



City of Westminster

# Committee Agenda

Title: **Health & Wellbeing Board**

Meeting Date: **Thursday 12th July, 2018**

Time: **4.00 pm**

Venue: **Room 3.1, 3rd Floor, 5 Strand, London, WC2 5HR**

Members:

Councillor Heather Acton (Chairman)	Cabinet Member for Family Services and Public Health
Dr Neville Pursell	Central London Clinical Commissioning Group Minority Group
Councillor Nafsika Butler- Thalassis	
Mike Robinson	Bi-Borough Public Health
Bernie Flaherty	Bi-borough Adult Social Care
Melissa Caslake	Bi-borough Children's Services
Jennifer Travassos	Housing and Regeneration
Dr Naomi Katz	West London Clinical Commissioning Group
Olivia Clymer	Healthwatch Westminster
Hilary Nightingale	Westminster Community Network
Dr David Finch	NHS England
Dr Joanne Medhurst	Central London Community Healthcare NHS Trust
Clare Robinson	Imperial College NHS Trust
Maria O'Brien	Central and North West London NHS Foundation Trust
Detective Inspector Iain Keating	Metropolitan Police

**Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda**

**Admission to the public gallery is by ticket, issued from the ground floor reception from 3.30pm. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.**



**An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require**

**any further information, please contact the Committee Officer, Tristan Fieldsend, Committee and Governance Officer.**

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Corporate Website: [www.westminster.gov.uk](http://www.westminster.gov.uk)**

**Note for Members:** Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Director of Law in advance of the meeting please.

## **AGENDA**

### **PART 1 (IN PUBLIC)**

#### **1. MEMBERSHIP**

To report any changes to the Membership of the meeting.

#### **2. DECLARATIONS OF INTEREST**

To receive declarations of interest by Board Members and Officers of any personal or prejudicial interests.

#### **3. MINUTES AND ACTIONS ARISING**

**(Pages 1 - 18)**

I) To agree the Minutes of the meeting held on 24 May 2018.

II) To note progress in actions arising.

### **PART A - (Key Projects - Items Led by the Board Reflecting the 3 Key Areas)**

#### **4. DECISION ON THE SELECTION OF THREE KEY TOPICS FOR THE BOARD**

### **Part B - (Sponsoring - Items Not Led by the Board, but which the Board Provides Added Value To)**

#### **5. HOMELESSNESS PREVENTION HEALTH REFERRALS**

**(Pages 19 - 22)**

#### **6. DRAFT ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT**

**(Pages 23 - 28)**

### **PART C - (Monitoring - Statutory Items and other Items Required to Come to the Board)**

#### **7. CHILDREN'S SPECIAL EDUCATIONAL NEEDS AND DISABILITIES STRATEGY**

**(Pages 29 - 68)**

#### **8. CHILDREN'S JOINT COMMISSIONING PLAN**

**(Pages 69 - 88)**

#### **9. ANY OTHER BUSINESS**

**Stuart Love  
Chief Executive  
4 July 2018**

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**CITY OF WESTMINSTER**

## **MINUTES**

### **Health & Wellbeing Board**

#### **MINUTES OF PROCEEDINGS**

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 24th May, 2018**, Room 3.6 and 3.7, 3rd Floor, 5 Strand, London, WC2 5HR.

#### **Members Present:**

Chairman and Cabinet Member for Family Services and Public Health:  
Councillor Heather Acton  
Clinical Representative from the Central London Clinical Commissioning Group:  
Dr Neville Pursell  
Minority Group Representative: Nafsika Butler-Thalassis  
Bi-borough Public Health: Mike Robinson  
Bi-Borough Adult Social Care: Bernie Flaherty  
Bi-Borough Children's Services: Annabel Saunders (acting as Deputy)  
Housing and Regeneration: Jennifer Travassos (acting as Deputy)  
Clinical Representative from West London Clinical Commissioning Group:  
Dr Naomi Katz  
Healthwatch Westminster: Olivia Clymer  
Chair of Westminster Community Network: Hilary Nightingale  
Central London Community Healthcare NHS Trust: Basirat Sadiq (acting as Deputy)  
Imperial College NHS Trust: Clare Robinson  
Central and North West London NHS Foundation Trust: Maria O'Brien

**Also Present:** Jules Martin (Managing Director, NHS Central London Clinical Commissioning Group) and Simon Hope (Deputy Managing Director, NHS West London Clinical Commissioning Group).

#### **1 MEMBERSHIP**

- 1.1 Apologies for absence were received from Melissa Caslake (Bi-borough Director of Children's Services), Tom McGregor (Director of Housing and Regeneration), Dr David Finch (NHS England), Dr Joanne Medhurst (Central London Community Healthcare NHS Trust) and Detective Inspector Iain Keating (Metropolitan Police).
- 1.2 Annabel Saunders (Bi-borough Director of Commissioning), Jennifer Travassos (Head of Prevention) and Basirat Sadiq (Central London Community Healthcare NHS Trust) attended as Deputies for Melissa Caslake, Tom McGregor and Dr Joanne Medhurst respectively

- 1.3 The Chairman welcomed Councillor Nafsika Butler-Thalassis, Olivia Clymer and Clare Robinson to the Board who were replacing former Councillor Barrie Taylor, Janice Horsman and Anne Mottram as the respective Minority Party, Healthwatch Westminster and Imperial College NHS Trust representatives. The Chairman advised that her Cabinet portfolio had changed and she was now Cabinet Member for Family Services and Public Health.
- 1.4 Jules Martin (Managing Director, NHS Central London Clinical Commissioning Group) was also in attendance. An apology for absence was received from Louise Proctor (Managing Director, NHS West London Clinical Commissioning Group). Simon Hope (Deputy Managing Director, NHS West London Clinical Commissioning Group) attended in her absence.

## **2 DECLARATIONS OF INTEREST**

- 2.1 Councillor Nafsika Butler-Thalassis declared that she works for the Health Forum, a Westminster based charity, and that her husband receives a carer's allowance for their son.

## **3 MINUTES AND ACTIONS ARISING**

### **3.1 RESOLVED:**

That the minutes of the meeting held on 20 March 2018 be signed by the Chairman as a correct record of proceedings.

- 3.2 The Chairman advised that a date was awaited for the Board to receive a report from the Care Quality Commission (CQC) on its work. She added that the City Council was now working closely with the CQC. It was also noted that NHS Central London Clinical Commissioning Group (CCG) were working closely with the CQC and were receiving CQC reports prior to their publication which the CCG found helpful.
- 3.3 The Chairman confirmed that she had received further information in respect of a London wide social media campaign on suicide prevention and Members noted that they had received the Health and Wellbeing Centres Task Group report that contained some useful findings.

### **3.4 RESOLVED:**

That progress in implementing the actions and recommendations agreed by the Westminster Health and Wellbeing Board be noted.

## **4 PATIENTS AND THEIR CARERS EXPERIENCES OF LIVING WITH LONG TERM HEALTH CONDITIONS IN WESTMINSTER**

- 4.1 Olivia Clymer (Chief Executive Officer, Healthwatch Central West London) presented the draft report and advised that further comments could still be submitted. She stated that its findings highlighted the challenges for patients and their carers in co-ordinating their care and the report also provided

examples of best practice. There were a number of practical ways in which care could be improved and Olivia Clymer suggested that an update be provided to the Board in around nine months' time.

- 4.2 Members welcomed the report and commented that some patients and carers experienced difficulties in accessing services because English was not their first language. It was asked whether such patients and carers had been approached to give their views. Members commented that variations in quality of care amongst GP practices was an issue in Westminster. Jules Martin (Managing Director, NHS Central London Clinical Commissioning Group) asked about the extent of work done with Patient Participation Groups (PPGs).
- 4.3 In reply to the issues raised, Olivia Clymer advised that there had been no specific work on obtaining views from patients and carers whose first language was not English, however this was something that could be undertaken. She acknowledged that variations in quality of care amongst GP practices in Westminster was an issue and this was an area that was being looked at in some detail. Efforts were being made to change culture and ensure all patients had equal access to quality care. Olivia Clymer advised that Healthwatch worked well with PPGs in both Central and West London through practice managers and this was an effective route in achieving good dialogue. There was also a recommendation in the report to make more use of PPGs.
- 4.4 The Chairman welcomed the report and advised that the North West London Health and Care Transformation Group had revised its terms of reference and there were now two Healthwatch representatives on the Group.
- 4.5 Olivia Clymer requested that any further comments and suggestions from the Board with regard to the report be provided by 7 June.

## **5 CHILDREN AND YOUNG PEOPLE SPECIAL EDUCATIONAL NEEDS AND DISABILITIES JOINT STRATEGIC NEEDS ASSESSMENT**

- 5.1 Catherine Handley (Public Health Business Partner) presented the report and emphasised the pivotal role the Board played in overseeing the assessment of local needs and strategy development. The Joint Strategic Needs Assessment (JSNA) provided evidence for the strategy which would be considered at a future Board meeting. Catherine Handley advised that 16% of pupils at state funded schools had Special Educational Needs and Disabilities (SEND) and 60% of SEND plans were completed within the deadline and this rate was improving. However, there were some long waiting times and whilst children were getting support during this time, their families needed more support too. Speech and language were the most common areas where children needed support.
- 5.2 Catherine Handley advised that the themes identified to take forward the local strategy included early identification, diagnosis and post diagnosis, information and sign posting, service provision and transition. She

emphasised the importance of providing the same quality of service across the whole of Westminster.

- 5.3 Members welcomed the report and asked if details were available on the proportion of children who made their two year health visitor appointment. In respect of speech therapy and language, it was emphasised how important follow-up support was following the first treatment. Members acknowledged that overall reading standards in Westminster were good, however it was asked what steps were being taken for children who were not reaching the target reading standards.
- 5.4 Members commented that it was often difficult to track and obtain access to the two year health checks. There were also occasions when parents refused treatment for their children because they were not happy with the outcome of the diagnosis. It was important for all partner organisations to work together and provide a 'wrap around' service. Members felt that the SEND JSNA set out the challenges clearly and it was important that the strategy picked up the response. A Member welcomed the focus on outcomes in the report and she acknowledged the concerns about support for speech and language and the need for on-going support whilst waiting for SEND plans. She suggested that health notifications for children aged 0 to 5 years should also be accepted from parents and childcare centres. She also advised that there was a new key working service for parents to help them navigate through what services were available.
- 5.5 The Board agreed the report, subject to the comments made by Members.

## **6 ANY OTHER BUSINESS**

- 6.1 The Chairman advised that there had been some changes both in terms of councillors and officers on the North West London Health and Care Transformation Group since the Local Elections on 3 May. She also circulated a progress update on the North West London health and care partnership to Members. A Member added that the partnership was setting targets and ambitions and was trying to reach the point where both social care and health services could be accessed from the same place.
- 6.2 Jules Martin advised that multi-speciality community partnerships (MCPs) were being developed to promote patient pathways. Future reports on MCPs would be presented to the Board and they represented significant changes to the health system. Members commented that they were encouraged by what MCPs were seeking to achieve and hoped that any resource issues could be overcome. Members also remarked that it was important to ensure that MCPs performed consistently.

The Meeting ended at 4.38 pm.



**CHAIRMAN:** \_\_\_\_\_

**DATE** \_\_\_\_\_

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# WESTMINSTER HEALTH & WELLBEING BOARD

## Actions Arising

### Meeting on Thursday 24<sup>th</sup> May 2018

Action	Lead Member(s) And Officer(s)	Comments
<b>Patients and their Carers Experiences of Living with Long Term Health Conditions in Westminster</b>		
Members to submit any further comments on the report by 7 June.	All Members	

### Meeting on Tuesday 20<sup>th</sup> March 2018

Action	Lead Member(s) And Officer(s)	Comments
<b>Minutes and Actions Arising</b>		
Board to receive an annual report from the Care Quality Commission on its overall work.	Chris Neill / Bernie Flaherty / Dylan Champion	
<b>Local Area Special Educational Needs and Disability Brief</b>		
Chairman to receive information on source of funding received by Central and North West London NHS Foundation Trust on preventative work on mental health in primary schools.	Victor Roman / Alison Markwell	
<b>Suicide Prevention Action Plan 2018-2021</b>		
Chairman to receive further information on London wide social media campaign on suicide prevention.	John Forde	Completed.
<b>Any Other Business</b>		
Health and Wellbeing Centres Task Group report to be circulated to the Board.	Toby Howes	Completed.

### Meeting on Thursday 18<sup>th</sup> January 2018

Action	Lead Member(s) And Officer(s)	Comments
<b>Verbal Update on the work of the Safer Westminster Partnership</b>		
Mick Smith to discuss emergency care and ambulance callouts with NHS Central London Clinical Commissioning Group.	Mick Smith / Chris Neill	
<b>Suicide Prevention Strategy Refresh</b>		
Chris Neill to approach Like Minded to discuss linking up of their work with the Suicide Prevention Strategy.	Chris Neill	

### Meeting on Thursday 16<sup>th</sup> November 2017

Action	Lead Member(s) And Officer(s)	Comments
<b>Chairman's Verbal Update</b>		
Chairman to update Board on meeting she had with NHS Property representatives at next Board meeting.	Chairman	Completed.
<b>Pharmaceutical Needs Assessment</b>		
Mike Robinson to contact NHS England to see if inviting pharmacy representatives to a future Board where the Pharmaceutical Needs Assessment is an item on the agenda is appropriate.	Mike Robinson	

### Meeting on Thursday 14<sup>th</sup> September 2017

Action	Lead Member(s) And Officer(s)	Comments
<b>Sustainability and Transformation Plan</b>		
Presentation on Sustainability and Transformation Plan to be circulated to the Community Safety Partnership.	Jane Wheeler / Chris Neill	
<b>Draft Annual Report of the Director of Public Health 2016-17</b>		
Members to make any further comments and suggestions about the draft annual report to Mike Robinson prior to the next Board meeting.	All Board Members / Mike Robinson	Completed.

### Meeting on Thursday 13<sup>th</sup> July 2017

Action	Lead Member(s) And Officer(s)	Comments
<b>Update on Development of Better Care Fund Plan 2017-19</b>		
Better Care Fund Plan for 2017-19 to be circulated to Members for further comments and final approval to be delegated to Councillor Heather Acton and Dr Neville Purssell before the 11 September deadline.	Councillor Heather Acton / Dr Neville Purssell / Dylan Champion	Completed.
<b>Work Programme</b>		
Clarification to be provided on whether the meeting scheduled for 22 March 2018 needs to be moved forward.	Councillor Heather Acton / Dylan Champion	Completed.

**Meeting on Thursday 25<sup>th</sup> May 2017**

<b>Action</b>	<b>Lead Member(s) And Officer(s)</b>	<b>Comments</b>
<b>Delivering the Health and Wellbeing Strategy for Westminster</b>		
Information dashboard being developed by North West London Clinical Commissioning Groups' Strategy Transformation Team to be circulated at next meeting.	Harley Collins (Health and Wellbeing Manager)	Completed.
Healthwatch to circulate research undertaken on behalf of the North West London Sustainability Transformation Plan that identified gaps in the Community Independence Service to Members.	Healthwatch	Completed.
Specific priorities and projects within the Strategy to be updated to incorporate suggestions made by Members.	Dylan Champion	To be provided at a future meeting.
<b>Work Programme</b>		
Updated work programme to be circulated to Members.	Dylan Champion	To be provided at a future meeting.
Primary Care Strategy to be circulated to Members.	Chris Neill (NHS Central London Clinical Commissioning Group)	

**Meeting on Thursday 2<sup>nd</sup> February 2017**

<b>Action</b>	<b>Lead Member(s) And Officer(s)</b>	<b>Comments</b>
<b>Health and Wellbeing Strategy for Westminster 2017 – 2022 Implementation</b>		
A joint implementation paper setting out a clear governance structure and providing details of actions being taken by NHS Central London and NHS West London Clinical Commissioning Groups to help deliver the implementation plan to be provided at next meeting.	Ezra Wallace, Chris Neill (NHS Central London Clinical Commissioning Group) and Louise Proctor (NHS West London Clinical Commissioning Group)	Completed.
<b>Pharmaceutical Needs Assessment – Introduction</b>		

Report on implications for funding for community pharmacies being reduced for 2016/17 and 2017/18 to be provided at a future meeting.	Colin Brodie	To be provided at a future meeting.
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### Extraordinary Meeting on Tuesday 13<sup>th</sup> December 2016

Action	Lead Member(s) And Officer(s)	Comments
<b>NHS Central London and NHS West London Clinical Commissioning Groups' Commissioning Plans</b>		
Members to provide any further comments on the Commissioning Plans by 20 December.	All Board Members	Completed.

### Meeting on Thursday 17<sup>th</sup> November 2016

Action	Lead Member(s) And Officer(s)	Comments
<b>Update on the North West London Sustainability Transformation Plan and Westminster's Joint Health and Wellbeing Strategy</b>		
Board's comments in respect of the North West London Sustainability Transformation Plan to be fed back to the NHS Central and NHS North West London Clinical Commissioning Groups.	Chris Neill (NHS Central London Clinical Commissioning Group)	Completed.
<b>Work Programme</b>		
Board to receive first report on the next Pharmaceutical Needs Assessment at next meeting.	Mike Robinson / Colin Brodie	Completed.

### Meeting on Thursday 15<sup>th</sup> September 2016

Action	Lead Member(s) And Officer(s)	Comments
<b>Draft Westminster Health and Wellbeing Strategy Refresh</b>		
Final strategy to be put to the Board at the next meeting.	Meenara Islam	Completed.
<b>Housing Support and Care Joint Strategic Needs Assessment</b>		
Board to look at the Housing Support and Care Joint Strategic Needs Assessment in more detail and to support the recommendations, subject to any concerns raised by Members in the next two weeks.	All Board Members / Anna Waterman	Completed.

**Meeting on Thursday 14<sup>th</sup> July 2016**

<b>Action</b>	<b>Lead Member(s) And Officer(s)</b>	<b>Comments</b>
<b>Draft Westminster Health and Wellbeing Strategy Refresh</b>		
Meenara Islam to circulate the dates that the consultation events and meetings are taking place to Members.	Meenara Islam	Completed.
<b>Tackling Childhood Obesity Together</b>		
Progress on the programme to be reported back to the Board in a year's time.	Eva Hrobonova	
<b>Health and Wellbeing Hubs</b>		
Details of the children's workstream to be reported to the Board at the next meeting.	Melissa Caslake	Completed.

