						
2.1	Develop an outcomes dashboard to clearly articulate how the local system is performing for children with SEND Complete benchmarking against these outcomes	Preparation for Adulthood Lead Officer, Improvement and Transformation Service	1 June 2022	31 Oct 2022	<ul style="list-style-type: none"> Dashboard data informs service improvement and commissioning activity The impact of improvement activity on children and young people's outcomes is evident 	Green
2.2	Identify options for monitoring need and outcomes across organisations. This includes <ul style="list-style-type: none"> Identifying the information required and developing systems to collect it. Exploring options for joining up this information across the system Implement agreed option, adapting systems as required	Head of Integrated SEND Service, Buckinghamshire Council	1 Oct 2022 1 Feb 2023	28 Feb 2023 31 July 2023	<ul style="list-style-type: none"> Information Workshop(s) delivered with partners A single repository of information on therapy needs and outcomes informs commissioning and service development Service improvements impact positively on families and they feel assured that their child is receiving appropriate support to progress and achieve their outcomes 	White

Priority 2: Neurodevelopmental Pathway

National / Integrated Care System Context

Across the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care System, in line with the national picture, there has been an increase in demand for neurodevelopmental diagnostic assessments for children and young people. This has led to increased wait times with the average across the three counties being between 18 – 24 months. This has been further compounded by a shortage of specialist staff to recruit to diagnostic services and increasing wait times within the private sector, which historically has been used to provide support to reduce wait times.

Buckinghamshire Context

The assessment and diagnostic service for children and young people in Buckinghamshire is delivered by two providers: Oxford Health NHS Foundation Trust CAMHS and Buckinghamshire Healthcare Trust community paediatric service. The service functions can be broadly seen as:

1. Pre-assessment support – delivered by a third sector partner

2. Diagnostic assessment for Autism and ADHD presentation
3. Prescription and titration of medication where clinically indicated
4. Provision of post diagnostic support

The assessment and diagnostic service is only one element of the overall support available for people with a neurodevelopmental presentation within the community. Pre and post assessment support is available through:

- Local Authority educational psychologists, and through early help and family support services
- A child or young person's school (mainstream or special settings)
- The voluntary and community sector

Wait times

Wait times in Buckinghamshire are too long (average 559 days). This is recognised both locally and as a priority area for improvement across the BOB footprint. The support offered to families is not always consistent and further transformational work is required, building on work already started prior to inspection. The overall intention of the plan not only sets an ambition to address wait times but also outlines how support will be made available across Buckinghamshire based on the identified need of a young person regardless of whether they have a diagnosis.



Significant weakness identified: Waiting times for assessments on the autism spectrum disorder and attention deficit hyperactivity disorder diagnosis pathways, and the system-owned plans in place to address this (Inspection Report, p.10, 26 April 2022).

“Too many children and young people are waiting for assessments for a possible diagnosis of autism spectrum disorder and attention deficit hyperactivity disorder” (Inspection Report, p.2, 26 April 2022).

<p>1. Neurodevelopment Focus Area: Meeting demand</p> <p>Existing capacity is unable to keep up with demand for the assessments for possible diagnosis of ASD and ADHD. The average wait is 559 days, and the longest wait is 811 days. The area has put together a business case which aims to reduce all waits to be in line with the National Institute for Health and Care Excellence’s (NICE) guidance over the next three years. There is a suite of initiatives in place and more planned to help support families while waiting. It is positive that the diagnostic assessments are compliant with NICE guidance and that post-diagnostic support is available. However, the local area’s current proposed response to reduce the waiting times, and compensate for the delay in the meantime, is not sufficient to meet the needs of children and young people currently awaiting diagnosis (Inspection Report, p.7, 26 April 2022).</p>	
<p>Outcomes we are seeking to achieve:</p> <ol style="list-style-type: none">1. The wait time for children and young people referred to the pathway to receive a diagnostic assessment for Autism and/or ADHD is reduced from 75 weeks to 14 weeks2. Children, young people, and their families have access to ‘appropriate’ support at the earliest opportunity. Support will be provided for them in a broad range of settings based on their presenting needs rather than whether they have a diagnosis.3. Children, young people, and their families have opportunities to define and co-produce the ‘appropriate’ support and report a positive experience of their neurodevelopmental journey.	<p>Red: Little or no progress/at risk</p> <p>Amber: Progressing with minor delays</p> <p>Green: Good progress</p> <p>Blue: Completed/embedding</p> <p>White: Not started</p>

