

Committee Agenda



City of Westminster



**THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA**

Title: **Health & Wellbeing Board**

Meeting Date: **Wednesday 3rd July, 2019**

Time: **4.00 pm**

Venue: **Lord Mayor's Parlour, 19th Floor, Westminster City Hall, 64
Victoria Street, London, SW1E 6QP**

Cllr Heather Acton (Chair)	WCC - Cabinet Member for Family Services and Public Health
Cllr Sarah Addenbrooke (Chair)	RBKC - Lead Member for Adult Social Care and Public Health
Councillor David Lindsay	RBKC – Lead Member for Family and Children's Services
Cllr Nafsika Butler-Thalassiss	WCC - Minority Group
Melissa Caslake	Bi-Borough Children's Services
Olivia Clymer	Healthwatch Westminster
Angeleca Silversides	Healthwatch RBKC
Jo Ohlson	NHS England North West London
Bernie Flaherty	Bi-Borough Adult Social Care
Houda Al-Sharifi	Interim Director of Public Health
Toby Hyde	Imperial College NHS Trust
Philippa Johnson	Central London Community Healthcare NHS Trust
Dr Andrew Steeden	Chair of West London CCG
Dr Naomi Katz	West London CCG
Detective Inspector Iain Keating	Metropolitan Police
Detective Inspector Seb Adjei-Addoh	Metropolitan Police
Dr Neville Purssell	Central London CCG
Hilary Nightingale	Westminster Community Network

Jennifer Travassos	Housing and Regeneration
Angela Spence	Kensington & Chelsea Social Council representative
Iain Cassidy	Open Age representative
Sara Sutton	WCC – Executive Director for City Management and Communities
Andrew Durrant	WCC – Director of Community Services
Sue Harris	RBKC – Executive Director for Environment and Communities
Rachel Sharpe	RBKC – Director of Housing Needs and Supply
Claire Wise	RBKC – Head of Homelessness



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

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



An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Tristan Fieldsend Committee and Governance Officer.

**Tel: 7641 2341; Email: tfieldsend@westminster.gov.uk
Corporate Website: www.westminster.gov.uk**

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

AGENDA

PART 1 (IN PUBLIC)

1. WELCOME TO THE MEETING

The Chair to welcome everyone to the meeting.

2. MEMBERSHIP

To report any changes to the Membership of the meeting.

3. DECLARATIONS OF INTEREST

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

4. MINUTES AND ACTIONS ARISING

(Pages 5 - 14)

- i) The Royal Borough of Kensington & Chelsea Health and Wellbeing Board to approve the Minutes of their sovereign meeting held on 9 May 2019.
- ii) The joint Royal Borough of Kensington & Chelsea and City of Westminster Health and Wellbeing Board to agree the Minutes of the meeting held on 9 May 2019.

PART A - HEALTH AND WELLBEING BOARD PRIORITIES

5. TAKING A PUBLIC HEALTH APPROACH TO SERIOUS YOUTH VIOLENCE

(Pages 15 - 30)

To receive an overview of activity occurring across Westminster City Council and the Royal Borough of Kensington and Chelsea to tackle serious youth violence.

PART C - MONITORING - STATUTORY ITEMS / OTHER

6. CCGS - THE CASE FOR CHANGE

(Pages 31 - 56)

To receive an update on commissioning reform in North West London.

7. SEND STRATEGY SELF EVALUATION

(Pages 57 - 90)

To receive an update on work to implement the SEND reforms introduced in the Children and Families Act 2014 and a summary of inspection arrangements.

8. BETTER CARE FUND UPDATE

**(Pages 91 -
100)**

To receive an update on the outcome (Q4 Return) of the Better Care Fund (BCF).

9. ANY OTHER BUSINESS

The Board to consider any other business which the Chair considers urgent.

Stuart Love
Chief Executive, Westminster City Council

Barry Quirk
Chief Executive, RB Kensington & Chelsea

25 June 2019

MINUTES



Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the Royal Borough of Kensington & Chelsea's **Health & Wellbeing Board** held on 9 May 2019 at 4pm at The Main Hall, Marlborough Primary School, Draycott Avenue, Chelsea, London, SW3 3AP.

Present:

Councillor David Lindsay (RBKC - Lead Member for Healthy City Living)
Councillor Sarah Addenbrooke (RBKC – Lead Member for Adult Social Care)
Councillor Robert Freeman (RBKC Scrutiny)
Houda Al-Sharifi (Interim Director of Bi-borough Public Health)
Iain Cassidy (Open Age)
Robyn Doran (Central and North West London NHS Foundation Trust)
Bernie Flaherty (Bi-Borough Executive Director of Adult Social Care)
Sue Harris (RBKC - Executive Director Environment and Communities)
Henry Leak (Hub Manager, West London CCG)
Annabel Saunders (RBKC & WCC – Assistant Director of Integrated Commissioning - Children's Lead)
Angeleca Silversides (Healthwatch RBKC)
Angela Spence (Kensington & Chelsea Social Council)
Dr Andrew Steeden (Chair of West London CCG)
Spencer Sutcliff (London Fire Brigade)
Claire Wise (RBKC Head of Homelessness)

1. WELCOME TO THE MEETING

- 1.1 Councillor David Lindsay welcomed everyone to the meeting and confirmed that this sovereign RBKC meeting would consider one main item only. He thanked Marlborough School for hosting the meeting.

(A joint meeting of the RBKC and City of Westminster Health and Wellbeing Boards took place at 4.30pm. The minutes for this joint meeting are a separate document).

2. MEMBERSHIP

- 2.1 Apologies for absence were received from Senel Arkut (Bi-Borough - Head of Health Partnerships and Development), Melissa Caslake (Bi-Borough Children's Services), Chris Greenway (Bi-Borough – Director of Integrated Commissioning), Dr Naomi Katz (West London CCG), Louise Proctor (Managing Director of the West London CCG), Rachel Sharpe (RBKC – Director of Housing Needs and Supply) and Councillor Emma Will (RBKC – Lead Member for Families, Children and Schools).

3. DECLARATIONS OF INTEREST

- 3.1 No declarations were made.

4. PROFESSOR STEC REPORT UPDATE

- 4.1 Houda Al-Sharifi introduced the report and provided an overview. The advice remained as per the Government document of 28 March included with the report.
- 4.2 In subsequent brief discussion it was reiterated that soil testing by AECOM (the independent contractor) was taking place alongside existing air quality monitoring.
- 4.3 Councillor Lindsay confirmed he had attended the community consultation workshops in late April; there had been a healthy and open exchange of views.