**Meeting on Thursday 26<sup>th</sup> May 2016**

<b>Action</b>	<b>Lead Member(s) And Officer(s)</b>	<b>Comments</b>
<b>Draft Westminster Health and Wellbeing Strategy Refresh</b>		
Members to provide any further input on the strategy before it goes to consultation at the beginning of July.	All Board Members	Completed

**Meeting on Thursday 17<sup>th</sup> March 2016**

<b>Action</b>	<b>Lead Member(s) And Officer(s)</b>	<b>Comments</b>
<b>Westminster Health and Wellbeing Strategy Refresh Update</b>		
Members requested to attend Health and Wellbeing Board workshop on 5 April.	All Board Members	Completed.
Meenara Islam to circulate details of proposals discussed at an engagement plan meeting between Council and Clinical Commissioning Group colleagues.	Meenara Islam	Completed.
<b>NHS Central and NHS West London Clinical Commissioning Group Intentions</b>		
Clinical Commissioning Groups to consider how future reports are to be presented with a view to producing reports more similar in format and more user friendly.	Clinical Commissioning Groups	On-going.

**Meeting on Thursday 21<sup>st</sup> January 2016**

Action	Lead Member(s) And Officer(s)	Comments
<b>Commissioning Intentions: (A) NHS Central London Clinical Commissioning Group; (B) NHS West London Clinical Commissioning Group</b>		
Update on the Clinical Commissioning Groups' intentions to be reported at the next Board meeting.	Clinical Commissioning Groups	Completed.
<b>Westminster Health and Wellbeing Strategy Refresh</b>		
Draft proposals for the strategy refresh to be considered at the next Board meeting	Adult Social Care, Clinical Commissioning Groups and Policy, Performance and Communication	Completed.

**Meeting on Thursday 19<sup>th</sup> November 2015**

Action	Lead Member(s) And Officer(s)	Comments
<b>Westminster Health and Wellbeing Hubs Programme Update</b>		
Update on the Programme to be reported at the next Board meeting.	Adult Social Care	Completed.
<b>Like Minded – North West London Mental Health and Wellbeing Strategy – Case for Change</b>		
Board to receive report on Future In Mind programme to include details of how it will impact upon Westminster and how the Board can feed into the programme to provide more effective delivery of mental health services.	Children's Services	Completed.
Board to receive report on young people's services, including how they all link together in the context of changes to services.	Children's Services	Completed.

**Meeting on Thursday 1<sup>st</sup> October 2015**

Action	Lead Member(s) And Officer(s)	Comments
<b>Central London Clinical Commissioning Group – Business Plan 2016/17</b>		



West London Clinical Commissioning Group to circulate their Business Plan 2016/17 to the Board.	West London Clinical Commissioning Group	Completed.
<b>Westminster Health and Wellbeing Hubs Programme Update</b>		
Board to nominate volunteers to be involved in the Programme and to be on the Working Group.	Meenara Islam	Completed.
Update on the Programme to be reported at the next Board meeting.	Adult Social Care	Completed.
<b>Dementia Joint Strategic Needs Assessment – Commissioning Intentions and Sign Off</b>		
Board to receive and update at the first Board meeting in 2016.	Public Health	Completed.

#### Meeting on Thursday 9<sup>th</sup> July 2015

Action	Lead Member(s) And Officer(s)	Comments
<b>Five Year Forward View and the Role of NHS England in the Local Health and Care System</b>		
That a document be prepared comparing NHS England's documents with the Clinical Commissioning Groups to demonstrate how they tie in together.	Clinical Commissioning Groups/NHS England	Completed.
Board to receive regular updates on the work of NHS England and to see how the Board can support this work.	NHS England	To be considered at future meetings.
<b>Westminster Housing Strategy</b>		
Housing Strategy to be brought to a future meeting for the Board to feed back its recommendations.	Spatial and Environmental Planning	Completed.
<b>Update on Preparations for the Transfer of Public Health Responsibilities for 0-5 Years</b>		
Board to receive an update in 2016.	Public Health	Completed.

#### Meeting on Thursday 21<sup>st</sup> May 2015

Action	Lead Member(s) And Officer(s)	Comments
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<b>North West London Mental Health and Wellbeing Strategic Plan</b>		
That a briefing paper be prepared outlining how the different parts of the mental health services will work and how various partners can feed into the process.	NHS North West London	Completed.
Adult Social Care representative to be appointed onto the Transformation Board.	NHS North West London Adult Social Care	Completed.
<b>Children and Young People's Mental Health</b>		
A vision statement be produced and brought to a future Board meeting setting out the work to be done in considering mental health services for 16 to 25 year olds, the pathways in accessing services and the flexibility in both the setting and the type of mental health care provided, whilst embracing a multidisciplinary approach.	Children's Services	Completed.
<b>The role of pharmacies in Communities and Prevention</b>		
Public Health Team and Healthwatch Westminster to liaise and exchange information in their respective studies on pharmacies, including liaising with the Local Pharmaceutical Committee and the Royal Pharmaceutical Society.	Public Health Healthwatch Westminster	Completed.
<b>Whole Systems Integrated Care</b>		
That the Board be provided with updates on progress for Whole Systems Integrated Care, with the first update being provided in six months' time.	NHS North West London	Completed.
<b>Joint Strategic Needs Assessment</b>		
Consideration be given to ensure JSNAs are more line with the Board's priorities.	Public Health	Completed.
The Board to be informed more frequently on any new JSNA requests put forward for consideration.	Public Health	On-going.
<b>Better Care Fund</b>		
An update including details of performance and spending be provided in six months' time.		Completed.
<b>Primary Care Co-Commissioning</b>		
Further consideration of representation, including a local authority liaison, to be undertaken in respect of primary care co-commissioning.	Health and Wellbeing Board	In progress
<b>Work Programme</b>		
Report to be circulated on progress on the Primary Care Project for comments.	Holly Manktelow Health and Wellbeing Board	Completed.

The Board to nominate a sponsor to oversee progress on the Primary Care Project in between Board meetings.	Health and Wellbeing Board	To be confirmed.
NHS England to prepare a paper describing how they see their role on the Board and to respond to Members' questions at the next Board meeting.	NHS England	Completed.

### Meeting on Thursday 19<sup>th</sup> March 2015

Action	Lead Member(s) And Officer(s)	Comments
<b>Pharmaceutical Needs Assessment</b>		
Terms of reference for a separate wider review of the role of pharmacies in health provision, and within integrated whole systems working and the wider health landscape in Westminster, to be referred to the Board for discussion and approval.	Adult Social Care	Completed

### Meeting on Thursday 22<sup>nd</sup> January 2015

Action	Lead Member(s) And Officer(s)	Comments
<b>Better Care Fund Plan</b>		
Further updates on implementation of the Care Act to be a standing item on future agendas.	Adult Social Care	Completed.
<b>Child Poverty</b>		
Work to be commissioned to establish whether and how all Council and partner services contributed to alleviating child poverty and income deprivation locally, through their existing plans and strategies – to identify how children and families living in poverty were targeted for services in key plans and commissioning decisions, and to also enable effective identification of gaps in provision.	Children's Services	In progress.
To identify an appropriate service sponsor for allocation to each of the six priority areas, in order to consolidate existing and future actions that would contribute to achieving objectives.	Children's Services	In progress.
<b>Local Safeguarding Children Board Protocol</b>		
Protocol to be revised to avoid duplication and to be clear on the different and separate roles of the Health & Wellbeing Board and the Scrutiny function.	Local Safeguarding Children Board	Completed.

<b>Primary Care Commissioning</b>		
A further update on progress in Primary Care Co-Commissioning to be given at the meeting in March 2015.	Clinical Commissioning Groups.  NHS England	Completed.

### Meeting on Thursday 20<sup>th</sup> November 2014

<b>Action</b>	<b>Lead Member(s) And Officer(s)</b>	<b>Comments</b>
<b>Primary Care Commissioning</b>		
The possible scope and effectiveness of establishing a Task & Finish Group on the commissioning of Primary Care to be discussed with Westminster's CCGs and NHS England, with the outcome be reported to the Health & Wellbeing Board.	Clinical Commissioning Groups  NHS England	Completed
<b>Work Programme</b>		
A mapping session to be arranged to look at strategic planning and identify future agenda issues.	Health & Wellbeing Board	Completed.

### Meeting on Thursday 18<sup>th</sup> September 2014

<b>Action</b>	<b>Lead Member(s) And Officer(s)</b>	<b>Comments</b>
<b>Better Care Fund Plan 2014-16 Revised Submission</b>		
That the final version of the revised submission be circulated to members of the Westminster Health & Wellbeing Board, with sign-off being delegated to the Chairman and Vice-Chairman, subject to any comments that may be received.	Director of Public Health.	Completed.
<b>Primary Care Commissioning</b>		
The Commissioning proposals be taken forward at the next meeting of the Westminster Health & Wellbeing Board in November	NHS England	Completed.
Details be provided of the number of GPs in relation to the population across Westminster, together with the number of people registered with those GPs; those who are from out of borough; GP premises which are known to be under pressure; and where out of hours capacity is situated.	NHS England	Completed.
<b>Measles, Mumps and Rubella (MMR) Vaccination In Westminster</b>		
That a further report setting out a strategy for how uptake for all immunisations could be improved, and which provides Ward Level data together with details	NHS England Public Health.	Completed.

of the number of patients who have had measles, be brought to a future meeting of the Westminster Health & Wellbeing Board in January 2015.		
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### Meeting on Thursday 19<sup>th</sup> June 2014

Action	Lead Member(s) And Officer(s)	Comments
<b>Whole Systems</b>		
Business cases for the Whole Systems proposals to be submitted to the Health & Wellbeing Board in the autumn.	Clinical Commissioning Groups.	Completed.
<b>Childhood Obesity</b>		
A further report to be submitted to a future meeting of the Westminster Health & Wellbeing Board by the local authority and health partners, providing an update on progress in the processes and engagement for preventing childhood obesity.	Director of Public Health.	Completed.
<b>The Health &amp; Wellbeing Strategy</b>		
A further update on progress to be submitted to the Westminster Health & Wellbeing Board in six months.	Priority Leads.	Completed.
<b>NHS Health Checks Update and Improvement Plan</b>		
Westminster's Clinical Commissioning Groups to work with GPs to identify ways of improving the effectiveness of Health Checks, with a further report on progress being submitted to a future meeting.	Clinical Commissioning Groups	Completed.
<b>Joint Strategic Needs Assessment Work Programme</b>		
The implications of language creating a barrier to successful health outcomes to be considered as a further JSNA application.  <i>Note: Recommendations to be put forward in next year's programme.</i>	Public Health Services  Senior Policy & Strategy Officer.	Completed.

### Meeting on Thursday 26<sup>th</sup> April 2014

Action	Lead Member(s) And Officer(s)	Comments
<b>Westminster Housing Strategy</b>		
The consultation draft Westminster Housing Strategy to be submitted to the Health & Wellbeing Board for consideration.	Strategic Director of Housing	Completed.
<b>Child Poverty Joint Strategic Needs Assessment Deep Dive</b>		

A revised and expanded draft recommendation report to be brought back to the Health & Wellbeing Board in September.	Strategic Director of Housing Director of Public Health.	Completed.
<b>Tri-borough Joint Health and Social Care Dementia Strategy</b>		
Comments made by Board Members on the review and initial proposals to be taken into account when drawing up the new Dementia Strategy.	Matthew Bazeley Janice Horsman Paula Arnell	Completed.
<b>Whole Systems</b>		
A further update on progress to be brought to the Health & Wellbeing Board in June.	Clinical Commissioning Groups	Completed.



## Westminster Health & Wellbeing Board

<b>Date:</b>	12 <sup>th</sup> July 2018
<b>Classification:</b>	<b>General Release</b>
<b>Title:</b>	Homelessness Prevention: Westminster GP referral Pathway
<b>Report of:</b>	Jennifer Travassos (Head of Prevention) Rebecca Green (Prevention Strategy Manager and Trailblazer lead) Ross Harvey (Shelter Outreach Manager)
<b>Wards Involved:</b>	Westminster wide
<b>Policy Context:</b>	Homelessness Reduction Act and Westminster Prevention Strategy
<b>Report Author and Contact Details:</b>	Rebecca Green (Prevention Strategy Manager and Trailblazer lead) Rgreen1@westminster.gov.uk

### 1. Executive Summary

- 1.1 Health and housing are largely interlinked. Patients will frequently discuss housing issues with GPs. Residents commonly ask GPs to advocate to housing providers on their behalf, creating time-consuming work in an area that is not their specialism nor responsibility.

The transformation of Westminster's housing services means early, upstream support and intervention can be provided for households at risk of future homelessness. Where previously households may approach the Housing Options service at a point of housing crisis, there is now an extensive and holistic homelessness prevention service that can support households whatever the nature of their housing concern.

To work with at risk households, before the point of housing crisis, requires working closely with partners, to identify those at risk, deliver consistent messaging and establish effective referral pathways.

The aim of the Westminster GP Referral Pathway is to create one single, simple point of referral GPs can use when their patients raise housing concerns. The referral will be to housing and homelessness prevention specialists who will take on the case, removing responsibility from health professionals and enabling efficient and early intervention.

This is an opportunity to identify and support vulnerable households to prevent their homelessness and to reduce the burden on GPs of discussing and alleviating patients' housing issues.

## **2. Key Matters for the Board**

- 2.1 Agreement to trial Westminster GP Referral Pathway: identifying patients in need of housing related support and supporting referrals to Shelter for homelessness prevention.
- 2.2 Support to conduct a small piece of research into the nature and frequency of housing related queries raised by patients in general practices. Research will be with sample of practices in survey or focus group format (to be agreed). This will serve as one bench mark for evaluation of the pilot.
- 2.3 Support to advertise Shelter's Westminster service in practices across Westminster.
- 2.4 Support for duration of the pilot including encouraging GPs and practices to make patients aware of the prevention service, support their patients to make referrals and encouraging participation in pilot evaluation.

## **3. Background**

- 3.1 Westminster is transforming its homeless prevention service. The new model aims to work with households before the point of housing crisis, at a time when issues are less complex and less costly.

Where previously households may not have received support and intervention until there was an imminent risk of losing their home, Westminster now offers a service that can support households even when there is low risk or where the risk of homelessness is not in the short term.

To maximise likelihood of preventing homelessness, support for at risk residents needs to be provided as early and upstream as possible. To work with households prior to them reaching crisis and approaching Housing Options, we must work closely with our partners to identify those at risk and provide timely intervention.



Evidence suggests vulnerable households speak with their GP about housing issues prior to attending Housing Options. We would like to develop and trial a referral pathway with General Practices across Westminster.

The pilot we propose would serve a dual purpose:

1. Increasing prevention success and thus reducing the number of households reaching housing crisis and being placed in emergency or temporary accommodation
2. Rescuing time GPs spend discussing or alleviating patients' housing issues.

#### **4. Options / Considerations**

- 4.1 Developing a referral system whereby GPs complete a simple referral on behalf (with consent of) the patient.
- 4.2 Developing a self-referral mechanism which is promoted and encouraged at practices across Westminster.
- 4.3 Trialling each of the above approaches at different practices.
- 4.4 Recording of patients refusing a referral.
- 4.5 Ability to track which practice referrals originate from for purpose of monitoring and evaluation.

#### **5. Legal Implications**

- 5.1 If GPs refer on the patient's behalf, consent would need to be signed and data sharing mechanism agreed.

#### **6. Financial Implications**

- 6.1 No additional costs. Potential to reduce GP time spent discussing and resolving issues that affect health (eg. Stress from potential tenancy loss, poor living conditions) and advocating on patients' behalf.

**If you have any queries about this Report or wish to inspect any of the  
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## Westminster Health & Wellbeing Board

<b>Date:</b>	12 July 2018
<b>Classification:</b>	General Release
<b>Title:</b>	Annual Report of the Director of Public Health 2017-18
<b>Report of:</b>	Director of Public Health
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	The Director of Public Health has a statutory requirement to produce an independent report about the health of local communities
<b>Financial Summary:</b>	Not applicable
<b>Report Author and Contact Details:</b>	Colin Brodie E: <a href="mailto:cbrodie@westminster.gov.uk">cbrodie@westminster.gov.uk</a> T: 02076414632

### 1. Executive Summary

- 1.1 This paper updates the Board on progress on the annual report of the Director of Public Health for 2017-18, commonly referred to as the Annual Public Health Report (APHR), for consideration by the Health and Wellbeing Board.

### 2. Key Matters for the Board

- 2.1 We would like to invite the Health and Wellbeing Board to contribute to the development of the report. In particular, the Board are invited to consider the following:
- Are the Health and Wellbeing Board members aware of young people or key partners who may wish to be involved?
  - Are the Health and Wellbeing Board members aware of local stories/case studies that could feature in the report?
  - How do the Health and Wellbeing Board wish to continue to be engaged in the development of the report?

### **3. Background**

3.1 The Director of Public Health (DPH) has a statutory requirement to produce an independent Annual Public Health Report (APHR). This report is the DPH's statement about the health of local communities. The report:

- Contributes to improving the health and wellbeing of the local population
- Addresses health inequalities;
- Promotes action for better health through measuring progress towards health targets, and
- Assists with planning and monitoring of local programs and services that impact on health over time.

3.2 The theme for the 2017-18 report is the health and wellbeing of young people and the experience of living and growing up in the Bi-Borough area.

### **4. Purpose and scope of the APHR**

4.1 The purpose of the report is to provide an overview of the health and wellbeing of the Bi-Borough population, with a focus on the needs of young people aged 14-25 and to describe some key challenges and opportunities at this critical time in their lives.

4.2 The report will have the following aims:

- To enhance the health and wellbeing of all young people in the Bi-Borough
- That the voice and experience of young people themselves drives this process

4.3 Underpinned by a population level needs analysis, the report will feature case studies and interviews to tell the stories and describe the lived experience of young people growing up in Westminster. There will be a focus on identifying potential solutions to health and wellbeing challenges for young people and the report will share their suggestions to further improve health and wellbeing for their generation, and future generations.

4.4 In addition, the report will:

- explore the media portrayal of young people and whether this is reflected in local data and the experiences of young people growing up in our Boroughs

- identify opportunities for young people to have a greater voice in decisions that affect their lives.
- describe how community assets are maintaining and promoting the health and wellbeing of YP
- identify and celebrate good practice and incorporate into mainstream service provision
- build strong relationships between key partners to promote a system wide approach to improve the wellbeing of young people in Westminster

4.5 Recommendations from the report may be taken forward with partners as part of the new joint working operating model, and provides an opportunity for the new Public Health Business Partner model to work across the council and key partners.

4.6 Crucially, the report will build on and complement existing work carried out across Westminster, and Kensington and Chelsea by the local authority, NHS and key partners, such as Children’s Services, Young Westminster Foundation, and the Grenfell Needs Assessment.

