



City of Westminster

# Committee Agenda

Title: **Family and People Services Policy and Scrutiny Committee**

Meeting Date: **Monday 25th November, 2019**

Time: **7.00 pm**

Venue: **Rooms 18.01 & 18.03, 18th Floor, 64 Victoria Street, London, SW1E 6QP**

Members: **Councillors:**

Jonathan Glanz (Chairman)	Patricia McAllister
Margot Bright	Emily Payne
Nafsika Butler-Thalassis	Selina Short
Peter Freeman	Aziz Toki

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

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**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 Head of Committee and Governance Services in advance of the meeting please.

## **AGENDA**

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

**1. MEMBERSHIP**

To note any changes to the membership.

**2. DECLARATIONS OF INTEREST**

To receive declarations by Members and Officers of the existence and nature of any pecuniary interests or any other significant interest in matters on this agenda.

**3. MINUTES**

To approve the minutes of the meeting held on 17 October 2019.

**(Pages 5 - 10)**

**4. CABINET MEMBER UPDATE**

To receive an update on current and forthcoming issues within the portfolio of the Cabinet Member for Family Services and Public Health.

**(Pages 11 - 22)**

**5. WESTMINSTER'S YOUTH JUSTICE, STRATEGIC PARTNERSHIP PLAN, 2019-2022, A PATHWAY TO POSITIVE CHOICES**

The Committee to receive an outline of Westminster City Council's (WCC) Youth Justice Strategic Partnership Plan for 2019-22: A Pathway to Positive Choices.

**(Pages 23 - 62)**

**6. LOOKED AFTER CHILDREN AND CARE LEAVERS REPORT: INDEPENDENT REVIEWING SERVICE**

The Committee to receive a report providing quantitative and qualitative evidence relating to Westminster City Council services for Looked After Children in 2018/19.

**(Pages 63 - 80)**

**7. 2019/20 WORK PROGRAMME AND ACTION TRACKER**

To consider topics for the 2019/20 work programme and note the Committee's action tracker.

**(Pages 81 - 96)**

**8. REPORTS OF ANY URGENCY SAFEGUARDING ISSUES**

Verbal Update (if any).

**9. ANY OTHER BUSINESS**

To consider any business which the Chairman considers urgent.

**Stuart Love**  
**Chief Executive**  
**15 November 2019**

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CITY OF WESTMINSTER

## MINUTES

### Family and People Services Policy & Scrutiny Committee

#### MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Family and People Services Policy & Scrutiny Committee** held on **Thursday 17 October 2019** in Rooms 18.01 and 18.02, 18th Floor, 64 Victoria Street, London SW1E 6QP.

**Members Present:** Councillors Jonathan Glanz (Chairman), Margot Bright, Nafsika Butler-Thalassis, Matt Noble, Peter Freeman, Patricia McAllister and Selina Short

**Also present:** Councillor Heather Acton.

#### 1. MEMBERSHIP

- 1.1 It was noted that Cllr Carmen had stepped down for the Committee and would be replaced by Cllr Noble for this meeting.

#### 2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest.

#### 3. MINUTES

##### RESOLVED:

- 3.1 That the Minutes of the Family and People Services Policy and Scrutiny Committee meeting held on 17 June 2019 be approved.

#### 4. CABINET MEMBER UPDATE

- 4.1 Councillor Heather Acton (Cabinet Member for Family Services and Public Health), provided a briefing on key issues within her portfolio. The Committee also heard from Bernie Flaherty (Executive Director, Adult Social Care and Health), Houda Al-Sharifi (Interim Director of Public Health), Nicky Crouch (Interim Director of Family

Services), James Partis (Better Care Fund – Programme Lead) and Dominic Stanton (Head of Quality Assurance).

4.2 The Committee noted that Ofsted had recently carried out an inspection of Local Authority Children’s Services in Westminster. The report had recently been published and had rated the service ‘Outstanding’ in all areas. The Committee welcomed the news, expressed its thanks to the Cabinet Member and Officers on this outstanding achievement and requested that the report be circulated to Members.

4.2 The Committee received the update and held detailed discussions on the following topics:

- Residential and Nursing Care – It was anticipated that Beachcroft House would open in Summer 2020. Negotiations with Sanctuary Care were still ongoing regarding the variation of the existing Specialist Housing Strategy for Older People contract. It was confirmed that the negotiations would include discussions on all staff employed at Beachcroft receiving the London Living Wage.
- Better Care Fund (BCF) Submission – Westminster had submitted its BCF plans for 2019/20 to NHS England on 27 September 2019. The main changes arising in the submitted plan were in relation to the financial contributions from the Council and the CCGs being reduced to statutory minimum levels. The Committee noted that the same levels of funding were being invested into the partnership with the CCGs but a larger proportion of this would be managed outside of the BCF. This change would ensure that the partnership and the BCF focused attention on the core elements of integrated delivery in Westminster and to ensure local integration priorities received sufficient attention and focus from the partnership.
- North West London Clinical Commissioning Groups - A progress update was provided on the proposals for integration of the eight CCGs that made up the North West London (NWL) footprint. The Council had responded to the consultation, setting out concerns which included the loss of focus on local priorities for health integration and local needs, including mental health, and the potential financial impact on both Central London CCG and West London CCG. The Council had put forward an alternative proposal to the eight-to-one integration as an interim step. This was for a Westminster and Kensington and Chelsea Integrated Care Partnership (ICP) which could be implemented initially as a pilot in order to assess impact and protect the local offer. Discussions with local health providers and commissioners would begin shortly to explore developing proposals for a bi-borough ICP.
- Local GP Practices – It was suggested that the Soho GP Practice was facing another period of uncertainty following a service of notice by the current

operators. The Patient Participation Group had expressed concern in relation to the short period of time provided to replace the current operators with new ones. It was felt that this represented wider concerns raised over small practices within Westminster which catered for communities with particular patient demographics. The importance of appropriate first-class local services being provided was highlighted and it was suggested a report on the provision of services from small GP Practices in Westminster come before the Committee at a future meeting.

- Review of Palliative Care Service – The Committee discussed the proposed changes to the palliative care services provided at Pembridge Hospice and how they could potentially impact on local residents. Concern was expressed that if Pembridge Hospice was to close and the number of palliative care beds in Westminster reduced, it was important that any resulting financial savings be reinvested in local care services. The Committee requested a future update on any proposed changes to the palliative care system.

4.3 The Committee also discussed Meals on Wheels, Youth Services, an update on the Emotional Wellbeing Mental Health Plan, Homelessness, Community Champions and Immunisations.

## **5. IMMUNISATION PROGRAMMES IN WESTMINSTER**

5.1 Catherine Heffernan (Principal Advisor for Commissioning Immunisations and Vaccination – NHS England) introduced the report, which provided an overview of adult, childhood and school age immunisation programmes in Westminster for 2018/19. Details were provided on vaccine coverage and uptake of the programmes along with an account of what NHS England and Improvement (NHSE&I) London Region were doing to improve uptake and coverage. The Committee also invited Russell Styles (Deputy Director of Public Health), Anna Cox (Public Health Business Partner), Kevin Driscoll (Central London CCG) and Louise Proctor (West London CCG) to join the discussion on this item.

5.2 The Committee discussed the importance of IT in monitoring immunisation levels and the role it could play in improving coverage. Information on the different IT systems used to extract immunisation data was provided and how three different providers provided the interface between general practices and the Child Health Information Service (CHIS). It was recognised that the system in London was very complicated and issues with the data had the potential to make it difficult to locate pockets of the community which had low levels of uptake. The Committee was advised that the processes were improving however, and it was expected that these benefits would shortly be recognised. A National Events Management System, which was a pilot programme, was currently being rolled out in North East London to deliver a more joined-up, user friendly IT package which it was hoped would resolve some of the data issues currently experienced. An

expression of interest from the Committee in the possibility of Westminster becoming involved in this pilot was welcomed and could be explored.

- 5.3 An overview of various other initiatives being developed was provided which the Committee was interested to note. These included proposals by NHS England to introduce an e-consent service to tackle issues around school age vaccinations relating to refusals, lack of return of paper forms, self-consent and lack of school support. The initiative involved developing a communication strategy between providers and schools as well as developing an escalation process that could be followed. This would make it easier for residents to agree to immunisations, improve uptake in general practice populations and allow rates to be monitored. The Committee was informed that a plan focusing on improving the uptake of MMR rates for those children aged 2 and under was also being implemented. The importance of improving these rates was discussed and the Committee suggested that the possibility of setting up a pilot scheme to extend the school vaccination programme out to nurseries be explored.
- 5.4 The Committee was interested to learn that Westminster had a high number of private practices compared to other boroughs. This posed a challenge to recording levels of uptake as a child could register in the area and therefore show up on the CHIS system. However, they may never actually access their GP or alternatively have certain vaccinations and then receive others privately. As private practice data cannot be accessed, it was currently unknown what number this constituted. The Committee expressed concern with regards to this barrier to producing accurate information and requested that potential mechanisms requiring private practices to share immunisation rates be explored.
- 5.5 Detailed discussions were held on other barriers to immunisation and how uptake and coverage could be improved within Westminster. The issue around some of the MMR vaccines containing porcine gelatine was discussed and how this had resulted in low uptake across some communities. It was noted that suitable alternative vaccinations were available which did not contain porcine gelatine. The Committee highlighted the importance of ensuring residents were aware that suitable alternative vaccinations were available and it was suggested that if possible non-porcine vaccinations be provided throughout the borough as a default position.

**RESOLVED:**

- 1) That NHS England be requested to continue to explore methods of extending an e-consent service to tackle uptake issues around school age vaccinations;
- 2) That vaccination providers be encouraged to make residents aware that suitable alternative non-porcine vaccinations were available and if possible provide non-porcine vaccinations throughout the borough as a default position;

- 3) That all groups involved with immunisations in Westminster be encouraged to promote immunisation uptake across the city;
- 4) That potential mechanisms requiring private GP practices to share immunisation rates be explored;
- 5) That the possibility of Westminster participating in the National Events Management System pilot IT programme, currently being rolled in North East London, be explored; and
- 6) That the possibility of setting up a pilot scheme to extend the school vaccination programme out to nurseries be explored.

## **6. ANNUAL ADOPTION AND FOSTERING REPORTS**

- 6.1 Sally Pillay (Head of Fostering and Adoption) introduced the Annual Adoption Service Report and a report providing an Overview of the Work of Fostering Services.
- 6.2 The Committee was provided with an overview of the functions and performance of Westminster City Council's Adoption Service within the context of the Three Borough Shared Service. The Committee was pleased to note that the National Scorecard performance thresholds had been met and Westminster was performing above or better than the national average, being rated 'Outstanding' by Ofsted in the last inspection.
- 6.3 The report setting out how the Fostering and Adoption Service continued to explore opportunities to provide high quality and timely foster care services was noted. The methods being developed to continue to improve the service were detailed along with the challenges facing the service, which included the permanent placement of children with complex needs.
- 6.4 The Committee was pleased to note all the work being undertaken by the Adoption and Fostering Services and expressed its thanks to the teams for the award of the recent 'Outstanding' Ofsted rating in relation to the adoption services provided.

## **7. 2019/20 COMMITTEE WORK PROGRAMME AND ACTION TRACKER**

- 7.1 Aaron Hardy (Policy and Scrutiny Manager) presented the Committee's 2019/20 Work Programme and Action Tracker.

7.2 The Committee reviewed the draft list of suggested items and made minor amendments to the Work Programme:

**RESOLVED:**

- 1) That the item on Primary Care Networks (and Social Prescribing) be moved from the 25 November 2019 meeting to a future date; and
- 2) That the Healthwatch Update programmed for 25 November 2019 be circulated to the Committee offline.

**8. REPORTS OF ANY URGENT SAFEGUARDING ISSUES**

8.1 The Committee received an update from Nicky Crouch (Interim Director of Family Services) with regards to a recent serious incident which had occurred in Westminster. Information on the safeguarding work undertaken with local schools following the incident and the support provided to those affected by it were provided. The Committee was informed that a recommendation for a Child Safeguarding Practice Review (previously known as a Serious Case Review) had been submitted and further information would be provided in due course.

**9. ANY OTHER BUSINESS**

9.1 The Committee wished to record its thanks to Aaron Hardy (Policy and Scrutiny Manager) for all his hard work carried out in support of the Committee.

The Meeting ended at 8:59pm.

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

DATE: \_\_\_\_\_



**Family and People Services  
Policy & Scrutiny Committee**

**Cabinet Member Update**

**Date:** Monday 25 November 2019

**Briefing of:** Councillor Heather Acton,  
Cabinet Member for Family  
Services and Public Health

**Briefing Author and Contact Details:** Amy Just  
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## **ADULT SOCIAL CARE**

### **1. Winter Planning**

Further work is being undertaken on the winter pressures plan to ensure that there is resilience and capacity within the system to address winter pressures and delayed hospital discharge.

For people who are able to return to their own homes an Overnight Care Pathway 'Waking Nights' has been established. Home Care agencies will be providing intensive support for up to 7 days post discharge, including overnight, for people who are medically fit and suitable to receive care and support in their own home. This will help inform the decision as to whether the patient remains in their own home or alternative options including long-term residential care should be considered.

Step down beds have also been commissioned that will allow people with higher levels of needs to be discharged from hospital. This will free up beds as well as reduce the impact of delayed hospital discharge. These are short term arrangements (28 days) to provide recuperation and reablement to help residents to return to their own home at the end of the intervention.

### **2. Moving with Dignity Event**

Adult Social Care organised an event to share and promote the use of technology, equipment as well as techniques required for single handed care. People who need to be hoisted or cared-for in bed usually require a double-staffed care package. In the last few years, innovations in moving and handling practice mean that with the use of technology, equipment and training a single carer can provide care safely on their own, providing more dignity and privacy for people.

Over 150 people from across the NHS, Care Providers and Adult Social Care front line staff. In total 90% of attendees have stated that they will implement their learning. Similar events are planned in the future.

### **3. Residential and Nursing**

Norton House is a residential care home run by Anchor Housing. The Care Quality Commissioning (CQC) published their inspection report on the 17 October 2019, and the service achieved a rating of Good overall as well as Good in all five domains which is a significant improvement from the previous Requires Improvement assessment of the service. The report highlighted “People were positive about the service and the care they received.” A number of key dementia initiatives have been launched including dementia bikes. Residents of all abilities can use them from a wheelchair, and while cycling can travel to many destinations by video. Already we are seeing improved mental and physical health by participants

Alan Morkhill House is a residential care home that has been chosen as one of the homes to take part in the Music for Life programme with Wigmore Hall. Music for Life is an interactive music therapy programme for older people living with dementia which enhances the social and emotional wellbeing of participants using music improvisation.

#### *Garside House*

The Council was made aware of concerns about the quality of care provided at garside nursing home on 22nd October. Following this the council has worked closely with partners to investigate and respond to these concerns. A cross party member briefing has been provided giving an update on the current position. At this time, given the live and ongoing investigation into these concerns, we are unable to provide any further update beyond that provided at the cross party briefing.

### **4. Integrated Care Partnership**

Some discussions have been held regarding a Bi-Borough approach to integrating our health and care system. However, unfortunately the Health and Wellbeing Board has had to be postponed due to the NHS guidance for them not to attend public meetings during purdah.

### **5. Older People**

As part of the review of day opportunities co-design activities have been held to help “re-imagine day opportunities” and a summary report which makes recommendations is being finalised.

Penfold Court is run by Notting Hill Genesis and is running a Virtual Reality pilot project. The use of headsets gives people a 360-degree view of a location and is able to track head movements, making for a fully immersive experience. The sessions are tailored to provide relation and to stimulate memories. So far there has been highly positive feedback from residents.

## **6. Sexual health**

Westminster continues to see a reduction in HIV infection and is one of the top performing London boroughs in diagnosing HIV at an earlier stage. Earlier identification of HIV enables access to the appropriate treatment and reduces the risk of onward transmission. This supports the “fast track cities” approach to reducing HIV.

The latest data has been released by Public Health England for Sexually Transmitted Infections (STI). Westminster has seen an increase in STIs compared to the previous year. Evidence suggests rising rates is an indicator of risky sexual behaviour. As a result we will develop campaigns and behavioural interventions targeting services at the 18-24 age group where there is an increasing trend of positive diagnosis.

## **7. Substance misuse**

An evaluation is being undertaken of the impact of peer support services accessed by those with substance misuse issues resident within Westminster. The evaluation covers the Drug and Alcohol Wellbeing Service (DAWS) and The Alcohol Service (TAS) and the peer led services Build on Belief and Outside Edge Theatre Company. Supporting evidence will be drawn from service user feedback collected through an independent research agency.

# **PUBLIC HEALTH**

## **1. Change4life re-procurement**

Change4Life Westminster works with local organisations to help increase opportunities for children, young people and families to eat well and be active. The new Change4Life service is due to start in April 2020.

## **2. Rough sleepers**

Public Health Commissioning and the Rough Sleeping Commissioning team have been successful in obtaining funding from Public Health England to pilot a project with specialist partners to address the needs of rough sleepers. The pilot project will be independently evaluated. There are four other pilot areas across the country one of

which is a neighbouring borough. Learning from these pilot projects will help to inform national policy and local commissioning of health and other support services for this cohort.

### **3. Integrated Healthy Lifestyles**

Figures related to smoking cessation recently published by NHS Digital for 2018/2019, show Westminster as having the second highest rate of people quitting smoking in the country. Thrive Tribe is now focussing efforts on the more entrenched smokers and using alternative behavioural change approaches to engage with our residents.

### **4. Health Checks**

Westminster is the highest performing London Borough for delivering health checks, designed to spot the early signs of stroke, kidney disease, heart disease, type 2 diabetes and dementia.

### **5. Early Years (pre-birth to five)**

Westminster is part of an exciting project led by the Early Intervention Foundation named the Early Years Transformation Academy (EYTA), an intensive and structured learning programme focused on building collaborative work programmes.