5. ANY OTHER BUSINESS

- 5.1 Councillor Lindsay invited Board members on to give their preliminary views on how the joint meetings RBKC and Westminster were going. It was still very early in the process of having Joint Boards.
- 5.2 Ms Silversides stated her view that she thought the reports coming to the Joint Board possibly lacked a little of the depth they used to.
- 5.3 Robyn Doran stated that she welcomed the Joint Board meetings and referred to the considerable duplication between the two authorities. Iain Cassidy agreed with this point as did Bernie Flaherty who observed that the joint meetings made good use of officer time. Ms Silversides accepted this point.

The Meeting ended at 4.30 pm.

CHAIR: _____

DATE _____

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MINUTES



CITY OF WESTMINSTER



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a joint meeting of Westminster City Council's and the Royal Borough of Kensington & Chelsea's **Health & Wellbeing Boards** held on 9 May 2019 at 4.30pm at The Main Hall, Marlborough Primary School, Draycott Avenue, Chelsea, London, SW3 3AP.

Present:

Councillor Heather Acton (WCC - Cabinet Member for Family Services and Public Health)
Councillor David Lindsay (RBKC - Lead Member for Healthy City Living)
Councillor Sarah Addenbrooke (RBKC – Lead Member for Adult Social Care)
Councillor Lorraine Dean (WCC – Deputy Cabinet Member for Family Services and Public Health)
Councillor Nafsika Butler-Thalassis (WCC - Minority Group Representative)
Councillor Robert Freeman (RBKC Scrutiny)
Houda Al-Sharifi (Interim Director of Bi-borough Public Health)
Colin Brodie (Knowledge Manager, Public Health)
Iain Cassidy (Open Age)
Robyn Doran (Central and North West London NHS Foundation Trust)
Andrew Durrant (WCC – Director of Community Services)
Mark Easton (Accountable Officer, North West London CCGs)
Bernie Flaherty (Bi-Borough Executive Director of Adult Social Care)
Neil Hales (Deputy Managing Director - Central London CCG)
Sue Harris (RBKC - Executive Director Environment and Communities)
Wayne Haywood (Programme Manager – Better Care Fund)
Toby Hyde (Imperial College NHS Trust)
Henry Leak (Hub Manager, West London CCG)
Hilary Nightingale (Westminster Community Network)
Anne Pollock (WCC – Principal Policy Officer)
Dr Neville Purssell (Chair of the Central London CCG)
Annabel Saunders (RBKC & WCC – Assistant Director of Integrated Commissioning - Children's Lead)
Angeleca Silversides (Healthwatch RBKC)

Angela Spence (Kensington & Chelsea Social Council)
Dr Andrew Steeden (Chair of West London CCG)
Spencer Sutcliff (London Fire Brigade)
Sara Sutton (WCC – Executive Director City Management and Communities)
Jennifer Travassos (WCC – Housing and Regeneration)
Lesley Watts (Senior Responsible Officer (SRO) for North West London Partnership)
Claire Wise (RBKC Head of Homelessness)

1. WELCOME TO THE MEETING

- 1.1 Councillor David Lindsay welcomed everyone to the meeting and confirmed that as the joint Board meeting was being held within RBKC he would Chair the meeting in line with the agreed memorandum of understanding. He thanked Marlborough School for hosting the meeting.

(A sovereign meeting of the RBKC Health and Wellbeing Board took place at 4pm. The minutes for this sovereign meeting are a separate document).

2. MEMBERSHIP

- 2.1 Apologies for absence were received from Senel Arkut (Bi-Borough - Head of Health Partnerships and Development), Melissa Caslake (Bi-Borough Children's Services), Olivia Clymer (Healthwatch Westminster), Councillor Christabel Flight (WCC), Chris Greenway (Bi-Borough – Director of Integrated Commissioning), Philippa Johnson (Central London Community Healthcare NHS Trust), Dr Naomi Katz (West London CCG), Jules Martin (Central London CCG), Louise Proctor (Managing Director of the West London CCG), Rachel Sharpe (RBKC – Director of Housing Needs and Supply) and Councillor Emma Will (RBKC – Lead Member for Families, Children and Schools).

3. DECLARATIONS OF INTEREST

- 3.1 No declarations were made.

4. MINUTES

RESOLVED:

- 4.1 The minutes of the joint Royal Borough of Kensington & Chelsea and Westminster Health & Wellbeing Board meeting held on 28 March 2019 be agreed as a correct record of proceedings.

5. REVIEW OF PRIORITIES FROM 2018-19 AND SELECTION OF PRIORITY OPTIONS FOR 2019-20

- 5.1 Anne Pollock introduced the report and provided an overview.
- 5.2 A number of Board members gave their view on the existing priorities of Sugar, Loneliness and Dementia and what had been achieved on these over the last year. A number of contributions believed that significant progress had been made in establishing a whole systems approach to dementia and that dementia should be maintained as a priority. It was noted that the Dementia Strategy should align with the developing Autism Strategy.
- 5.3 On sugar the Board noted early progress on improving oral health for children and young people which it was important to try to maintain. This priority was considered work in progress.
- 5.4 The future possible option of Homelessness and Health was discussed although it was identified that this was a much greater issue of concern numbers wise in Westminster than RBKC. RBKC had nowhere near the number of rough sleepers as Westminster.
- 5.5 Other contributions indicated support for the Mental Wellbeing and Personal Resilience, and Maximising Health Opportunities options.
- 5.6 Having listened to all of the comments Councillor Lindsay confirmed Dementia as one of the priorities for 2019/20. Ms Pollock would email Board members to confirm their selection of the two other preferences. The options are: -
- Mental Wellbeing and Personal Resilience
 - Taking a PH approach to Youth Violence
 - Homelessness and Health
 - Maximising Health Opportunities.
- 5.7 Furthermore, the Board noted that any option not chosen as a priority will be brought to it, as well as using other forums, to ensure the issue is given due attention. All of the priority options were important ones of merit. This Board did not wish to duplicate anything done by the Community Safety Board.

6. MENTAL HEALTH AND WELLBEING JOINT STRATEGIC NEEDS ASSESSMENT FOR SIGN OFF

- 6.1 Colin Brodie (Public Health Knowledge Manager) provided the Board with a short verbal update. He confirmed that a range of stakeholders had been consulted – this was perhaps more evident from the full version of the report.
- 6.2 Mr Brodie was asked to consider a couple of revisions to the JSNA. Sue Harris asked for inclusion of some of the boroughs' physical assets (Parks, open spaces etc.). Robyn Doran and Angeleca Silversides drew attention to the use of culturally sensitive language, particularly in respect of North Kensington (e.g. Don't use terms like mental ill health, burden etc.).