## 5. Key Milestones and Progress

5.1 A matrix team has been created to steer the development of the annual public health report. This includes colleagues from Public Health, the Integrated Commissioning Unit, Children’s Services; Policy, Performance & Communications; and the CCG.

5.2 The team have developed a project plan which is reviewed at every meeting. Key milestones are summarised below:

<b>Milestone</b>	<b>Due date</b>	<b>Progress to date</b>
Matrix Team Established	May 2018	Matrix team formed and regular meetings established.
Engagement	June 2018	To date, engagement with: <ul style="list-style-type: none"> <li>- Youth Council</li> <li>- Young Westminster Foundation (YWF)</li> <li>- Integrated Gangs Unit</li> <li>- Healthwatch</li> <li>- Children’s Services</li> <li>- Adult Social Care &amp; Public Health</li> <li>- CCG</li> </ul>

Research & Analysis - Interviews and Focus Groups	July 2018	Working with Children's Services, Youth Council and YWF to identify participants and develop questions for interviews and focus groups. Consent form agreed  Focus group scheduled for 2 July and follow up interviews by end of July
Research & Analysis - Data Analysis	July 2018	Public Health Intelligence (PHI) currently undertaking data analysis
Collate data and draft report	September 2018	PHI started drafting template for report
Health & Wellbeing Board	September 2018	Draft report presented to Health and Wellbeing Board
Design Report	October 2018	Design brief created and currently seeking quotes from potential designers for final report
Publish report	November 2018	

## 6. Legal Implications

- 6.1 The Director of Public Health for a local authority must prepare an annual report on the health of the people in the area of the local authority Section (Section 31 (5) of the Health and Social Care Act, 2012). Westminster City Council has a duty to publish the report (Section 31 (6) of the Health and Social Care Act, 2012)

Implications completed by: Hazel Best 020 7641 2955

## 7. Financial Implications

- 7.1 There are no financial implications arising from this report. Any future financial implications identified as a result of the report will be presented to the appropriate Board(s) and governance channels in a separate report.

Implications completed by: Avishka Kumarasinghe, 020 7641 2136

**If you have any queries about this Report or wish to inspect any of the  
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**APPENDICES:**

**None**

**BACKGROUND PAPERS:**

**None**

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## Westminster Strategy for Children and Young People with Special Educational Needs and Disabilities aged 0 - 25

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**2018 - 2021**

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## **Introduction**

Westminster City Council and North West London Collaboration of CCGs have high ambitions for all children and young people, including those with special educational needs and disabilities (SEND).

We firmly believe that children and young people, including those with the most complex needs, should have access to good local provision and every opportunity to achieve good outcomes, whether this be education, employment, independent living, participation in their community or being as healthy as possible.

Our ambition is to support all children and young people in their journey to adulthood with underpinning principles of early help, personalisation and inclusion and enabling them to achieve their chosen outcomes.

## **Our vision**

Our vision for children and young people with special educational needs or disabilities (SEND) is that they achieve well in early years, at school and at college, and lead happy and fulfilled lives. This supports the vision of our Health and Wellbeing Board “that all people in Westminster are enabled to be well, stay well and live well, supported by a collaborative and cohesive health and care system.”

For children and young people with SEND this means:

- having the opportunity to attend local good quality education settings with seamless transitions
- having access to short breaks or respite that is fun and helps to develop independence whilst giving parents/carers planned breaks from their caring duties
- having support to develop the skills necessary for independence, in learning, in work and to have high aspirations for their lives
- having access to support to get and keep hold of a job
- being able to choose where to live and support to live as independently as possible
- having relationships and social networks
- having a healthy lifestyle and where required their health needs identified and met
- being safe from hate and hate crime and discrimination

- living in a society where people understand, respect and accommodate differences.

## **What children, young people and parent/carers have told us**

The local Parent/Carer Forum has worked with the council and CCG to develop more parent-friendly approaches to co-production that support the involvement of a broader range of local parents in the work to implement the SEND reforms, develop our Local Offer and make a real difference to family lives.

To this end, in 2017 the Westminster Parent/Carer Forum organised termly thematic focus groups around the age of the child, setting or theme which covered Early Years, Mainstream, Specialist, Post 16, Health, Short Breaks and High Functioning Autism.

Over 80 parent/carers attended the Focus Groups where key professionals discussed with them their experience of local services. A log of all key themes, actions and lead officers was maintained and informed our 'We Said; We Will' Action Plan and which captures our progress in improving not only our Local Offer, but the trust that parent/carers have in the Local Authority, the CCG and other key stakeholders.

The key issues as identified in those Focus Groups are summarised below.

### **Early Years**

- Parent/carers would like to see greater transparency around effectiveness of SEND funding in early years settings and across all schools and colleges.
- Parent/carers feel that some early years settings could improve their inclusion practice further and this exacerbates the perception that children may need an Education, Health and Care Plan (EHCP).
- Parent/carers would like someone early in the process to help them navigate the SEND system, providing consistent advice, support and key working.

### **Mainstream Schools**

- Parent/carers would like to have a better understanding of what can be expected of mainstream schools in supporting all children and young people with SEND, what funding they receive and any other additional funds they can access.
- Parents would like more visual representations within School SEN Information Reports of how they support children and young people with SEND, including case studies, available in accessible ways e.g. including easy read formats.
- Parent/carers would like to see more training in some schools as to the needs and behaviours of young people with high functioning autism.
- Parent/carers report that there are some good SENCOs, but given staff turnover, they are also keen to ensure that new SENCOs are supported in their new roles by parents, their schools and the LA.
- The Parent/Carer Forum would like to continue to be involved in delivery of training for school staff in relation to SEND.

### **EHC Needs Assessment Process**

- The Parent/Carer Forum would like continued regular updates from the SEND Service about improvements, key staff changes etc.
- Parent/carers report that they welcome timely communications from EHC Co-ordinators and building relationships remains important. Parent surgeries have been set up to support communication.

### **Health and Therapies**

- Some parent/carers report that waiting times for some services could be further improved.
- Parents would like to know more about the outcomes of the speech and language therapy (SaLT) transformation work at the Parent/Carer Forum.
- Parent/carers would like to better understand what speech, language and communication support including therapy they can expect from different settings and as their child moves from school to college.
- Parent/carers believe more training is required for health professionals to support or signpost parents following a diagnosis. Parents welcome as much information and support as possible.
- Parent/carers would like increased support from CAMHS and other stakeholders supporting schools with children who are self-harming, depressed or with challenging behaviours.
- Transition pathways between Health Visitors and School Nurses, and children's and adult services need further strengthening.
- Dental and vision assessments taking place in Special Schools would be welcomed.

### **Social Care Provision**

- Parent/carers would like the strong short breaks offer in north Westminster to be replicated in the south of the borough. Consequently, a new offer is being piloted for families in the south.
- Parent/carers would like Social Workers to have a consistently good understanding of the EHC needs assessment and planning process, the development of shared outcomes and the legal status of an EHC Plan.
- Parents would like short breaks and after school clubs co-ordinated with transport timetables.
- Parent/carers would like more services for children who are high functioning if they don't have a EHCP, a needs assessment or a Care Plan.

### **Post 16 Settings**

- Parent/carers would like greater understanding about how Further Education Colleges can meet the needs of young people with complex needs and associated medical conditions.
- Parent/carers would like to see strengthened post 16 outcomes, building on consistent Year 9 reviews and Preparation for Adulthood.
- The Supported Internship model is a good one and further development would be welcomed.

### **The Local Offer**

- Parents would like everyone to use and understand the Local Offer more,

including children and young people.

### **Education, Health and Care Surveys**

We also conducted EHC surveys in the spring 2018 to inform the development of this strategy; one survey for children with SEND and one for their parents/carers. The number of responses was as follows: 23 children and young people and 3 parents/carers. We can see from the responses from the children that they were generally satisfied with the support they were receiving. Whilst they had not previously been aware of the Local Offer website, they found it to be useful and interesting. We know we need to do more targeted work with young people on the ongoing promotion and development of the website.

Here are a few quotes in relation to areas for development from people who responded to the survey:

*“Don't make children too dependent on adults, give them the chance to try new things and protect them in case they get hurt. Be helpful towards them if they have any questions/doubts about anything.”*

*“I would like to meet up with people like me going through the same things - so we can talk about them.”*

*“I would like sessions where someone can help me work out how to explain myself better.”*

*“Please do not judge, and be please polite.”*

We would like to thank everyone who took the time to respond to the survey and we plan to conduct annual surveys to ensure we continue to engage with families in as many ways as possible.

## **The aim of this strategy**

The overarching aim of this strategy is to improve the outcomes for children and young people with disabilities and those with special educational needs. By this we mean their ability to:

- achieve the best they can in education;
- get a job (with support as necessary);
- live as independently as possible (with support as necessary); and
- be a healthy, active and visible part of their local community.

## **Our journey so far**

Since 2014 we have been on an improvement journey to implement the reforms as described in the Children and Families Act and the SEND Code of Practice. We have developed our partnership working with parent/carers and other stakeholders to drive improvements across the area. We recognise that we have more to do and are committed to continuing this journey to improve outcomes for children and young people with SEND.

We have in place a rigorous approach to self-evaluation across the local area and we are clear about our progress so far and our next steps.

- 1) Overall outcomes for pupils on SEN Support and those with EHCPs in Westminster schools are among the highest in the country, as shown in school performance and post 16 data. Every special school and resource base school in the borough is currently rated as good or outstanding by Ofsted. 98% of all state funded schools in the borough are rated either good or outstanding. We want to build on this and improve outcomes for children with SEND even further, recognising that there are still some achievement gaps and that we need to reduce exclusions.
- 2) We have a good relationship with the Westminster Parent Participation Group (WPPG), the parent/carer forum, which is well established and meets regularly with parents locally in north and south Westminster. Co-production is a priority and new services, including the SEN Service, have been designed jointly with parents and local Head teachers and both were closely involved in the recruitment of staff. All new communication including letters are co-produced with parents. The WPPG has worked closely with Children's Services on the Perfect Pathways project, developing new provision for 0-5 year olds locally.
- 3) The borough has recently managed successfully the transition from a tri-borough to a bi-borough Children's Services Department and many high quality staff have been retained. There is strong Cabinet Member support

for SEND including investment in local specialist and mainstream provision, as part of the Local Offer, thereby reducing reliance year on year on the independent and non-maintained sector. Despite rising demand and increasing complexity of need, Westminster's High Needs Block remains within budget and there is strong support from Schools Forum in ensuring that SEN provision in mainstream and in specialist provision is appropriately funded.

- 4) We implemented a new assessment process in 2014 in response to the new legislation and Code of Practice and we set out our plans to complete the transfers from Statements to EHCPs by 31<sup>st</sup> March 2018. We have had some challenges in relation to timely completion of new assessments for a variety of reasons and in 2017 we undertook a review of our performance and introduced new ways of working. This has resulted in significant improvements in our ability to complete good quality EHCPs within 20 weeks and we completed 99.8% of the transfers by 31<sup>st</sup> March 2018. The percentage of new EHCPs issued within 20 weeks (excluding exceptions) increased from 7.4% in 2015 to 63% in 2017 and we have set ourselves an ambitious target of 90% by the end of 2018.
- 5) A small number of parents and families report a lack of confidence in the ability of some mainstream settings to meet their child's needs. This means that EHC needs assessments and Plans can be seen as the only way to get support and this may be one of the reasons why the demand for EHCPs increased in 2016/17. We have previously provided guidance to schools on the 'assess, plan, do, review' cycle but we will revisit this and provide further guidance and will improve access to advice, guidance and outreach support for pupils at SEN Support.
- 6) We have developed a joint commissioning plan, with clear governance arrangements to deliver a number of work programmes which align with this strategy. In particular, we know we need to strengthen speech, language and communication support in early years settings and schools; develop an integrated occupational therapy service; build on the CAMHS Transformation programme to ensure that the emotional health and wellbeing needs of children with SEND are met; and develop comprehensive support for 0 – 25 in the community.
- 7) We have reviewed the diagnostic pathways and we jointly recognise the need to improve further the pathways for children with ASD/ADHD, particularly by reducing waiting times and ensuring that support is available via the Local Offer and specialist services. We are committed to co-producing an all age ASD Strategy and this work has started by building on current local best practice, which raises awareness and improves early recognition of autism; ensures relevant professionals are aware of the local



autism pathway and how to access diagnostic services; supports smooth transition to adult services and ensures local data collection and pathway audit. In response to a recent training needs audit, we developed a separate support package for ASD and Girls. The main objective of the initiative is to improve the emotional wellbeing of the girls with ASD by enhancing schools' knowledge of ASD indicators in girls leading to early intervention and reducing the risk of misdiagnosis and inappropriate treatment/management.

- 8) We have a good range of specialist educational provision in the borough. Although the number of children and young people with EHCPs attending independent and non-maintained schools is lower than the national and London averages, we believe this can be further improved. We know there are implications for the family lives, friendships and future expectations for children who have to attend school away from home. We are opening a new ASD resource base at All Soul's C of E Primary School in the summer term 2019.
- 9) We have a range of local Outreach Services which help to increase and promote inclusion through workforce development and offering specialist advice to staff in mainstream schools. This includes language/ communication, autism and sensory support. The Outreach Service is currently under review, with the aim of extending its capacity to work with a broader range of children including those on SEN Support. The Outreach Service also provides advice and support to SENDCOs by:
  - running the termly Bi-borough SENDCO Forum (designed to brief SENDCOs, signpost them to relevant support services and keep them informed of the latest developments, research, local initiatives and examples of good practice);
  - introducing a termly Westminster SENDCO Network (designed around the SEN Support Toolkit with opportunities to network with other SENDCOs to share and develop good practice).
- 10) We acknowledge that some early years providers, schools and colleges require specialist input to enable them to successfully include children with a wide range of special needs and our SEN Support Action Plan champions multi-agency workforce development activities. Our aim is to ensure all our educational settings are skilled and confident in their contribution to our Local Offer.
- 11) We are currently working collaboratively to produce Autism friendly pages on our Local Offer which support young people with autism and their families at every stage of their journey to adulthood. We

recognise that we have rising numbers of people diagnosed with autism in the borough, but some elements of our existing pathways for children and young people with autism and particularly those who are high functioning require further development and co-production.

- 12) We have reviewed our Short Breaks Statement, which is published on the Local Offer website. We are also working to ensure that our short breaks offer meets the needs of a wide and varied cohort of children and their families and includes a more differentiated approach.
- 13) Our local colleges have a strong track record of delivery for a diverse range of young people with SEND and more recently Westminster Kingsway has led on further development of their specialist provision for young people with complex needs at the Alexander Centre. City of Westminster College has opened their new Maida Vale site, also supporting some of our most complex young people. Both colleges are offering innovative opportunities to support young people into work, through traineeships, supported internships and apprenticeships. We will utilise this expertise to grow our employment pathways with local employers and internally within both the Council and across the NHS.
- 14) 9.2% of adults with learning disabilities in receipt of long term services from adult social care are in paid employment in Westminster compared to 6.3% across England. However, we recognise we need to do more and we reviewed the way in which we support young people with SEND and their families in the journey from childhood to adulthood throughout 2016 and 2017 and there is more work to do with young people with SEND to co-produce the Preparing for Adulthood (PfA) section of our Local Offer, making best use of social media. Our PfA workstream, jointly chaired by Adult Social Care, has recently strengthened the local transition protocol and is developing new supported employment pathways for 16-25 year olds.
- 15) We are developing a new early notification pathway to make sure that children who are identified by health professionals as possibly having special educational needs or a disability are brought to the attention of the local authority and are provided with the appropriate support as early as possible.
- 16) We are continuing to ensure that professionals' understanding of developing shared outcomes, as championed within the SEND Code of Practice 2015, is embedded and we are developing additional training packages for the wider Education, Health and Care workforce which will champion our SEN Support Toolkit and further refine each stakeholder 'Local Offer'.
- 17) We commissioned a Joint Strategic Needs Assessment of children and

young people with SEND to inform our ongoing journey. This detailed assessment has informed this strategy and helped identify gaps in the Local Offer, as well as key priorities for action.

Overall, whilst we feel we have made considerable progress since 2014, we are confident that we can do more to improve the outcomes for children and young people with SEND in the borough and this strategy establishes our key priorities going forward.

## **The Local Offer**

The Local Offer is the local area's publication of all the provision, services, pathways which are available across education, health and social care for children with SEND and their families, whether or not they have an EHC Plan. It is a web based tool and should provide clear, comprehensive, accessible and up to date information about the available provision and how to access it.

In Westminster, the Local Offer was redesigned with families in 2016 and it remains subject to ongoing development to ensure it provides good quality information and that the offer itself meets the needs of local families.

The Local Offer can be found here [Westminster City Council](#).

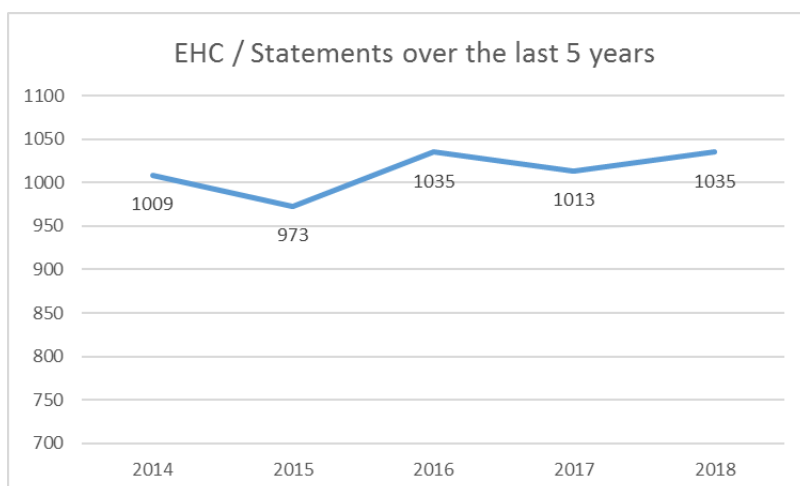
Parents and children tell us that we need to do more together to promote and seek feedback on the Local Offer and we will continue to work with parents, using the Local Offer Parent Champion model, to increase usage of the Local Offer and support its further development.

## Where we are now

### Some Facts and Figures

In 2018, the Greater London Authority estimates our population aged 0 to 25 to be 71,600. Using housing-led projection estimates, this population has been projected to increase by to 72,600 by 2021 (an increase of 1,000), rising to 73,500 by 2025 (an increase of 1,900).