The aim is to use the best available evidence to design a coherent system covering a child's life from conception until they start school to make more progress in improving outcomes for all children and vulnerable families.

As part of this programme, Public Health has developed an Early Years needs assessment to support the future landscape of 0-5 services in the borough and is developing evidence-based insights for the programme. Areas identified for further attention include population vaccination cover, high levels of obesity and poor oral health. Learning will be shared across the system, through a pre-birth to five strategy and via the development of an online hub, and embedded into the re-design of the Westminster Health Visiting Service, funded through the Public Health Grant.

### **6. Oral Health**

In Westminster, oral health is a priority: 30.3 % of 5-year olds suffer from tooth decay. This is higher than London (25.1%) and England (23.3%). Tooth decay has also been identified as a priority across north west London who are working to reduce the proportion of 5-year-old children with decay experience, to reduce hospital admissions for dental decay and to increase the proportion of 0-5 year olds accessing dental services every 12 months. In Westminster 4% of 2-year olds have visited an NHS dentist.

We are currently carrying out a campaign using Change4Life branding to communicate to residents that children under the age of 18 can visit the dentist for free, that children should visit the dentist before their 1<sup>st</sup> birthday and should return on a regular basis. We have presented this to the Local Dental Committee to ensure consistent messages.

Levels of tooth decay are measured through the PHE dental survey. This year PHE are undertaking this with a sample of 3-year olds from play groups and nurseries to capture data. We are promoting the survey within settings to encourage participation and ensure we have the most up-to-date data.

Public Health has established an oral health steering group to support multiagency working and strategic direction. This group will seek to deliver improvements in oral health and to reduce inequality for children, young people and vulnerable adults.

## **7. Youth Offending**

Reducing youth offending and serious youth violence are high-profile priorities, particularly for London which is adopting a Public Health approach: a multi-agency, whole system approach, looking at the root causes, wider and contextual influences of health and crime. Prevention and early intervention are key as well as working with a wide range of partners.

The approach focuses on identifying opportunities to intervene to reduce risk factors and enhance protective factors. Contextual safeguarding is a key part of a public health approach, looking at the wider influences on a young person (rather than traditionally focussing solely on the individual and their family), such as their peers, local environment (parks, take-away shops, taxi firms etc) and school culture.

Public Health has commenced work on a Joint Strategic Needs Assessment (JSNA) focused on youth offending including serious youth violence to help us better understand the health and wellbeing needs of this cohort of vulnerable children and young people and support action amongst stakeholders with evidence-based insights and recommendations for action.

Through the youth crime partnership board, the JSNA will be a key tool for framing discussions with partners and in targeting resources, including mapping of locations of activity where we can target prevention work and inform the contextual safeguarding approach to predicting, preventing and reducing youth violence.

Stakeholder engagement is currently taking place across the partnership and initial insights will be presented to the February Health and Wellbeing Board with an April 2020 timeframe for publication.

## **8. Suicide Prevention**

The Bi-borough Suicide Prevention Action Plan is led by Public Health. Guidance includes recommendations to raise awareness of services amongst the population, particularly among higher risk groups and at higher risk settings (for example, bridges that span the Thames). The plan will look at ways to utilise social marketing to reach out to men (75% of those who die by suicide are men).

Working jointly with the Metropolitan Police (who are co-members of the Bi-borough Suicide Prevention Steering Group) Public Health commissioned some new posters from the Samaritans which prompt men who are feeling low to reach out and talk to them. One place men gather is in licensed premises and the Police have disseminated posters at venues across Soho (beginning on Suicide Awareness Day) for display in the male lavatories in licensed premises.

This initiative has to date been supported by many pubs and clubs with over 100 posters displayed in venues including Tiger Tiger, Zoo Bar; Hard Rock Café; Piccadilly Institute; Ruby Blues. Public Health will expand this approach to engage other venues such as sports and leisure providers.

As part of the Bi-borough Suicide Prevention Action Plan Public Health has been leading on a project to get Samaritan's hotspot signs installed on bridges over the Thames. Data from the Metropolitan Police indicated that these were places people go who are feeling suicidal. With the agreement of Transport for London and Lambeth Council, signs have been installed on Waterloo, Golden Jubilee, Lambeth and Vauxhall Bridges. Planning permission for Westminster Bridge will be sought shortly.

## **CHILDREN'S SERVICES**

### **1. Family Hubs**

The second phase of developing the Family Hubs Model is progressing and The Portman site is now operating as a virtual hub. Work to develop the building is planned to ensure it is fit for purpose. There is a workforce development plan to develop the integrated leadership team and integration around the hub.

The work at Bessborough has modelled how we can integrate the delivery of several services, co-locate services and pilot a number of initiatives, and replicating this at both The Portman and Queens Park is very exciting.

To date the new hub and Family Navigators have worked closely with 88 families. Many of the referrals have come from schools and health visitors. A really positive sign is that a third of families referred themselves, which supports the view that the hubs are a valuable resource in our communities. 35% of the families were supported and referred on to other targeted services who help with parenting, housing, meeting the needs of disabled children and parental employment.

The youth hubs will become an integral part of each Family Hub, with the youth leader joining the integrated leadership team in each area.

A representative from the Children's Commissioner's Office visited the Bessborough Family Hub in October and there continues to be a lot of interest in the model both nationally and internationally. We are exploring offering a conference to interested authorities about the model and anticipate there may be increased interest following our outstanding OFSTED outcome.

## **2. Corporate Parenting**

The corporate parenting strategy has been refreshed to reflect our ambition for children in care and for care leavers. The revised strategy was launched on 4<sup>th</sup> November 2019 in an event at the Mayor's Parlour, which was attended by Councillors, officers from across the council, partners and some of our young people.

One young person reminded us 'all children in care can shine, it is about giving them time and support to do so'. Another young person spoke about the opportunities and experiences the council has offered to support her in her ambition to go to a Russell Group University to complete a degree in Law.

The Annual Report for children in care and care leavers detailed a changing picture locally - with a growing number of unaccompanied minors and 65% of the care population being aged over 14. We have been exploring how all can contribute positively to the lives of Westminster's children.

Based on feedback from young people about what matters to them, 4 key priorities have been identified for action this year and progress is reported on regularly to the Corporate Parenting Board:

- 1) to ensure our workforce has the right experience, knowledge and skills to meet the needs of children in care and care leavers;
- 2) to ensure we have sufficient care placements to provide options for young people so that they are supported in the right care environment and given options to move to independent living arrangements;
- 3) to promote healthy lifestyles and develop resilience;
- 4) to increase the number of Children in Care and care leavers who are in education, employment and training.

## **3. Emotional Wellbeing and Mental Health**

### ***Joint CCG and Bi-Borough Children and Young People's Emotional Wellbeing and Mental Health Plan***

The Royal Borough of Kensington and Chelsea, Westminster City Council, West London CCG and Central London CCG collectively share the ambition of all children

and young people in our boroughs having good emotional wellbeing and mental health. We believe that being mentally healthy is a core foundational need for children and young people to thrive and live happy and fulfilling lives. We will do all that we can as a partnership to deliver against this commitment, engaging with and drawing on the resources, assets and opportunities that are available in our areas. The Plan has been developed with a wide range of stakeholders. It is a practical document that sets out our shared ambition, current provision and key next steps to improve our offer over the next 18 months.

It sets out the following 6 Joint Strategic Priorities:

- Our early intervention offer
- Support focused specifically on the EWMH needs of those affected by the Grenfell Tragedy
- Our 18-25 year old offer
- Our more vulnerable groups offer
- Increasing our productivity and reducing our waiting times in our existing CAMHS services
- Our crisis support offer

The Plan is scheduled for final ratification by the Bi-borough Health and Wellbeing Board hopefully at a December date

### ***Trailblazer programme – Mental Health Support Teams in schools and colleges***

The government published a Green Paper in December 2017 to develop plans for improving emotional wellbeing and mental health support for children and young people. Following two highly competitive national bidding rounds we have been successful in getting funding for Trailblazer Mental Health Schools Support Teams (MHSTs) in both CCG areas that cover Westminster.

In the West London CCG area, Hammersmith and Fulham Mind is coordinating the work. The teams are working across a number of schools already and will be engaging with further schools in December. They are working closely with other organisations providing emotional wellbeing and mental health services to the school population, so as to ensure that all are aligned, efficient and effective. By December 2019 the service will be supporting a total of 11 Westminster schools and colleges.

In the Central London CCG area, Brent, Wandsworth and Westminster Mind is the coordinator. Training of new staff has commenced. Practitioners from the MHSTs will begin to operate in schools and colleges from February 2020. The teams are expected to be fully operational by June 2020 when they will be supporting a total of 34 Westminster schools and colleges in this area.

***Westminster Schools Emotional Wellbeing and Mental Health Conference – 28 November 1-5pm – The Greenhouse Centre, Westminster***

This Westminster schools and colleges conference is taking place on the afternoon of 28 November. The Conference will focus on giving school senior management a better understanding of the national expectations on schools relating to emotional wellbeing and mental health and will provide advice and practical support on how to meet those expectations effectively. It will also share learning and best practice as to the positive impact that an effective whole school approach to emotional wellbeing has and innovative ways to fund and deliver this.

#### **4. Serious Youth Violence**

The Youth Crime Prevention Partnership has established a working group to examine serious youth violence and our local multi-agency response to tackle it. This working group is co-chaired by the Superintendent for Neighbourhood Policing and Executive Director Children's Services and includes representatives from across the council, health and the voluntary sector. The group has now established a local data-set to better understand what is happening in each ward in the Borough.

Serious youth violence continues to attract a lot of media attention, with the number of children known to be affiliated to gangs growing and knife crime increasing. Most of the knife crime reported in Westminster occurs in the West End and St James Park areas and relates mainly to males aged 19-24 coming into the borough from other parts of London to commit robberies. However Church Street has also seen high levels of knife crime.

A small working project has been established to examine the situation for young people in Church Street and how we can work with the community to tackle it. The Church Street Library has been identified as a useful community resource to provide a positive space, work with young people and share information.

A school inclusion pilot is working with 5 primary schools and Tri-Borough Alternative Provision (TBAP) to target support at young people at risk of exclusion before they transfer to secondary school. The pilot has 3 parts: trauma informed training, using the ARC (attachment, regulation, competency) framework which is an intensive family intervention model and the offer of mentoring. The trauma informed approach ensures that all involved are viewing behaviour through the same lens. It is an approach that is compassionate and includes rather than excludes. To support the pilot an Early Help Family Practitioner is now co-located in Marylebone Boys and Beachcroft Academy (2 days a week in each).

The Serious Youth Violence Task Group has led on producing a guide for parents and carers about serious youth violence, knife violence and gangs. The guide has now been printed and is being circulated to parenting groups, libraries, GPs, youth clubs, Family Hubs and voluntary sector groups, with plans to circulate the electronic version more widely, for example, to schools. There are plans in place to translate this so we can target areas of vulnerability in the community.

## **5. Youth Sector Funding**

An additional annual figure of £500,000 has been committed to support VCS provision within the borough. £300,000 of this has been distributed to five 'youth clubs' at Churchill Gardens, Amberley, St Andrew's, Avenues and Fourth Feathers who will deliver a locality leadership role across the sector. These clubs will be known as 'youth hubs' supporting the distribution of a further £200,000 through a Small Grants programme aimed at other providers who can work to strengthen the local offer based on local needs. This will include a focus on strengthening community outreach with a view to addressing Serious Youth Violence (SYV) within the borough as one of the key outcome themes.

The Youth Hubs each have aspirational strategies for the delivery of youth services within the borough which align with the Council's vision for Family Hubs. The Hubs will be expected to support the delivery of the Council's Early Help Strategy and work towards the following Early Help outcomes:

- Keeping children safe from harm;
- Enabling more children to live within their families;
- Healthy children who enjoy and achieve;
- Prevention of crime and serious youth violence (or safer risk taking amongst children and young people);
- developing life and employability skills;
- reducing barriers to employment, and;
- helping young people to gain qualifications, education and training

## **6. Speech and Language Therapy**

Speech and Language Therapy (SALT) in Westminster is jointly commissioned by the Central London and West London Clinical Commissioning Groups (CCG) and Local Authority. As of April 2019, this is provided under two contracts: one for early years (0-5) and one for school age (5-25). The CCG have primary contractual responsibility for the early years' service, while the Local Authority leads on the school age service.

These new specifications were informed by significant consultation with schools, SENCOs, parents/carers, service users, the current provider, and other communication partners. Feedback from consultation directed the specification, and many of the issues raised have been incorporated, including:

- the development of a better targeted support model for schools through two termly visits from SLTs
- better communication with parents of school age children through termly phone calls
- implementation of standardised recommendations and flexible support for children with EHCPs
- additional transition support at reception age for children without EHCPs who were known to EY SLT services

- additional transition support for young people going into further education.
- a commitment to work with schools and other partners to review the training offer to support the role of schools and parents as the key communication partners for CYP

In August 2019 91.5% of Children and Young People had met their goals and the end of their episode of care (or at annual review) in the Central London CCG area. Commissioners are continuing to work with the service to maintain and improve performance. 97% of key stakeholders who responded (63 total respondents) to a recent survey rated the speech and language therapy service as either good or very good.

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## Family & People Services Policy and Scrutiny Committee

<b>Date:</b>	25 November 2019
<b>Classification:</b>	General Release
<b>Title:</b>	Westminster's Youth Justice, Strategic Partnership Plan, 2019-2022, A Pathway to Positive Choices
<b>Report of:</b>	Sarah Newman, Bi-Borough Exec. Dir. Children's Services
<b>Cabinet Member Portfolio</b>	Cabinet Member Portfolio Family Services & Public Health
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	City for All – Thriving Communities
<b>Report Author and Contact Details:</b>	Jayne Vertkin x5745 jayne.vertkin@westminster.gov.uk

### 1. Executive Summary

1.1. This paper outlines Westminster City Council's (WCC) Youth Justice Strategic Partnership Plan for 2019-22: A Pathway to Positive Choices.

1.2. The strategy is underpinned by a relational and trauma informed approach. We believe that by focusing on understanding the reasons for the behaviour, rather than just the result of the behaviour, young people will be supported to make and sustain change.

1.3. We recognise that many of the young people known to the Youth Offending Team have complex needs which have impacted on their life choices. The number of young people receiving a service from the Youth Offending Team in Westminster has reduced over the last two years but the complexity, nature of the offences and rates of reoffending remain a challenge.

1.4. To ensure our staff are equipped with the best skills to meet local need we have invested in Attachment, Regulation, Competency(ARC) training, providing a trauma informed framework that complements our existing systemic practice approach.

### 3. Background

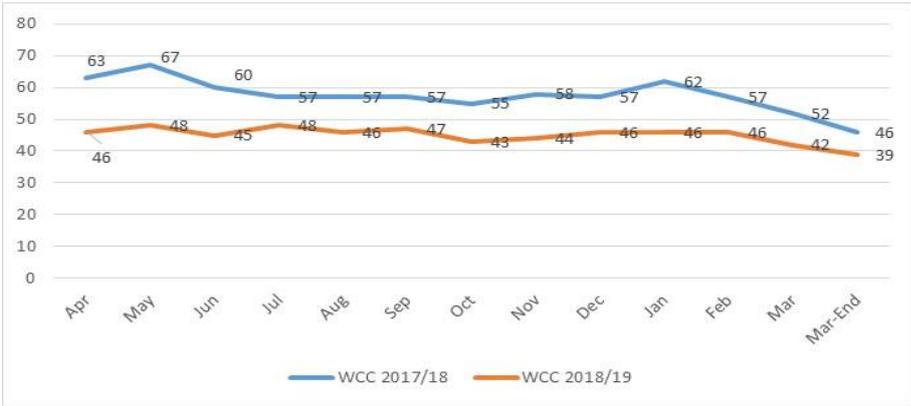
3.1. The Youth Crime Prevention Partnership (YCPP) acts as the management board that oversees the local delivery of responsibilities under the Crime and Disorder Act 1998 for Youth Justice Services. This working group is co-chaired by the Superintendent for Neighbourhood Policing and Executive Director Children’s Services and includes representatives from across the council, health and the voluntary sector.

As a partnership board, the YCPP provides an opportunity to develop localised responses to maximise outcomes for children and young people who are:

- At risk of offending and reoffending;
- Victims of offending;
- Entering Youth Justice System

3.2. The Youth Offending Team (YOT) is a multi-agency team which sits within Family Services and works closely with the full spectrum of Children’s Services from early intervention through to more specialist services i.e. Child Protection, Looked after Children and Leaving Care, .

### 3.3. OVERVIEW OF THE YOT CASELOAD



3.4. In total there were 253 offences in 2018/19: drugs were the most common offence category (71 offences, 10 involving supply or possession with intent to supply, and 11 involving Class A drugs). Violence Against the Person is the second most prevalent (60 offences, of which 18 involved possession of a knife, blade or offensive weapon). Theft and Handling, Robbery and Public Order offences also feature highly.

3.5. In Westminster, 44 young people aged 10-17 years old entered the Youth Justice System for the first time between October 2017 and September 2018, a reduction of nine from the same period the previous year. Partnership working between the Youth Offending Team, Early Help, the Metropolitan Police and other partners is a key factor in both preventing young people from offending and seeking to ensure that those who do are offered targeted family interventions through Triage, Youth Cautions or Youth Conditional Cautions.

3.6. The proportion of young people re-offending over a one-year period between March 2016-March 2017 has decreased from 42.0% to 40.0% for the last two

measured cohorts. The latest rate is below both the London average 44.6% and the National average of 40.9%. The frequency of young people reoffending, measured as a rate of re-offences per re-offender, is calculated as 4.90 for the latest period. This places us above the London average of 3.68. In response, the YOT will be carrying out a targeted piece of work, following a scoping exercise, to look at the young people that have re-offended and determine any missed opportunities.

3.7. The YOT have historically had a strong relationship with the Courts, which has ensured a high level of magistrate confidence in the options provided. There has been a recent move of Youth Court to Highbury, however we will continue to strengthen these relationships and build new ones with partners at Highbury Magistrates Court in order to minimise custodial and remand outcomes for young people while ensuring that victim safety is prioritised and that they receive the best possible service.