- 6.3 The comprehensiveness of the JSNA was praised.

RESOLVED:

That the Joint Health and Wellbeing Board approve the Mental Health and Wellbeing JSNA.

7. COMMISSIONING INTENTIONS FURTHER UPDATE

- 7.1 Neil Hales (Deputy Managing Director – Central London CCG) pointed out there were differences between the two CCGs, for instance there was a greater spend on the London Ambulance Service in Central London. Both CCGs would be providing an updated version via their respective websites.
- 7.2 In response to concerns about the maintenance of services and the continuance of a vibrant third sector Dr Steeden repeated assurances that had been made to him.

8. NWL SHAPING A HEALTHIER FUTURE AND THE NHS LONG TERM PLAN

- 8.1 Mark Easton (Accountable Officer, North West London CCGs) (with Lesley Watts) recapped the history of Shaping a Healthier Future (SaHF). The recently issued NHS England Long Term Plan was an attempt to address the two long term problems of (i) a substantial capital investment needed to tackle a maintenance backlog; and (ii) long term financial problems with seven of the eight CCGs in North West London in deficit. The problems that SaHF had sought to address were still present.
- 8.2 In subsequent discussion Ms Watts added the problem of availability of workforce (for instance 20 doctors had just been recruited from India). Hillingdon, Northwick Park and Imperial were at the top of the London list of hospitals requiring capital works.
- 8.3 Although not an issue for this meeting Mr Easton stated that we were likely to see a future reduction in the number of CCGs. Mr Cassidy was anxious about how the third sector would continue to be resourced.
- 8.4 Ms Watts responded that the future challenge would be to agree some universal principles. Mr Easton added that there was no wish to interfere with existing good integrated practice.

9. ANY OTHER BUSINESS

- 9.1 Councillor Acton provided the Board with the following update. A very useful networking event of a large number of youth providers in Westminster had taken place. Further details were available on the Westminster website.

The Meeting ended at 6.00 pm.

CHAIR: _____

DATE _____

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Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	3 rd July 2019
Classification:	General Release
Title:	Taking a Public Health Approach to Tackling Serious Youth Violence
Report of:	Deputy-Director of Bi-borough Public Health, Executive Director of Children's Services, Executive Director of City Management and Communities
Wards Involved:	N/A
Financial Summary:	N/A
Report Author(s) and Contact Details:	Katrina McLarty, Public Health Business Partner kmclarty@westminster.gov.uk Debbie Arrigon, Public Health Business Partner darrigon@westminster.gov.uk in consultation with Children's services and community safety.

1. Executive Summary

- 1.1 Violence is defined by the WHO as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation. Serious youth violence has been coined to capture significant violent crimes committed by youths up to the age of 25.
- 1.2 Youth violence is influenced by risk factors at different levels and at different life stages of an individual. It is important that prevention efforts include the targeting

of children at an early stage to prevent initial involvement, prevent escalation and to mitigate harmful outcomes.

- 1.3 Crime and safety is one of the primary concerns of young people living in Westminster and Kensington and Chelsea.¹⁻² Data indicates a concerning number of incidents of youth violence in both boroughs; Westminster has seen a large increase in all incidents since 2015 although both boroughs have seen a recent decline in the numbers of people accessing the Youth Offending Service following involvement in serious youth violence/incidents involving a weapon. It is important to note however that Police/YOT data will represent only part of the picture given not all incidents will be reported. This underlines the importance of sharing and reviewing data from different sources.
- 1.4 There is a need to integrate what we know about the increase in instances amongst the cohort of 18-25-year olds, including what we know about their patterns of behaviour/ history and any services they have accessed. This will assist our thinking about the services we might need across the partnership to tackle serious youth violence.

2. Key Matters for the Board

- 2.1 This paper provides the board with an overview of activity occurring across Westminster City Council and the Royal Borough of Kensington and Chelsea to tackle serious youth violence (SYV) and provides points for discussion for the Board to consider in defining their role in contributing to addressing the issue. It highlights the importance of prevention alongside early intervention and proposes a framework for the Board to consider the different elements of action required at this strategic level.

3. Background

- 3.1 Violence is defined as “the intentional use of physical force or power, threatened or actual, against another person or against a group that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation”³.
- 3.2 For each young person killed, many more sustain injuries requiring hospital treatment. Beyond deaths and injuries, youth violence can lead to mental health problems, such as post-traumatic stress disorder, depression, anxiety disorders and a wide range of psychological dysfunction and increased health-risk behaviours, such as smoking, alcohol and drug use, and unsafe sex. These are problems and behaviours that can persist throughout adolescents into adulthood and can greatly impact an individual’s long-term health and wellbeing.