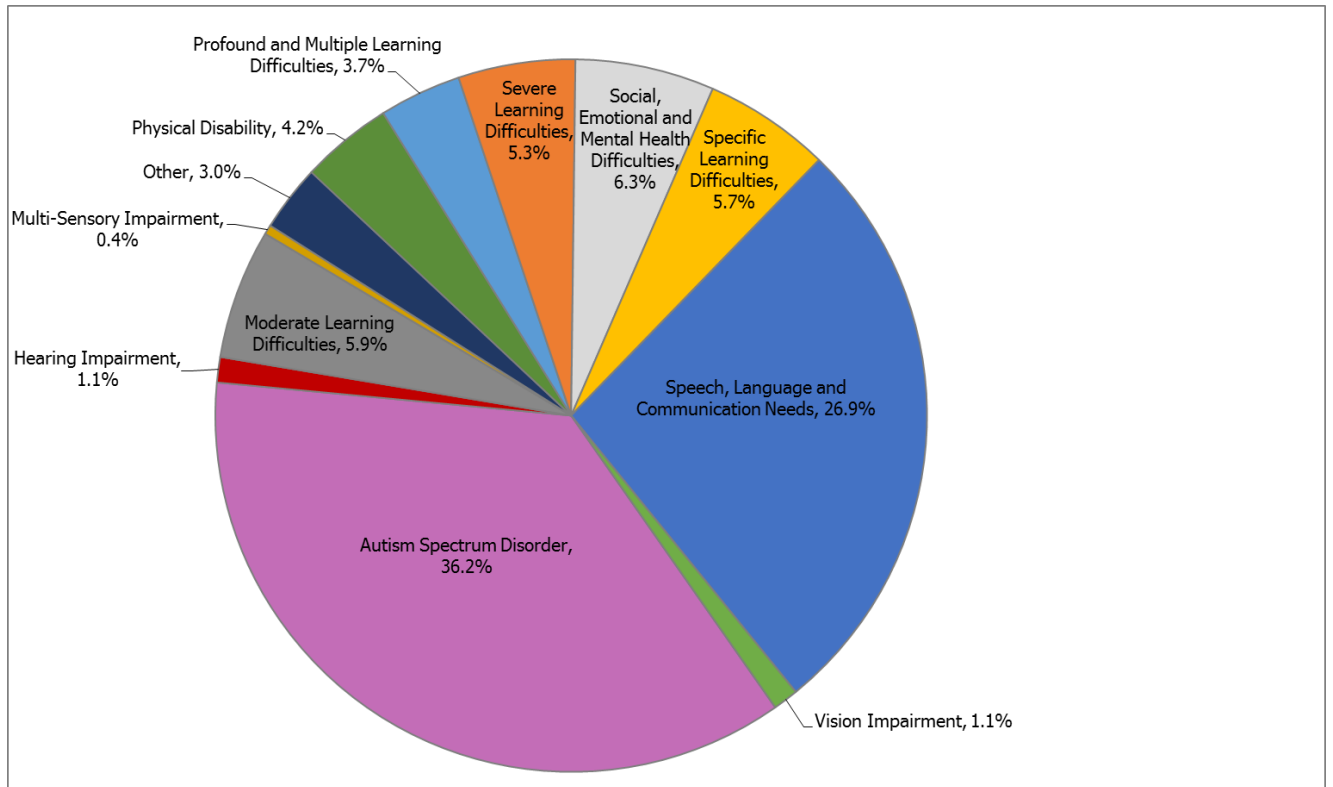
Since 2014, the number of children with Statements / EHC Plans in the Borough has fluctuated but remained at just over 1000. This currently represents around 1.4% of the resident 0-25 population with 1,035 children and young people.



As of January 2018, the 1,035 children and young people with an EHCP or Statement of Special Educational Needs who were the responsibility of Westminster City Council were based at the following settings:

- 620 attended mainstream schools
- Of those, 79 attended resourced provision within mainstream schools
- 270 attended maintained special schools
- 42 attended special free schools or academies
- 52 attended non-maintained or independent special schools
- 27 were in further education or other post 16 settings
- 13 attended alternative provision/ pupil referral units (AP/ PRUs)
- 4 attended early years settings

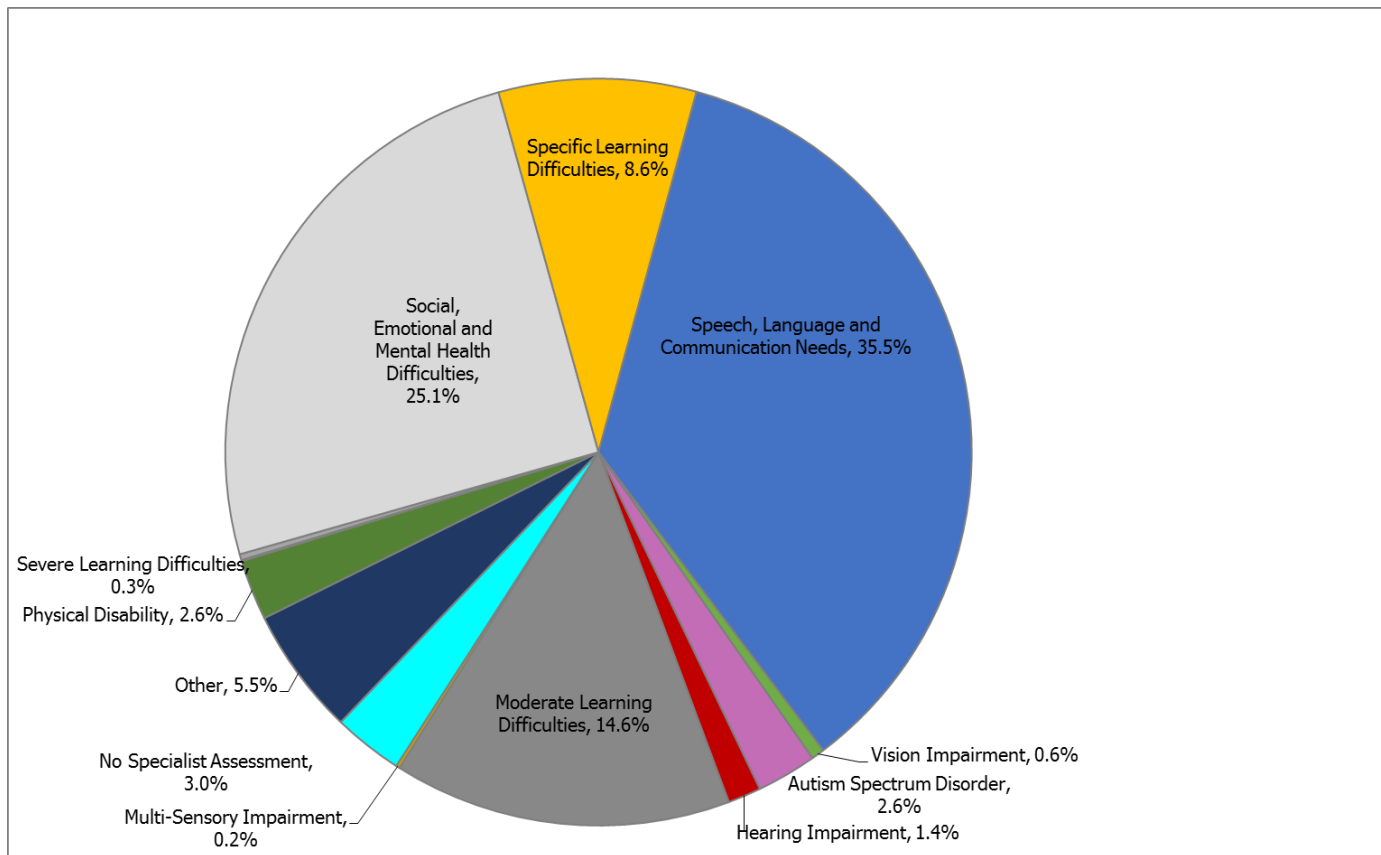
**Table 1 – Children with Education, Health and Care Plans  
Breakdown by Primary SEN type as at January 2018**



The SEN Support Toolkit assists schools with ensuring accurate recording of primary need and the SEN Service will focus on ensuring the primary need recorded is reviewed for each child through their annual review, where needed.

The largest proportion of primary need amongst children with EHCPs is those with autism with just over a third.

**Table 2 – Children on SEN Support  
Breakdown by Primary SEN type as at January 2018**



However, when we consider the primary need of children on SEN Support, the profile of primary need changes. Autism is less than 10% of the need it was for children with EHCPs with 2.6%. The most prevailing needs are now speech, language and communication needs with over a third and those with social, emotional and mental health difficulties with a quarter of SEN Support. We know that in the primary sector speech, language and communication is identified most highly with a change to social, emotional and mental health needs at secondary. This suggests that we need to support secondary schools to understand the needs of pupils with speech, language and communication needs. It is also evident from our JSNA that children with speech, language and communication needs are less likely to continue to college education and employment. Speech, language and communication needs therefore feature highly in our joint commissioning plans.

Children on SEN Support show a higher percentage of specific learning difficulties with 8.6%. Those categorised as 'other' are also higher with 5.5% and 3% are categorised with no specialist assessment. Again, this suggests that we need to support schools to ensure they are confident to identify the primary need of a pupil on SEN Support and our SEN Support Toolkit aims to do this.

In Westminster:

- 60% of children and young people with EHCPs attend mainstream schools compared to 51% in London and 44% in England;
- 7.6% of children with EHCPs attend a resource base in a mainstream school

- compared to 5.1% in London and 3.6% in England;
- 6.2% of children with EHCPs attend non-maintained or independent schools (mainstream and special) compared to 8.6% in London and 6.3% in England.

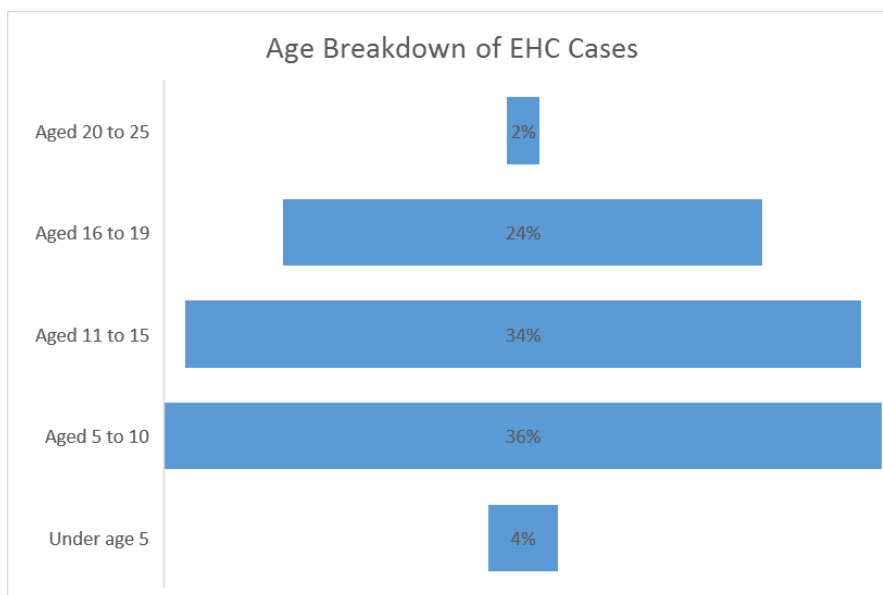
LA figures SEN2 Jan 2018, regional and national figures from DfE Published SEN2 Jan 2017 data.

Across all London schools, the proportion of pupils with statements or EHCPs ranges from 0.8% to 4.2%. In Westminster schools this is 2.6%, compared to 2.9% in London and 2.8% nationally (DfE January 2017 School census).

For pupils on SEN Support the proportion for all London schools ranges from 6.5% to 15.0%. In Westminster schools this is 13.5%, compared to an average of 11.4% in London and 11.6% nationally.

In Westminster 16.2% of pupils have an EHCP or are receiving SEN Support, compared to a national average of 14.4%. Whilst higher than the national average, we believe this is an accurate reflection of the cohort attending the borough's schools.

The current age profile of children and young people with EHCPs based on the 1,035 recorded in January 2018 is as follows:



We will continue to monitor this age breakdown as it is our aim that the majority of children are identified in the younger age groups.

### Local Special Education Settings

Westminster has 3 local special schools, College Park, Queen Elizabeth II (QEII) and St. Marylebone Bridge. College Park and QEII are all through schools including 16-19 year olds. St. Marylebone Bridge is age 11-16 only. Beachcroft AP Academy also has specialist provision for children aged 5-16 with social, emotional and mental health difficulties.

The range of pupils attending our schools has changed over the years. QE11 was originally a school for children with severe/profound and multiple learning difficulties but has increasingly taken children with associated medical and mobility needs.

College Park was originally a school for children with moderate learning difficulties (MLD) including autism. With greater mainstream inclusion of pupils with MLD, the school is now admitting a broader range of learners with more severe autism and physical/sensory needs.

St. Marylebone Bridge was set up to provide for pupils with speech, language and communication needs and to support the high number of pupils leaving the primary resource base at Churchill Gardens who needed an appropriate secondary provision.

Westminster currently has 5 resource bases for children with SEND situated in local mainstream schools at Churchill Gardens (for children with speech and language difficulties); Edward Wilson and St Augustine's (both for children with sensory impairment); Millbank (for children with autism) and Pimlico Academy (for children and young people with expressive and receptive language difficulties and associated literacy difficulties). We are opening an additional primary resource base for children with autism in the summer term 2019 in response to the rising numbers of children with autism.

<b>Setting</b>	<b>Primary need</b>	<b>Age range</b>	<b>Places</b>	<b>Current pupils</b>	<b>Top Up Funding</b>
Churchill Gardens	SLCN	5 - 11	40	24	£15,158
Edward Wilson	VI	5 - 11	9	4	£21,630
St. Augustine's	HI	11 - 16	10	9	£17,000
Millbank	Autism	5 - 11	10	11	£16,338
Pimlico Academy	SLCN	11 - 16	10	12	£14,088
College Park	Autism and learning difficulties	5 - 19	100	100	£13,300
QE11	SLD/PMLD	2 - 19	70	71	£21,000
St. Marylebone Bridge	SLCN	11 - 16	60	52	£10,000
Beachcroft AP Academy	SEMH	5 - 16	14	12	£25,000 to £36,000

In working with parents/carers, we know there is more we could do to enhance the local provision particularly for pupils with autism. Our Capital Plan, which is published on our Local Offer, sets out that during 2018/19 a two-class, specialist



provision for children with autism will be established at All Soul's C of E Primary School. We will also undertake significant alterations and improvements to outdoor learning environments and interior redesign at College Park and Queen Elizabeth II. From September the roll will increase to 105 places being available at College Park and 75 at QEII. This is in response to the demand for local placements.

### **Independent and Non-Maintained Special Schools and College**

The data shows that 52 children currently attend independent or non-maintained special schools (INMSS) and colleges. This number has reduced steadily since 2014. These schools are often out of the local area and this means children can have long distances to travel to and from school each day. For some children this means that they have to attend school on a residential basis. In 2017/18 there were 22 pupils with EHCPs attending residential settings, of which 13 were at schools and 9 at post 16 colleges.

We know we need to collect more information about attendance rates for children placed in INMSS and we aim to do this in 2018 via the annual review process and individual contact with schools. We closely monitor the schools attended to ensure they are good or outstanding wherever possible.

We anticipate the number of children travelling to INMSS out of the borough further reducing over time as we address the need for more local provision.

### **Local Health and Community Learning Disability Services**

Children and young people's health needs are met by a range of health providers locally including Central London Community Health NHS Trust, Central North West London Foundation Trust and multi-disciplinary teams based in the two Child Development services, Cheyne and St Mary's.

In adult services there are local community learning disability teams that are integrated with social care and health staff (CLCH), the key roles are:

- LD Nurses
- Physio
- OT
- SALT
- Psychology
- Psychiatry
- Transition workers – Social Work

People with learning disabilities often have difficulty in recognising illness, communicating their needs and using health services. They often have poorer physical and mental health than other people. This doesn't need to be the case. The Annual Health Check scheme is for adults and young people aged 14 or above with learning disabilities who need more health support and who may otherwise have health conditions that go undetected.

Research shows that regular health checks for people with learning disabilities often uncover treatable health conditions. Most of these are simple to treat and make the

person feel better, while sometimes serious illnesses such as cancer are found at an early stage when they can be treated.

The Annual Health Check is also a chance for the person to get used to going to their GP practice, which reduces their fear of going at other times.

Annual Health check data is identified below for the 14-25 age cohort:

	CL CCG 2017/18	WL CCG 2017/18
QOF register	81 (22%)	144 (24%)
LD Team register	48 (37%)	84 (41%)
LD Health checks	18	35
Mortality rates	1	0

This tells us that the chances of having an annual health check from your local GP practice are low for children and young people, and that there is not necessarily an increased likelihood of having a health check as you move in to adulthood.

There remain health inequalities even as people with Learning Disabilities move in to adulthood with 24% of QOF registered patients and 41% of patients on the register of the Learning Disability Team accessing an annual health check from a West London CCG GP practice.

Between 22% of QOF registered patients and 37% of patients on the register of the Learning Disability Team accessed an annual health check from a Central London CCG GP practice; the national average is approximately 50% for all ages (including all adults).

	CL CCG 2017/18	WL CCG 2017/18
QOF register	432 (24%)	627 (37%)
LD Team register	327 (32%)	410 (56%)
LD Health checks	105	232

The number of health checks over the whole age group including all adults is significantly improved in West London CCG, but similar in Central London CCG over the same period; albeit with a significantly higher sample size.

### **Black and Ethnic Minority Groups**

Using resident ethnicity data from the January 2018 school census, we know that the ethnicity breakdown of pupils with EHCPs is broadly in line with the breakdown of all pupils. 87% of pupils with EHCPs are not White-British compared to 88% of all pupils.

There are smaller variations across ethnic breakdowns. Children with an EHCP with black ethnicities account for 18% of all those with EHCPs compared to 15% of all pupils. Mixed ethnicity children account for 11% for both, whilst Asian ethnicity children account for 17% of those with EHCPs and 15% of all pupils and so these groups are all representative of the wider population. Children with ethnicity as White Other (predominantly European) are slightly under-represented with 10% of all those with EHCPs, yet 15% of all pupils. The largest individual ethnic group was 'Any Other' which accounts for just under 30% of all children; however, this was also in line in terms of representation.

We will keep these figures under review to ensure there is no under or over identification taking place within particular community groups.