#### **4. Some of Our Key Achievements**

- All staff have attended trauma informed training based on the ARC framework.
- Refresher Systemic training has been delivered to all staff.
- The submission to the DfE / YJB ( Youth Justice Board) to pilot a new assessment model has been successful. The pilot has three key components:
  - Staff training in a systemic approach to assessment in the youth offending context.
  - On-going support from systemic clinicians to embed and develop skills and learning.
  - Use of a systemically-based assessment tool.
- We are increasing the range of evidence-based interventions in the team and this year introduced the Non-Violent Resistance Programme (NVR).
- A joint policy and protocol between YOT and LAC (Looked After Children)/Leaving Care Service has been established.
- In line with national recommendations, our Board has agreed a local multi-agency protocol on reducing unnecessary criminalisation of LAC and care leavers.
- There is a shared process between YOT, LAC and Probation to monitor and improve practice for Looked after Children transitioning from YOT to Probation Service and quarterly tracking meetings are in place.
- Introduction of a Speech Language Therapist to the YOT as of April 2019.
- Introduction of an Education Psychologist to the team.
- A review of restorative practice within YOT has taken place and a strategy has been written to embed restorative principles in YOT.
- Joint Strategy between Met Police and Westminster to focus on three strands: Community Involvement, Communication and Schools is now in place.
- Local Strategy has been developed to outline our commitment to responding to County Lines.
- A YOT Open Day took place in July 2018. Over 60 partners attended.
- We have introduced an Out of Court Decision Panel joint decision on disposals for all OOCDC cases.
- Introduction of the Health Consultation meetings in YOT consisting of Substance Misuse practitioner (SMU), Youth Justice Learning and Diversion

practitioner (YJLD), Speech and Language Therapist, Educational Psychologist and CAMHs (Child and Adolescent Mental Health Service).

- Developed and refreshed a partnership knife crime action plan, and aligned this with pan-London approaches to tackling weapon enabled crime
- A multi-agency Serious Youth Violence Task Force was established in 2018 to ensure an effective joint response from all key partners and to review Westminster's response in relation to the public health approach used successfully in Glasgow. We have agreed to test a similar approach in the Church Street area of Westminster.
- One of the outputs from this Serious Youth Violence Taskforce has been a serious youth violence toolkit for parents and carers in Westminster.
- The Integrated Gangs Unit (IGU) has expanded its operation following a successful bid to the Early Intervention Youth Fund.
- The bi-borough Health and Well-being Board has adopted Serious Youth Violence as a priority in 2019.

## **5. Priorities for 2019-2022**

### **5.1. First Time Entrants, Summary of Priorities**

- Early identification and support offered to young people, who are at risk of being excluded from school.
- To continue the Out of Court Disposal Panel
- As a part of this, to strengthen our earlier intervention work by ensuring that Early Help provide robust whole family interventions to those offered triage or a community resolution and to regularly audit the outcome of this work to ensure that we are diverting young people away from crime.
- Screening for speech and language for every young person entering the YOT on first appointment to ensure early identification of need and support. Assessment and intervention to be tailored to meet this need.
- Broadening our trauma informed practice within the team and thinking of new and creative ways of working with young people and families through a trauma informed lens. Looking at seeking opportunities for therapeutic engagement and activities to get young people involved in.

### **5.2. Reducing Re-offending, Summary of Priorities**

- The latest live re-offending tracker indicates that re-offending rates for Westminster have increased. This is an area that will be focused on through analysis of data.
- Board members will lead a piece of work that does a 'deep dive' into the cohort of repeat offenders.
- Family therapy clinical support will be embedded in the team to support the development of systemic and trauma informed practice.
- Conduct review on disproportionality and develop local approaches to working with young people from Black and Minority Ethnic groups.
- To achieve Restorative Quality mark within the YOT by 2020.
- To put a greater emphasis on creating sustained change in the planning of work.
- Exit planning for every young person starts at the beginning of their order, they are part of planning leaving the YOT.

- We want to explore peer support interventions and the benefits of introducing these into our YOT to reduce reoffending.
- Westminster's IGXU (Integrated Gangs and Exploitation Unit) analysis of County Lines operating from the borough has pin pointed that young people are going to 20 counties with offenders travelling as far as Norfolk and Hampshire. We will continue to work together with our colleagues from IGUX to offer alternatives for young people.

### **5.3. Reducing Custody, Summary of Priorities**

- Resettlement support to begin from custody.
- From 31st July 2019 ISS will be brought back into a single borough model. The priority is to develop and strengthen a multi-agency local approach.
- Ensure plans of managing risk and safety are robust and address both public protection and young person's safety.
- Deliver on our promise that every young person entering the Criminal Justice System has aspirations and we get young people to 'dream big' that they are able to see their own personal development goals. Young people are in ETE (Education, Training or Employment) by the end of their Order and we hold an award ceremony for young people once a year to congratulate them on their achievements.
- To host open evenings and events for parents and carers to understand the journey of their child through the criminal justice system.
- We are working with local businesses to tap into their corporate responsibility and provide opportunities for YOT young people.

### **5.4. Serious Youth Violence, Summary of Priorities**

- To develop a Task Force meeting focussed on schools and explore how the partnership can support young people in education and in addressing serious youth violence.
- Lead on the Council's Public Health approach to serious youth violence.
- Pilot the Public Health approach using evidence-based interventions in Church Street. Preventative education sessions for pupils and professionals in primary and secondary schools are being developed, alongside linking in opportunities for positive activities and consultation with young people as part of planning for the Church Street Regeneration programme.
- A Serious Youth Violence Engagement Officer will begin work at the end of July 19.
- The group will strengthen links with Sports and Leisure services
- To continue to develop City Lions which is an enrichment scheme for 13-16-year olds.
- In recognition of the changing nature of gangs and groups, where membership is becoming more fluid, the Integrated Gangs and Exploitation Unit is expanding its focus to work more broadly with young people at risk of serious youth violence and exploitation rather than working only with young people who are part of recognised gangs.

## **6.0. Five Local Pledges**

6.1. The YOT have developed five local pledges for young people to support in the delivery of a high-quality service against the associated Key Performance Indicators.

- 1- We will build on a young person's strengths and help them develop a pro-social identity
- 2- We will contribute to reducing the exploitation of Young People
- 3- We will be assertive and proactive in reducing Serious Youth Violence
- 4- We will put a focus on improving Education, Training or Employment opportunities and attainment for young people
- 5- We will work in partnership with young people to improve their health and well-being. Together we will look at ways of improving an individual's quality of life, through high quality healthcare and personal support.

**If you have any queries about this Report or wish to inspect any of the Background Papers, please contact Jayne Vertkin x5745**

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# Westminster's Youth Justice

## Strategic Partnership Plan

2019- 2022

A Pathway to Positive Choices



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## Section 1

### Foreword

I am pleased to introduce Westminster City Council's (WCC) Youth Justice Strategic Plan for 2019 – 22 - **A Pathway to Positive Choices**. It is set within the context of local transformation and an investment in developing practice across all of Children's Services in our borough. In line with best practice, we are continuing to focus on developing relationship-based working, embedding systemic and trauma informed practice in our work with young people and their families and expanding the range of skills and evidence-based interventions available for practitioners to use. We recognise that our practitioners are the intervention and the behaviours they exhibit will facilitate the positive choices that we want young people to make for their future happiness.

Our strategy is ambitious. It represents a system wide approach to preventing young people entering the youth justice system and supporting those already in it to build on their strengths and contribute positively within their communities. We will be ambitious in building a Westminster wide approach to reducing reoffending and improving our rates of young people in education, employment and training and develop partnerships working with larger organisations, who operate in our City, to provide new opportunities for young people.



Sarah Newman

Director of Family Services

## Introduction

Our strategy is underpinned by a relational and trauma informed approach. We believe that by focusing on understanding the reasons for the behaviour, rather than just the result of the behaviour, young people will be supported to make and sustain change. We recognise that many of the young people known to the Youth Offending Team have unmet needs, which have impacted on their life choices. The number of young people receiving a service from the Youth Offending Team in Westminster has reduced over the last two years but the complexity, nature of the offences and rates of reoffending remain a challenge. Understand this offending through a systemic lens is helpful, as is the capability of our staff to respond appropriately to identified issues. To ensure our staff are equipped with the best skills to meet local need we have invested in ARC (Attachment, Regulation, Competency) training, providing a trauma informed framework that compliments our existing systemic approach.

## Our Vision

**Our vision, as a partnership, is that children and young people at risk of, or involved in, offending behaviours are supported to lead safe, healthy lives and are helped to reach their full potential and fully contribute to their community.**

**Our work will be relational and achieved through an active partnership that puts a renewed focus on restorative and trauma informed practice whilst always balancing our safeguarding responsibilities for young people with the needs of protecting the wider community.**

# Our Principles

## OUR GUIDING PRINCIPLES

In working to achieve our outcomes we have agreed the following underlying principles:

- **Child / Young Person first:** always prioritising the best interests of the children / young people, recognising their needs, capacities and potential.
- **Adhering to National Standards:** using the new National Standards and Local Standards for youth justice as a framework for our work.
- **Relational:** our practice will be relational and informed by systemic and trauma informed theory. We will work within the whole family context to create sustainable change rather than reacting to individual 'issues', working to understand the causes of behaviours rather than the result of it.
- **Collaboration and co-production:** working closely with relevant partner agencies in assessing the needs of young people and in helping them to achieve their potential.
- **Independence and resilience:** supporting children / young people to make choices and decisions that will enable them to thrive.
- **Evidence of impact:** we will choose interventions based on acknowledged evidence of what works and for only as long as necessary.
- **Investment in our staff across the partnership:** we will invest in our shared workforce exploring opportunities to develop our staff and enhance service delivery.
- **Safety:** we will balance the needs of the young person with those of the wider community to ensure safety for all.
- **Victim focused:** we will use restorative approaches as a way to prevent re-offending.

## PARARED BEHAVIOURS

We have agreed to share a common set of behaviours in implementing our strategy. These are based on what we believe are vital in making this shift 'from offending to achieving' and are also shared across the Early Help Partnership:

1. **Professional and compassionate curiosity:** with each other as providers and children, young people and their families to understand the reason behind behaviours.
2. **Being able to connect quickly with individuals:** give families the space and time to process what has happened to them without adding shame and guilt. Doing this by use of voice and body language, which is attuned to the needs of the individual.
3. **Everyone as a leader:** able to respond promptly to family need without referring on.
4. **Open and flexible:** to new approaches with families.
5. **Involving families and young people:** in what happens and understanding how they may experience our systems.
6. **Challenge:** each other on these behaviours in a positive and supportive way.
7. **Self-awareness:** ensuring that as professionals we are self-aware and reflective through self-help and using management support.

### GOVERNANCE FRAMEWORK

The Youth Crime Prevention Partnership (YCPP) acts as the management board that oversees the local delivery of responsibilities under the Crime and Disorder Act 1998 for Youth Justice Services. It is chaired by the Director of Family Services and provides strategic direction to prevent offending and reoffending by children and young people. It is accountable to the Safer Westminster Partnership.

The YCPP is an active and well attended board; it receives regular performance reports, discusses emerging issues to find a partnership response, receives updates on audit compliance and the impact on service delivery as well as details of any safeguarding or critical incident reporting to the YJB. As a partnership board, the YCPP provides an opportunity to develop localised responses to maximise outcomes for children and young people who are:

- At risk of offending and reoffending;
- Victims of offending;
- Entering Youth Justice System

See attached appendix 1 and 2 for details of the governance framework and terms of reference of the YCPP. The Director for Family Services sits on the Local Safeguarding Children's Board and represents the Youth Offending issues in this arena.

## Youth Offending Team

The Youth Offending Team (YOT) is a multi-agency team which sits within Family Services and works closely with the full spectrum of Children's Services from early intervention through to more specialist services i.e. Leaving Care, Looked after Children and Child Protection. The team now comes under the remit of the Head of Early Help, which brings together the full spectrum of prevention of crime to preventing reoffending.

The Youth Offending Team operates both operationally and strategically with partners to deliver its key objectives.

## Partnership Arrangements

Effective partnership working underpins the work of the Youth Offending Team to secure good outcomes for young people.

The Youth Offending Team is represented on a wide range of Partnership Boards / Panels and contributes to the strategic planning and action plans of partners. This includes the Prevent Panels, Serious Youth Violence Task Group, the Local Safeguarding Children's Partnership and the Safer Westminster Partnership Board. Further, there is YOT representation at various other partnership meetings including GMACE (Gangs, Multi-Agency Child Exploitation), MAPPA (Multi-Agency Public Protection Arrangement), and the VCC (Vulnerable Children's Collaborative).

There are effective links, operationally and strategically, between the Youth Offending Team and our Early Help Services, including family hubs and the range of youth services across Westminster. The team also work closely with the Integrated Gangs and Exploitation Unit and there is robust commitment to the prevention agenda, including engagement with communities, street outreach and information in schools. To ensure there is focus at the highest level on preventing youth violence the Health and Wellbeing Board have adopted this as a priority 2019/20.

## Section 2

### Resource and Value for Money

The Youth Offending Team budget is made up of statutory partner agency funding in the form of seconded staff, core government funding from the Youth Justice Board and other grants. The chart below summarises each of the funding sources for the financial. Within this budget the YOT will deliver the core statutory youth justice service as set out by the Crime and Disorder Act 1998 and other relevant legislation.

Partner Contributions	Staffing Costs (£)	Payments in Kind (£)	Other Delegated funds (£)	Total (£)
Local Authority *	427,300		£115,000	£542,300
Police Service	£82,000			£82,000
Probation Service	£25,000		£5000	£30,000
Health	£85,000			£85,000
Police and Commissioning **				
YJB Grant	£312,770			£312,700
Other – SMU (Substance Misuse Service)/QPR (Queens Park Rangers/SaLT (Speech and Language Therapist)/ETE (Education, Training or Employment Service)	£47,800			£47,800
<b>TOTAL</b>	<b>£979,870</b>		<b>£120,000</b>	<b>1,099,870</b>

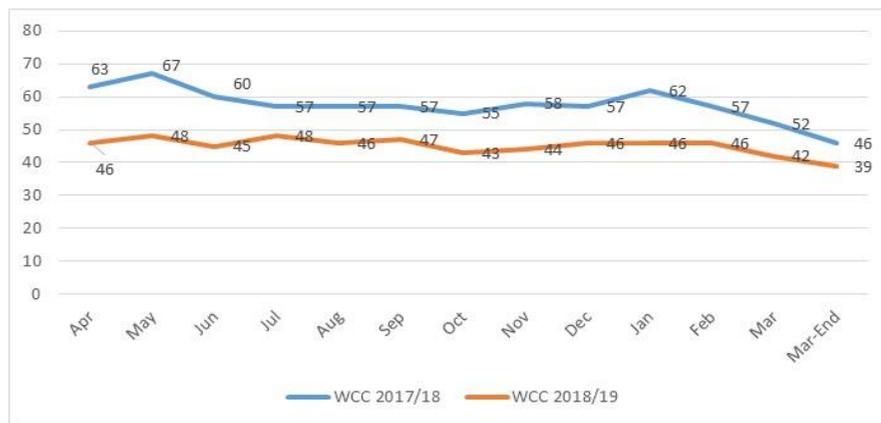
It needs to be acknowledged that other Council departments and teams – for example community safety and housing - make a significant contribution to this work but this resource is not identified here. \*For multi-authority YOTs, the totality of local authority contributions should be described as one figure. \*\* Any money from the police and crime commissioner that has been routed through a local crime reduction partnership should be included here.

## Section 3

### Section 2 Analysis of Performance against KPI's 2017-2019

#### OVERVIEW OF THE CASELOAD

##### YOT Caseload

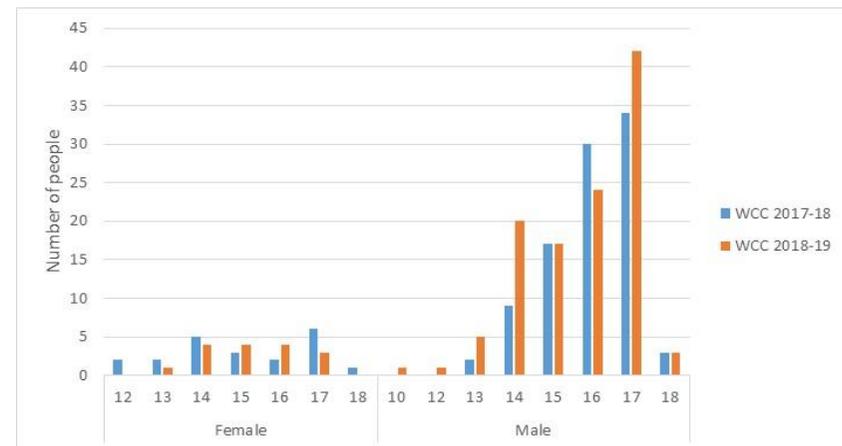


The above graph shows the total monthly caseload. It includes young people subject to a YOT intervention programme as well as youth cautions administered by the Police without further intervention. The caseload also includes young people for whom a pre-sentence report has been requested from the Courts. The caseload figures do not include young people attending Court when no YOT intervention is required such as adjournments with simple bail conditions or those sentenced to conditional discharges, fines or other disposals without an intervention. In Westminster triage cases are also discounted from the YOT total caseload because this service is managed by

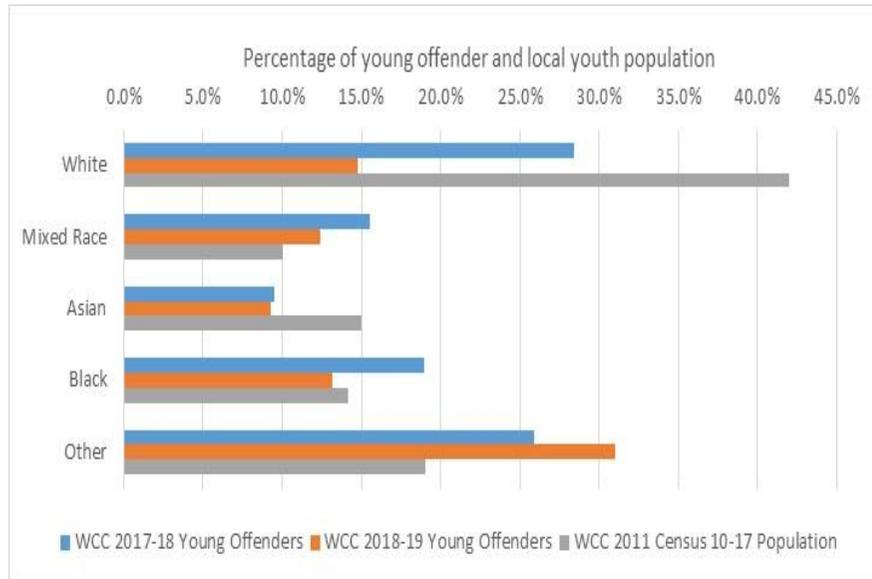
Early Help, however are included in other items below to illustrate all offending within the borough.