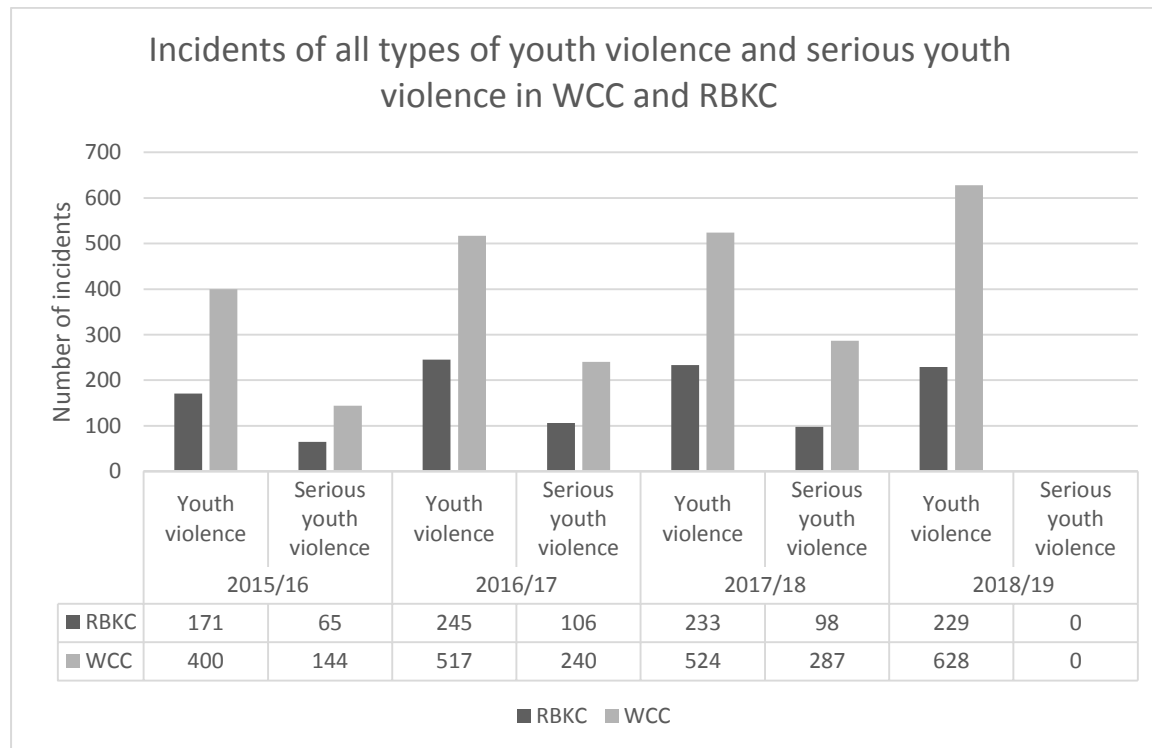
¹ RBKC Youth Services Review

² Annual Public Health Report - Our Health, Our Wellbeing: young people growing up in Kensington and Chelsea, and Westminster, 2017 - 2018

³ Preventing youth violence: an overview of the evidence. WHO 2015

- 3.3 Youth violence results in greatly increased health, welfare and criminal justice costs; reduces productivity; decreases the value of property in areas where it occurs; and generally, undermines the fabric of society. Accordingly, effective youth violence prevention programmes can improve a broad range of health, education and social outcomes, leading to potentially substantial economic savings.
- 3.4 Exposure to violence in early childhood and adolescence can lead to engaging in other types of violence, including further youth violence, child maltreatment and intimate partner violence. Youths who have perpetrated or suffered violence during childhood are three times more likely to perpetrate violence later in their life, and children who witnessed parental violence are more likely to perpetrate youth violence ³.
- 3.5 Youth violence and its consequences not only change the life of the immediate victim, but also affect their family members and friends. Relatives and close friends of youth violence victims are significantly more likely to show symptoms of depression; negative behaviours directed towards the environment, such as disobeying rules, physical aggression, vandalism, or threatening others, and drug use and harmful use of alcohol
- 3.6 Wider social and economic consequences include educational underachievement. Youth violence perpetration and victimisation are related to low academic achievement. Those who are involved in youth violence show lower educational performance and are more at risk of school dropout or truancy.
- 3.7 There are many different data sources relating to serious youth violence. Some data relates to number of incidents whereas other data gives us an indication of number of victims or perpetrators engaged with services. There may be more than one perpetrator or victim involved in each incident or multiple incidents involving one perpetrator. This is important context for interpreting the data and level of need in the boroughs.
- 3.8 It should be noted that Police data may only represent the tip of the iceberg and ideally should be considered alongside data from other sources including A&E. Underreporting to Police may occur due to victims who suffer in silence or community fear may be present. This emphasises the importance of data sharing to better understand the magnitude and characteristics of the issue and harm associated.

- 3.9 Youth violence statistics from the Mayor's Office of Policing and Crime relates to the victim of a crime who is aged 19 or less. The figure below shows the incidents of all types of youth violence in both boroughs and of these, how many constitute serious youth violence (where the victim is 1-19 and has been subject to the most serious violence or weapon enabled crime, i.e. murder manslaughter, rape, wounding with intent and causing grievous bodily harm).⁴ Please note that data for 2018/19 is not available as this measure is no longer recorded separately to youth violence.



- 3.10 In the last year knife crime has increased by 52% in Westminster compared with a 1% increase across the Metropolitan Police Service (MPS) as a whole. 20% of all knife crime in Westminster was with injury compared with 29% across the MPS. There were 199 knife with injury victims over the last year in Westminster, 90 were aged under 25 the vast majority (88) were not linked to domestic abuse⁵.
- 3.11 In the last year knife crime has increased by 24% in Kensington and Chelsea compared to the previous year, with a total of 326 offences recorded. This compares to a 16% increase in Knife Crime with injury. The weekend of Notting Hill Carnival has a significant impact on the monthly volume of knife crime with seasonal peaks in August as a result¹⁰.

⁴ Mayor's Office of Policing and Crime, 2019

⁵ Safer Neighbourhoods Board – London Datastore, GLA, 2019

3.12 Although relatively rare, the under 25s murder rate in London has been increasing since 2016. 154 people were killed in 2018 which was London's highest homicide total since 2008. More than a fifth of victims were children and teenagers, with 18 victims of stabbing. As of 3 March 2019, there have been at least 13 murders in London of which five were aged 19 or under. Fatal stabbings are the most common cause of under 25s murders in London ⁶.

3.13 The following table displays data from the Youth Offending Services showing the number of those under 18 who had committed a violent offence and what proportion of these involved the possession of a knife, blade or other offensive weapon ⁷.

Borough	2016/17		2017/18		2018/19	
	Total number of violent offences	Involving a weapon	Total	Involving a weapon	Total	Involving a weapon
RBKC	76	27	50	21	35	14
WCC	99	34	84	27	60	18

⁶ London violence article in the Independent, 3/3/19

⁷ WCC and RBKC Annual Youth Offending Reports

4. Risk Factors for Youth Violence

- 4.1 The causes of youth violence are complex and multifactorial. A risk factor is a “characteristic that increases the likelihood of a person becoming a victim or perpetrator of violence, or of a place having high rates of youth violence”⁸. The table below outlines the risk factors associated with SYV by ecological level and developmental stage¹¹. These risk factors are influential at differing developmental stages from conception and early infancy 0-1 year, through to early adulthood 18-29 years. This recognition of a life course approach emphasises the importance of prevention and early intervention.

Ecological Level	Risk Factors	Developmental stage* (Years old)
Individual risk factors	Attention deficit, hyperactivity, conduct disorder or other behavioural disorders	1 - 18
	Male sex	0 - 29
	Genetic factors	0 - 29
	Low intelligence	0 - 29
	Involvement in crime and delinquency	10 - 29
	Low academic achievement	1 - 14
	Parental drug use	0 - 11
	Illicit drug use	11 - 29
	Harmful use of alcohol	11 - 29
	Child maltreatment	0 - 18
	Unemployment	14 - 29
Family and close relationships	Poor parental supervision	1 - 18
	Harsh and inconsistent discipline by parents	0 - 14
	Divorce of parents	0 - 18
	Teenage pregnancy	0 - 1
	Parental depression	0 - 18
	Family history of antisocial behaviour	0 - 18
	Unemployment in the family	0 - 18
	Harmful alcohol use during pregnancy	0 - 1
	Delinquent peers	11 - 29
	Gang membership	11 - 29
Community and society	Bullying perpetration and victimization	8 - 18
	Access to alcohol	0 - 29
	Illicit drug markets	0 - 29
	Harmful use of drugs	3 - 18
	Access to weapons	0 - 29
	Poverty	0 - 29
	Inequality	0 - 29

* Developmental stages: Conception and early infancy 0-1 year; infancy 1-3 years; childhood 4-11 years; early adolescence 12-14; late adolescence 15-18 years; early adulthood 18-29 years.