### **Vulnerable Groups**

We know that children who become looked after by the local authority can sometimes also have special educational needs and disabilities and this means they are a particularly vulnerable group. Looked after children are defined as those looked after by the local authority for one day or more.

There are currently 201 looked after children who are open to the virtual school who are of school age up to age 18; 16 are younger than 3, less than 5 have turned 4 in the last two months. Of these, there are 7 who are Unaccompanied Asylum Seeking Children (UASCs) who remain the long term responsibility of Westminster and 18 who are currently placed for transfer on the National Transfer Scheme up to the age of 16. Between age 16-18, there are 60 UASCs. There are therefore 116 indigenous children and of these, 28 have an EHCPs = 24.1%. However, if we are looking at those indigenous looked after children of compulsory school age i.e. 0-16 then 17 out of 90 have EHCPs = 18.88%.

There are only 12 children on SEN Support in their schools and 2 Post 16, which equals 12% of the total cohort. Out of the 85 UASCs less than 5 are on SEN Support. This relates specifically to their trauma. The total figure including UASCs for SEN Support is 6.96%.

In relation to the achievement/progress of those children with EHCPs:

- For 5 out of 17 children their attainment is at age related expectations = 29%
- For 6 out of 17 children they are making expected progress = 35%.

In relation to the achievement/progress of those children on SEN Support:

- 2 out of 14 children up to 18 their attainment is at age related expectations = 14%
- 8 out of 14 children up to 18 making expected progress = 57%.

In relation to the attainment/progress of UASCs up to 18 this is much harder to quantify. Many who are currently placed for transfer are receiving education either via 1:1 tuition, through the refugee council or CARAS if they are on the Transfer Scheme or who have come into care in the last 20 days. The progress figures therefore cannot be quantified in the same way. However, those who remain the

responsibility of Westminster are all making progress, albeit not in line with age related expectations.

Children in Need are defined in law as children who need local authority services to achieve or maintain a reasonable standard of health or development, to prevent significant or further harm to health or development, or are disabled. In all London Boroughs, 25.5% of Children in Need are on SEN Support and 24.1% have a statement or EHCP. In Westminster, 27.5% of Children in Need are on SEN Support and 22.5% of Children in Need have a statement or EHCP.

In Westminster, 10.5% of school-age Children in Need have a disability, compared to 13.1% in all London Boroughs.

Some children and young people have complex health needs arising from disability, illness or accident that cannot be met by existing universal or specialist services alone but require an additional package of health support that is agreed following a comprehensive assessment using national criteria. This is known as Continuing Health Care (CHC). There are currently 13 children aged 0-18 in Westminster who receive a CHC package.

There are a very small number of children with SEND who also have a child protection plan.

Any young people with SEND who are also known to the criminal justice system are monitored closely to ensure appropriate planning is in place to improve their outcomes. Westminster currently has no young people in custody with an EHCP; however, where a young person has an EHCP prior to being detained, the LA and CCG know that they have a duty to continue to arrange the provision as set out in the EHCP. The LA will also consider any requests for Education, Health and Care needs assessments for young people who are already detained.

There are currently a small number of children with SEN in the borough electing to receive home education and those flagged as missing education. Their families receive an offer of support from the Access to Education Service. These requests are monitored closely to ensure parents are choosing to home educate for the right reasons and it is not because they feel there is no suitable local educational provision.

### **Achievement and Progress of Children with SEND**

All SEND children and young people in the borough placed in a special school and resource base have access to education that has been rated by Ofsted to be good or outstanding. 97% of all maintained schools in the Borough attended by all SEND children is also either good or outstanding. The overall outcomes for SEN Support and EHCP children and young people in Westminster primary and secondary schools are good and compare well with comparative national school performance and post 16 data. However, there is a need to reduce fixed term exclusion levels in secondary schools.

Schools, the local authority and other local education partners have the highest

aspirations for our children and young people with SEND and want to build upon these strengths to narrow gaps in achievement further. We want to address areas that still require further improvement; including reducing exclusion levels and ensuring effective engagement and communication with all parents about their child's learning needs.

In meeting our education achievement aspirations, we aim to make sure that all education providers have access to the support and guidance they need in addressing the learning needs of all children. This includes a programme of commissioned outreach support from our Westminster Special schools, a professional development programme of training and support, regular the SENCO network meetings and opportunities for the sharing of best practice. Support in addressing attendance and exclusion issues is also available through the commissioned support services from TBAP in managing behaviour issues and from the Local Authority Early Help service in working with families. This provision is regularly evaluated to ensure that the support needs of education providers are being met and the commissioned SEND outreach support programme was recently subject to a borough wide review. In responding to the feedback from our parent groups, stronger links are being established between parent forums and school SENCO meetings.

Support for Early Years' settings, both in the maintained and PVI sectors, is through the Local Authority Early Help service. The Bi-borough school standards service also commissions training and support with best practice in early years' curriculum and assessment.

In line with the local framework for school improvement, the Bi-borough school standards service undertakes a review of the achievement and progress data at an individual school level and works with school leaders on the key areas for improvement, including brokering support where required to address any areas of weakness in the progress and outcomes of any vulnerable groups of children. Specific support is available to schools to address attendance and exclusions issues from the early help and commissioned behaviour services (see exclusions and absences section below).

The attainment and progress data of children and young people with SEND in all the Key Stage assessments is closely monitored and will inform local strategic plans. Reports are provided to the local CFA Executive Board, Children's Services Senior Leadership Team and Council Members. In further enhancing the range of data we have available in monitoring the achievement of children and young people with SEND, we aim to be able to track progress in other areas e.g. progress towards meeting the person centred outcomes set out in EHCPs. This work has already started via a newly implemented annual review process, which has been consulted on with schools and parents.

### **Recent performance**

The key headlines from the current attainment and progress data from the 2017 school performance and the 2015/16 Post 16 national data releases are set out below:

- In assessments for the foundation stage profile, the percentage of SEN children being assessed at a good level of development is above national figures, and the gap in performance of all SEN children relative to their non-SEN peers is better than the national average.
- In comparison with their peers nationally, SEN children, both the SEN Support and EHCP cohorts achieve very well in Westminster primary schools at Key Stage 1 and 2, and benefit from the good/outstanding education provided by almost all local schools.
- In comparison with their peers nationally, both the SEN Support and EHCP cohorts perform more highly in Westminster secondary schools at Key Stage 4. The performance of the SEN support cohort in English and mathematics is also well above national scores and above inner London.
- The relative gaps in the performance of the SEN cohorts in comparison with their peers in Westminster primary and secondary schools is positive overall and compares well with national figures, however the ambition is to narrow the achievement gaps even further.
- Progression rates from schools into sustained Education, Employment and training post 16 for SEN Support pupils are above national figures and the relative gap in progression for all SEN pupils with their peers is also slightly better than the national average. Progression rates for EHCP pupils is however below the national figures and is an area for improvement. Post Key Stage 5, progression rates for SEN/LLDD learners from schools and colleges is better than national averages.
- The outcomes for young people with SEN aged 19 are well above national averages. The number of SEN support students achieving Level 2 and Level 3 qualifications is well above national figures and the outcomes for the EHC cohort were equally high relative to national.

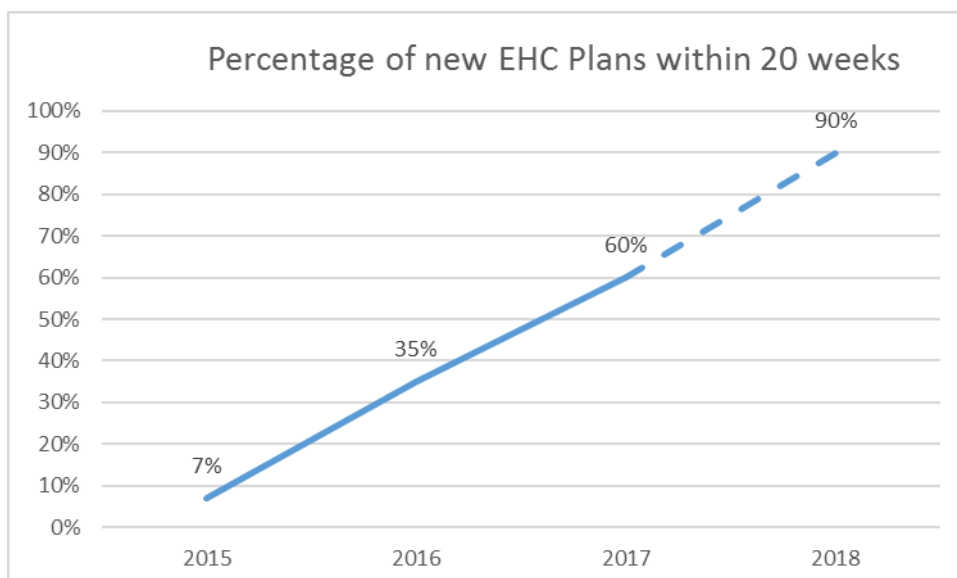
Please see Appendix 4 for a full breakdown of both primary and secondary school attainment measures by EHCP and SEN Support.

### **Education, Health and Care Plans**

We implemented a new assessment process in 2014 in response to the new legislation and Code of Practice and we set out our plans to complete the transfers from Statements to EHCPs by 31<sup>st</sup> March 2018. We have had some challenges in relation to timely completion of new assessments for a variety of reasons and initially struggled to meet the new 20-week timescale.

In 2017 we undertook a review of our performance and introduced new ways of working. This has resulted in significant improvements in our ability to complete EHCPs within 20 weeks and we completed 99.8% of the transfers by 31<sup>st</sup> March 2018. We have seen an increase in the number of requests for EHC needs assessments although at the end of 2017 this was beginning to stabilise. We will keep this under review.

The percentage of new EHCPs issued within 20 weeks (excluding exceptions) increased from 7% in 2015 to 60% by 2017 and we have set ourselves an ambitious target of 90% by the end of 2018.



We are aware that we need to continue to drive improvements and ensure that our practices are as person centred as possible and that all the EHCPs produced are of a good quality.

A new annual review process for all EHCPs has been introduced, following consultation with parents and schools.

### Mediation and Tribunals

It is our aim to work in partnership with families and reach agreement wherever possible. However, sometimes this is not possible so we offer formal mediation services and on occasions we have to defend appeals to the Tribunal. Any learning from mediations and Tribunal appeals is used to support ongoing improvements in the Service.

The Service has been working with colleagues in health and social care to prepare for the national pilot on the single route of redress which means from April 2018 the Tribunal will hear appeals in relation to social care and health, provided there is an education reason to register an appeal. The Tribunal will be able to make non-binding recommendations which social care and health need to implement, or explain to parents why they are not going to do so.

	2016	2017
<b>Tribunals</b>	39	30
<b>Mediations</b>	11	10

We have seen a reduction in appeals since we have improved our assessment processes, embedded co-production with parents and improved the quality of our EHCPs.

## Exclusions and Absences

We are clear that children are less likely to make good progress if they are absent from school. We therefore closely monitor the absence rates for pupils with SEND and the rates of exclusion based on the data that we collect from schools. Currently we recognise that reducing exclusions is a key priority.

School leaders work with local partners in establishing effective strategies to promote good attendance and inclusion. An important focus is on making sure that schools are given the advice and support they need. All schools have access to Local Authority education psychology, early help, early years and SEN services, and the commissioned TBAP behaviour support services. The SEN and Educational Psychology Services work with schools in helping to make 'reasonable adjustments' to the behavioural policies and procedures in meeting the needs of children and young people with EHCPs and in avoiding the use of exclusion as a sanction. In managing behaviour issues, TBAP provide targeted intervention and support with individual pupils, reintegration programmes and guidance on effective behaviour strategies.

The Early Help Service also supports schools in working directly with families on persistent attendance matters. The Achievement for All initiative in a number of schools has strengthened the quality of engagement between schools and families on attendance matters, particularly those families with children with SEND.

Where the data is showing particular concerns regarding attendance or exclusions figures in a school, partnership meetings take place between colleagues the Local Authority Education services and school leaders. The purpose of these meetings is to clarify the current data, to see that appropriate action is being taken and to agree the support that is available from partners to address the issue.

Given the local priority, a specific focus is on working with secondary school leaders on reducing exclusion levels and reviewing and developing the support that is available from the local authority early help team and commissioned services.

### Exclusions and absences – how well are we doing?

Summary based on current data (attendance 16/17 – Exclusions 15/16)

#### Attendance

Overall the attendance of children with SEND in Westminster primary schools is above national averages. The attendance of the SEN Support cohort was 95.0% compared with the national average of 94.7%. For the EHCP cohort attendance was 93.9% compared with 93.3%. The gap in the attendance levels of SEN children overall and their peers at -1.3% was better than the national gap of -1.7%. Rates of persistent absence in the SEN Support and EHCP cohorts were also lower than the available inner London figures.

In secondary schools, the overall attendance of children with SEND is above national figures. The attendance of the EHCP and the SEN Support cohorts were above national figures at 92.6% and 92.8% compared with the national figures of 92.4% and 92.5%. The gap in the attendance levels of the SEN pupils and their peers is



broadly in line with the national average at -2.8% compared with -2.7% but wider than the gap for inner London.

### Exclusions

The percentage of primary school children at the SEN Support level and with EHCPs with one or more fixed term exclusion is below national averages at 2.38% and 0.85%(compared with 2.72% and 4.73% respectively. There were also no permanent exclusions of pupils with EHCPs. The percentage of SEN Support children permanently excluded was slightly above national figures at 0.25% compared with 0.15% nationally.

In Westminster secondary schools, fixed term exclusion levels for SEN pupils with EHCPs were below national averages: 6.72% compared with the national figure of 10.62%. There were also no permanent exclusions of pupils with EHCPs. For the SEN Support cohort, permanent exclusion rates were lower than national averages: 0.45% compared with 0.59%. Rates of fixed term exclusion for this cohort were however higher than national averages: 14.35% compared with 11.01%. This is a key priority area for this Strategy.

### **School and College Leaver Destinations**

The DfE publishes data on the proportion of young people moving onto sustained education, employment or training destinations after Key Stage 4 (age 16) and Key Stage 5 (age 18). The latest data relates to the destinations of leavers from the 2015/16 academic year.

SEN children studying at Westminster schools and colleges perform in-line with the national picture with 89%, compared to 88% nationally, moving onto education or employment after Key Stage 4.

After Key Stage 5, 90% of SEN pupils at Westminster schools and 92% at Westminster colleges move onto higher education or employment which is above the respective national figures of 87% and 85%.

We continue to develop our pathways to adulthood to try to enable young people with SEN to have access to the opportunities they wish to access as they progress into young adulthood.

### **Young People who are Not in Employment, Education or Training (NEET)**

In 2015/16, 16 year olds with an EHCP/Statement or on SEN Support were equally likely to progress to post 16 education or training at the end of Key Stage 4 (both 89%). However, for both groups the progression rate was below 16 year olds with no identified SEN (95%). This meant that 11% of residents with an EHCP/Statement or on SEN Support did not continue to participate beyond Year 11.

Recent participation data suggests some improvement. In July 2017 Westminster young people aged 16 or 17 with an EHCP/Statement remained less likely to participate in education or training (93.2%) compared with young people without SEND (97%). However, while the participation gap (-3.8%) was larger than the

London gap (-2.3%) it was positive that the percentage of Westminster residents with SEND who participated in education or training was above both the London (91.9%) and national averages (87.4%). This means that 7% of young people with an EHCP/Statement did not participate in education or training

Moving forward it is important that young people with SEN benefit from high quality careers information, advice and guidance as outlined in the recently published national *Careers strategy: making the most of everyone's skills and talents* (December 2017) and the requirements of the new statutory guidance - *Careers Guidance & access for education & training providers* (January 2018).

The council will continue to monitor progress in raising participation through the use of tracking data, including the September Guarantee. The council will work with schools and education and training providers to identify young people with SEN including those on SEN Support who do not have an offer to continue education or training for Year 12, Year 13 and beyond to develop the local offer, including the availability of supported internships.

## **Employment**

In 2016/17 the percentage of adults with learning disabilities in paid employment was 9.2% compared to 6.3% across England and 6.1% in Inner London (source: NHS Digital, Measures from the Adult Social Care Outcomes Framework).

As part of the Council's ongoing commitment to leading by example, being credible with local employers and demonstrating best practice supporting the local employment and skills agenda, we are taking forward the implementation of a bi-borough Supported Internship Programme, to be delivered from September 2018.

## **Short Breaks**

We know that short breaks are a crucial part of our local offer as they allow parents/carers to have regular, planned breaks from their caring duties. Our short break statement sets out the current offer and has been reviewed and is on the Local Offer website. We are aware that parents tell us the current offer could be enhanced to meet the needs of a wider group of children and young people. We are piloting a new short breaks offer for parents in the south in response to this feedback.

The 2018 Short Breaks Statement for children, clearly describes the short breaks that are currently available and the route to access the current offer. Importantly however, the fundamental goal of this publication is to launch a period of review that is designed to achieve the widest possible range of stakeholder feedback to ensure the services, in-house, commissioned and voluntary, can meet the varied and changing needs of our local population on an ongoing basis. Feedback received so far clearly demonstrates the need for services that are sufficiently flexible and available to meet a wider range of needs without the need for formal assessment. It is also likely that one of the outcomes of the review will be to enhance the range of services that can be accessed through the provision of direct payments to increase the level of choice and control available to local families.

From age 17 years, after an assessment if there is an identified respite/short break eligible need Adult Social Care (ASC) offers a bed based service and/or outreach service. Introductory visits occur when the young person is aged 17 years and overnight stays can start at age 18 years. This adult short breaks service is shared with the Royal Borough of Kensington and Chelsea. The bed based service includes two residential settings; one for people with physical disabilities and learning disabilities (LD) and one for people with LD without mobility difficulties.

### **Physical Activity, Leisure & Sport (PALS)**

We know that physical activity, leisure and sport is paramount to good health and well-being. The new ActiveWestminster Strategy 2018-2022, will help to highlight that being active is more attractive and accessible than ever before. An active and healthy life goes hand in hand with an improved quality of life. It helps with both physical and mental health. Getting out and being physically active can also reduce social exclusion and isolation.

Nearly one in four Westminster children entering primary schools are overweight or obese. But growing up active doesn't just help fight obesity and expend the energy we get from food and to combat the various health problems associated with inactivity, it generates confidence, improves attitudes and builds mental resilience. Tackling inactivity requires a whole system approach across a wide range of issues and partnerships; from planning roads, to promoting cycling and maximising the use of open spaces. This whole cohort approach includes specific advice and support for schools in relation to their SEND population.

Our strategy provides a framework on how we will Activate Your City, Lives and Neighbourhoods – through the three strategic themes of ActiveCity, ActiveLives and ActiveNeighbourhoods.