#### Young Offender throughput by age and gender

The age and gender breakdown of the caseload is shown below for the last two years. Throughput includes all young people in receipt of a substantive disposal or where charges are proven and also those where a diversionary intervention was deemed appropriate by the Police and Early Help workers. Community Resolutions given by the Police are also included for 2018/19 since this data has been made available. Age is measured upon receipt of disposal. The number of males increases with age up to 17. The number of females overall is lower and the distribution across each age group more even.



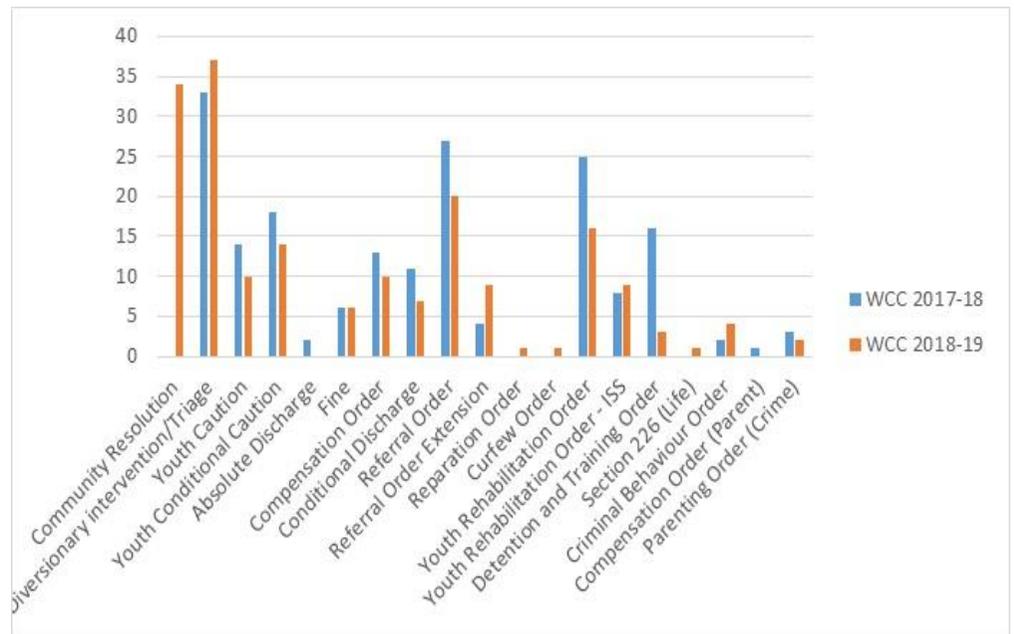
### Young offender throughput by main ethnic group



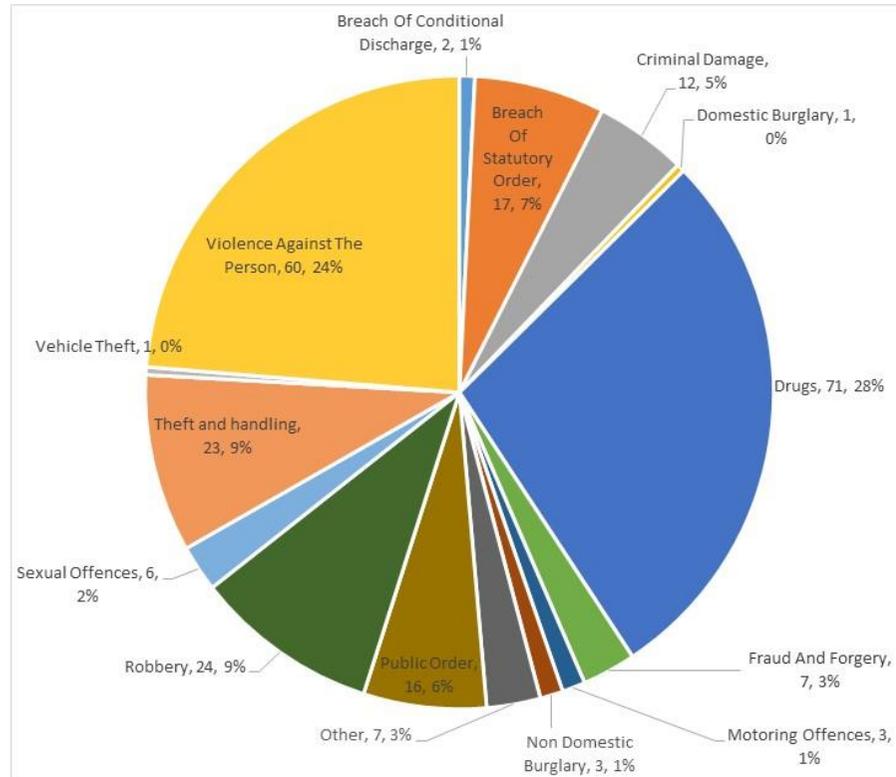
Proportion of major ethnic classification groups for offending throughput during the last two financial years. The borough’s 10-17 years’ population splits are sourced from the 2011 Census to show comparison with the local youth population. The chart shows a significant over-representation of the Other group of young offenders compared to local youth population, while the White group is significantly under-represented. The over/under-representation of these two groups is even more notable in the latest period 2018/19. In Westminster the Other group accounts predominantly for people of Middle Eastern or North African descent. **Note these throughput figures also include diversion cases and so will differ from the headline YOT performance indicator charts which only count substantive disposals for the Youth Justice Board statistics.**

### Disposals

Throughput by type of disposal for the last two financial years. The data includes all substantive disposals as well as other outcomes where charges are proven including Referral Order Extensions, Criminal Behaviour Orders and Licence Recall. Cases that are deemed suitable for diversion are also included to show the volume of this work which aims to keep young people outside the Youth Justice System, and Community Resolutions are also included from April 2018 onwards. Additionally, Statutory Parenting Orders or Compensation Orders handed out by the Courts to young offender’s parents or guardians are shown too.



## Offences



or offensive weapon). Theft and Handling, Robbery and Public Order offences also feature highly among the offence categories.

Throughput for the year 2018/19 by category of offence. All offences as for the disposals chart as well as other non-substantive outcomes including order to continue, order varied, no separate penalty and specific motoring disposals including penalty points. Any re-sentenced offences in the period are not counted. In total there were 253 offences: Drugs the most common offence category (71 offences, 10 involving supply or possession with intent to supply, and 11 involving Class A drugs), and Violence Against the Person the second most prevalent (60 offences, of which 18 involved possession of a knife, blade

## FIRST TIME ENTRANTS

In Westminster, 44 young people aged 10-17 years old entered the Youth Justice System for the first time between October 2017 and September 2018, a reduction of 9 from the same period the previous year. There has been a comparative decrease of first-time entrants (FTE's) of 20% per 100,000 10-17 years old young people between these two periods. This rate lies near to the National average and remains below the London average.

Partnership working between the Youth Offending Team, Early Help, the Metropolitan Police and other partners is a key factor in both preventing young people from offending and seeking to ensure that those who do are offered targeted family interventions through Triage, Youth Cautions or Youth Conditional Cautions.

Intervening early in a preventative way, to meet the needs of the young people and victims continues to be a key priority across our work. In Westminster Triage disposals are undertaken by the Early Help Service. This helps to divert those at the lowest level of criminal activity and ensure both whole family work and integration into local community diversionary activities.

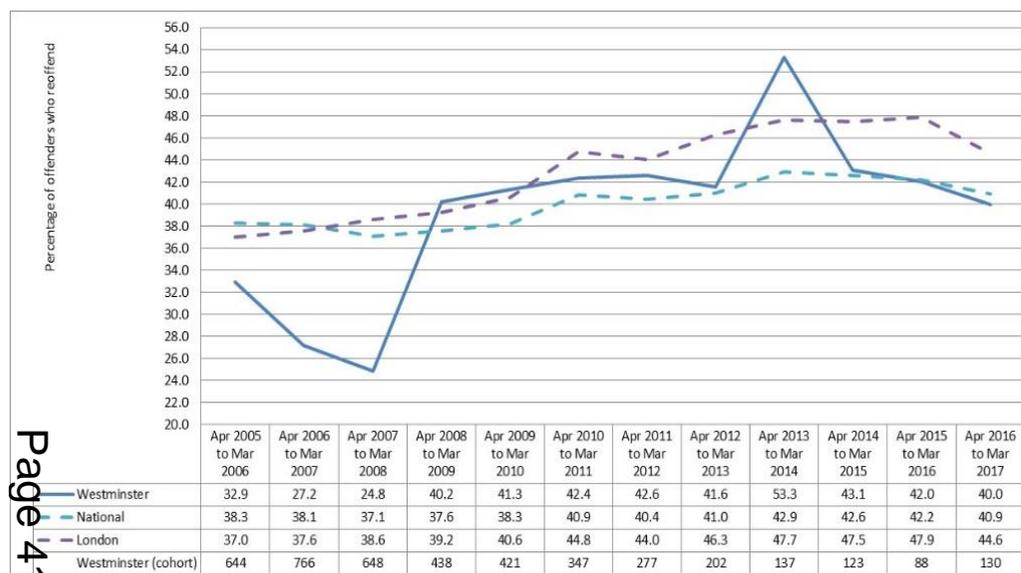
The introduction of a Liaison and Diversion worker has contributed to enabling the assessment and intervention with children and young people coming to Police notice, in particular identifying emotional and mental health needs at the earliest opportunity.

The Graph illustrates trends in First Time Entrants per 100,000 10-17 population from Apr 2013 - Sep 2018.



## REDUCING RE-OFFENDING

Proportion of young people re-offending between Apr 2005 – Mar 2017



The proportion of young people re-offending over a one-year period between March 2016-March 2017 has decreased from 42.0% to 40.0% for the last two measured cohorts. The latest rate is below both the London average 44.6% and the National average of 40.9%. The frequency of young people reoffending, measured as a rate of re-offences per re-offender, is calculated as 4.90 for the latest period. This places us above the London average of 3.68 but continues to highlight the challenges of working effectively with this group of young people at greatest risk.

Re-offending has reduced overall in Westminster; however, there is a small cohort of young people who have recently become known to the YOT that have committed offences together and this has impacted on our re-offending. This cohort differs in that the young people are of a lower age group than previously experienced by YOT, have similar experiences in terms of disengagement from education, family involvement with Social Care and are from BME backgrounds but not connected by a geographical area or school.

In response, the YOT will be carrying out a targeted piece of work, following a scoping exercise to look at the young people that have re-offended and determine any missed opportunities as well as determining whether the interventions are appropriate to reduce the likelihood of further offending. In response to the changing complexity of this group as well as our wider cohort, Westminster YOT are continuing to consider group and individualised interventions, based on theoretical understanding, clinical consultation, and creative practice.

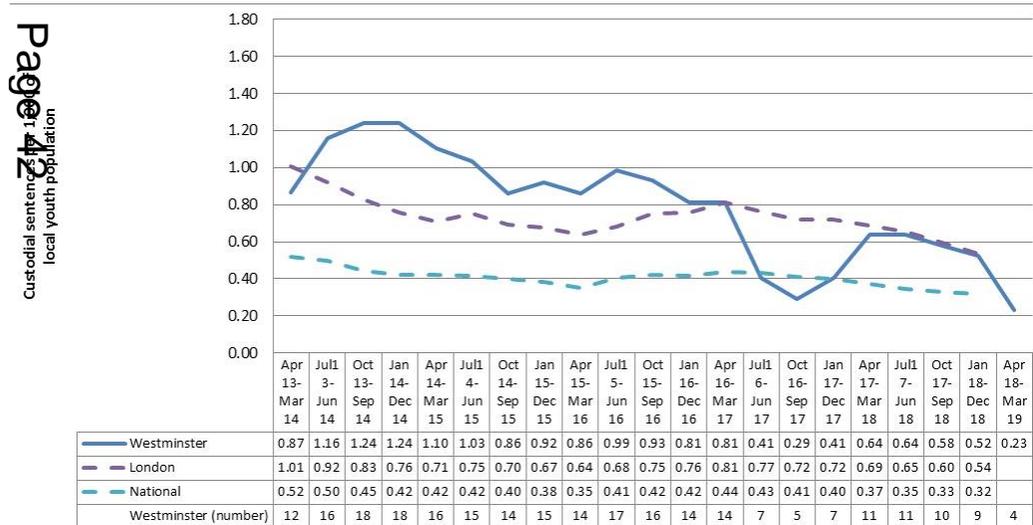
Support from the wider professional network is an invaluable tool in seeking to reduce re-offending, and in particular our social care colleagues and the Integrated Gangs Unit (IGU) enabling us to compile and carry out comprehensive intervention and risk management plans. Current work is underway to streamline this work to enable there to be one plan for the young person and family.

We will continue to make use of the YJB re-offending toolkit to identify at the earliest opportunity those young people who are developing behavioural patterns to offending.

## REDUCTION IN CUSTODY

Custodial sentences within Westminster between April 2018 and March 2019 reduced significantly on the preceding year, from 11 to just 4 young people. The comparative annual rate per 1,000 of youth population dropped to 0.23 which now lies below the London average 0.54 and below the National average 0.36 for the year. The custodial rate for Westminster has reduced to just more than a quarter of that shown between April 2013 to March 2014, at the start of the graph below.

Custodial rates per 1000 10-17 Population April 2012 – June 2017



The YOT have historically had a strong relationship with the Courts, which has ensured a high level of magistrate confidence in the options provided. There has been a recent move of Youth Court to Highbury, however we will continue to strengthen these relationships and build new ones with partners at Highbury Magistrates Court in order to minimise custodial and remand outcomes for young people while ensuring that victim safety is prioritised and that they receive the best possible service.

Pre-Sentence report authors and Court workers work alongside key partners to develop pro-active and robust alternatives to custody. Additionally, Westminster has developed a confident, skilled workforce who are equipped to make full use of the legal options available.

All Court Reports go through a rigorous quality assurance process to ensure that the reports provide a balanced view addressing both desistance factors and measuring risk, LoR and safety and that all reports sentencing options are proportionate to the offence. Where an all options PSR is requested the YOT work with partners to look at alternative proposals to custody that have proven to be successful.

## Section 4

### Section 4 Key achievements and developments against 2017-2019 Local Strategic Priorities

#### What have we been successful in:

- All staff have attended trauma informed training based on the ARC (Attachment, Regulation, Competency) framework.
- Refresher Systemic training has been delivered to all staff as preparation for the roll-out of our new systemic assessment tool.
- The submission to the DfE / YJB to pilot a new assessment model has been successful. The pilot has three key components:
  - Staff training in a systemic approach to assessment in the youth offending context.
  - On-going support from systemic clinicians to embed and develop skills and learning.
  - Use of a systemically-based assessment tool.

Our **Theory of Change** is that, if these three elements are in place, we will be able to deliver the improved assessment / planning quality, and in turn improved outcomes for young people.

- We are increasing the range of evidence-based interventions in the team and this year introduced the Non-Violent Resistance Programme (NVR).
- A joint policy and protocol between YOT and LAC (Looked After Children)/Leaving Care Service which address the process and responsibility for young people who are looked after and subject to Court Orders has been established.
- In line with national recommendations, our Board has agreed a local multi-agency protocol on reducing unnecessary criminalisation of looked after children and care leavers.
- There is a shared process between YOT, LAC and Probation to monitor and improve practice for Looked after Children transitioning from YOT to Probation Service and quarterly tracking meetings are in place.
- Introduction of a Speech Language Therapist to the YOT as of April 2019, all young people entering the YOT will be screened as initial assessment for any SLN(Speech and Language Needs) that will inform the assessment, report and interventions for all young people.
- Introduction of an Education Psychologist to the team to support the increased complexity of young people presenting with unidentified need and support YOT to advocate services for this cohort particularly in relation to education, employment and training.

- A review of restorative practice within YOT has taken place and a strategy has been written to embed restorative principles in YOT and to support LAC young people being further criminalised and to support the prevention of school exclusions for young people at risk.
- Joint Strategy between Met Police and Westminster to focus on three strands: Community Involvement, Communication and Schools has been done and is now in place.
- Local Strategy has been developed to outline our commitment to responding to County Lines.
- A YOT Open Day took place in July 2018 over 60 partners attended. The aim was to give a better understanding of the function of the YOT and attendees were taken through the journey of a young person from arrest to making positive choices.
- We have introduced an Out of Court Decision Panel joint decision on disposals for all OOC cases between YOT, Police, Early Help, YJLD and RJ Lead and strengthened our assessment and intervention work in this area.
- Introduction of the Health Consultation meetings in YOT consisting of Substance Misuse practitioner (SMU), Youth Justice Learning and Diversion practitioner (YJLD), Speech and Language Therapist, Educational Psychologist and CAMHS (Child and Adolescent Mental Health Service).
- Developed and refreshed a partnership knife crime action plan, and aligned this with pan-London approaches to tackling weapon enabled crime
- A multi-agency Serious Youth Violence Task Force was established in 2018 to ensure an effective joint response from all key partners and to review Westminster's response in relation to the *public health approach* used successfully in Glasgow and have agreed to test a similar approach in the Church Street area of Westminster.
- One of the outputs from this Serious Youth Violence Taskforce has been a serious youth violence toolkit for parents and carers in Westminster to equip them with a glossary of facts, practical advice to look for signs of their child's involvement, tips on how to speak to their child and how to seek further help or support within the borough.
- The Integrated Gangs Unit (IGU) has expanded its operation following a successful bid to the Early Intervention Youth Fund, administered by The Mayor's Office for Policing and Crime (MOPAC). The IGU has also expanded its focus to deal with issues of criminal exploitation (County Lines) and has been renamed the Integrated Gangs and Exploitation Unit (IGXU).
- The bi-borough Health and Well-being Board has adopted Serious Youth Violence as a priority in 2019.