⁸ Preventing youth violence: an overview of the evidence. WHO 2015

- 4.2 However, not all young people classed as high risk will ultimately engage in violence so it is also important to consider the 'protective factors' that may reduce the likelihood of involvement in youth violence including high resilience and self-esteem; low levels of impulsiveness; pro-social attitudes; close relationships to parents and stable family structure; intensive parental supervision; medium socioeconomic status; strong ties to school; satisfactorily educational attainment and aspirations; having positive social connections and non-deviant peers; and living in a non-violent neighbourhood with low economic deprivation⁹.
- 4.3 This is corroborated by analysis of the cohort of young offenders working with the youth offending team. It highlights family disruption, school attendance and substance misuse as significant contributory factors in criminal behaviour. There are also a higher number of boys engaging in criminal behaviour as are young people from black and minority ethnic backgrounds.

5. Approaches to Addressing Serious Youth Violence

- 5.1 A 'Public Health' approach is a multi-agency, whole system approach to SYV, 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 as part of a long-term, integrated multi-agency approach rather than taking a procedural justice response which deals with the consequences.
- 5.2 At its core a public health approach is an acknowledgement that no issue relating to violence has a single aspect or cause and that no single agency, service or organisation has all the answers.
- 5.3 A 'Public Health' approach has 6 broad criteria:
- It is focused on the whole population but may prioritise targeting the individuals, families and communities most at risk of becoming involved in youth violence It is established with and for communities
 - It is not constrained by organisational, professional, service or sector boundaries but requires an integrated approach to achieving shared outcomes
 - It is focused on prevention, addressing the root causes of youth violence as well as early intervention with high risk groups
 - It requires a long-term commitment to action and an acknowledgement that return on investment may take years
 - It is based on data and intelligence
 - It is rooted in evaluation and evidence of effective practice
- 5.4 Changing a culture of violence takes time, as does strengthening collaboration and commitment from partners within Local Government, Police, the wider criminal justice system, health and voluntary sector organisations.

⁹ Preventing youth violence: an overview of the evidence. WHO 2015

- 5.5 In September 2018 the Mayor of London launched the London Violence Reduction Unit (VRU). This Unit will bring together specialists from health, police, local government, probation and community organisations to tackle violent crime and the underlying causes of violent crime. This approach will draw on learning from other public health approaches to tackling violence.

6. Key Stakeholders

- 6.1 No issue relating to violence has a single cause or solution. A whole-system approach is required for long-term violence prevention and reduction which involves integrated multi-agency working.

- 6.2 Key partners to tackling this issue include:

- Children and Family Services including Early Help and the Youth Offending Team and the Integrated Gangs and Exploitation Unit
- Public Health
- Education including schools
- Metropolitan Police Service
- Community Safety
- Community groups and organisations
- Voluntary sector including St Johns and uniform volunteer services
- NHS including A&E departments and CCGs
- Housing
- Resident Associations
- Sports & Leisure Services
- Employment Services
- Regeneration Team
- Charity Sector - Youth Providers

- 6.3 Owing to the nature of the issue, internally Community Safety and Children Services have been leading a council-wide response. The next part of this paper will elaborate on their approaches and actions proposed.

7. Current Activities to Address SYV by the City of Westminster

- 7.1 **Task Group:** Established a SYV Task Group in June 2018. The group feeds into the Safer Westminster Partnership through the Youth Crime Prevention Partnership. The Task Group is focused on understanding the drivers behind SYV in the borough, in order to provide appropriate strategic and tactical responses, as well as empowering our communities to help reduce SYV.
- 7.2 **Whole-system Workshops:** Public Health facilitated three workshops with the Task Group. The key objectives of these sessions were to explore what a public health approach to SYV could look like in Westminster and to collectively capture what we are currently doing that aligns to this approach and discuss what more could be done to shape an action plan.

- 7.3 **Prevention Matrix:** A Prevention Matrix was produced which maps current activity and opportunity areas at key points for prevention. The five key themes were; schools, community, parenting, mental health and engagement. The Task Group decided to pilot the proposed approach and the identified evidence-based interventions in Church Street. A scoping meeting took place in February 2019 with a range of council and community partners to gain support and develop a programme plan. Work is currently ongoing to develop preventative education sessions in primary and secondary schools and sessions with young people during the school summer holidays; training in schools for professionals and linking in opportunities for young people with the Church Street Regeneration programme.
- 7.4 **Community Engagement:** A SYV Community Engagement Officer post has been created and recruited to. Their remit is to develop an engagement strategy on this issue and to build effective relationships with local people to provide greater insight into the local community and give them an opportunity to influence the council's work. The position will be split between Community Safety and the IGXU.
- 7.5 **Influencing VRU:** Linked into MOPAC and the development of the Violence Reduction Unit in order to understand the potential implications for Westminster once it is fully functional.
- 7.6 **Integrated Gangs and Exploitation Unit (IGXU):** In Westminster the IGXU is a multiagency team across the Police, Community Safety and Children's Services, Mental Health and employment services in response to a rising rate of gang involvement, county lines, and resulting crime and serious youth violence. It aims to intervene and get disenfranchised young people diverted away from gangs and criminality and keep young people from hurting each other. This long-term solution to serious youth violence, already goes some way in adopting a public health approach.
- 7.7 Children's Services in Westminster have taken a key role in the prevention of serious youth violence including the provision of the following services:
- **The Youth Offending Team (YOT):** has a multiagency partnership set up under the direction of the crime and disorder act, which includes representatives from social services, police, probation education and health. The aim of this team is to work with young people and families to address factors that lead to offending. The YOT is overseen by the YOT management board (the Youth Crime Prevention Partnership).
 - **The Multi-Agency Safeguard Hub (MASH):** brings together key professionals to facilitate early better-quality information sharing analysis and decision making to safeguard vulnerable children more effectively.
 - **Early Help:** aims to achieve outcomes for children and families and a key area of delivery is the prevention of crime and serious youth violence. Early Help can make a significant contribution to the prevention of youth crime thanks to their close links to universal providers, which enables the early identification of need. "Prevention of crime" is a referral criterion for Westminster's targeted Early Help team. As part of this, the team undertakes one-to-one work with young people and their families.