The council believes that participation in physical activity, leisure and sport can be truly transformative, inclusive and inherently positive. It is now time to turn that belief into something tangible. The ActiveWestminster Strategy sets a bold, ambitious framework on how we might achieve this and seeks to highlight the value of taking part, building on what we have in place already and our previous successes whilst focusing on our challenges and areas of priority. Evidence shows us that if we engage more people, more often in physical activity, leisure and sport, a wider range of benefits will be realised. We will continue to consult with our schools and our parent carer forum on ways in which we can enhance the Local Offer in relation to physical activity, leisure and sport for all children with SEND.

### **Disabled Children's Social Work**

The Disabled Children's Team provides specialist services to disabled children and their families. These include:

- Assessments to access complex needs support packages
- Emotional and practical support
- Advice and signposting
- Child Safeguarding Services
- Services to Looked After Disabled Children

To receive a service, families are referred to the Access Team who will collect the basic details including the purpose of the referral. Families can refer themselves, but we also receive referrals from schools, health professionals and a variety of other professionals. We will carry out an assessment to see where we can help, and this normally includes speaking with other who know the child, for example school teachers, health visitor, GP etc. so that we can build up a bigger picture and work with others involved to provide the best service possible.

Following this, depending on the child's needs, it may be that we can provide a short break, or another type of care to help out. If this is the case, the Social Worker will talk the family through the options and a request will be made to a Panel for an appropriate package of care. Any care packages that are offered are reviewed with the family at least annually to make sure they are still required and that the most appropriate service is being offered.

In the rare occasions that children are unable to live with their parents, for whatever reason, we look for the best matching placement that a child can settle into. Often this is with a foster carer/family, which can offer the best kind of family environment. Very rarely, the best care can be provided by a residential placement of some kind. We always try to do this in close liaison with the family, maintaining family links wherever possible.

Where a child or young person is receiving a service from us in their teenage years, we liaise with Adult Services to prepare for adulthood. At age 18 a young person's social care services may transfer to Adult Services, and we work to ensure that this transfer is as smooth as possible.

### **Early Years and Child Care**

The council believes that early intervention is key to improving life chances for children with SEND. Health Visitors undertake 2-year-old development checks in children's centres, currently achieving 79% against a target of 75%. The SEN Support Toolkit has been shared with all providers and this explains the responsibilities on early years providers in relation to identification and assessment of children with SEND.

There is an enhanced early years offer including an Inclusion Fund which is available for children accessing funded childcare from the term after they turn 3 and above for emerging or low level need. Additional funding is also available to the four nursery schools, three of which are judged to be outstanding by Ofsted, through the 'early years enhanced offer' which enables them to become centres of excellence in relation to offering provision for children with more complex needs and acting as a 'resource centre' providing advice and training to private, voluntary and independent settings and children's centres.

The Child Development Team is a strong multi-disciplinary team including Paediatricians, therapists, clinical psychologists and clinical nurse specialists. Parents report positive feedback of attendance at a range of groups offered by this team.



## **Sensory Needs**

We know that children with sensory needs can require very specialist support at different points in their life. Children are often diagnosed through early screenings from birth and evidence shows that early intervention can make a significant difference to their life outcomes. Westminster is fortunate in having specialist VI provision at Edward Wilson Primary School and secondary HI provision at St Augustine's High School, which enables needs to be met locally.

Currently, the WCC Sensory Needs Service directly supports 110 children with hearing impairment and 106 with visual impairment.

The service runs the Children's Hearing Services Working Group (CHSWG)- a group ensuring that deaf children and their families have good quality local support which meets their needs. The CHSWG includes representatives from health, education, local authority services, the National Deaf Children's Society and parents of deaf children, who have a unique overview and experience of those services.

We are reviewing our outreach services for schools to ensure they continue to provide what is required to support children to achieve good outcomes, particularly for children on SEN Support, and to support and train mainstream school staff.

## **Educational Psychology Service**

The Educational Psychology Service (EPS) is a Bi-Borough team working across Westminster and The Royal Borough of Kensington and Chelsea. The EPS provides a core funded statutory element largely linked to children requiring statutory EHC needs assessments. In addition, all local schools, including academies, receive 3 core EP visits a year. It also delivers a significant amount of traded service to education settings across the borough supporting them with their strategic developments as well as more in-depth work with individual children.

The EPS also offers Traded EP visits e.g. the provision of generic packages of EP sessions commissioned and funded by the borough's schools. This can include consultation, assessment, intervention, training and research. EPs have expertise in education and the application of psychology to improve the learning and well-being/mental health of children and young people up to the age of 25 years. The service has strong and positive links with schools and with other council and partner agencies, children's and adult's social care and health, as examples.

EPs are involved typically with around 300 pupils in WCC state-maintained schools in a school year. In 2015/16, 29% of these pupils had a statement or EHCP, 57% had other targeted SEN support from schools and 14% involved other concerns. EPs were involved in consultations over concerns relating to:

- Cognition and Learning 41%
- Communication and Interaction 34%
- Social, emotional and mental health 21%
- Sensory and/or physical 3%.

## **Preparation for Adulthood**

We have established a multi-agency Preparation for Adulthood group to help us to improve the experiences of young people as they reach adulthood. This is focussing on employment, good health, education and training outcomes, independent living and social inclusion. Parents/carers and young people will help to co-produce our work in this area through a series of additional focus groups.

We have Standard Operating Procedures in place in relation to the transition processes and these are being reviewed. There is an expectation that young people who require an assessment by adult health or social care services will be offered this prior to their 17<sup>th</sup> birthday such that by that time they have an indicative plan in place setting out any support they are likely to be able to access when they turn 18. This will also allow time to focus on additional support they require during their childhood years to further develop their skills for independence, in line with the expectations set out in the Care Act. It is also aimed at providing a more seamless experience for young people and their families. Adult services have introduced a performance measure to ensure these assessments are closely monitored.

## **Independent Living**

Westminster is committed to offering local opportunities for supported living for any young person who has ongoing care and support needs and cannot or does not want to live with their family/carer. Most housing and support provisions within Westminster are supported living schemes rather than residential placements. The support is provided based on an individual's assessed needs and can vary from a few hours to 24/7 support in someone's own flat or in a shared living scheme. In addition to these schemes, we have 7 nominations yearly for priority offers of main stream one bedroom or studio flats with City West Homes.

As part of the strategic planning, we track young people coming through in bi-monthly tracking meetings which are attended by all partners involved in the 'preparing for adulthood' process. The information we gather at those meetings in relation to future housing and support needs feeds into the housing strategy as well as our housing data base, which identifies every customer who is in need of housing and support. We work closely with our local housing and support providers to ensure that most people who are in need of housing and support are offered a local provision.

It is acknowledged that we need more local housing opportunities for young people with a learning disability and autism, particularly those who have very complex needs and behaviours that may put themselves and others at risk as well as young people who have a learning disability and additional very complex and at times life limiting health conditions. We are working in close partnership with colleagues in commissioning and housing to develop opportunities and increase the availability of numerous different supported and main stream housing opportunities for our customers, particularly for those with the most complex needs.

At present, we are not able to accommodate everyone with complex housing and support needs locally and do place people out of borough at times, due to the lack of

a suitable provision locally. We aim to find placements as close to Westminster as possible to enable close family contact and always explore opportunities of offering something more local in the future.

We are working with the Northwest London Transforming Care Partnership (see below) on a joint housing strategy for people who are in Assessment and Treatment Units (ATUs) or at risk of being admitted to an ATU, which includes young people coming into our service, with the aim of addressing some of the difficulties in finding local solutions for this cohort.

Please refer to below table for priorities outlined in our housing strategy which also incorporates the transforming care agenda.

<b>Increase of high support services in borough</b>	To meet the needs of people with the most complex needs and behaviours that challenge services referred to the Westminster Learning Disability Team and to meet the needs of those in existing supported housing schemes
<b>Increase of accessible accommodation</b>	To meet the needs of those known to the service who have a physical disability, are ageing and those with more complex health needs
<b>Increase of autism specific supported housing in borough with appropriate accommodation</b>	To meet the needs of the increasing numbers of young people transitioning to adult services who require specialist autism services
<b>Work force development</b>	To meet the needs of more complex people and those who display behaviour that challenges services. To prevent where possible hospital admissions and protracted stays in Assessment and Treatment Centres
<b>Pathways to independence</b>	Offer young people preparing for adulthood and their families and carer's a clear understanding of their housing and support options and move on to independent living wherever possible

### **Transforming Care Programme**

The Building the Right Support (ADASS, LGA, NHS England, 2015) national plan sets out requirements to reduce inappropriate inpatient admissions and stays for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. The aim is to reduce and/or prevent new admissions, readmissions and reduce the time spent in inpatient care by providing alternative care and support. The intention is to shift money into community services reducing usage of inpatient provision 2016 to 2019. The aim is to combat the over reliance on inpatient treatment for people who could, given the right support, be at home and close to their loved ones.



West London CCG and Central London CCG (along with local authority partners of the Royal Borough of Kensington and Chelsea and Westminster City Council) are part of the North West London TCP, comprising 8 CCGs, 8 local authorities and NHS England Specialist Commissioning. This is intended as a system wide approach including people with learning disabilities, family and children services, carers and providers.

It is also important to acknowledge that the programme includes people on the autistic spectrum who do not have a learning disability so strong partnership working arrangements will be essential between Learning Disabilities, Mental Health and the wider autism offer.

The new joint work on the Preparing for Adulthood Workstream as part of the SEND Local Area Governance will support an integrated approach across adult and children's services in the context of the Transforming Care Programme.

### **Personal Budgets**

The Borough's Personal Budgets Policy is on the Local Offer website and offers personal budgets within 4 main areas:

- Home to school travel assistance
- Personal care
- Short breaks
- Equipment and disposables.

Children and adults with social care packages may be offered a direct payment for some or all of their provision. This is managed through personal budgets, direct payments and personal health budgets and is intended to provide individuals with greater choice and control over how they are able to meet their needs.

For children with an EHCP, the council will consider any request from a parent/carer for a personal budget/direct payment provided that this relates to provision which is specified in the child's EHCP and is aimed at achieving the stated outcomes. There are currently a limited number of SEN personal budgets in place and work will take place to ensure more information is provided to families, that the systems used are as straight forward and joined up as possible and that the number of SEN personal budgets increases.

Children who meet Continuing Healthcare criteria are entitled to receive their support through a personal health budget. Very few families have chosen to take up this offer to date.

All young people after assessment and deemed eligible for a service from ASC are offered a personal budget and in ASC LD services this also includes those eligible for a Personal Health Budget. The budget can be received in a number of ways; Direct Payment to the person or nominated family member, Council Managed Direct Payment (this service is currently under review) and Individual Service Fund where an independent agency to the person/family and Council will hold the budget (this is still in its pilot phase at present).

## **Travel Assistance**

The Home to School Travel Assistance Policy was reviewed and updated in 2016 with support from the Westminster Parent/Carer Forum. We would like to review our processes for parents/carers to apply for travel assistance, how we make decisions, how we develop Travel Care Plans and assess risks and how we support greater independence wherever possible.

Currently 325 Westminster resident pupils receive travel assistance to enable them to attend education. A recent review of alternative travel assistance has put a strong focus on the need for travel training to increase the independence of children and young people. College Park school is one such setting which will commence training for its pupils.

## **Parent/Carers and Young Carers**

We know that siblings of children with SEND can often become young carers and need support in their own right. There are currently a small number of young carers known to services. Family support services provide assessment for young carers and link to a range of local community organisations.

Parent/carers are lifelong carers and we know that we need to do more to understand whether they can access support and information to enable them to maintain their own health and wellbeing. Parents tell us that we can focus too much on the children and do not always consider the needs of the whole family. This is a high priority for us to review and address over the lifetime of this strategy.

## Joint Commissioning

The CCG and local authority are working together on developing a Joint Commissioning Plan to support the implementation of the key priorities identified in this Strategy. The Joint Commissioning Plan sets out shared priorities and gives an overview of the joint work programme for the next 12-18 months, as well as describing the governance arrangements that will be used to oversee joint project delivery and service outcomes.

The plan focuses primarily on the direct interface between the CCG and the local authority to make joint commissioning arrangements for education, health and care provision for children and young people. Engagement and partnership will be far broader than this when delivering each of the priority projects. In particular, parents/carers will be involved in any service developments, reviews and re-designs to ensure co-production is at the heart of the everything we do.

The purpose of the plan is to provide a commissioning approach to support the achievement of the vision identified earlier in this Strategy. This will be done through the following cross-cutting commissioning principles:

1. A comprehensive offer of local services accessible to all
2. High aspirations for all our children and young people
3. A focus on early intervention and preventing issues from escalating
4. Fairness and equality
5. Building services around the voice of the child, young people and family
6. An engaged and confident workforce

The initial priorities identified within the Joint Commissioning Plan relate to:

- Speech, language and communication needs
- Occupational therapy
- Preparation for adulthood
- Social and emotional wellbeing
- 0 to 25 Integration
- Westminster SEND system redesign including short breaks
- Development of a multi-agency autism strategy

## **Our commitments**

In order to enable us to realise our vision and fulfil the aims of this strategy, as a partnership, we make the following set of commitments. Co-production with parents, families and young people is a key principle that runs through all of these commitments:

- 1. To co-produce a Local Offer which is accessible and supports children and young people to achieve the best they can in education:**
  - support the development of excellent mainstream and specialist local education settings (including 6<sup>th</sup> form and Further Education);
  - reduce the number of children who attend school out of the area;
  - ensure smooth transitions between schools/colleges;
  - ensure clear information is provided from schools/colleges about their offer;
  - implement a new approach to travel assistance to maximise independence;
  - celebrate best practice in education, health and other settings;
  - review the information, advice and support service;
  - review the early identification and prevention services aimed at improving emotional and mental wellbeing of children and young people with SEND;
  - review and redesign outreach services for children and young people with sensory needs.
  
- 2. To meet children and young people's needs and outcomes via an EHCP process which is effective and in line with Code of Practice expectations and supports them to develop their independence:**
  - build our workforce capacity;
  - prioritise quality and co-production of health and care needs assessments, Plans and annual reviews.
  
- 3. To provide comprehensive therapies which support children and young people to live and learn well so they can be healthy, active and visible in their local communities:**
  - develop pathways for children and young people with speech, language and communication needs;
  - address barriers to accessing support below the EHCP threshold;
  - develop an integrated local offer for occupational therapy.
  
- 4. To support children and young people with SEND to prepare for adulthood so they are supported to live as independently as possible and to get a job:**
  - deliver the Preparing for Adulthood (PfA) workstream and action plan;
  - develop pathways to employment, work experience, traineeships, internships, apprenticeships leading to greater employment options;
  - develop pathways to supported and other accommodation;
  - improve transitions between children's and adults' services.

**5. To provide evidence-based ASD, ADHD and LD pathways for children and young people so they can lead healthy, active lives with support to be as independent as possible:**

- work with the Physical Activity, Leisure & Sport (PALS) team via the ActiveWestminster Strategy to support children and young people with SEND to lead healthy, active lives;
- review pathways for diagnosis and support, including interfaces between CAMHS and paediatrics;
- develop and all age ASD Strategy;
- ensure all information on the Local Offer is tailored to and accessible for children and young people with autism and their families;
- implement the Transforming Care action plan to transform services for people with learning disabilities.

**6. To support carers (including young carers) in their caring role and to have a healthy life outside of caring:**

- complete the review of short breaks to ensure the offer meets the changing needs of parents/carers;
- review the offer for young carers who are siblings of children and young people with SEND;
- review child care arrangements for children and young people with SEND;
- review the support and information available to all carers of children with SEND to ensure they have the support they need to maintain their own health and wellbeing.

## **How we will know we are making progress**

We are developing an outcome focused Action Plan based on our commitments in partnership with parents/carers. This will set out the priorities with lead officers and expected timescales. We will track our progress at the CFA Executive Board where all partners come together on a regular basis.

We will continue to develop our relationship with parents/carers and with our Parent/Carer Forum to implement our shared priorities, progress in meeting them and to update all stakeholders through regular communications.

This Strategy will be refreshed on an annual basis to ensure it remains relevant to the needs of our residents and we will conduct a full review in 2021.