## SECTION 5

### Our Priorities against the three National Key Performance Indicators for 2019-2022

#### First time Entrants

##### What are we doing well?

There has been a comparative decrease of first-time entrants (FTE's) entering the Criminal Justice System.



##### Priorities for 2019-2022

- Early identification and support offered to young people, who are at risk of being excluded from school by extending and developing the Inclusions Pilot developed by the Early Help Service.
- To continue the Out of Court Disposal Panel to ensure the allocation is proportionate and there is a focus on

identification of younger siblings to offer support to the whole family through joint working with Early Help and other partners.

- As a part of this, to strengthen our earlier intervention work by ensuring that Early Help provide robust whole family interventions to those offered triage or a community resolution and to regularly audit the outcome of this work to ensure that we are diverting young people away from crime. To achieve this by working in partnership with voluntary sector colleagues such as Dream Arts and Paddington Arts.
- Screening for speech and language for every young person entering the YOT on first appointment to ensure early identification of need and support, assessment and intervention to be tailored to meet this need.
- Broadening our trauma informed practice within the team and thinking of new and creative ways of working with young people and families through a trauma informed lens. Looking at seeking opportunities for therapeutic engagement and activities to get young people involved in.

## REDUCING RE-OFFENDING

### What are we doing well?

The proportion of young people re-offending over a one-year period between March 2016-March 2017 has decreased from 42.0% to 40.0%. The latest rate is below both the London average 44.6% and the National average of 40.9%.



### Priorities for 2019-2022

- The latest live re-offending tracker indicates that re-offending rates for Westminster have increased. This is an area that will be focused on through analysis of data to ensure interventions and services that are in place are engaging young people.
- Board members will lead a piece of work that does a 'deep dive' into the cohort of repeat offenders that will enable a better

understanding of their needs and how what we offer needs to support change.

- Family therapy clinical support will be embedded in the team to support the development of systemic and trauma informed practice.
- Conduct review on disproportionately and develop local approaches to working with young people from Black and Minority Ethnic groups in light of the national and local review.
- This YOT staff have now attended trauma informed training. The focus of intervention will be through a new lens of understanding trauma and current behaviour.
- To achieve Restorative Quality mark within the YOT by 2020.
- To put a greater emphasis on creating sustained change in the planning of work and to review the change more closely through supervision and planning meetings with young people and parent/carers.
- Exit planning for every young person starts at the beginning of their order, they are part of planning leaving the YOT and thinking of what changes they want to achieve but also support to continue with post YOT.
- We want to explore peer support interventions and the benefits of introducing these into our YOT to reduce reoffending.
- Westminster's IGXU (Integrated Gangs and Exploitation Unit) analysis of County Lines operating from the borough has pinpointed that young people are going to 20 counties with offenders travelling as far as Norfolk and Hampshire. We will continue to work together with our colleagues from IGUX to offer alternatives for young people.

## REDUCING CUSTODY

### What are we doing well?

Custodial sentences within Westminster between April 2018 and March 2019 reduced significantly on the preceding year, from 11 to just 4 young people. The comparative annual rate per 1,000 of youth population dropped to 0.23 which now lies below the London average 0.54 and below the National average 0.36 for the year.



### Priorities for 2019-2022

- Resettlement support to begin from custody. To ensure that there is a robust plan in place from day 1 of release.
- From 31st July 2019 ISS will be brought back into a single borough model. The priority is to develop and strengthen a multi-agency local approach to young people sentenced to ISS (Intensive Supervision and Surveillance Programme) to improve outcomes and opportunities.
- Ensure plans of managing risk and safety are robust and address both public protection and young person's safety.
- Deliver on our promise -Every young person entering the Criminal Justice System aspires and we get young people to, 'dream big' that they are able to see their own personal development goals. Young people are in ETE (Education, Training or Employment) by the end of their Order and we hold an award ceremony for young people once a year to congratulate them on their achievements.
- To host open evenings and events for parents and carers to understand the journey of their child through the criminal justice system.
- We are working with local businesses to tap into their corporate responsibility and provide opportunities for YOT young people such as with large organisations like Wilmott Dixon and London Zoo as well as local hairdressers, market traders and local restaurants.

## A Local Focus on Serious Youth Violence

In Westminster we have a local priority on reducing serious youth violence in our City.

The Serious Youth Violence Task Group, set up in 2018, continues to provide the council's focus on working together across Council departments, the MPS and with partner agencies to adapt to the changing nature of violence in Westminster. The Task Group looks at how we can better understand the drivers behind serious violence in the borough, to provide appropriate strategic and tactical responses, as well as empowering our communities to help reduce serious youth violence.

### **Our Priorities for 2019 /2022 are:**

- To develop a Task Force meeting focussed on schools and explore how the partnership can support young people in education and in addressing serious youth violence.
- Lead on the Council's Public Health approach to serious youth violence. A workshop was held in November 2018 which contributed towards the new Public Health Approach that has now been adopted by the Health and Wellbeing Board as a priority for 2019/20.
- Pilot the Public Health approach using evidence-based interventions in Church Street. Preventative education sessions for pupils and professionals in primary and secondary schools are being developed, alongside linking in opportunities for positive activities and consultation with young people as part of planning for the Church Street Regeneration programme.
- A Serious Youth Violence Engagement Officer is being recruited and will begin work at the end of July 19.
- The group will strengthen links with Sports and Leisure services to increase young people's access to these activities.
- To continue to develop the **City Lions**, which is an enrichment scheme for 13-16-year olds aimed at broadening horizons and raising awareness of what opportunities Westminster has to offer through partnerships with the most high-profile companies and iconic institutions in Westminster. It operates under the My Westminster banner.
- In recognition of the changing nature of gangs and groups, where membership is becoming more fluid, the Integrated Gangs and Exploitation Unit (IGXU) is expanding its focus to work more broadly with young people at risk of serious youth violence and exploitation, rather than working solely with young people who are part of recognised gangs. The IGUX reports into the Youth Crime Prevention Partnership so that the YOT and IGUX agendas are intrinsically linked.

## Westminster's Strategic Local Priorities for 2019-2022

The YOT have developed **5 local pledges for young people** to support in the delivery of a high-quality service against the associated Key Performance Indicators.

### Local Pledge 1 – We will build on a young person's strengths and help them develop a pro-social identity

- Ensuring all assessment, planning and interventions are based on meaningful trusted relationships. That the young person's, parents/carers voice is evident throughout this. That the plan enables a pro-social identity and desistance from offending and builds on positive elements of the young person's life.
- Consolidating the Quality Assurance process to ensure this is effectively supporting the Assessment, Planning Interventions and Supervision process.
- Increasing staff engagement in the Peer Auditing process to promote ownership and accountability of the quality of practice.
- Reviewing the impact of interventions against sustaining change and progression on all young people through improving the planning meetings and measuring impact.
- Ensuring the young person's voice is captured and plans and interventions follow a child friendly rational approach.
- Working with faith groups in our local community to build links and draw them in to support and work with our client group.
- Developing restorative justice practice in conjunction with the Police to offer mediation and supporting young people from being further criminalised.

## Local Pledge 2 – We will contribute to reducing the exploitation of Young People

- In recognition of the increasing threat of county lines and other types of criminal exploitation, the YOT will concentrate on working with partners to develop a coherent and consistent response to this and all forms of child exploitation. This priority also links to working in close alignment with Family Services and IGXU.
- To work with partners to implement the local strategy to respond to young people at risk of exploitation.
- To accurately assess and support young people that are at risk of exploitation.

## Local Pledge 3 - We will be assertive and proactive in reducing Serious Youth Violence and Knife Crime

- Continue to build on our working relationships with community safety teams, encourage more transparency with families and young people when issues are identified and work more jointly to address these.
- To further develop community engagement in the work of the YOT. To host a community open day and to have open evenings for parents to come and experience, 'a day in the life of their child' so they get more of an understanding of what happens and take an active and joint approach in responding to local issue.
- Strengthen local protocols for how we respond to support the victim and their family and the community, particularly in relation to the impact of serious youth violence.
- Provide tailored support (prompt, integration of other agencies and single point of contact identified), reduced risk (increase information sharing and reporting) and provide civic leadership (information, presence, listen and learn).
- Provide a three-layered support system within Westminster. Direct Family Support (parents, siblings, extended family), Connected Community (connections through education services, places of worship) and Wider Community (local community, community leaders, businesses, elected representatives and third sector partnerships).

## Local Pledge 4 – We will put a focus on Improving Education, Training or Employment opportunities and attainment for young people

- Every young person open to YOT to receive a bespoke education and learning plan as part of their order to increase opportunities education, training or employment opportunities through key partners and identified providers.
- To develop a meaningful Mentoring Service with Wilmott Dixon to secure work placements and work opportunities within the construction and property industry.
- Work more closely with Regeneration Services and colleges to improve offer for young people including maximising opportunities for young people in gaining skills and qualifications.
- To ensure that the profile of children and young people with special educational needs are recognised by all parties.
- To ensure that those children and young people with education, health and care plan that their outcomes and aspirations are recognised.
- To provide more opportunities for creative learning when there are barriers to attend ETE provision.
- Every young person entering the Criminal Justice System recognises their aspirations, we get young people to, 'dream big' and that they are able to see their own personal development goals.
- Young people are in ETE by the end of their Order and we hold an award ceremony for young people once a year to congratulate them on their achievements.

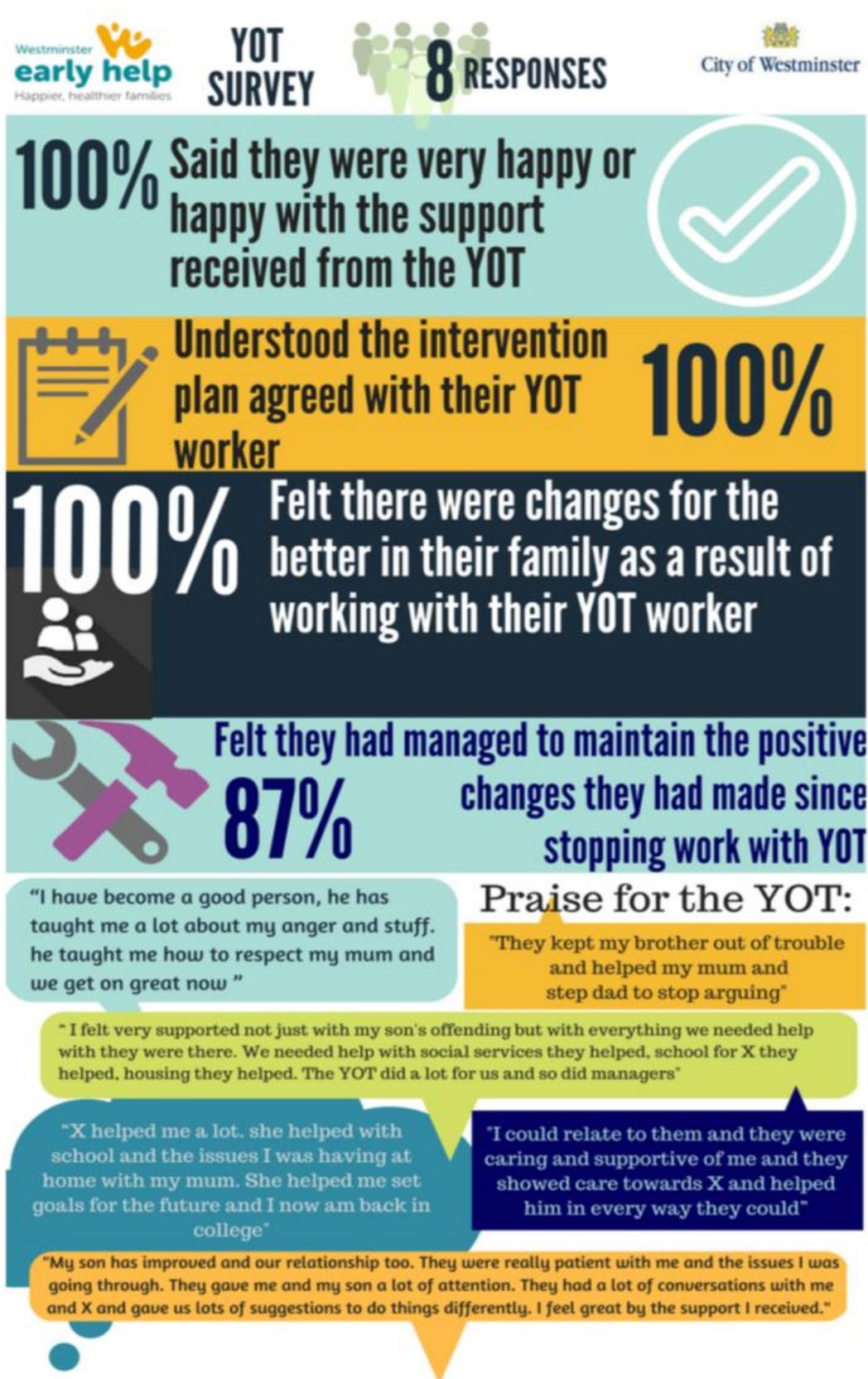
**Local Pledge 5 – We will work in partnership with young people to improve their health and well-being. Together we will look at ways of improving an individual’s quality of life, through high quality healthcare and personal support.**

- Health professionals will be led by compassion in recognising and identifying a young person’s health and well-being needs.
- We will accurately assess and support young people to actively improve their emotional and physical well-being to support better mental health outcomes.
- Young people will be welcomed into a respectful and inclusive environment where health staff will respect and value diversity which recognises the uniqueness of each individual young person and their circumstances.
- We will ensure that all health professionals will involve, inform and empower young people, their carers and their families to take an active role in the management of their own illness/needs/well-being and adopt recovery principles.
- Our organisation will ensure that all health care staff receive the appropriate training, direction and support required to ensure they are equipped, prepared and able to provide a high quality and effective care and provision to young people, their carers and their families.
- We will work closely with multi agencies in partnership to ensure that our combined efforts are focused on achieving the best possible outcomes for young people.

## Section 6 - Service User Feedback

### What we have done?

We have continued to carry out exit surveys once a young person has finished their order. Survey results below.



Parents/carers are part of all planning meetings and compliance meetings and their feedback and views are captured on each plan.

We hosted an open day in July 2018 for partners and colleagues in the Local Authority to give them a better understanding of what YOT does. The feedback is below:

# YOUTH OFFENDING TEAM OPEN DAY FEEDBACK

**100%** SAID THE YOT MET THEIR EXPECTATIONS ON THE OPEN DAY

**100%** HAD A BETTER UNDERSTANDING OF PROCESSES AND PROCEDURES WHEN YOUNG PEOPLE ARE SENTENCED TO AN ORDER

**100%** WOULD RECOMMEND THE OPEN DAY TO OTHERS

**100%** FELT THEIR QUESTIONS WERE ANSWERED

**70%** RATED THE DAY 10 OUT OF 10 - 'REALLY USEFUL' (ALL RATED IT 7 OR ABOVE)

"Thank you very much, best session I've been to in a while! Food was great too!"

"All sections were useful, all staff were informative and the role play was good"

"It was useful learning about each aspect of the service and how they connect"

"Thank you to all who delivered this very interesting, informative and engaging open day"

"The workshop around orders was really useful as I have never really understood the difference between them and this was explained well"

"I found each workshop useful and engaging and they complimented each other so well that I can't rate one above the rest"

Westminster **early help** Happier, healthier families

**31** RESPONSES

City of Westminster

### What our priorities are for 2019-2022

- Feedback is sought for every young person/parent or carer at the end of their order. Themes are identified every three months to improve outcomes and performance as a team and to provide transparency for service users, 'this is what you said, this is what we have done about it.'
- Victim satisfaction surveys are conducted and carried out by the RJ (Restorative Justice) Lead.
- Opportunities to hold small focus groups with children and young people to ascertain what is working well and what could be done differently.
- Review of evidence-based interventions that are being used.

## Section 7 Risk to Service Delivery

### Section 7 -Key Risk to Service

#### KEY RISKS

Managing the change from the Shared Service ISS Team to the integration of this service within local team

#### MITIGATION

To lead the team through the transformation and integration process and to ensure that opportunities for young people on ISS are localised and there is a shared response from partners in the Local Authority to fulfil the requirements on ISS such as providing Young People opportunities to engage in ETE and meaningful diversionary activities in the evening. Training will be delivered to staff in July on managing change, assessing young people for ISS and delivery planning. Reflection and time to embed changes with on-going review and learning to service delivery will be made available to the team.

Staff slow to adopt new systemic/relational work

Joint learning/case consultations with staff from Early Help and other local authority services. On-going systemic teaching, e.g. workshops, bite-sized learning, and joint work with clinicians to help embed practice. Family Therapist to start in the YOT two days a week to support this process until a full time Family Therapist is embedded.