Ref	Action	Accountable Lead	Start Date	Deadline	Success and Impact Measures	Progress RAG
Service redesign to improve timeliness of diagnosis (outcomes 1 and 3)						
1.1	Embed a co-productive approach to the development of the pathway with parents/ carers via termly parent/ professional's Parent Dialogue meetings	Specialist Commissioning Managers, Integrated Commissioning	1 March 2022	31 Sept 2022	<ul style="list-style-type: none"> The Parent Dialogue Group (PDG) is regular, well attended, and feedback shapes the pathway/ service redesign An action plan evidences involvement of parents and carers in key developments Survey undertaken August 2022 as baseline for co-production Parental frustration in relation to understanding and navigating the pathways is minimised 	Green
1.2	Increase the number of assessments available for children and young people with less complex autism presentations through access to a digital provision	Head of Service CAMHS, Oxford Health	1 April 2022	30 April 2023	<ul style="list-style-type: none"> 75 funded assessments delivered by digital provider Children are assessed earlier, reducing escalation of need 	Green
1.3	Scope the differentiated models of assessment to enable less complex presentations to be assessed by the wider children and young people's workforce	Head of Service CAMHS, Oxford Health Deputy Divisional Director, Buckinghamshire Health Trust	1 Sept 2022	31 Dec 2022	<ul style="list-style-type: none"> Scoping report completed with recommendations for implementation Local area has evidence of effectiveness of different models Work towards a proportion of children and young people being diagnosed outside of the Neuro developmental service 	White

Ref	Action	Accountable Lead	Start Date	Deadline	Success and Impact Measures	Progress RAG
1.4	Implement the Multi-disciplinary Team (MDT) model to ensure maximum efficiency of staff in establishment for the pathway *linked to interim action 1.2 and 1.12	Head of Service CAMHS, Oxford Health Deputy Divisional Director, Buckinghamshire Health Trust	1 Sept 2022	31 Dec 2024	<ul style="list-style-type: none"> Recruitment to new posts completed by 1 March 2023 once funding agreed Increase in the number of assessments being undertaken weekly – June 2022 baseline: 7.8 assessments per week Reduction in the current average wait time for assessment – June baseline: 75 weeks Longer term ambition to reduce to NICE compliance over 3 years Children are assessed by the most appropriate professional more quickly 	White
Increase early intervention to support children and young people pre-diagnosis (outcomes 2 and 3)						
1.5	Embed Autism friendly standards and accreditation/ kite mark across all schools and deliver training to support implementation The training package and accreditation programme will be rolled out in phases.	Senior Specialist Teacher, Integrated SEND Service	1 March 2021	31 July 2024	<ul style="list-style-type: none"> Autism friendly standards developed (complete) Framework for 'autism friendly' accreditation developed and published on SchoolsWeb/Local Offer 'Autism friendly' training package delivered to all mainstream schools. Phase 1: special school assurance completed by 31 Dec 2022, Phase 2 primary schools by 31 Dec 2023, secondary schools by July 2024 Results from a pre- and post-survey evaluating the impact of the 'autism friendly' training package will demonstrate that staff in mainstream schools self-report an increase in knowledge and confidence in supporting children and young people with neuro-diverse presentation Reduction in the number of EHCP Annual Review submissions for children with ASD as a primary need where the current mainstream school indicates that they cannot meet the pupil's needs 	Green