## Appendix - Primary School Key Stage Results Data

Primary School Achievement 2017		WCC			National
		2017 Cohort	2016 Percentage	2017 Percentage	
FSP Good Level of Development	All Pupils	1488	69%	71%	71%
	Non SEN	1326	77%	76%	75%
	SEN Support	138	21%	30%	26%
	EHC	24	3%	10%	4%
	SEN overall	162	17%	27%	23%
	SEN GAP		-60%	-49%	-52%
Phonics % Required Standard	All Pupils	1497	88%	87%	81%
	Non SEN	1274	92%	91%	87%
	SEN Support	185	68%	70%	47%
	EHC	38	41%	34%	18%
	SEN overall	223	64%	64%	43%
	SEN GAP		-28%	-27%	-44%
Key Stage 1 Expected Reading	All Pupils	1525	77%	76%	76%
	Non SEN	1303	82%	82%	84%
	SEN Support	165	46%	45%	34%
	EHC	57	42%	21%	14%
	SEN overall	222	45%	39%	31%
	SEN GAP		-38%	-44%	-53%
Key Stage 1 Expected Writing	All Pupils	1525	70%	70%	68%
	Non SEN	1303	77%	76%	77%
	SEN Support	165	31%	38%	23%
	EHC	57	29%	18%	9%
	SEN overall	222	31%	33%	21%
	SEN GAP		-46%	-43%	-56%
Key Stage 1 Expected Maths	All Pupils	1525	76%	78%	75%
	Non SEN	1303	82%	84%	83%
	SEN Support	165	45%	48%	35%
	EHC	57	35%	23%	14%
	SEN overall	222	43%	41%	32%
	SEN GAP		-40%	-43%	-51%
Key Stage 2 Expected Reading, Writing and Maths	All Pupils	1431	58%	68%	61%
	Non SEN	1169	67%	76%	70%
	SEN Support	219	22%	32%	20%
	EHC	43	30%	35%	8%
	SEN overall	262	23%	32%	18%
	SEN GAP		-43%	-44%	-52%
Key Stage 2 VA Progress in Reading	All Pupils	1431	0.6	0.9	0.0
	Non SEN	1169	0.7	1.1	0.3
	SEN Support	219	0.1	0.1	-1.3
	EHC	43	-1.3	-1.5	-4.1
	SEN overall	262	-0.2	-0.1	-1.8
	SEN GAP		-0.9	-1.2	-2.1
Key Stage 2 VA Progress in Writing	All Pupils	1431	1.4	0.7	0.0
	Non SEN	1169	1.9	1.2	0.5
	SEN Support	219	-0.3	-0.9	-2.4
	EHC	43	-0.9	-3.1	-4.8
	SEN overall	262	-0.4	-1.3	-2.8
	SEN GAP		-2.4	-2.4	-3.3
Key Stage 2 VA Progress in Maths	All Pupils	1431	1.5	2.0	0.0
	Non SEN	1169	1.9	2.2	0.3
	SEN Support	219	0.5	1.0	-1.3
	EHC	43	-2.4	-0.1	-4.6
	SEN overall	262	0.0	0.8	-1.9
	SEN GAP		-1.9	-1.4	-2.2

## Appendix - Secondary School Key Stage Results Data

Secondary School Achievement 2017		WCC			National
		Cohort	2016%	2017 Percentage	
KS4 English Bacculaureate (standard pass 9-4)	All Pupils	1566	34%	33%	22%
	Non SEN	1127	43%	39%	n/a
	SEN Support	377	11%	12%	n/a
	EHC	62	6%	6%	n/a
	SEN overall	439	11%	11%	n/a
	SEN GAP		-32%	-28%	n/a
KS4 English Bacculaureate (strong pass 9- 5)	All Pupils	1566	n/a	30%	20%
	Non SEN	1127	n/a	35%	n/a
	SEN Support	377	n/a	11%	n/a
	EHC	62	n/a	2%	n/a
	SEN overall	439	n/a	9%	n/a
	SEN GAP			-26%	n/a
KS4 C+ in English and maths (standard pass 9-4)	All Pupils	1566	72%	74%	59%
	Non SEN	1127	82%	82%	n/a
	SEN Support	377	49%	47%	n/a
	EHC	62	23%	17%	n/a
	SEN overall	439	45%	42%	n/a
	SEN GAP		-37%	-41%	n/a
KS4 C+ in English and maths (strong pass 9-5)	All Pupils	1566	n/a	55%	39%
	Non SEN	1127	n/a	63%	n/a
	SEN Support	377	n/a	28%	n/a
	EHC	62	n/a	4%	n/a
	SEN overall	439	n/a	23%	n/a
	SEN GAP			-39%	n/a
KS4 Progress 8	All Pupils	1566	0.32	0.47	0.00
	Non SEN	1127	0.41	0.60	n/a
	SEN Support	377	0.08	0.01	n/a
	EHC	62	0.07	-0.51	n/a
	SEN overall	439	0.08	-0.08	n/a
	SEN GAP		-0.34	-0.68	n/a
KS4 Attainment 8	All Pupils	1566	55.1	52.3	44.2
	Non SEN	1127	58.9	56.3	n/a
	SEN Support	377	45.5	39.8	n/a
	EHC	62	38.9	17.7	n/a
	SEN overall	439	44.6	35.8	n/a
	SEN GAP		-14.3	-20.5	n/a

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# **Westminster Children and Young People's (SEND) Joint Commissioning Plan**

April 2018

# Westminster Children and Young People's (SEND) Joint Commissioning Plan

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### 1. Introduction and purpose of a joint plan

This plan sets out the commitment of the Clinical Commissioning Group (CCG) and Local Authority to support children and young people (aged 0-25) in Westminster to live well and achieve their potential via joint commissioning and effective and integrated services. We firmly believe that children and young people (CYP), including those with the most complex needs, should have access to high-quality local provision and every opportunity to achieve positive outcomes, whether this be education, employment, independent living, participation in their community or being as healthy as possible.

Our ambition is to support all children and young people in their journey through childhood towards adulthood with underpinning principles of intervention at the earliest point, personalisation and inclusion.

The plan sets out our shared priorities and gives an overview of the joint work programme for the next 12-18 months as well as the governance arrangements that will be used to oversee project delivery and service outcomes. The priorities identified reflect what we've heard from children, young people and their families as the most important areas for achieving effective, integrated services.

Over the next 12-18 months, our collective focus for joint commissioning is heavily on improving services for those with complex health, social and educational needs and disabilities and this is reflected in the priorities identified. This plan is focused on joint commissioning and is not exhaustive of wider commissioning activity happening across the CCG and the Local Authority.

There are many vital commissioning alliances and partnerships involving the Local Authority, CCGs, GPs, schools, special schools, police, probation, voluntary groups/bodies and health providers that are

important in delivering effective services. The Children and Families Act 2014 places a duty on agencies to work together across education, health and care for joint outcomes. This plan focuses primarily on the direct interface between the CCG and Local Authority to make joint commissioning arrangements for education, health and care provision for children and young people. We acknowledge that engagement and partnership will be far broader than this when delivering each of the priority projects outlined within the work programme.

In particular, parents of children and young people with complex health, social and educational needs and disabilities. As the care of children with long-term conditions is provided at home, parents and carers must, by necessity, become experts in their child’s condition and in the local health and care systems and interventions. Parents need to be enabled to trust their judgement and be able to make decisions and assessments for their child, including feeling empowered to challenge professionals where appropriate. A commitment to co-producing services with CYP and parents/families is a key principle running throughout this strategy.

The following table gives an indication of the services that meet the independent and shared responsibilities of the respective organisations:

CCG services	Shared services	LA / Public Health services
Community paediatricians	Speech and language therapy	Health visiting
Community children’s nursing services	Occupational therapy	School nursing
Early support key working	Community equipment	Sexual Health services
Physiotherapy	CAMHS and emotional wellbeing services	Special educational needs (SEN) and learning disabilities service
Clinical Psychology	Specialist placements	SEN and Post 16 services
Audiology	Specialist equipment	Looked After Children services
Dietetics	Overnight short breaks services	Child Protection and safeguarding services
Wheelchair service	Children’s continuing care packages	Domestic abuses services
Looked after children health teams		Family support and Early Help
Safeguarding liaison service		Family Hubs
Local hospital services		Early Years and Childcare sufficiency
Specialist tertiary hospitals		Drug and alcohol services
Specialist treatment services		Obesity and smoking cessation programmes
Specialist health placements		Portage service
Specialist health equipment		
IAPT services		
NHS continuing care services		

The Council and the CCGs face financial challenges which mean it is increasingly important to work closely together to eliminate duplication and improve value, whilst striving to improve quality and improve outcomes for people in Westminster. In Westminster, these outcomes are described in a number of supporting strategies including:

- Westminster Health and Wellbeing Strategy 2017-2022
- Westminster SEND Strategy

- PHE Outcomes Framework as reflected in the Bi-Borough Public Health Business Plan
- North West London Sustainability and Transformation Plan
- Westminster City for All
- Central London Accountable Care Commissioning Strategy
- West London Integrated Care Commissioning Strategy
- North West London CAMHS Transformation Plan 2015-2020
- Westminster Children and Young People with Special Educational Needs and Disabilities JSNA
- Westminster and Kensington and Chelsea Learning Disability Joint Commissioning Strategy

This plan was developed in April 2018. Progress on the work programme and any future updates will be the responsibility of the Joint Commissioning Board.

## 2. Vision and principles

Westminster has high ambitions for all children and young people including those with complex health, social and educational needs and disabilities.

Our vision for children and young people is that they achieve well in early years, at school and at college, are supported to prepare for adulthood, and lead happy and fulfilled lives.

This means:

- having the opportunity to attend local good quality education settings with seamless transitions
- having good emotional health and wellbeing
- having access to short breaks or respite that is fun and helps to develop independence whilst giving parents/carers planned breaks from their caring duties
- having support close to home, family and friends which develops the skills necessary for independence, in learning, in work and in everyday life
- being able to access high-quality health services which promote good health, prevent illness and manage long-term conditions in community settings where possible
- having access to support to get and keep hold of a job
- being able to choose where to live and support to live as independently as possible
- having positive relationships and social networks
- having a healthy lifestyle and where required their health needs identified and met
- having accessible services that support young people experiencing difficulties with substance misuse or criminality and divert young people from further harmful activities
- being safe from hate crime and discrimination
- living in a society where people understand, respect and accommodate differences.

The purpose of this plan is to provide a commissioning approach to achieve this vision through the following cross cutting commissioning principles. These principles will be built into each of the work priorities identified in this plan.

### 1. A comprehensive offer of local services accessible to all

This means that:

- We will work to develop the range and quality of support available, taking a holistic approach across health, care and education outcomes from childhood into adulthood.
- We will improve the inclusion into mainstream and universal services for children and young people with complex health, social and educational needs and disabilities, supporting children to live and be educated in Westminster.
- We will provide easily accessible, high- quality information, advice and guidance on the full range of support and services available in our local community.
- We will develop a graduated service offer, which provides the right level of support at the right time. This includes embedding step-down arrangements into services.

## **2. High aspirations for all our children and young people**

This means that:

- We want all children and young people to achieve their highest potential in education and employment.
- We will prepare young people who have complex health, social and educational needs and disabilities with the skills they need to live as independent and healthy life as possible when they reach adulthood.

## **3. A focus on early intervention and preventing issues from escalating**

This means that:

- We will identify those who have complex health, social care and educational needs and disabilities at the earliest opportunity.
- We will provide support based around promoting the outcomes of the child and family.
- We will enable parents to care for their children and young people.
- We will support young people to make positive choices to help divert them from entrenched criminal behaviours, gangs, substance misuse etc.

## **4. Fairness and equality**

This means that:

- We will promote participation in everyday activities and access to mainstream and universal services.
- We will ensure the education offer is inclusive and able to adapt teaching approaches and deliver high standards of education for all.
- We will promote employment and training opportunities for children and young people
- We will promote diversity and inclusion, making our local area a place where people understand, respect and accommodate differences.
- We will understand and act upon ensuring access for specific groups with additional challenges (looked after children; children placed out of borough and children with offending behavior).

## **5. Building services around the voice of the child, young people and family**

This means that:

- We will support the child, young person and their family to make decisions about their own care.
- We will co-design services with children, young people and their families.
- We will provide regular opportunities for parents to learn and support each other.
- We will target support to encourage young people to improve and maintain their own health.

## 6. An engaged and confident workforce

This means that:

- We will ensure front line staff work together to provide joined-up support.
- We will ensure that everybody understands their role in achieving this strategy.
- We commit to train and employ workers that are skilled and experienced in working with those with complex health, social and educational needs and disabilities, confident in identifying risks, and know how to respond or enable others to do so.
- We will deliver evidence-based interventions in accordance with the latest practice.

## 3. Joint commissioning

This section describes what joint commissioning is, and how it will work in Westminster to maximise the health and wellbeing of children, young people and their families.

The Department of Health defines joint commissioning as:

A process in which two or more commissioning agencies act together to co-ordinate their commissioning, taking joint responsibility for translating strategy into action. Agencies co-ordinate to assess need, resources and current services to develop a strategy for making the best use of available combined resources to meet need and improve outcomes.

In Westminster, the Local Authority and NHS are committed to working together to provide high-quality care and support which is easy to use for the CYP and their parents and families, enables them to lead better, healthier and more fulfilling lives, and which is affordable within the resources we have. Planning, commissioning and reviewing services together rather than in silos leads to more joined-up support and services which are flexible enough to meet rapidly changing needs.

Health, care and education services need to come together with parents so that children and young people's needs are met in a holistic way. This could mean, for example, GPs and pediatricians providing services in Family Hubs, with wider social support for the young person and their family wrapping around, enabling parents and CYP to feel more confident in managing their long-term condition and preventing the need for a hospital visit, or supporting professionals and families to work together to identify and treat problems early.

This involves a step change that will require clear leadership, a strategic understanding of how outcomes in the Borough are met, and a joint approach to managing the market to secure better value for money services that deliver benefits to our population.

The diagram below describes the stages of the joint commissioning cycle:



This plan describes the priorities and the model of care for joint commissioning in Westminster. Some priorities are / will be commissioned using a fully integrated model, including joint contracts and budgets. Others are focused on a joint understanding, planning and review process to align pathways and transitions across separately commissioned services. The Joint Commissioning Board is responsible for the progress of the work programme identified in this plan, as well as agreeing future joint projects.

We are committed to developing integrated models of care for children and young people. We will promote the outcomes for children and young people, particularly identifying opportunities for diagnosis, advice and guidance and support closer to home, as well as focusing on early identification, emotional wellbeing and mental health. Co-production with children and young people, parents, commissioners, will lead a community support offer for children with complex needs.

#### 4. Local context

##### Where are we now:

For more information, please see our [JSNAs](#) for Westminster.

In 2018, the Greater London Authority estimates our population aged 0 to 25 to be 71,690. Using housing-led projection estimates, this population has been projected to increase by to 74,482 by 2021 (an increase of 1,200), rising to 75,785 by 2025 (an increase of 2,095).

Since 2014, the number of Statements / EHC Plans for the Borough has fluctuated but remained at around 1000 CYP. In 2018 this represents around 1.4% of the resident 0-25 population with 1,013 children and young people.

#### *Early years*

There are 3,220 children aged 2-4 who receive funded early education in Westminster. Of these, 1.3% have an EHC plan and 5.9% are receiving SEN Support. This is broadly in line with inner London, with inner London marginally higher than the national average.

All families are in receipt of ante-natal care from midwives. The health visiting universal mandated health checks are supplemented by targeted interventions for vulnerable families of children aged 0-5 as part of the Healthy Child Programme.

Young mothers having their first baby are offered support from the Family Nurse Partnership (FNP), which is a voluntary programme for young mothers requiring additional support. The partnership works with young mothers to improve antenatal health, child health and development and improve economic self-sufficiency.

#### *School years*

There are 3,641 pupils with special educational needs, approx. 15.7% of the school population. This is in line with the most recent London (15.8%) average and higher than the England (14.4%) average.

Of all pupils with a special educational need approximately 79% were accessing SEN Support with the remaining children with more complex needs in receipt of an EHC Plan.

61% of CYP in Westminster with EHC Plans are placed in maintained mainstream schools compared to a London average of 51%.

#### *Types of need locally*

The data identifies that communication is a significant challenge for the borough, particularly at primary schools, with a higher % of speech, language and communication needs compared to other London Boroughs. Nearly half of state funded primary school pupils with SEN have speech, language and communication needs as their primary need. This demonstrates that additional support is required to meet this need. (Re)commissioning and transforming the speech, language and communication offer is a priority for joint commissioning.

At secondary level there is a high % of children with social, emotional and mental health needs compared to the average for London Boroughs. Some communication issues as children become older, can be seen as behavioural, and this is consistent with data that shows the increase in the numbers with this need in secondary, and the reduction in identified communication needs. The implication of this can be that these children and young people are at heightened risk of exclusion in secondary school, although the data shows this is primarily an issue for pupils at SEN Support level rather than pupils with EHC Plans. Pupils at SEN Support with one or more fixed term exclusion is 3.35% above the national average for at secondary level whereas exclusions for pupils with EHC Plans is well below national both at primary and secondary.



For children and young people with EHC Plans the largest proportion of primary need is autism yet the waiting times for referral to diagnosis are too long. NICE guidelines state the autism diagnostic assessment should start within three months of the referral to the autism team.

Waiting times for referral to diagnosis of ASD were over a year in Q1 2017/18 in the north and centre of Westminster, and 41 weeks from referral in south Westminster. This is why it is so important that we are developing a multi-agency autism strategy.

#### *Impact on educational attainment*

We closely monitor the attainment of pupils with SEND, with and without EHCPs. Pupils in Westminster achieve above the national average but we are not complacent. We have a School Improvement Framework and SEN Support Action Plan to continue to drive improvements.

#### *Obesity*

Rates of overweight and obesity in Reception year are similar to the London and England average. However, Westminster has significantly higher levels of obesity in 10-11 years olds (24.5%) compared to the London (22.6%) and England (19.1%) average. Whilst this isn't identified as a priority for commissioning, it is part of the wider work covered by Public Health and potentially the CCG. It demonstrates the importance of having a genuine partnership model to tackle local needs across the community, which will be developing through the 0-25 Integration priority.

One example where collaboration is happening already is through the Healthy Schools Partnership (HSP), which is very active in Westminster. The aim is to support and encourage schools to develop and deepen their focus on health and wellbeing to support the attainment, achievement and happiness of both their pupils, staff and wider school communities. The partnership is an alliance of local authority and health services together with a range of other agencies that work with schools.

#### *Transition years and outcomes post 16*

National data suggests the number of children transitioning from children's social care into adult's social care is rising and will continue to rise.

As of June 2017, Westminster had a slightly higher participation in education or training amongst the SEND cohort than the London and national average (93% of SEND cohort in education or training).

An external review of Westminster's spend on children and young people with High Needs found that Westminster is likely to experience further demands and pressures in this area and therefore provision and pathways will need to be fully anticipated.

This is also an area of focus for those young people experiencing mental health problems or substance misuse issues. Young offenders may also be transitioning to adult offender services including moving to adult prison settings and we need to do more work with our partners managing these areas.

We have consequently identified Transition to and Preparation for adulthood as a priority area for joint commissioning.

#### *Deprivation*

Children from low-income families face multiple disadvantages and increased vulnerability; they are less likely to receive support or effective interventions for their needs and more likely to leave school with low attainment and therefore have diminished chances of finding well-paid work as adults. Families of children with SEND are more likely to move into poverty, for example due to costs and/or stress associated with their child's SEND status.

Westminster is characterized by areas of deprivation and areas of great wealth. Children and young people with complex needs are more likely to live in deprived areas, in particular the north of the borough and areas of social housing. For these children, it is even more important to provide support at the earliest opportunity, making sure that we use our health visiting and school nursing services as effectively as possible.

Specialist substance misuse and youth offending services are also needed to address some of the issues of deprivation. These services need to operate in a flexible way to respond to the individual needs and divert young people from the longer term consequences of entrenched patterns of criminality and substance misuse.

### *Personalisation*

Department for Education data shows that the number of children and young people taking up personal budgets is low compared to the mean for all London Boroughs. We are aiming to increase the numbers of children and young people taking up personal budgets. The Joint Commissioning Board will have responsibility for increasing the number of personal budgets being used.

### **What children and young people and their parents/carers have told us:**

The local Parent/Carer Forum, the Westminster Parent Participation Group (WPPG), has worked with the council and CCG to develop more parent-friendly approaches to co-production.

To this end, in 2017 the WPPG organised termly thematic focus groups around the age of the child, setting or theme which covered Early Years; Mainstream; Specialist; Post 16; Health; Short Breaks and High Functioning Autism.

Over 80 parent/carers attended the Focus Groups where key professionals discussed with them their experience of the Local Offer. A log of all key themes, actions and lead officers was maintained and informed our 'You Said; We Will' Action Plan, which captures our progress in improving not only our Local Offer, but the trust that parent/carers have in the Local Authority, the CCG and other key stakeholders.