Increase in Re-Offending Rates

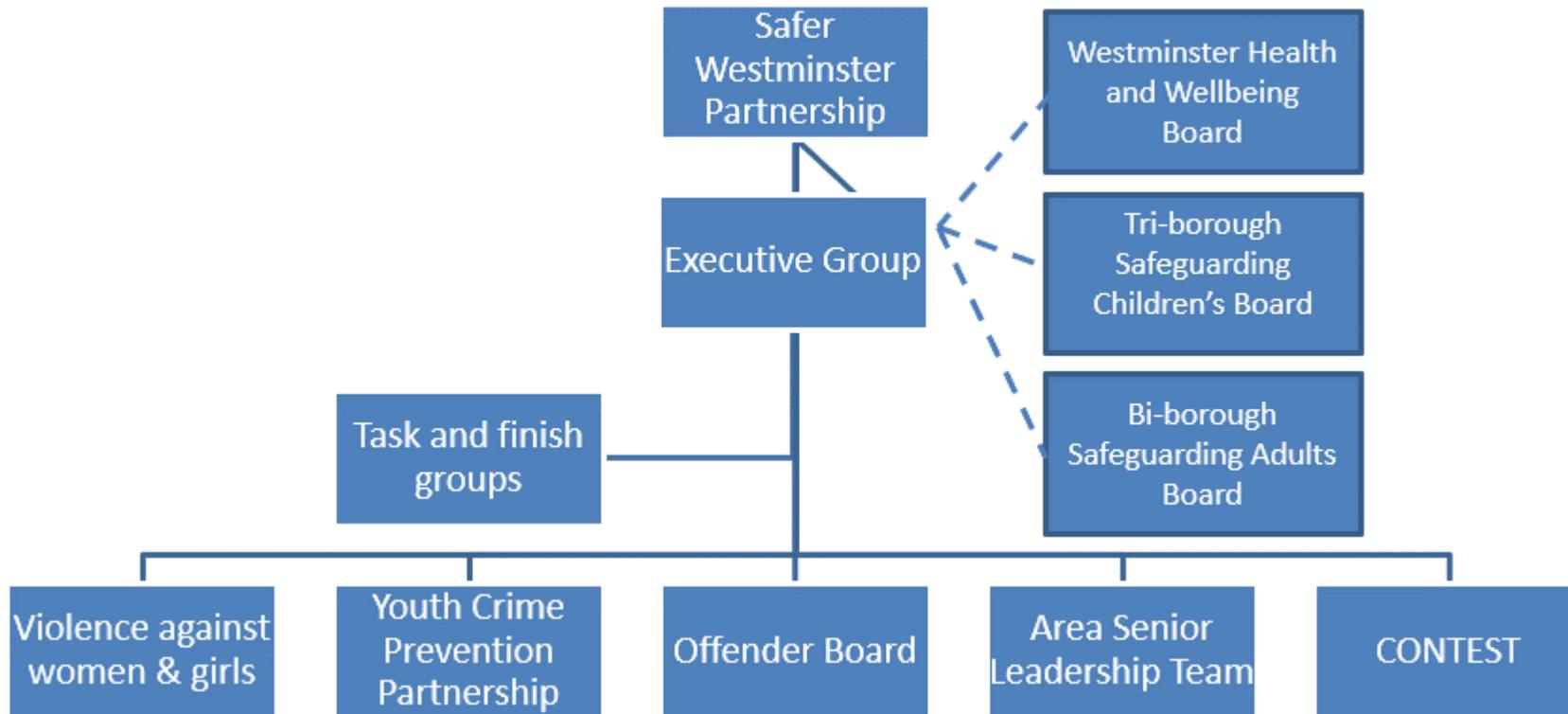
There is a small cohort currently open to YOT that continue to re-offend and this is likely to impact on Re-Offending Rates. To mitigate this, board members are actively involved to address this and will undertake deep dive audits on particular themes emerging to identify any learning and plans to address this.

Unable to recruit to vacant posts

Ensure that the job advert is attractive and distributed to a wide range of potential candidate forums. To ensure that there is a good induction programme available to all new staff joining the service. To continue to monitor unfilled vacancies and implications on service delivery.

## Section 8 – Appendices

### Appendix One – Governance Arrangements



# Youth Crime Prevention Partnership Board Agreement 2018-19

## PURPOSE

This is a statement between the statutory and non-statutory partners on the Youth Justice Management Board for the London Borough of Westminster. It sets out our joint strategic commitment and, as relevant, the resource and finance commitment made towards providing effective youth justice services in Westminster.

**Commencement date:** September 2018

**Review date:** August 2019

## INTRODUCTION

Section 39 (1) of the Crime and Disorder Act 1998 requires the co-operation of the named statutory partners to form a YOT. Section 38 (1, 2) identifies the statutory partners and places upon them a duty to co-operate in order to secure youth justice services appropriate to their area. These statutory partners are:

- The local authority
- Police
- The probation service
- Health

To support the YOT additional partners have also been recruited to the YCPP and these are housing and a number of relevant Council departments.

## PURPOSE OF THE BOARD

A YOT management board (in Westminster called the Youth Crime Prevention Partnership - YCPP) is formed to provide strategic direction with the aim of preventing offending by children and young people. The board will:

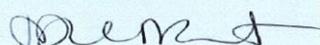
- Determine, within the guidance laid out by the YJB, how the YOT is to be composed and funded, how it is to operate and what functions it is to carry out;
- Determine how appropriate youth justice services are to be provided and funded;
- Provide on-going challenge to the delivery of youth justice services;
- Oversee the formulation each year of a draft youth justice plan;
- Oversee the appointment or designation of a YOT manager as part of the youth justice plan;
- Agree measurable objectives linked to key performance indicators, including the National Standards for Youth Justice.

## ROLES FOR ALL MEMBERS

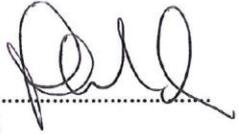
All members should have sufficient decision-making powers to prevent delays in committing resources.



Youth Crime Prevention Partner	Name of Board member	Name of nominated deputy	Specific role on Board	Resource commitment e.g. secondment		
Westminster City Council	Chair	Sarah Newman		The Director of Family Services chairs the Board. This will be reviewed at intervals.		
	YOT Manager	Kiran Hayer	Philippa Bengé	The YOT manager is accountable to the Board for the KPIs as set by the YJB and in providing an overview of YOT performance and delivery. Reporting on progress against the Youth Justice Plan and keeping the Board up to date with development and changes within the Criminal Justice System.  Signed:		
	Head of Assessment, MASH and IGU	Miranda Gittos	Vanessa Silva Carreira  Leanne Corrigan	As the manager for the Integrated Gangs Unit and the social care 'front door', to ensure that young people are identified early and that social care and YOT processes are joined up and work together.  Signed:		
	IGU Service Manager	Matthew Watson 	Marie-Therese Brown	To ensure that key messages in relation to serious youth violence are integrated into the management of the YOT and that information is shared effectively.  Signed: 		
	YOT Finance Manager	Martine Rooney		To prepare and monitor the YOT budget and present at regular intervals to the YCPP Board.  Signed:		
	Community Safety	Alice Kavanagh	Adam Taylor	To act as a local champion for youth justice within Community Safety and to ensure that the different governance streams relating to crime and disorder are joined up.  Signed: 		
	Education (SEN)	Kay Stammers		To act as a local champion for youth justice within Education and to have lead responsibility for SEN on the Board.  Signed: 		
	Education (schools)	Sarah Swan Chair of Secondary Heads Inclusion Group.		To act as the school lead for youth justice across secondary schools, ensuring a link between the Heads of Inclusion group and the Board.  Signed: 		
	Health	CAMHs	David Bailey		To act as the CAMHs champion for youth justice and to oversee the appointment of the staff member in YOT and the development of all related CAMHs services ensuring that they are evidence based and meet the local need profile.  Signed:	1 FTE CAHMS Worker 1 FTE YJLD Worker
		Community Health	Adam Seomore		To act as the representative for community health services provided by CLCH and advise in relation to the provision of these services to young people in the youth justice system.  Signed:	
Public Health		Kate May	Debbie Arrigon	To act as the Public Health Champion for youth justice, ensuring that YOT are aware and promote key public health	1.4 FTE SMU Worker	

				messages and these are integrated into practice. Signed: 	
<b>Police</b>	James Franklin  Chris Sadler	Neil Reynolds		To work with the LA in relation to securing youth justice services appropriate to policing aimed at preventing offending by children and young people and to provide advice, challenge and support towards the strategic development of the YOT.  Signed: 	2 FTE Police Officer
<b>Probation (NPS)</b>	Will Jones			To act as the probation lead on the Board and to feed in new developments and opportunities to stream-line processes.  Signed:	0.5 FTE Probation Officer
<b>CRC - Community Rehabilitation Company</b>	Roxanne Hansen			To act as the CRC lead on the YOT Board, contributing to strategic plans on the prevention of reoffending.  Signed:	
<b>City West Homes</b>	Janet Durrant	Oli Akani - Fadeni		To act as the champion for youth justice services within City West Homes and to link the work of CWHs in relation to anti-social behaviour and the YOT.  Signed: 	
<b>Youth Justice Board member</b> Head of Innovation and Engagement (London)	Cheryl de Freitas			The YJB is responsible for monitoring the effectiveness of the youth justice system at a national and local level, and provides information on individual YOTs to the HM Inspectorate of Probation	

			Information Bank, which in turn informs inspection priorities. As a Local Partnership Adviser to provide a 'critical friend' relationship with the YOT and the YCPP Board.  Signed:	
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Signed: 

Chair of YJMB .....

Date.....09/01/19.....

Signatures of Board members: as above

## Appendix three -Abbreviation Table

<b>ABBREVIATION</b>	<b>TERM</b>
ARC	Attachment, Regulation Competency
ASB	Anti-Social Behaviour
CAHMS	Child and Adolescent Mental Health Service
CCG	Central London Commissioning Group
CSE	Child Sexual Exploitation
CYP	Children and Young People
ETE	Education, Training or Employment
GMACE	Gangs and Multi-Agency Child Exploitation Panel
GMAP	Gang Multi-Agency Partnership
IGXU	Integrated Gangs and Exploitation Unit
ISS	Intensive Supervision and Surveillance
LAC	Looked After Children
LSCB	Local Safeguarding Children's Board
MACE	Multi-Agency Child Sexual Exploitation Panel
MAPPA	Multi Agency Public Protection Arrangement
MOPAC	Mayor's Office for Policing and Crime
NFA's	No Further Action
OOCDS	Out of Court Disposals
PWITs	Possession with Intent to Supply
QPR	Queens Park Rangers
RJ	Restorative Justice
SEND	Special Educational Needs and Disability
SLT	Speech and Language Therapist
SMU	Substance Misuse
SYV	Serious Youth Violence
YJLD	Youth Justice Liaison and Diversion
YOT	Youth Offending Team



## Family and People Services Policy & Scrutiny Committee

<b>Date:</b>	25 November 2019
<b>Classification:</b>	General release
<b>Title:</b>	Looked After Children and Care Leavers Report: Independent Reviewing Service
<b>Report of:</b>	Nicky Crouch, Family Services Director ncrouch@westminster.gov.uk 02076412028
<b>Cabinet Member Portfolio:</b>	Family Services and Public Health
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	Thriving Communities

### 1. Executive Summary:

- 1.1 This report provides quantitative and qualitative evidence relating to Westminster City Council services for Looked After Children in 2018/19, as required by statutory guidance.
- 1.2 As of 31<sup>st</sup> March 2019, 209 children and young people were Looked After by Westminster City Council, which is same number as the previous year. Whilst the total number remains static, the care population in Westminster is changing. The number of children coming into care from the generic population of children under 13 years of age is reducing and the numbers of Unaccompanied Asylum-Seeking Children arriving in Westminster is increasing.
- 1.3 490 Looked After children Reviews were undertaken in 2018-2019, of which 94% were undertaken within the statutory timescales. 96% of children over 4 years of age contributed to their statutory review, with 92% of children attending. The voice of the child / young person is key to all discussions and care planning arrangements.

- 1.4 The dispute resolution protocol is a key mechanism by which the IRO raise concerns with the Social Work Locality Teams and the LAC Services. During 2018 – 2019 there were 10 informal and no formal disputes. The informal challenges related to the de-registration of a connected carer, care planning decisions, delays in accommodation notifications and social report in advance of review, and the lack of preparation of a young person for their review. All dispute challenges were resolved.
- 1.5 The introduction of minutes in the form of a letter to children is valued by children and professionals. It helps to ensure that the child/young person is kept at the centre of the reviewing process, that the minutes are personal, that the language is clear, and that the plan is purposeful.
- 1.6 The annual work plan for 2019 – 2020 will focus on strengthening the voice of the child / young person in the Looked After reviewing process. It will: increase the use of minutes in the form of a letter; drive forward improvements to the quality of reports and care plans; work closely with the social work teams, participation and advocacy officers to deliver on our corporate parenting responsibilities; develop a collaborative approach with the LAC Service to meet the needs of our UASC population; ensure safeguarding plans are in place to protect young people vulnerable to exploitation and further develop the dispute resolution protocol to inform our understanding of practice and best outcomes for children.

## **2. Introduction**

- 2.1 This annual report has been produced under the requirements of the Adoption and Children Act 2002. The Independent Reviewing Service has a key role in assuring the quality of a local authority's care planning for Looked after Children (LAC) and improving the overall quality of services offered.
- 2.2 This report has been prepared for those with executive responsibility for Children's Services and Corporate Parenting to enable consideration of the services on offer, and to consider whether the local authority is achieving optimum outcomes for our LAC. This report must be presented to the Corporate Parenting Board and Local Safeguarding Children Partnership.
- 2.3 This report discusses the important work of Independent Reviewing Officers (IROs) over the last 12 months. The report starts with an introduction to the IRO team before looking at: whether children looked after reviews are being held on time; how IRO's raise concerns about a young person's care and the participation of young people and their families in IRO reviews. The report provides an opportunity to highlight areas of good practice and areas for improvement; identify emerging themes and trends; report on work undertaken to date and outline the service development priorities for the coming twelve months.

## **3. Profile of the Westminster independent reviewing Officer (IRO) Service**

- 3.1 The Independent Reviewing Service has been a statutory requirement since 2004. In 2010 the government published the 'Independent Reviewing Officer's Handbook' Statutory Guidance for IROs and Local Authorities, the service

therefore operates within the framework of the IRO Handbook. This is statutory guidance which has been issued to local authorities since April 2011. It is linked to the revised Care Planning Regulations and Guidance, which was introduced at the same time. The IRO has a key role in relation to the improvement and quality assurance of the Care Planning for LAC and challenging any drift and delay.

3.2 IRO's have a responsibility to ensure that plans are timely, effective and achieve good outcomes for children and young people. They have a responsibility to promote best practice and high professional standards across the Children's Social Work Service. They have a duty to prevent drift and delay in care planning and ensure that the local authority's efforts are focused on meeting the needs of children and achieving the best possible outcomes for them.

3.3 IROs make an important contribution to the consistency of practice from all those who have a corporate responsibility for LAC and Care Leavers. IROs monitor the activity of the local authority as a corporate parent, ensuring that appropriate actions are taken to meet the child's assessed needs. They ensure that the local authority is operating in line with care planning regulations. They have a responsibility to identify patterns of concern that emerge in respect of individual children and collectively, and to alert senior leaders where necessary.

3.4 The Independent Reviewing Service continues to be part of a combined Safeguarding, Review and Quality Assurance Service. It became a Bi-Borough service in March 2018. The IRO service is independent from the frontline service. This supports it to promote the role of being a 'criteria friend' and to deliver a quality assurance approach that is embedded within our practice systems. This allows the service to hold a lens up to practice and ensure positive outcomes are being sought for all our LAC.

3.5 The IRO service in Westminster consists of:

- Angela Flahive, Bi-Borough Head of Safeguarding Review and Quality Assurance
- Marsha Rainford-Hay, Bi-Borough IRO Service Manager
- 3 permanent FTE IRO's, 1 seconded IRO (until January 2020), 1 FTE business support officer and a 0.5 FTE Children's Right's Officer

3.6 The team is culturally diverse and predominantly female. They bring a range of skills and experiences to the role.

3.7 There have been low levels of staff turnover and there has been no change to the permanent team structure. The newest team member joined in early 2018. Assisted by the team's stability, the IROs have strong and enduring relationships with the children and young people they review. Where possible the same IRO will review all the children in a sibling group, which maintains continuity for children and parents alike. Many children have had the same IRO for several years. Maintaining this ongoing consistent relationship is seen as very important by children, parents and IROs alike.

3.8 During this reporting period the management arrangements changed, with the previous IRO Service Manager retiring. The current post holder has twenty years

of post-qualifying experience and is registered with the Health and Care Professionals Council. The manager delivers casework oversight, professional advice and management support to each IRO and to the children's rights officer. This includes monthly supervision, case consolidations, team-meetings and awaydays. The manager ensures that the IROs access appropriate training and support to meet their individual and service needs.

3.9 As well as access to the core children's services training and development programme, IROs also receive coaching sessions throughout the year. These are based on the principle of promoting reflective practice to develop creative thinking skills and encourage active engagement with work processes. During 2019/20, greater efforts will be made to provide access to training, such as for modern slavery, and working more effectively with unaccompanied asylum-seeking children (UASC).

3.10 IROs are observed by their manager on a regular basis when they chair looked after children's reviews. Their performance is considered in line with the expectations set out in the IRO Handbook. The opportunity is taken to provide/seek feedback from all those involved in the review process and this supports the professional development of the IROs. Observations are formally recorded and where applicable form part of the annual appraisal process. This has proved to be a helpful opportunity to reflect on practice and learning and gives managers and IROs a chance to hear from children, parents and professionals directly about what it is like to be involved in a Looked After Review.

3.11 The IRO management team are integral to several Panels, forums and planning groups. The IRO perspective is valued as part of the decision-making process, alongside that of the children's social work service. These include the Joint Children Services Management meeting, corporate parents meeting, care panel, Bi-Borough permanency meeting and joint consultation regarding high risk LAC cases. This provides an opportunity for the IROs to act in their challenge role and hold a mirror up to practice.

3.12 The Westminster IRO Service is represented at the London Regional IRO Practitioners and Regional IRO Managers forums. IROs have also attended the annual regional IRO conference which was held in London in June 2019.