Ref	Action	Accountable Lead	Start Date	Deadline	Success and Impact Measures	Progress RAG
1.6	Co-produce and publish a local area All-age Autism Strategy underpinned by a comprehensive action plan to improve support for neuro-diverse children and young people	Programme Manager, Integrated Commissioning	1 March 2022	30 April 2023	<ul style="list-style-type: none"> An approved and published Autism Strategy is published on the local offer website Children, young people and families report that the strategy accurately reflects their needs 	
1.7	Embed Ordinarily Available Provision in mainstream school settings to ensure neuro-divergent children and young people receive appropriate support at the earliest stage and can access the curriculum	Principal Educational Psychologist, Integrated SEND Service	1 Sept 2021	30 April 2023	<ul style="list-style-type: none"> Attainment gap narrows for disadvantaged children at key stage 2 and 4 who receive SEN Support Reduction in persistent absenteeism for children and young people receiving SEN Support with neurodiversity and speech, language and communication difficulties identified as primary need Reduction in suspensions and exclusions for children and young people receiving SEN Support with SLCN/ASD identified as primary need Results from specific 'Ordinarily Available Provision' evaluation tool will demonstrate greater awareness and delivery of the SEN Support-level strategies and approaches for neuro-divergent pupils amongst Buckinghamshire's mainstream schools. 	Green

Ref	Action	Accountable Lead	Start Date	Deadline	Success and Impact Measures	Progress RAG
1.8	Emotionally Based School Avoidance (EBSA) programme – Development and promotion of a toolkit and multi-disciplinary pathway for children and young people experiencing or at risk of becoming school avoiders due to unmet emotional needs	Senior Educational Psychologist, Integrated SEND Service	1 April 2022	31 Dec 2022	<ul style="list-style-type: none"> ▪ An EBSA toolkit of resources for schools is published online ▪ Parental guidance on EBSA and how to access support is developed and published online ▪ Recorded training sessions are available online (Local Authority You Tube channel) for parents and practitioners to access ▪ Increased numbers of schools accessing advice through an educational psychology pathway ▪ Monitoring of referrals for multi-agency support will evidence engagement with, and implementation of, the approaches and resources contained in the toolkit 	Green
1.9	Collate a single resource of self-help advice and guidance for parents/carers (building on the Autism toolbox) that can be shared across health, education, and social care partners and published on the Local Offer	Head of Service, Oxford Health NHS Foundation Trust	1 June 2022	31 Dec 2022	<ul style="list-style-type: none"> ▪ Resource co-produced with families and published ▪ Families report improved access to self-help advice and guidance ▪ Reduction in requests for information, advice and guidance from the neuro single point of access ▪ Families have strategies to manage presenting needs effectively as a result of accessing self-help resources 	Green
1.10	Map and evaluate existing early intervention provision/ pathways supporting neurodivergent children and young people and identify any gaps in support	Programme Manager, Integrated Care Board	1 Sept 2022	31 Jan 2023	<ul style="list-style-type: none"> ▪ Mapping completed and gap analysis report produced with recommendations ▪ Neurodiversity guide for families and professionals developed ▪ Evidence of positive outcomes of children accessing new/changed services pre-diagnosis ▪ Families understand and can navigate pathways 	White

Ref	Action	Accountable Lead	Start Date	Deadline	Success and Impact Measures	Progress RAG
1.11	Provide opportunities for neurodivergent children and young people to share their views and codesign early support to meet their needs	Participation Lead, Oxford Health NHS Foundation Trust Head of Early Help, Buckinghamshire Council	1 May 2022	31 Dec 2022	<ul style="list-style-type: none"> Film created capturing young people's feedback "You Said We did" evidence is published on the local offer Children and young people contribute to the design of the pathway 	Green
1.12	Review and evaluate the 12-month neurodevelopmental collaborative pre-assessment support pilot	Designated Clinical Officer, Integrated commissioning	1 Sept 2022	30 April 2023	<ul style="list-style-type: none"> Business case developed for continued investment, dependant on outcome of evaluation and user feedback Sustained pre-assessment support offer in place beyond 12 months pilot Minimum 300 people having attended pre assessment support provision – measured over 12-month period 	White
1.13	Map provision for neurodivergent children and young people, relating to sensory needs assessments and commission services to fill any gaps	Specialist Commissioning Manager, Integrated Commissioning	1 Jan 2023	30 April 2023	<ul style="list-style-type: none"> Mapping and gap analysis completed Services commissioned where required Process in place for children and young people to access a sensory assessment where clinically indicated and receive appropriate and timely support 	White
1.14	Develop online neurodevelopmental workshop sessions led by clinicians and professionals, targeted towards school settings and GP surgeries	Head of Service, CAMHS Oxford Health Deputy Divisional Director, Buckinghamshire Health Trust	1 Jan 2023	30 April 2023	<ul style="list-style-type: none"> Recurrent workshop sessions running Schools and GP surgery staff feel more confident in supporting children and young people with neurodevelopmental needs Children and families have improved experiences within health and education settings 	White