- **Emerging Family Hubs:** are important community assets where families can access a range of support.
- **#MyWestminster Staying Safe Programme:** sees partnership working (including Metropolitan Police Service, Young Westminster Foundation, Avenues Youth Project, Marylebone Bangladesh Society, Red Thread, Victim Support) to support 50 young people at risk of crime and rolling out capacity-building programme to youth workers.
- The service hosted a **Youth Providers Roundtable** in April 2019 to discuss how, together with partners, we can help young people fulfil their potential and offer them the right mix of services to inspire young people and support them to achieve their ambitions.
- **A school inclusion pilot** was recently launched to tackle increased exclusions as a way of reducing youth crime. This has three components; 1) trauma-informed training for staff, 2) a dedicated team of Early Help Family Practitioners led by a family therapist, and 3) one-to-one or group mentoring for each child.
- **Children's Social Care** provide a range of support to children in need and their families. In Westminster, social care practitioners use a systemic practice model to develop relationships with children, young people and their families so as to work with them to build strengths to tackle and resolve identified difficulties.

7.8 In both boroughs, Public Health commission the Healthy Schools programme, the Health Visiting Service and the School Health Service which play key roles part in earlier intervention and prevention, for example supporting Personal, Social and Health Education (PSHE) in schools and signposting to parental support.

8. Current Activities to Address SYV by RBKC

8.1 **Managing Risk:** A monthly multi-agency Serious Youth Violence Case Management meeting provides a risk and needs led response to identifying and safeguarding young people who may be drawn into violent offending. Sharing of information and developing collaborative plans between organisations, and with young people and their families, lies at the foundation of this approach.

8.2 **Targeted Interventions:** A new targeted outreach service, attached to the Council's Early Help Service, will identify and support young people to access mental health and wellbeing services and safeguard them from involvement in crime or being exploited. This service will align to other outreach programmes in the borough such as those provided by the St Giles Trust which seeks to engage young people and young adults living violent offending lifestyles and the work of the Integrated Gangs and Exploitation Unit. They will work alongside schools, housing providers and the police to identify individuals and groups of concern and support them to access appropriate services from substance misuse, mental health, employability, family support, and sports. This will include those young

people and young adults who do not meet mental health thresholds and may be on the edge of gang offending and serious youth violence. The project will support young people at risk of street offending outside of core service delivery times. It will reduce the severity and frequency of violent offending and risk of victimisation. Contextual safeguarding and community safety problem solving will inform the delivery model.

The St Giles Trust are commissioned to deliver the Violence Reduction Street Outreach Service which seeks to engage young people and young adults living an entrenched violent offending lifestyle and to support them to stop offending. This service works collaboratively with other youth services working with vulnerable young people in our communities.

The MOPAC funded Another Way Project, delivered by the Harrow Club, engages with young people involved in, or at risk of, criminality between 10pm – 2am Mondays and Fridays in north Kensington.

- 8.3 **Priority Setting:** RBKC commissioned an independent review of its community safety services in September 2018 with the aim of identifying outcomes to be achieved in 2019-2022 and to make recommendations on how to deliver these outcomes. Tackling SYV, gangs and knife crime was identified as a key outcome and a delivery plan has been developed within the Building Safer Communities report.
- 8.4 **Engaging Communities:** Raising the awareness of violence, gangs and knife crime and the services to support young people and families is part of the RBKC public health informed approach. This includes the multi-agency 'One Life No Knife' anti-knife crime programme which engages young people and their families in positive activities whilst communicating anti-knife crime messages. A programme also exists for parents and careers who are concerned about knife crime and require support and advice.

9. Planned Joint Activities to Address SYV in the Bi-Borough

Going forward a joint approach between Children's Services, City Management & Communities (WCC) and Environment & Communities (RBKC) and Public Health should include, and consider, the following:

9.1 Collaborative / Partnership Working

- A collaborative approach across whole Council (and with partners) including colleagues from housing, tenancy support and economy/regeneration to focus intervention efforts earlier and across the life course.
- A focus on post 16 sector education, training and employment including City of Westminster and Kingsway Colleges. Acknowledging that many of these young people are multi-borough residents.

- Health Partners need to be identified and round the table – a named GP champion would be highly beneficial.

9.2 Evidence and Intelligence

- To support continued work to map current activity and identify opportunities for action.
- Heightened evidence and insight is required on which to base our assumptions. Recognition that we need a coherent proactive approach, not responding to latest incident.
- Enhanced understanding of the national and regional picture through Government, GLA and their Violence Reduction Unit.
- Undertaking a light touch JSNA to understand the existing evidence around violence in under 25's.

9.3 Youth Provision and Parental Support

- Under 18's is very important in this agenda, but evidence is telling us that the current increase in crime and gaps in provision are for 18 plus year olds. Youth crime including knife crime for under 18's is reducing locally and has done for last 3 years.
- Political steer and evidence-based targeting of additional youth services funding (£500k has just been announced for youth services).
- Strategic diversionary activities for 16 – 24 year olds (as above).
- A review of what is on offer regarding information and support for parents and families, we know what is there for families with children, but what might be possible for families affected by SYV without under 18-year olds.
- Transition at each stage, into adulthood is particularly important for this agenda and under-developed currently.
- Building communities for local young people is incorporated into planning and commissioning.

9.4 Community Engagement

- Mapping existing community support and groups needs to be done, to develop our understanding and relationships with these groups to support resilience.
- To review the Church Street pilot and consider implications for action at scale.
- "Fear of crime" is a significant issue and therefore messaging about what the issues are and what we are doing about it is crucial.
- Coordinated joint community engagement.
- Explore feasibility of the expansion of the Community Champion model to support this agenda.

10. Opportunities for the Health and Wellbeing Board to Consider

- 10.1 A strategic and whole systems approach to serious youth violence adopted by the Health and Wellbeing Board could helpfully focus on four areas of work:

- **Clear leadership** defined and whole system action plan and accountability.
- **Surveillance** to define and monitor the magnitude, characteristics and drivers of youth violence in Westminster and RBKC and a commitment to data sharing where relevant.
- **Prioritising prevention alongside support services** given what we know about the causes and solutions to serious youth violence.
- **Localising implementation and continuous improvement** - developing interventions and evaluating what works for our residents.