3.13 The IRO Handbook recommends that a caseload for a full-time IRO is between 50 and 70. Nationally, we are aware that caseloads are variable. In Westminster the average caseload is within this quota, ranging from 45 to 65 depending upon the IRO's capacity. The size of the caseload alone does not indicate the workload for each IRO, as this is determined by the number of other responsibilities e.g. the number of out of authority placements, large family groups, and unaccompanied asylum seekers.

#### **4. Local Profile of Looked After Children**

4.1 There were 209 children and young people in care on 31 March 2019. This is the same number as at the 31 March 2018. A breakdown by age over time can be seen in Table A.

4.2 Table A - WCC LAC - Total numbers as at 31st March 2013-2019



4.3 Although total numbers have remained static, the care population in Westminster is changing. Whereas the numbers of children coming into care from the generic population are reducing, the numbers of UASC arriving in Westminster is increasing – pushing the total numbers of new starters up. See Table B:

4.4 Table B: New LAC starters

	0-5	6-13	14+ (excl. UASC)	14+ UASC	Total
<b>2016/17</b>	35	31	30	50	146
<b>2017/18</b>	21	11	25	105	162
<b>2018/19</b>	23	10	39	103	175

4.5 The local authority has a range of placement options when a child or young person comes into the care:

- Kinship foster care (placement with extended family supported and regulated by the LA)
- Foster care
- Independent foster care (private agency)
- Residential care
- Supported lodgings
- Other (semi-independent, independent housing)

4.6 In 2018/19, 24 of the 33 children aged 0-13 (73 %) were placed with foster carers (kinship, LA and independent agencies) – see Table C:

4.7 Table C: New starters aged 0-13, Placement Type

Placement Type	Total
Kinship Foster Care	1
LA Foster Care	20
Independent Foster Care	3
Residential Care	8
Supported Lodgings	-
Other	1
<b>Total</b>	<b>33</b>

4.8 In 2018/19 the majority of children aged 14+ coming into care were placed in supported lodgings. This reflects the high numbers of unaccompanied minors coming into Westminster who are almost all aged 16 and 17 years old. See Table D below:

4.9 Table D: New starters aged 14+, Placement Type 2018/19

Placement type	Total
Kinship Foster Care	3
LA Foster Care	34
Independent Foster Care	10
Residential Care	4
Supported Lodgings	89
Other	2
<b>Total</b>	<b>142</b>

4.10 The table below (Table E) provides a breakdown of the reasons for new care episodes for 14-17-year olds during 2018/19. This cohort represents 141 children (81% (175) of new entries to care), of which the highest proportion entered care due to absent parenting (108 children, 76.5%). UASC accounted for 73% (103 children) of adolescent care entrants. During 2018/19 the proportion of adolescent entries into care due to remand arrangements remained low with 4 young people placed in custody.

4.11 Table E – Need type of young people aged 14-17 years entering care

<b>Need type for entries to care in 2018-19, aged 14 to 17 years</b>	<b>Total</b>
Abuse or neglect	13
Child's disability	1
Parental disability or illness	3
Family in acute stress	2
Family dysfunction	13
Socially unacceptable behaviour	1
Absent parenting	108
<b>Total</b>	<b>141</b>

4.12 Care planning and reviewing for children originating from other countries brings additional levels of complexity in relation to issues such as establishing jurisdiction, use of interpreters and cultural needs, all of which require additional time to ensure effective care planning.

4.13 Within Westminster there has been an increase in the total number of UASC care entries since 2016/17 (see Table F). Westminster's UASC numbers have impacted greatly upon our overall current LAC and Care Leaver populations. Nationally there has been an increased UASC population from 1,950 in 2013 to 4480 as at 31 March 2018.

4.14 Table F – UASC at the end of each year

	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Total UASC at year end	47	69	82

4.15 The increase in the numbers of UASC has led to an increase in caseloads. This has resulted in several challenges for the IRO in undertaking the wider range of quality assurance activity. It has been addressed by additional IRO workforce capacity continuing into 2020.

4.16 There is ongoing pressure to identify and meet the needs of a wider range of children and young people with special educational needs through the provisions of the Children and Families Act, following joint planning with partner agencies. It is anticipated that external inspection by Ofsted and the Care Quality Commission will assess the local area's effectiveness in meeting these demands.

## **5. Reducing the numbers of children looked after.**

5.1 IROs are responsible for ensuring that looked after children achieve permanence and that this occurs without unnecessary drift or delay. During 2018/19, 183 children were recorded as having left care. This figure is higher than the previous years (132 in 2016/17) and (140 in 2017/18).

5.2 In 2018/19, 7 children (4%) who left care did so because of adoption. 42 children (23%) left care because they returned to their parents. Work is continuing to ensure these children do not remain on care orders any longer than is necessary

to ensure their reintegration into their family. 6 (3%) exits from care related to children on a Special Guardianship Order and 1 child ceased to be looked after due to a Residence Order. Table F below provides a full breakdown. The majority of our children cease to be Looked After when they reach 18 years of age.

5.3 Table G – Reason for ceasing being child in care 2018-19

Nos. of children (episodes) leaving care with reasons			April 2018 to March 2019
		Total leaving care	% of all leaving care
E11	Adopted - application for an adoption order unopposed	6	3.3%
E12	Adopted – consent dispensed with by the court	1	0.5%
E3	Care taken over by another local authority in the UK	51	27.9%
E4A	Returned home to live with parent(s), relative(s), or other person(s) with parental responsibility as part of the care planning process (not under a special guardianship order or residence order or from 22 April 2014, a child arrangement order).	22	12.0%
E4B	Returned home to live with parent(s), relative(s), or other person(s) with parental responsibility which was not part of the current care planning process (not under a special guardianship order or residence order or from 22 April 2014, a child arrangement order).	14	7.7%
E13	Left care to live with parent(s), relative(s), or other person(s) with no parental responsibility.	6	3.3%
E46	Special guardianship order made to former foster carer(s), other than relative(s) or friend(s)	5	2.7%
E47	Special guardianship order made to carer(s), other than former foster carer(s), who was/are a relative(s) or friend(s)	1	0.5%
E5	Moved into independent living arrangement and no longer looked after: supportive accommodation providing formalised advice/support arrangements (such as most hostels, young men’s Christian association, foyers, and care leavers projects)	22	12.0%
E6	Moved into independent living arrangement and no longer looked after: accommodation providing no formalised advice/support arrangements (such as bedsit, own flat, living with friend(s))	1	0.5%

E7	Transferred to residential care funded by adult social care services	1	0.5%
E9	Sentenced to custody	2	1.1%
E14	Accommodation on remand ended	2	1.1%
E15	Age assessment determined child is aged 18 or over and E5, E6 and E7 do not apply, such as an unaccompanied asylum-seeking child (UASC) whose age has been disputed	3	1.6%
E8	Period of being looked after ceased for any other reason	46	25.1%
	<b>Grand Total</b>	<b>183</b>	<b>100%</b>

5.4 The information in this table would suggest that care planning for LAC remains dynamic, that there is good throughput and that there is a positive focus on achieving permanence through family-based options.

5.5 As a service we are planning to undertake the following activities in supporting children entering and leaving care during 2019/20:

- Setting service objectives for all IROs to be proactive in seeking family-based care for children looked after, with a focus on engaging fathers and extended family as potential care givers.
- Care Plans and SW Reports submitted to the Review must be updated accordingly and reviewed prior to any LAC Review or Pathway Plan Review taking place.
- All LAC Reviews and Pathway Plan Reviews must quality assure the following documentation; PEPs, Care Plans, initial and review health assessment and Education and Health Care Plans. This will inform the network's understanding of need and the recommendations required to meet that need.
- The IRO Service offer to our UASC population needs to be strengthened. Training will be undertaken to develop our practice in respect of meeting the needs of our UASC population.

## 6. Timeliness of reviews

### Numbers of reviews held 2018/19

6.1 Between 1 April 2018 and 31 March 2019 a total of 490 LAC Reviews were chaired by an IRO.

REVIEWS UNDERTAKEN 2018 - 2019	
Total number of Looked after Children reviews April 18 to March 19	490
Numbers of reviews held within timescale	476
Number reviews held outside of timescale	14
Percentage of reviews held within statutory timescales	93.9

6.2 Reviews can be late for a number of reasons. In 2018/19 late notifications to the IRO Service was the primary reason.

6.3 As an IRO service we are planning to undertake the following activities in supporting improved timeliness of reviews during 2019/20:

- IRO designated leads will have visited the various teams and reinforced timescale expectations on a quarterly basis. Inductions about the role and the expectations of IROs will be provided to new staff members.
- We will use existing reporting mechanisms to understand where late requests are coming from and identify themes earlier. We will share this with relevant social work managers.
- We will develop the working relationship with our Tri-Borough placement services and will better use softer information e.g. from the placements service to more quickly pick up newly looked after children.
- IROs will send out informal alerts to managers where notifications are not received, to capture the reason behind the late notification and to identify patterns and inform better practice.

### **Participation in review meetings**

6.4 We are committed to ensuring that all children who are looked after have the opportunity and are encouraged to participate and engage in their review process. We must ensure that we encourage and facilitate their engagement and participation in their review meetings, as far as they wish to take part in these. We must ensure that we keep the focus of the meeting on them and their needs.

6.5 In 2018 – 2019 96% of children over 4 years of age contributed to their statutory review, with 92% of children attending.

6.6 We use a range of methods to seek their views:

- Text
- Phone
- Face-to-face
- Consultation forms

6.7 The table below provides the participation descriptions for reviews undertaken in 2018/19:

## 6.8 Table H - Participation codes for reviews undertaken in 2018-19

<b>Participation Code</b>	<b>Total</b>
PN0 - child under 4 at time of review	51
PN1 - child attend and speaks for themselves	396
PN3 - child attends and conveys their views non-verbally	5
PN4 - child attends; does not speak for themselves / convey their views	2
PN5 - child does not attend but asks advocate to speak for them	10
PN6 - child does not attend but conveys their feelings to the review by the facilitated medium	8
PN7 - child does not attend nor conveys their view to the review	18
<b>Grand Total</b>	<b>490</b>

## **Permanency Planning**

6.9 IROs continue to maintain a focus on permanency and to ensure via LAC Reviews that permanency is always under consideration and that there are parallel plans in place. Where possible family placements are prioritised and social workers with the support of IROs will work hard to return children to their birth families. The numbers of children placed for adoption is relatively low and this reflects the low numbers of very young children coming into care. IROs have noted that in some instances potential adopters who have children in placement need greater support to feel ready to apply for the order. Where there have been any delays in the adoption process following placement, IROs have been made aware of the reasons and have not deemed this placement drift.

## **7. Qualitative information about the IRO service**

### **Consultation with children and young people**

7.1 A key responsibility for IROs is to ensure that the child's wishes and feelings are known and are used to formulate the care plan. IROs must also establish whether the child understands their own rights and entitlements in law, for example that they can make a complaint, or apply to court to under S8 of the Children Act.

7.2 As part of the preparation for a review, the social worker should consult with the child before the review to ascertain their views about both the practicalities of the meeting (e.g. who is invited, venue, how the child wants to participate) and about what they would like to be discussed/decided.

7.3 In addition to consultation by the social worker, the IRO Handbook requires that IROs meet with children separately and prior to the review meeting, or as part of the process. Not all children and young people want to come to a meeting but may prefer their views to be obtained via another means. A core aspect of the IRO's role is to consult with the young person before the meeting and ensure that their voice is heard within the care planning and reviewing process.

7.4 In total, during the year, 490 consultation activities through participation of review (see Table H) were recorded by IROs. A consultation activity includes a visit or an attempted visit or, less commonly, a telephone call, to a child or young person in connection with their looked after review. When excluding children under 4 years old (51) and does not convey views (18), face-to-face consultations took place on 403 (95.7%) occasions.

7.5 As well as consulting with the child/young person prior to the review, IROs also encourage and support children and young people to attend their review meeting. The child/young person's participation is prioritised above that of family members, if it is not possible for both the child and family to meet.

7.6 During 2018/19 51 (10.4%) of Looked after Children were aged 4 or under at the time of the review. They would be unlikely to attend the review meeting but would be visited by the IRO as part of the review process and observed with their caregivers. Efforts will be made this year to examine ways in which we can improve children's active participation in their review meetings, for example by holding the review as a series of meetings rather than one big meeting.

7.7 The intention of these various consultation activities, and of encouraging children to take part in the review process, is that they can have their views heard and taken proper account of in the care planning process. Throughout the consultation and review process, the IRO will seek to establish the extent to which the child/young person understands their current circumstances and the plans for the longer term.

7.8 The IRO is now routinely notified of any complaints made by their looked after children so that they can be aware of the issues leading to the complaint. They can even use the reviewing process as a way of achieving resolution.

## **8. Feedback from practice observations – what review participants say**

8.1 All IROs are observed chairing a review as a matter of course at least once per year. Feedback is sought from the review attendees, including their views about the IRO. In the past year we have targeted observing reviews where children are present. Some of the comments received about IROs are below. Comments are shared with IROs as part of their professional development.

In answer to the question: *“Is there anything you really liked about the review or thought was done well by the IRO?”*

- ***‘I am very glad with I have got and what I have done since become a part of Westminster and a part of the family.***
- ***‘Thank you. I have no word to describe what I am feeling now. What I can say is thank you all for everything’. 17 year old UASC.***
- ***‘Everything is going well with me and I am happy and pleased with all the people who looked after me’. 15 year old YP’***
- ***‘Move me to my own place. I have been asking for ages’ 17-year-old YP***
- ***‘My room is big, I like the food, I like the way Chris looks after ne. Chris is kind, caring and funny’ 10-year-old child***

- ***“Make the reviews more frequent than 6 months. Anything can happen between May and November, they are too rare!” 15-year-old YP***

8.2 As an IRO service we are planning to undertake the following activities in supporting the improved involvement of children and young people during 2019/20:

- Appraisal targets for IROs will reflect our continued commitment to setting high expectations in this area – IROs are expected to see 85% of children aged 5 and above.
- Routine audit of review records, to identify how children’s views are obtained and recorded, along with routine feedback from children attending reviews as part of the observation of IRO’s practice.
- IROs will be expected to highlight those children who choose not to attend their review meeting and establish what would need to change for them to attend.
- There will be more joint working with the children’s participation worker to focus on supporting/better understanding what needs to change for children/young people to attend.

## **9. Quality of Care Planning**

9.1 A function for an IRO service is to identify issues and trends in services provided to looked after children. We do this by routinely completing monitoring data after every review, and by monitoring the issues that are being raised by IROs as part of quality assurance processes or informal and formal disputes.

9.2 IROs must evidence their monitoring of the progress of plans between reviews. They do this by conducting a brief “mid-point monitoring” exercise between reviews, which is an opportunity for touching base – an evidenced dialogue between IRO and social worker to ensure that care planning is on track. IROs also demonstrate their “footprint” on a case by adding their comments, relevant email correspondence etc. to children’s records. By actively monitoring progress in this way it becomes less likely that, when it is time for reviews to take place, the IRO is faced with any unexpected developments on cases.

9.3 In the mid-point monitoring process the IRO will: review the activity on the child’s record; review the care plan; consider the review decisions/recommendations of the last statutory review and raise with the allocated social worker and team manager any queries or challenge to the progress for the child.

9.4 Overall, we can see that most social workers plan and prepare well. For the plans that require improvement, the IRO should identify actions required to: drive forward progress; raise an informal challenge and, if necessary, communicate their concerns to the manager. In some cases, a formal dispute resolution might arise if the issues are not resolved.

9.5 As an IRO service we are planning to undertake the following activities to improve the Quality of Care Planning during 2019/20:

- Improve the focus on outcome-based care planning within the social workers' care plan and the IRO's report.
- Strengthen links with the social work teams by offering direct input via team meetings and inductions for new social workers and team managers.
- Develop further our work on safeguarding plans for those children most at risk of exploitation, and specifically our Unaccompanied Asylum-Seeking Children.
- Ensure that the minutes of Looked After Children's Reviews are written in the form of a letter to the child/young person, which is age appropriate and accurately reflects the discussion and actions agreed.

## **10. Corporate Parenting**

### **Rights and entitlements**

10.1 As a service we endeavour to ensure that the children and young people that we are responsible for receive the best possible support and care, and that we are aspirational for our children and young people. Alongside ensuring, where appropriate, that children and young people feel in control of their lives and are able to overcome the barriers they may face.

10.2 IROs should establish whether children have been given a copy of the Promise by their social worker. Where this hasn't happened, the IRO should ensure the young person is provided with a copy.

10.3 Part of the role of the IRO is to understand factors which contribute to drift and delay in achieving the agreed permanence plan. This may include factors outside the local authority's immediate control such as the contribution of partner agencies. In the IRO's judgement there has been a range of reasons for this. Amongst the most frequently identified issues are delays caused by the legal process and issues with the child's placement.

10.4 As an IRO service we are planning to undertake the following activities around corporate parenting during 2019/20:

- Work with the Virtual School to identify and address the causes of delays in progressing agreed care plans where there are educational issues.
- Work with the social work service to strengthen the quality of analysis and develop a more outcome focussed approach to care plans.
- Work with the social work teams and the Fostering and Adoption Service to strengthen our focus on permanency in its widest context.