Ref	Action	Accountable Lead	Start Date	Deadline	Success and Impact Measures	Progress RAG
1.15	Expand Norfolk Steps training (step on) to more primary and secondary mainstream school settings	Head of Achievement and Learning, Buckinghamshire Council	1 April 2019	31 July 2024	<ul style="list-style-type: none"> ▪ 24 new tutors trained by Jan 2023 ▪ 30 additional schools trained by July 2023 ▪ A further 30 additional schools trained by July 2024 ▪ Whole school approach is taken to de-escalation and therapeutic principles promoting positive behaviour ▪ Behaviour management will result in a calmer and more productive environment enabling children to learn more effectively 	Green

Priority 3:

Community Paediatrics

National context

Workforce: An aging workforce and a high level of vacancies means there is a serious workforce shortfall. The Royal College of Paediatrics and Child Health (RCPCH) is concerned that increasing needs, higher expectations, long waits, vacancies and the risk of 'burnout' amongst skilled professionals mean services may not be safe for these vulnerable children and families.

Access, activity and performance: The rising demand for services and long waits for first appointments (not diagnosis) is far too long for families and children. As full diagnosis often takes more than one appointment, a full picture of the child's difficulties may take even longer to achieve. For example 42% of ASD referrals breach the 18-week wait even to be seen and the average wait for a full diagnosis (in effect when 'treatment' could start) was estimated to be 35.5 weeks (double the 18-week standard where it applies). The waiting time from referral to diagnosis for ADHD is also over 6 months. For children with complex neurodevelopmental conditions attending general development clinics, fewer than half can be seen when follow up is due. These delays are unacceptable for a family desperate to understand how to manage their child's behaviour and access support. There

is marked variability across the UK in terms of the planning, organisation and commissioning of community child health services.

Local context

Buckinghamshire is experiencing similar pressures to the national picture in terms of vacancies and retirement in the medical workforce. The waiting list for Community Paediatrics is a long-standing concern with 1150 children (July 2022) awaiting an initial appointment. The waiting time for an initial appointment at the time of the inspection was 62 weeks (April 2022) rising to 74 weeks in July 2022. The service has capacity to see only 18 new referrals a month. The current number of new referrals being received into the service is between 85-150 per month. 54% of the waiting list is Neurodevelopmental.

Unsuccessful recruitment to Community Paediatric Consultant posts led to a new approach and the service moved to a skill mixed workforce model bringing in psychologists and a pharmacist. Although these new posts have supported the delivery of some activities, further investment and skill mixing will be required to ensure the workforce can both recover a backlog and sustain the levels of activity coming into the service.

This skill mixing and service redesign methodology was recently used in a successful project to reduce the backlog in providing health advice for Education, Health and Care Plans, decreasing the waiting time from 27 to 7 weeks.



Significant weakness identified: Waiting times to see a community paediatrician (Inspection Report, p.10, 26 April 2022).

Main findings: Children are waiting too long to see a community paediatrician. This has remained the case for a number of years and predates COVID-19 (Inspection Report, p.2, 26 Apr 2022).

1. Paediatrics Focus Area: Waiting times

The situation regarding community paediatrician waits has been intensified by an inability to recruit and rising numbers of referrals. Although the service has tried several initiatives to address the ongoing problem, waiting times remain at 62 weeks before a child will be seen. This is not acceptable (Inspection Report, p.7, 26 Apr 2022).