10.2 Clear Leadership:

- To ensure that all Board member organisations have a strategic approach to tackling the root causes of serious youth violence and clear accountability in a shared action plan. This is particularly important given the Home Office consideration of there being a new legal duty to support a multi-agency approach to preventing and tackling serious youth violence.
- To lead on engaging health partners including NHS A&E departments and support defining their contribution to this agenda. This may be a strategic oversight role to ensure that all partners have a strategic approach and action plan.
- To ensure that there is good awareness of best practice in other local authority areas in London and beyond and that opportunities for regional and national partnership working are identified.
- To strengthen the governance between the Health and Wellbeing Board, the Safer Kensington and Chelsea/ Westminster Partnerships, the Safeguarding Adults Board and the Safeguarding Children's Board to ensure that the responses are joined up and effective. Options to consider could include quarterly update reports as a standing item at each meeting, the creation of a shared Board or Chairs of the respective Boards to meet systematically.

10.3 Surveillance:

- To consider what information that is needed to fully understand and monitor serious youth violence; the risk and protective factors as well as short and long term health and wellbeing consequences.
- To consider where that data lies, how it could be gathered and shared by Health and Wellbeing Board members.
- To support and oversee the development of the upcoming bi-borough Youth Offending (and those at risk of) JSNA and implementation of its recommendations.

10.4 Prevention and Service development:

- To look strategically at mental health service provision across the system and ensure it meets needs in this context.

- To explore and support options for the broader application of social prescribing e.g. in secondary care and A&E.
- To support the inclusion of violence reduction and prevention within the review of the Healthy Child Programme (0-19).
- To support the inclusion of violence reduction in existing services e.g. the role NHS dentists can play in recognising signs of violence, peer support models that are well established for instance smoking cessation (how can they apply to violence reduction).
- To involve young people in service design and addressing challenges in the system e.g. services for young people, SEN provisions, exclusions, crime, policing.

10.5 Localising implementation and continuous improvement

- Whilst there are a range of community-led youth activities available, there is a need to better understand what the right provision for young people is to divert them off the streets and ensure what is available is appropriately targeted in a joined up, consistent approach across the boroughs.
- To consider opportunities for wider street presence of outreach workers on the streets to engage young people in their own environments (partially addressed in RBKC by new Community Safety project).

If you have any queries about this Report please contact:

Contact Officer: Sarah Crouch, Deputy Director of Public Health

E-mail: scrouch@westminster.gov.uk

BACKGROUND PAPERS:

WHO. (2015). Preventing youth violence: an overview of the evidence. Geneva: World Health Organization.

https://apps.who.int/iris/bitstream/handle/10665/181008/9789241509251_eng.pdf;jsessionid=B1A137DE3BB9BAE340D9AFF92920E8D0?sequence=1

LGA. (2019). Breaking the cycle of youth violence: case studies.

https://www.local.gov.uk/sites/default/files/documents/15.56%20Youth%20Violence_02.pdf

London Councils. (2018). Briefing note for SYV Seminar. London: London Councils.

Public Health England. (2015). Protecting people and promoting healthy lives in the West Midlands.

Glossary of Terms

Integrated Gangs Unit (IGXU): a specialist unit that works with young people aged 10 to 24 years in Westminster, and are either involved in, or at risk of becoming involved in, youth violence, child exploitation, sexual exploitation and gang related activities

Serious youth violence: violent crimes committed by youths up to the age of 25.

The Mayor's Office for Policing and Crime (MOPAC): are responsible for delivering the Mayors' Police and Crime plan for London.

The Mayor's Violence Reduction Unit (VRU): brings together specialists from health, police, local government, probation and community organisations to tackle violent crime and the underlying causes of violent crime.

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Agenda Item 6



NHS North West London CCGs
15 Marylebone Road
London NW1 5JD

Tel: 020 3350 4314
Email: mark.easton5@nhs.net
28 May 2019

Dear colleague,

As you will know, the NHS Long Term Plan suggested that the number of CCGs would be significantly reduced over the next two years, with each STP area typically supported by a single CCG rather than the eight we have now in north west London.

The CCG Chairs and managing directors have now signed off a case for commissioning change. This document will form the basis for internal and external engagement on how we should respond to the Long Term Plan. We are now starting our engagement period which lasts until the end of July.

During the engagement period we shall identify all the issues we need to address and begin to develop responses to the key issues that are raised. It is not until after the engagement period that we shall make a decision on the way forward, with the intention being that recommendations go to governing bodies in September. During the engagement period will be working on, and issuing, further information for people to consider.

This will also be in line with other STP areas in London which are going through a similar process.

The case for change (see attached), sets out why we believe working as one organisation will mean greater efficiency and more resources being freed up for patient care rather than administrative costs.

The CCGs will be discussing the case for change at governing body meetings in June. Governing body meetings are not public meetings but they are held in public.

The document sets out our thoughts on the need to retain local accountability. We will always be strongly committed to meaningful engagement with Healthwatch and local patient groups, and to working locally with Health and Wellbeing Boards and Overview and Scrutiny Committees. GPs will continue to play a key role in the new organisation and we will continue to work more closely with provider trusts as we move towards an integrated care system across North West London and local integrated care partnerships.

We shall be attending Health and Well Being Boards and Scrutiny Committees to discuss the proposal.

If you would like to share your feedback on the case for change in writing, please send it to Mark Easton directly: mark.easton5@nhs.net.

For more information you will also find attached a copy of the case for change, and a copy of our joint press release.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Mark Easton'.

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Commissioning reform in North West London

The case for change

28 May 2019

Foreword

This case for change document is written in response to the NHS long term plan which suggests that the number of CCGs will be significantly reduced to align with the number of emerging integrated care system (ICSs). The long term plan raises other issues: how a NW London integrated care system would operate; how integrated care partnerships (ICPs) would develop at a more local level and the development of primary care networks.

This document focusses on the first of those issues- a proposed change that would see NW London moving from eight CCGs to a single CCG.

NW London CCGs have a long and successful history of working together, particularly over the last five years. Building upon our existing relationships, we want to strengthen our collaborative working to commission and deliver high quality, best value, and safe care for the residents of NW London. We need to continue to work to reduce inequalities for our residents, improve our staff experience and deliver the optimum value for the NHS.

We see this as an opportunity to accelerate and streamline our systems and processes, reduce duplication and improve the offer of care to NW London residents. In doing this, we will learn from the experience of previous large-scale operating models, ensuring that we maintain a strong focus on public and stakeholder engagement in each of our eight boroughs.

This document does not hold all the answers - it sets out the implications of this change for comments and feedback from staff and stakeholders to help us to develop a full proposal that we intend to take to our CCG governing bodies later in the year.