## **11. Quality Assurance role of the IRO service – Key Messages**

### **The informal and formal process – Dispute Resolution**

- 11.1 Westminster IROs have good professional relationships with children’s social work teams. Where problems or differences of opinion exist, IROs will always seek to resolve the issue informally with the social worker or the social worker’s manager. This approach supports a restorative practice agenda and both the IRO service and the Children’s Social Work Service have continued to embrace this approach within our challenge agenda.
- 11.2 A significant aspect of an IROs’ work is focussed on the continuing oversight and scrutiny of each child’s care plan in between statutory reviews. This includes effectively and swiftly addressing any concerns identified within care planning about potential drift or social work practice concerns through firstly informal discussions with the social worker and their manager.
- 11.3 Alongside the Social Work service, we have adopted a solution–focussed, collaborative approach to prevent issues escalating into a formal dispute and have averted potential formal disputes through a process of negotiation, conversations and meetings.
- 11.4 There have been 10 informal management alerts raised during 2018/19, and no formal dispute resolution challenges were undertaken. All challenges were resolved. Challenge themes have included: pathway plans not being completed in advance of the review; concerns raised with the Fostering Service about de-registration plan for connected carer; lack of progress to advance the education requirements of young person’s care plan; delays in notification to the IRO service; delays in social work reports being tasked to the IRO and questions about the support offered to a young person in preparation for their Initial LAC Review. All the management alerts and escalations are now being tracked and progress will be monitored by the IROs themselves and the Manager.

### **Quality Monitoring**

- 11.5 As a service we will be introducing a Quality Assurance monitoring form to be completed after every review that is chaired. This will then be available on the child’s record for social workers and managers to see. This will provide feedback on issues such as “was the child well prepared for the review?”, “is the care plan of good quality?”, “is the relationship between child and social worker a good one?” etc. The data from this can then be anonymised, aggregated and analysed to produce a picture of what is working well for all LAC from the IRO perspective. The Service has re-established the system of IROs having an allocated team link which allows them to share information and issues across children’s services more effectively.

### **Challenges ahead**

- 11.6 Based on the issues and feedback from IROs, the main issues to be aware of in the coming year would include:

- Developing the role of IROs to drive even better practice and improved outcomes for children and young people.
- Meeting the needs of the rising numbers of Unaccompanied asylum-seeking children, who have complex needs impacted by traumatic experiences.
- Responding to the needs of young people vulnerable to exploitation and criminal activity – working with partners to ensure that robust safeguarding plans are in place.
- Continued monitoring of Unregistered Placements for our young people post 16 years of age.
- Continued monitoring of Unregulated Placements to ensure that the welfare needs and protection of the children Looked After is promoted.

## **Appendix 1 Annual work programme for April 2019- March 2020**

### **THEME ONE: INCLUSION & INVOLVEMENT IN REVIEWS**

**Service Outcome: Children and young people are consulted with, in a meaningful way, prior to their reviews**

- Maintain the level of IRO consultations with children prior to reviews at 100% for all children and young people over the age of 7 years of age.
- Offer creative engagement with children, including children with additional communication needs. This includes varying the format of meetings, the use of tools and toolkits, increasing the numbers of children who lead their own reviews in some way, and ensuring reviews are child-centred meetings.
- Ensure that all children and young people are proactively engaged in the Looked After Children's Reviewing processes and are supported to attend their own review.
- Work with the designated team for UASC to develop a greater understanding of the young person's needs and their personal cultural context, to maximise opportunities for involvement in the Reviewing processes and the wider corporate parenting offer.

### **THEME TWO: IMPROVING QUALITY OF CARE PLANNING**

**Service Outcome: Looked after reviews make a difference for children and young people by improving the quality of social work reports and care plans.**

- Ensure looked after review meetings and the resulting reports and decisions are focussed on desired outcomes for children and young people. Decisions and actions have a direct link to an outcome.
- Ensuring that the right work is undertaken with the child in a timely way and that this is captured in child friendly language on the child's file.
- IROs to review the Personal Education Plans for all Looked After Children, and where relevant all Education and Health Care Plans (EHCP) are considered, in advance of the statutory Review being held to ensure that a comprehensive plan of action is devised to meet the child/young person's needs.

**Service Outcome: Every IRO contributes to practice and performance improvement activities in respect of social work with children and young people.**

- In addition to reviewing and monitoring of care plans, every IRO to undertake at least one piece of training / development / practice improvement activity per year intended to improve the quality of social work practice around care planning.

- All section 20 accommodation arrangements to be regularly reviewed by the IRO to ensure that the care plan is still relevant and meets the needs of the child/young person.
- The dispute resolution template to be updated and all formal and informal challenges to be recorded by the relevant IRO.

**Service Outcome: Every IRO will to ensure that 100% of Looked After Children's statutory Reviews take place within the expected timescales.**

- IRO to ensure that all services are committed to undertaking the statutory reviews within the required timescales.
- The dispute resolution protocol to be used as relevant.
- The child/young person to be prepared in advance of their statutory review.

### **THEME THREE: Maintaining Links with Birth Family and Connected Persons**

**Service Outcome: Looked after Children remain in contact with members of their birth family. The possibility of reunification with wider family is regularly explored and promoted where safe to do so.**

- Permanency planning is considered for all children and young people, in its widest context, with robust focus and planning from the commencement of being Looked After.



## Family and People Services Policy & Scrutiny Committee

<b>Date:</b>	25 <sup>th</sup> November 2019
<b>Classification:</b>	General Release
<b>Title:</b>	<b>2019/20 Work Programme and Action Tracker</b>
<b>Report of:</b>	Director of Policy, Performance & Communications
<b>x</b>	Cabinet Member for Family Services and Public Health
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	All
<b>Report Author and Contact Details:</b>	<b>Lizzie Barrett x 3103 ebarrett@westminster.gov.uk</b>

### 1. Executive Summary

1. This report asks the committee to agree topics for the 2019/20 work programme and note the committee's action tracker.

### 2. Key Matters for the Committee's Consideration

- 2.1 The Committee is asked to:

- Review and approve the draft list of suggested items (appendix 1) and prioritise where required.
- Note the action tracker (appendix 2).
- Note the recommendation tracker (appendix 3).

### 3. Work Programme

- 3.1 The proposed list of topics (appendix 1) takes in to account comments by the committee at its previous meeting.

**4. North West London Joint Health Overview and Scrutiny Committee (JHOSC)**

- 4.1 Since the committee's last meeting the JHOSC met on 30 October 2019. The meeting was to consider the North West London NHS'S financial position and the response to the NHS long term plan.
- 4.2 The next meeting of the JHOSC will take place on 27 January 2019, the agenda will cover estate strategies for the NHS, GP at hand and a written update on walk-in clinics.

**If you have any queries about this report or wish to inspect any of the background papers, please contact Lizzie Barrett.**

[ebarrett@westminster.gov.uk](mailto:ebarrett@westminster.gov.uk)

**APPENDICES:**

**Appendix 1** - Work Programme 2019/20

**Appendix 2** - Action Tracker

**Appendix 3** – Recommendation Tracker

**WORK PROGRAMME 2019/2020**  
**Family and People Service Policy and Scrutiny Committee**

<b>ROUND THREE</b> <b>25 NOVEMBER 2019</b>		
<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by</b>
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member’s priorities	Councillor Heather Acton, Cabinet Member for Family Services and Public Health
Youth Crime	What is youth crime picture in Westminster? What is being done to address youth crime?	
Looked After Children and Unaccompanied Asylum Seeking Children.	Report of the independent reporting officer	
HealthWatch Update	To receive an update on the work of the local HealthWatch	To be received electronically

<b>ROUND FOUR</b> <b>27 January 2020</b>		
<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by</b>
Cabinet Member Q&A	To receive an update and provide “critical friend” challenge	Councillor Heather Acton, Cabinet Member for Family Services and Public Health
Support for young carers	What support does the council offer to young carers? Can we do more to help them and those they care for?	
Local Safeguarding Adults Board	Review of the annual report	Independent LSAB Chair
Local Safeguarding Children Board	Review of the annual report	Independent LSCB Chair

**ROUND FIVE  
5 MARCH 2020**

<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by</b>
Cabinet Member Q&A	To receive an update and provide “critical friend” challenge	Councillor Heather Acton, Cabinet Member for Family Services and Public Health
Integrated Care Systems	Investigate the impact of NW London ICS work on Westminster	Mark Easton, NW London CCG
Primary Care Networks (and social prescribing)		

**ROUND SIX  
20 APRIL 2020**

<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by</b>
Cabinet Member Q&A	To receive an update and provide “critical friend” challenge	Councillor Heather Acton, Cabinet Member for Family Services and Public Health
Westminster Family Hubs	Review the implementation of the family hubs model in Westminster	

**ROUND SEVEN  
TBC**

<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by</b>
Cabinet Member Q&A	To receive an update and provide “critical friend” challenge	Councillor Heather Acton, Cabinet Member for Family Services and Public Health
Supported Families	Review of the troubled/supported families programme following the council securing autonomy over the scheme	

Looked after Children and Unaccompanied Asylum-Seeking Children	Review of the annual report of the independent reviewing officer	
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<b>ROUND EIGHT TBC</b>		
<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by</b>
Cabinet Member Q&A	To receive an update and provide “critical friend” challenge	Councillor Heather Acton, Cabinet Member for Family Services and Public Health
Sexual and Relationship Education	Review of the implementation of SRE across Westminster after a year of it being a statutory part of the curriculum	

<b>UNALLOCATED ITEMS</b>		
<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by</b>
Adult Social Care Account Group		
Imperial College Healthcare NHS Trust	Review of ICHNT estates program. Especially focusing on maintenance backlog and effect on services	
Suicide	Review of approach to suicide prevention	
Public Health	Review of the annual report of the Director of Public Health	Director of Public Health
Social Prescribing	Examine the approach to social prescribing across Westminster and its outcomes	

<b>TASK GROUPS AND STUDIES</b>		
<b>Subject</b>	<b>Reasons &amp; objective</b>	<b>Type</b>
Young People’s Mental Health and Technology	Investigate the effect of technology on young people	Task Group

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## Family and People Services Policy and Scrutiny Committee Action Tracker

ROUND TWO 17 OCTOBER 2019		
Agenda Item	Action	Update
Item 4: Cabinet Member Update	Requested that the Ofsted report be circulated.	Completed
	Requested a report on why people become homeless and the reasons why they sometimes do not ask for help.	In progress
	Requested an update on proposed changes to palliative care and how this would impact Westminster residents.	In progress
Item 5: Immunisation Programmes in Westminster	Requested MMR London recovery plan	Completed
	Requested that the committee be kept appraised of IT roll outs.	In progress
Item 7: Work Programme	Move Primary Care Networks from round three to a later round.	Completed
	Receive Healthwatch update electronically.	Completed

ROUND ONE 17 JUNE 2019		
Agenda Item	Action	Update
Item 4: Central London Clinical Commissioning Group Update	Circulate diabetes dashboard and update on the project	Completed
	Circulate paper on Different ICP/ ICS models of care	Completed
	Circulate detail on the models of care work streams	Completed

	Circulate the recently published end of life specialist care review	Completed
Item 5: Dementia Strategy	Circulate the number of places in memory cafe drop-in sessions	Completed
Item 6: Cabinet Member Update	Circulate an update of the TUPE of staff to Sanctuary Care	Completed
	Investigate if there is an issue in Westminster with immunisation takeup	Completed
	Investigate if there is a SEN tribunal numbers are going down?	Completed
Item 7: Work Programme	Circulate a briefing on mental health transformation	Completed
	Ask RBKC why they've gone to mandating LLW with care homes	Completed
	Investigate if the Council has any concerns with safeguarding in care homes to protect residents against abuse	Completed

ROUND FIVE 1 APRIL 2019		
Agenda Item	Action	Update
Item 4: Cabinet Member Update	Organise a visit for members to DAWS	Completed
	Supply a note on the active life meeting that took place on 20th March	In progress
	Circulate a briefing note on the use of the dark web to purchase drugs	Completed
	Circulate a note on the family hubs conference	Completed

	Speech and Language Therapy budget – what is the new budget, how has this affected services?	Completed
	What is the new budget for troubled/supported families and how is it being used?	Completed
	Circulate a note on the recent dementia strategy event	Completed
	Circulate a note on the Youth Providers roundtable	Completed
	Circulate the report on Immunisation Programmes	Completed

ROUND FOUR 4 FEBRUARY 2019		
Agenda Item	Action	Update
Item 4: Cabinet Member Update	Circulate director of public health report to the committee when it is published	Completed
	Circulate report on barriers to uptake of childhood vaccinations to the committee when it is available	In progress
Item 5: Childhood Obesity in Westminster	Circulate details of water fountains in school scheme	Completed
Item 6: Local Children's Safeguarding Board	Circulate the final version of the LSCB annual report to the committee	In progress

ROUND THREE 3 DECEMBER 2018		
Agenda Item	Action	Update
Item 4: Cabinet Member Update	Provide details of how people without internet access can get the SEND self-evaluation forms	Completed
	Include and update on youth violence public health approach in cabinet member report	In progress

	Include updates on agreements of areas of lead responsibility for Speech and Language Therapy in cabinet member report	In progress
Item 5: Safeguarding Board	Share section 42 safeguarding process map with the committee	Completed
	Circulate to all councilors the contact details they should use to raise safeguarding issues	Completed
	Provide update on deprivation of liberty safeguards work in cabinet member update	In progress
Item 6: Direct Payments/Personal Budgets	Circulate examples of payroll services to the committee	Completed

ROUND TWO 15 OCTOBER 2018		
Agenda Item	Action	Update
Item 4: Cabinet Member Update	Include updates on the e-based system for STIs in future cabinet member updates	In progress
	Contact Central London CCG about the discontinuation of the 'different voices' service.	Completed
	Provide a briefing note on new contract for passenger transport	Completed
Item 5: Westminster HealthWatch Update	Include direct payments/personal budgets on the committee's work programme	Completed
Item 6: Care Home Improvement Programme (CHIP) - Older People's Nursing and Residential Homes	Share reply about young woman at Forrester court with the committee	Completed
	Provide benchmarking briefing on care home ratings	Completed

	Organise briefing session on commissioning for the committee	In Progress
	Provide the committee with an update on the IBCF funding settlement once it's known.	In Progress

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## RECOMMENDATION TRACKER 2019 -2020

### Family and People Services Committee Policy and Scrutiny Committee

<b>Recommendations from the meeting on 17 October 2019</b>
<b>NHS England</b>
<b>RECOMMENDATION 1</b>
That electronic consent for immunisations be pursued.
<b>NHS England comments:</b> <ul style="list-style-type: none"><li>The electronic consent for immunisations in schools is being piloted by three of our eight providers and we will be happy to update the committee on this once it has been rolled out.</li></ul>
<b>RECOMMENDATION 2</b>
That it be made clear that non-porcine options are available for some immunisations, and that the default option be the non-porcine option.
<b>NHS England comments:</b> <ul style="list-style-type: none"><li>Porcine is not used in all vaccinations and where it is, it is advised that parents wishing their children to have non-porcine gelatine MMR should request Priorix vaccine from their GP. This is a question for national PHE as NHSE (London) doesn't have a role in deciding the vaccines used for the national programmes.</li></ul>
<b>RECOMMENDATION 3</b>
That a mechanism for requiring private GPs to share immunisation rates be explored.
<b>NHS England comments:</b> <ul style="list-style-type: none"><li>We have looked at getting the information from private GPs to upload onto child health information services to use in our reporting, but this has proven difficult as private GPs are private enterprises and there is no legal obligation for them to share vaccination information with us. We welcome any ideas or suggestions on how we might do this.</li></ul>
<b>West London CCG</b>
<b>RECOMMENDATION 1</b>
That it be made clear that non-porcine options are available for some immunisations, and that the default option be the non-porcine option.
<b>West London CCG comments:</b> <ul style="list-style-type: none"><li></li></ul>
<b>RECOMMENDATION 2</b>
That Westminster become part of pilot that is being rolled out in East London.
<b>West London CCG comments:</b>

•
<b>RECOMMENDATION 3</b>
That a pilot be set up to extend school vaccinations to nursery schools.
<b>West London CCG comments:</b>
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<b>Central London CCG</b>
<b>RECOMMENDATION 1</b>
That it be made clear that non-porcine options are available for some immunisations, and that the default option be the non-porcine option.
<b>Central London CCG comments:</b>
<ul style="list-style-type: none"> <li>• Porcine is not used in all vaccinations and where it is, it is advised that parents wishing their children to have non-porcine gelatine MMR should request Priorix vaccine from their GP. In terms of any change to policy regarding the use of vaccines, this is a question for national PHE as the CCG doesn't have a role in deciding the vaccine used for the national programmes.</li> </ul>
<b>RECOMMENDATION 2</b>
That Westminster become part of pilot that is being rolled out in East London.
<b>Central London CCG comments:</b>
<ul style="list-style-type: none"> <li>• NHS England has already responded by saying that it would be happy to share and update the Committee once the data collection process starts and there is enough information to determine the success or otherwise of the pilots. In terms of extending this to Westminster, we may need to wait for the results from the early adopter sites to come through before this can be fully rolled out in the Borough. However, as the CCG does not directly commission the school nursing provider in Westminster, CNWL, the final decision would need to be made by NHSE&amp;I (London) as they have the contract with the provider.</li> </ul>
<b>RECOMMENDATION 3</b>
That a pilot be set up to extend school vaccinations to nursery schools.
<b>Central London CCG comments:</b>
<ul style="list-style-type: none"> <li>• This recommendation by the Committee is very interesting and may be worth further exploration. However, at the moment in Westminster, most of this work is undertaken in general practice for children aged 0-5 through their primary care contract and thus any change to this arrangement would need to have the support of GPs and would also have a cost implication. It is acknowledged that current performance within general practice for this cohort is low and thus we have identified a number of areas where we think improvements can be made including greater use of our local text messaging service directed at parents for vaccination appointments and follow up reminders. Extending the school nursing service for pre-school children attending nursery even on a pilot-type basis</li> </ul>

would require a potential financial commitment from the CCG that at the moment we would find very difficult to achieve. Nonetheless, I will take away an action to discuss with primary care colleagues to see if we might be able to undertake something at a Primary Care Network (PCN) level especially where there are nurseries within a PCN boundary. PCNs are still in their infancy but generally meet monthly and thus I will endeavour to get a space on a forthcoming agenda to talk through the idea and will keep Committee members updated accordingly.

### **Local Implementation Group**

#### **RECOMMENDATION 1**

That all groups involved with immunisations in Westminster be encouraged to promote immunisation uptake across the city.

#### **Local Implementation Group comments:**

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