Outcomes we are seeking to achieve:

1. Improved timeliness of Community Paediatric Team appointments for children and young people
2. Children and young people and their families receive support with their needs throughout their journey
3. Increased early intervention to support children and young people pre-assessment/diagnosis

Red: Little or no progress/at risk
Amber: Progressing with minor delays
Green: Good progress
Blue: Completed/embedding
White: Not started

Ref	Action	Accountable Lead	Start Date	Deadline	Success and Impact Measures	Progress RAG
Improve timeliness of Community Paediatric Team appointments (outcomes 1 and 2)						
1.1	Review the current Multi-Disciplinary Team (MDT) model to ensure maximum efficiency of staff in establishment for 5-11s	Divisional Director Women's, Children's and Sexual Health	1 March 2022	31 Dec 2022	<ul style="list-style-type: none"> Changes to the MDT model following the review are implemented 	Green

Ref	Action	Accountable Lead	Start Date	Deadline	Success and Impact Measures	Progress RAG
1.2	Recruit a Clinical Service Delivery Unit lead for Community Paediatrics (completed June 2022)	Divisional Director Women's, Children's and Sexual Health	1 June 2022	30 June 2022	<ul style="list-style-type: none"> ▪ Roles recruited into the service as part of a multidisciplinary team approach ▪ Improved capacity and clinical expertise within the service to sustainably meet increasing demand and reduce waiting times ▪ Reduced waiting times from 74 weeks, working towards 18-week referral to treatment target: <ul style="list-style-type: none"> - 66 weeks by 1 Apr 2023 - 58 weeks by 1 Oct 2023 ▪ Children's needs are assessed at an earlier stage <p>Section ref. 1.10 and 1.11 delivered to support families while on the waiting list</p>	Blue
1.3	Recruit 0.6fte GP with a special interest in Community Paediatrics/ Neurodevelopment	Divisional Director Women's, Children's and Sexual Health	1 July 2022	31 Oct 2022	<ul style="list-style-type: none"> ▪ As above (1.2) 	Green
1.4	Recruit 1 x Locum Prescribing Pharmacist to bridge capacity gap to substantive recruitment	Deputy Divisional Director Women's, Children's and Sexual Health	1 March 2022	30 June 2022	<ul style="list-style-type: none"> ▪ As above (1.2) ▪ Role recruited (starting June 2022) ▪ 100% of outstanding medication reviews completed (by 30 Sept 2022) 	Blue

Ref	Action	Accountable Lead	Start Date	Deadline	Success and Impact Measures	Progress RAG
1.5	Recruit 1 x substantive Prescribing Pharmacist to undertake medication reviews, reducing demand on community paediatricians time thereby contributing to overall matching of demand and capacity	Deputy Divisional Director Women's, Children's and Sexual Health	1 May 2022	31 Oct 2022	<ul style="list-style-type: none"> As above (1.2) Role recruited (starting October 2022) 30 medication reviews completed per month (from Oct 2022) Meeting medication management NICE guidance 	Blue
1.6	Recruit 2 x Specialist Neurodevelopmental Nurses, providing increased capacity and clinical expertise within the service for new and follow up appointments which would normally be undertaken by a Community Paediatrician	Deputy Divisional Director Women's, Children's and Sexual Health	1 June 2022	31 Dec 2022	<ul style="list-style-type: none"> As above (1.2) 	Green
1.7	Increase capacity to complete neurodevelopment reviews and assessments for children aged 7+ using an out-sourced provider (Healios)	Deputy Divisional Director Women's, Children's and Sexual Health	1 March 2022	31 Dec 2022	<ul style="list-style-type: none"> 94 children offered a Neurodevelopment review and onward assessments with Healios, by Dec 2022 Children and young people report an improved experience through service user evaluations 	Green
1.8	Secure a new contract with the outsourced provider for neurodevelopment reviews and assessments for 2023	Deputy Divisional Director Women's, Children's and Sexual Health	1 Dec 2022	31 March 2023	<ul style="list-style-type: none"> Additional availability for neurodevelopmental review and assessments Children and young people report an improved experience through service user evaluations 	Amber