The key issues as identified in those Focus Groups are summarised below.

### **Early Years**

- Parent/carers would like to see greater transparency around effectiveness of SEND funding in education settings.
- Parent/carers feel that early years' settings can improve inclusion and this exacerbates the perception that children need an EHC Plan.

### **Mainstream Schools**

- Parent/carers would like someone early in the process to help navigate them through the SEND system, providing consistent advice, support and key working.
- Parent/carers would like to better understand what can be expected of mainstream schools in supporting children with SEND.

- Parents/carers would like more visual representations within School Information Reports of how they support children and young people with SEND, including case studies.
- Parent/carers would like to see more understanding and training in some schools as to the needs and behaviours of young people with high functioning autism.
- Parent/carers report that there are some good SENCOs, who can appear stretched. Parents want to see SEND being everyone's business.
- Parent/carers would like more details about SEND training for school staff.

### **Health and Therapies**

- Parent/carers report that they wait too long for some services.
- Parents/carers would like to know more about the outcomes of speech and language therapy (SaLT) transformation work.
- Parent/carers would like to better their understanding of what support is available at each education setting/stage.
- Parent/carers want more training for health professionals around giving a diagnosis.
- Parent/carers indicated they would like increased support from emotional wellbeing mental health services and other stakeholders supporting schools with children who are self-harming, depressed or with challenging behaviours.
- Transition pathways between Health Visitors and School Nurses, and children's and adult's services, need further strengthening.
- Dental and vision assessments taking place in Special Schools would be welcomed.

### **Social Care Provision**

- Parent/carers would like more choice of Short Breaks Offer, and greater understanding of outcomes.
- Parent/carers would like Social Workers to have a consistently good understanding of the EHC needs assessment and planning process, the development of shared outcomes and the legal status of an EHC Plan.
- Parents would like short breaks and after school clubs to co-ordinate with transport timetables. A new service has been set up in the south of the Borough to help with this concern.
- Parent/carers would like more services for children who are high functioning (or their siblings) if they don't have a EHCP, a needs assessment or a Care Plan.

### **Post 16 Settings**

- Parent/carers would like greater understanding about how Further Education Colleges can meet the needs of young people with complex needs (and associated medical conditions).
- Parent/carers would like to see strengthened post 16 outcomes, building on consistent Year 9 reviews and Preparation for Adulthood.
- The Supported Internship model is a good one, further development would be welcomed.

### **The Local Offer**

- Parents/carers would like everyone to use and understand the Local Offer needs more, including children and young people.

In addition, Our Young Mental Health Champions with Rethink have developed and run campaigns to collect insights from a diverse and representative range of CYP together with their parents and carers

across NW London according to the needs of each co-production task and finish project. Insight have been gathered through surveys, focus groups, idea jams and interviews.

Given the identified needs of the community, this plan identifies a joint commissioning work programme.

## 5. Joint work programme

The following projects are identified as priorities for joint commissioning. All projects have been identified based on feedback from young people and their families, as well as our own knowledge of the system and the learning that we have gained from a joint approach to commissioning. These areas have been prioritised based on the benefit that an integrated approach will impact on the outcomes of children, young people and their families.

This is a 12-18 month work plan, all projects will achieve the below deliverables within this timeframe unless otherwise stated. The plan is a live document and will be reviewed and updated through the Joint Commissioning Board.

Project	Summary	Deliverables/ Timeframe
<b>1. Speech, Language and Communication Needs</b>	<p>A service review into speech, language and communication found there is a reliance on specialist intervention and a need to strengthen early intervention.</p> <p>Following that, the LA and CCG have been working closely with the provider to develop and pilot a reshaped service, whilst working towards developing a more graduated offer.</p> <p>During this period, we are working proactively with schools, early years' and further education settings to understand their role in meeting need and how the local offer can be used to compliment SaLT service.</p>	<ol style="list-style-type: none"> <li>1. New service model implemented by CLCH, which manages demand and is more cost effective</li> <li>2. 0-25 graduated model in place by October 2019</li> <li>3. Develop new whole-system approach to speech, language and communication, offering increased support for early intervention and for children and young people below the EHC Plan threshold.</li> </ol>
<b>2. Occupational Therapy</b>	<p>A review of Occupational Therapy was completed in 2017. The review found that the service needs greater cohesion, and stronger quality assurance in some areas.</p> <p>Building on the learning from this we will develop a more integrated user-friendly service model with consistent quality, as well as a more streamlined pathway for access.</p>	<ol style="list-style-type: none"> <li>1. Building on the review, strengthen quality assurance and deliver consistent quality across all levels of need.</li> <li>2. Develop and/or commission a new model for OT, which ensures that health, education and social care needs are met in a more integrated way by October 2019.</li> </ol>

		3. Formalise agreements and funding arrangements for specialist equipment.
<b>3. Preparation for adulthood</b>	<p>Strengthen the transition process for children and young people becoming adults, and moving on from children's services to adult services.</p> <p>This particularly includes ensuring that young people with SEND receive appropriate support towards aspirations that may include:</p> <ul style="list-style-type: none"> <li>• Employment;</li> <li>• Good health;</li> <li>• Education and training outcomes;</li> <li>• Independent living (choice and control over one's life and good housing options);</li> <li>• Social inclusion (friends, relationships, wellbeing and community involvement).</li> </ul>	<ol style="list-style-type: none"> <li>1. Develop an action plan to review and improve transition processes and pathways, through the new SEND Preparing for Adulthood Workstream.</li> <li>2. Identify and delivery service recommendations to enhance transition arrangements by or before April 2019.</li> <li>3. Strengthen and promote operational protocol and procedures for transition between children's and adult's services by June 2018.</li> </ol>
<b>4. Emotional Health and Wellbeing</b>	<p>We want to enhance the current offer, ensuring that:</p> <ul style="list-style-type: none"> <li>• People can access the right support, in the right place at the right time</li> <li>• Support is provided in schools, homes and communities.</li> <li>• Flexible support is offered, which develops awareness, intervenes early and generates positive outcomes.</li> </ul>	<ol style="list-style-type: none"> <li>1. Review of current delivery and funding model for mental health and emotional wellbeing services developing the whole pathway from universal to specialist care.</li> <li>2. Develop increased capacity in community settings.</li> <li>3. Further implement new delivery models, some of which have already been tested through pilot sights as part of the national HeadStart programme and Kooth online counselling.</li> <li>4. Pilot service improvements within existing contracts</li> <li>5. Review commissioning options to sustain CAMHS Transformation within local system beyond 2019/20</li> </ol>
<b>5. 0-25 Integration</b>	<p>The aim of this programme is to strengthen community based multi-disciplinary provision by bringing professionals together to provide a more integrated service.</p>	<ol style="list-style-type: none"> <li>1. Develop integrated multi-disciplinary model of care to operate from community settings</li> </ol>

	<p>This programme will strengthen the community based offer, inclusive of Health Visiting, School Nursing, Midwifery, Early Help, Early Years, Therapies, third sector provision and primary care. We will therefore reduce unnecessary referrals to hospitals and specialist services for support that could be more locally delivered, reducing levels of need and increasing personal autonomy.</p>	<ol style="list-style-type: none"> <li>2. Identify early opportunities for diagnostics, advice, guidance and support – building on midwifery services, Early Help, GP hubs, Family Hubs, schools etc.</li> <li>3. The development of integrated pathways to support children and young people at Universal, Targeted and Specialist Level.</li> <li>4. Build on SEND work programme and partnerships around SALT, CAMHS, transitions, OT, etc</li> <li>5. Review current pathways for long-term conditions</li> <li>6. Support personalisation, including increased use of personal/devolved budgets.</li> </ol>
<p><b>6. Westminster SEND system redesign [Perfect Pathways]</b></p>	<p>The aim of the project is to improve the system for children with SEND in Westminster aged 0-25.</p> <p>The intended outcome is more efficient and effective services that provide the best value and experience for children and families and reflect the extensive engagement and co-design with parents/carers, settings and practitioners.</p>	<ol style="list-style-type: none"> <li>1. Consolidate of an enhanced front door for health notifications with multi-disciplinary triaging directing children to established pathways.</li> <li>2. Consolidate a family key working model.</li> <li>3. Consolidate the graduated short breaks offer.</li> </ol>
<p><b>7. Develop a multi-agency autism strategy</b></p>	<p>Locally, we recognise the need to improve diagnostic pathways and we are working across partnerships to develop a local ASD strategy. Our focus is on reducing waiting times, and to ensure that support is available through a graduated approach.</p>	<ol style="list-style-type: none"> <li>1. Improve early recognition of autism by raising awareness.</li> <li>2. Ensure relevant professionals are aware of the local autism pathway and how to access diagnostic services.</li> <li>3. Support smooth transition to adult services.</li> <li>4. Ensure local data collection and pathway audit.</li> </ol>

## 6. Governance

A Bi-Borough Children’s Joint Commissioning Board, with membership from the CCG and the Local Authority, including children’s services, public health, adults services and commissioning will have

accountability for the work programme and ambitions set out in this plan. The purpose, responsibilities and membership of the Joint Commissioning Board are set out in the Terms of Reference ([Appendix 1](#)).

In addition, the Board will have responsibility for increasing the use of personal budgets and reviewing and developing agreements for aligning or pooling budgets.

The High Cost Placement Panel with representatives from both the Local Authority and the CCG meet to discuss individual arrangements and funding for children and young people. Any strategic themes arising from this Panel will be brought to the Joint Commissioning Board.

Any disputes arising from issues covered within this plan will be escalated to the Joint Commissioning Board. If resolution cannot be reached at the Board it will be referred in writing to the Bi-Borough Executive Director for Children's Services for the Council and the Managing Director for the CCG who shall enter into good faith negotiations to resolve the matter.

In the event that the dispute remains unresolved on the expiry of twenty eight (28) days from the date of the referral, or such longer period as the Partners may agree, the dispute shall be referred to the Cabinet Member for Children's Services and the Chair of the CCG who shall enter into good faith negotiations to resolve the matter.

In the event that the dispute remains unresolved on the expiry of twenty (28) days from the date of the referral, or such longer period as the Partners may agree, the Partners shall jointly refer the dispute to a mediator appointed by the Centre for Effective Dispute Resolution ("CEDR").

The mediator shall determine the rules and procedures by which the mediation shall be conducted save that:

- Each Partner shall be entitled to make a written statement of its case to the mediator prior to the commencement of the mediation, provided that such statement shall be provided to the mediator not less than fourteen (14) days or such other period as may be agreed by the mediator before the mediation is the commence; and
- Within fourteen (14) days of the conclusion of the mediation the mediator shall provide a written report to the Partners which report shall set out the nature of the dispute and the nature of the resolution if any.

The mediator shall be entitled to by paid his reasonable fee, which the Partners shall pay in equal shares.

Neither Partner may commence court proceedings in relation to any dispute until fourteen (14) days after mediation has failed to resolve the dispute, provided that either Partner's right to issue proceedings is not prejudiced by a delay and nothing prevents either Partner applying to the court for injunctive or other interim or equitable relief.

## 7. Disagreements, Mediation and Tribunals

The Children and Families Act 2014 requires all Local Authorities and health commissioners to provide an independent mediation and dispute resolution service to help when parents/carers, young people, schools, health care services and the local authority cannot agree on how to meet a child/young person's needs. KIDS is an independent mediation and disagreement resolution organisation contracted by the Local Authority to deliver this service.



Dispute resolution is a service arranged to offer independent support to resolve disputes between two parties. This can be between the Local Authority and the CCG, schools or parents. Dispute resolution is not linked to the appeal process and can be used at any time to try to settle a situation where both parties disagree.

Mediation arrangements are specifically linked to decisions made about EHC assessments and Plans. Parents or young people who wish to make an appeal to the Tribunal may do so providing they have contacted a mediation advisor and discussed whether mediation might be a more suitable way to resolve disagreement. Parents and young people must receive a certificate from the mediation service before they can lodge an appeal.

From 3rd April 2018, the First Tier SEND Tribunal Service will start a national trial; the single route of redress. The SEND Tribunal will have new powers to make non-binding recommendations relating to health and social care needs and provision. Although any recommendation they make is non-binding, if health and/or social care choose not to implement the decision, the relevant commissioning body must write to directly to the parent/carer or young person explaining their decision. This must be provided within 5 weeks of the decision and must be copied to the Tribunal and the evaluation organisation monitoring the national trial. This allows the parent/carer or young person further re-dress through the relevant Ombudsman service or via Judicial Review.

The aim of this trial is to develop a more holistic view of the child/young person's needs and to encourage/develop stronger joint working and commissioning arrangements between education, health and care services.

The national trial, which we are a part of, will run from April 2018 until March 2020, with a further year to complete the evaluation process.

## 8. Engagement

Engaging service users in the commissioning and provision of services is both recognised as best practice and a statutory requirement. We believe that involving local people who live, work or learn in the area, will us collectively achieve better outcomes. Evidence has shown that when families are genuinely involved in decisions that affect their life there is an increased chance of success.

Differing levels of co-production are necessary depending on the goals, time frames, resources, and levels of decision making however we want to be clear what our goals and objectives are and what parents, carers, children and young people can expect.

Our user experience aims to follow the following principles of best practice:

- *Timely:* Engagement will provide sufficient time for input and for reporting back on how the input was used.
- *Inclusive:* Engagement activities will be planned to be inclusive, accessible and respond to the needs of all communities removing potential barriers to participation.



- *Transparent:* Engagement will provide clear, relevant, and complete information, in plain language throughout the process that communicates the purpose, expectations, and limitations clearly.
- *Adaptive:* Engagement plans will be tailored to the nature of the topic being discussed and flexible enough to be modified during the public engagement process, as needed.
- *Co-operative:* Engagement activity will aim to build trust and maintain positive, respectful, and co-operative relationships with participants.
- *Accountable:* Will provide participants with information on how their feedback will be considered and adopted, or why it was not adopted.
- *Continuously Improving:* Engagement initiatives and methods will be reviewed and evaluated continuously to improve the quality of the public engagement process over time, seeking input from participants about the process and the content.

We will demonstrate how our work programmes develops and builds upon the engagement, collaboration and co-production with and by children, young people and their families in commissioning intentions and decisions.

## 9. Action plan 2018 - 2020

Our action plan reflects the principles described in this plan. The action plan will remain a live document and be routinely refreshed to ensure that we are achieving what we set out to achieve and give us the opportunity to add new actions as work progresses.

## Appendix 1: Children's Joint Commissioning Board Terms of Reference

### 1. PURPOSE

The purpose of the Board is to ensure services and plans are jointly and efficiently commissioned to improve outcomes for children and young people, their families and carers on behalf of Central London CCG, West London CCG, The Royal Borough of Kensington and Chelsea and Westminster City Council (referred to collectively as "the parties"). The Board will have accountability for the work programme and ambitions set out in the Westminster and Kensington and Chelsea Joint Commissioning Plan.

The Board will take into account in exercising its functions the following statement of principles:

- The parties agree that they will participate in the joint commissioning arrangements on a basis of mutual trust;
- The parties will adopt a policy of mutual openness about information about intentions relevant to the remit of the Board and adhere to the Information Governance Protocol agreed by the respective organisations;
- The parties acknowledge that the establishment of the Board represents an attempt by them to meet common problems and objectives in a co-ordinated way;
- The parties recognise that in the operation of the Board each party needs to take into account problems faced by the other parties;
- The parties recognise that the Board will have regard to any policies and guidance which apply to all parties;
- Where decisions of the Board require the approval or authorisation of any parties the relevant party or parties shall where possible seek such approval or authorisation in advance of or during the meeting of the Board where such a decision is proposed to the Board.

### 2. RESPONSIBILITIES

The Joint Commissioning Board will:

- Agree and monitor the Joint Commissioning Plan, including the budget, and agree financial contributions from the health services and local authorities;
- Consult and communicate with relevant partnership boards and reference groups in a co-ordinated way;
- Support the Health and Wellbeing Board in delivering long-term, sustainable improvements in children's services;
- Review and progress commissioning strategies which focus on areas of greatest significance in delivering long-term sustainable improvement in children's services;
- Agree all plans which comprise significant financial / service planning commitments across the areas of joint commissioning responsibility;
- Receive and consider reports on progress of service planning and delivery across the work programme identified for joint commissioning responsibility;
- Provide direction for the development of health and social care services taking into account local need, best practice and national direction;
- Provide governance for the joint commissioning of health and social care services;
- Develop an integrated approach for the commissioning and delivery of services that improve outcomes for children and young people across the city;

- Ensure resources are shared appropriately and maximised to deliver the most effective outcomes through commissioned services for children and young people;
- Agreeing an approach to introducing structural enablers to joint commissioning. These include the use of personal budgets and reviewing and developing arrangements for aligning or pooling budgets;
- Resolve themes arising from the High Cost Placement Panel and Preparation for Adulthood;
- Ensuring service users’ and carers’ views are properly represented;
- Ensuring best value for money.

### 3. MEMBERSHIP

Position	Role
Deputy Managing Director	Co-Chair (CCG)
Head of commissioning, Children’s Services	Co-Chair (LA)
Bi-Borough Assistant Director for SEN	SEN lead
Head of Local Offer & SEN Outreach	Local Offer lead
Representative from Public Health	Public Health lead
Representative from Adults	Adults lead
Head of Children’s Commissioning	Health commissioning lead
Designated Clinical Officer for SEND	SEND lead
Children with disabilities lead	CWD lead
Representative from Finance/Resources	Finance lead

Work stream leads for the joint commissioning priorities will be invited depending on the agenda.

### 4. MEETING DETAILS

- Meetings will take place monthly alternately at the Council and the CCG
- Meetings will generally be held for 1.5 hrs.
- The agenda, minutes and reports will be circulated a week before the Board meeting
- Meeting minutes will be taken, however these will focus on actions, decisions and key discussions rather than a detailed transcript of the meeting.

### 5. REPORTING ARRANGEMENTS

The Children’s Joint Commissioning Board will be accountable to the Health and Wellbeing Board. Representatives of the Royal Borough of Kensington and Chelsea and Westminster City Council, Central London CCG and West London CCG will be accountable to their respective organisations governing bodies and for consulting with them as appropriate.

### 6. DISPUTES

The Board will conduct business on a consensual basis i.e. the Board members will attempt to achieve full agreement wherever possible. Where agreements cannot be reached, then other channels will be explored.

## 7. REVIEW

The Terms of Reference will be reviewed at least annually or at any other time the Board deems appropriate.

Date created: 16.03.2018