Ref	Action	Accountable Lead	Start Date	Deadline	Success and Impact Measures	Progress RAG
Increase early intervention to support children and young people pre-assessment/diagnosis (outcomes 2 and 3)						
1.9	Improve communication with parent/carers to minimise frustration around waiting times and ensure they are aware of the support available to children and young people while on the waiting list for the community paediatric teams	Deputy Divisional Director Women's, Children's and Sexual Health	1 June 2022	31 Aug 2022	<ul style="list-style-type: none"> Information provided to 1200 families by letter detailing current wait times and support available (completed June 2022) Parents and carers feel informed and can access support Children with more complex needs are prioritised following waiting list reviews with families 	Amber
1.10	Deliver a support offer via PACE for children aged 5 and under awaiting assessment by a Community Paediatrician	Deputy Divisional Director Women's, Children's and Sexual Health	1 June 2022	31 July 2023 (review)	<ul style="list-style-type: none"> 300 children receive support Families report a positive experience via service user evaluations Families understand their child's behaviour and feel supported to manage daily activities more effectively Positive impact on children's skills development 	Amber
1.11	Provide opportunities for children aged 9-13 awaiting assessment by a Community Paediatrician to access equine therapy/intervention via HorseHeard charity	Deputy Divisional Director Women's, Children's and Sexual Health	1 June 2022	31 Dec 2022	<ul style="list-style-type: none"> 1200 children offered the opportunity Children and young people report an improved experience through service user evaluations Positive impact on children's skills development and wellbeing 	Amber

Ref	Action	Accountable Lead	Start Date	Deadline	Success and Impact Measures	Progress RAG
1.12	As a partnership, review referrals/referral criteria for community paediatrics and strengthen the triage system/ pathways to ensure children are assessed by the most appropriate professional as part of a multi-disciplinary approach	Deputy Divisional Director Women's, Children's and Sexual Health	1 July 2022	31 Dec 2022	<ul style="list-style-type: none"> Revised pathways and referral criteria are developed, understood and communicated First step referral pathways are maximised, so children are seen by the right professional in a timely way Parents/carers report an improved experience Child's needs are diagnosed and met at an earlier stage 	Amber
1.13	Develop/strengthen the pre-referral offering and ensure its communicated to partners	Deputy Divisional Director Women's, Children's and Sexual Health	1 July 2022	31 Dec 2022	<ul style="list-style-type: none"> Increased pre-referral offering across services Families report a positive experience via service user evaluations Families feel supported and further develop skills and knowledge to support their child 	Amber

2. Paediatrics Focus Area: Education, Health and Care Plan advice (EHCP)

Timeliness of health contributions from the community paediatric service to the Education Health Care plan assessment process was significantly out of compliance. The future of a recent successful project which reduced the times from 27 weeks to nearly full compliance has not been secured. (Inspection Report, p.5, 26 April 2022).

Outcomes we are seeking to achieve:

1. Sustain and secure the recent successful project which has reduced timelines of health contributions to Community Paediatrics for Education, Health and Care Plan statutory timelines.

Red: Little or no progress/at risk
Amber: Progressing with minor delays
Green: Good progress
Blue: Completed/embedding
White: Not started

Ref	Action	Accountable Lead	Start Date	Deadline	Success and Impact Measures	Progress RAG
Statutory compliance (outcome 1)						
2.1	Employ an interim Special Education Needs (SEN) Health Coordinator in Buckinghamshire Health Care Trust for management of the Education, Health and Care Plan pathway	Deputy Divisional Director Women's, Children's and Sexual Health	1 April 2022	31 May 2022	<ul style="list-style-type: none">▪ Role appointed▪ Reduced demand for Community Paediatrician time▪ Professional advice timescales reduced from 27 weeks to 6 weeks by 1 Jan 2023	Blue
2.2	Employ a substantive Special Education Needs (SEN) Health Coordinator in Buckinghamshire Health Care Trust for management of the Education, Health and Care Plan pathway	Deputy Divisional Director Women's, Children's and Sexual Health	1 Aug 2022	31 Dec 2022	<ul style="list-style-type: none">▪ Permanent role appointment▪ Statutory timescales for health advice achieved consistently	Green

Ref	Action	Accountable Lead	Start Date	Deadline	Success and Impact Measures	Progress RAG
2.3	<p>Provide training on when community paediatric advice is required for Education, Health and Care Plans</p> <p>Triage the requests to ensure they reach the right professional in a timely way</p>	Deputy Divisional Director Women's, Children's and Sexual Health	June 2022	31 Dec 2022	<ul style="list-style-type: none"> ▪ Reduced demand for Community Paediatrician time due to a reduction in inappropriate referrals ▪ More timely assessments for children ▪ Quality Assurance activity evidences improvement 	Green