The number of CCGs will significantly reduce over the next two years. We recognise that there will be differing views on how this should happen that we will need to resolve. The key areas we need to address now in NW London are:

- Whether this change to the number of CCGs happens by April 2020 or later, in April 2021
- What functions should be delivered at a NW London level and what should be organised more locally;
- How would the finances work; and
- How the changes to our CCGs relate to: changes at NW London with the development of an NW London integrated care system, the development of integrated care partnerships (ICP), based on boroughs, current CCG footprints, or groupings of boroughs, and the development of sub-borough structures such as primary care networks (PCNs).

We believe we have set out a good starting point for discussion. We now need your help to improve the proposals further and help us implement new arrangements that better serve our patients and staff.

Mark Easton
Chief Officer
NHS North West London Collaboration of CCGs

Dr Neville Purssell
Chair
NHS Central London CCG

Dr Andrew Steeden
Chair
NHS West London CCG

Dr Ian Goodman
Chair
NHS Hillingdon CCG

Dr Tim Spicer
Chair
NHS Hammersmith & Fulham CCG

Dr Genevieve Small
Chair
NHS Harrow CCG

Dr Mohini Parmar
Chair
NHS Ealing CCG

Dr Nicola Burbidge
Chair
NHS Hounslow CCG

Dr M C Patel
Chair
NHS Brent CCG

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1 – Introduction

About NW London – background and our history of collaboration

NW London has a diverse population of 2.2million across eight London boroughs, served by eight Clinical Commissioning Groups (CCGs). Although the CCGs have worked together collaboratively since they began, partnership working between the eight CCGs has increased significantly over the last eighteen months.

- In June 2018 a single Accountable Officer (AO) was appointed for all eight CCGs
- We have a single Chief Financial Officer and a single Director of Nursing and Quality for all eight CCGs
- In December 2018, a Joint Committee of the CCGs was formed with delegated powers for acute and mental health commissioning, and to support delivery of the NW London clinical and care strategy and sustainability and transformation plan (STP).

During this time, the eight local CCGs have remained the statutory and accountable organisations and decision making is through their eight individual Governing Bodies.

Moving to a single CCG is the next step in our evolution to accelerate and deliver our aims and objectives.

Further partnership working is also in place beyond CCGs - with provider Trusts, other NHS bodies and our local authorities. This was formalised after the publication of the NHS Five Year Forward View which set out the requirement for areas to develop a Sustainability and Transformation Plan/Partnership (STP). The NW London STP was published in October 2016 and the NW London Health and Care Partnership, a coming together of 30 organisations across NW London, was formed.

The NW London health and care system in NW London is a partnership of 30 organisations across health and social care, with a clear objective to improve and deliver high quality, safe and best value care for the residents of NW London. Our NW London health and care partnership is comprised of eight CCGs, six local authorities, and seven NHS Trusts.

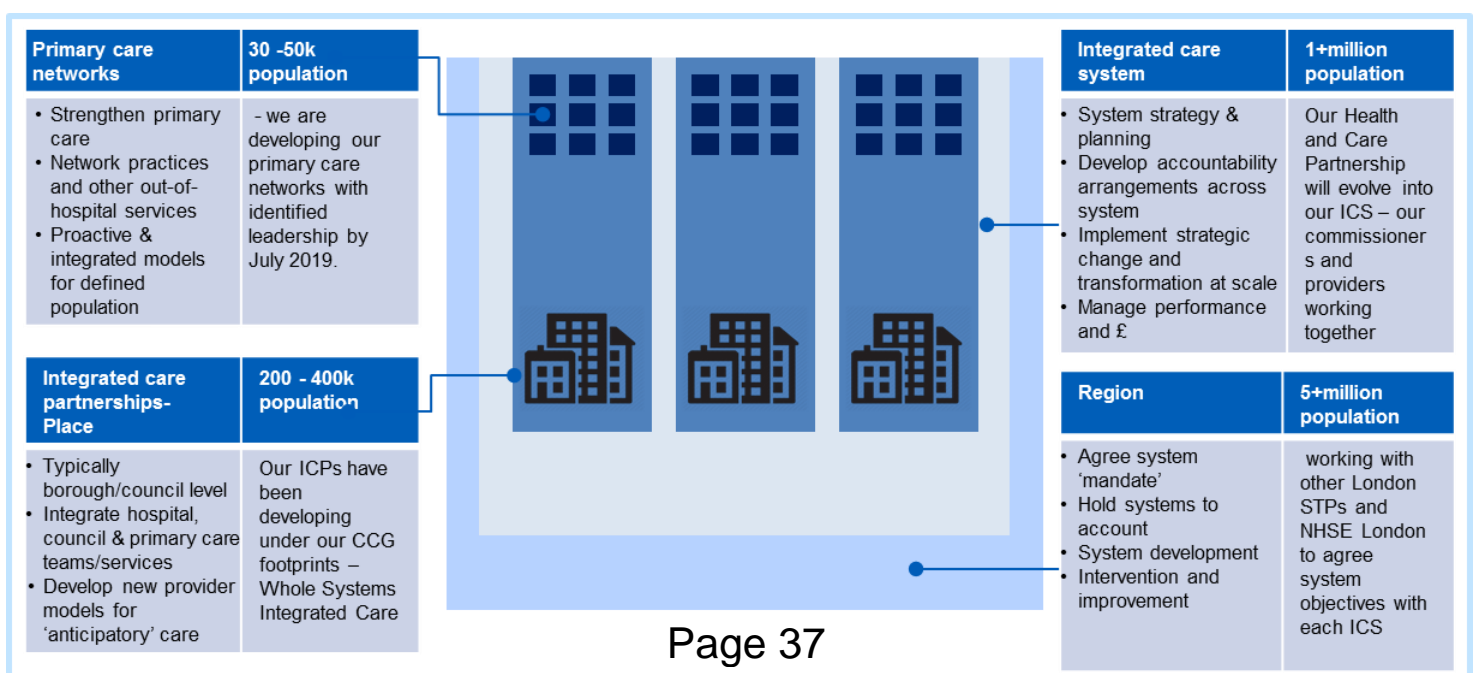


Figure 1: Integrated care as a system of systems

In early 2019 the NHS England 10 Year Long Term Plan was published. This outlines a number of goals for the NHS as a whole including the development of Integrated Care Systems (ICS) and more local Integrated Care Partnerships (ICP) which would be underpinned by Primary Care Networks (PCN). It also included a vision that each ICS would consist of just a single CCG – rather than the eight that NW London has now.

NW London is currently developing the local response to the long term plan, of which this case for change is one related element.

NW London has been working in partnership for some years and with some key successes but challenges still remain – including significant variation in care for patients - and our financial position is in deficit and deteriorating. We believe that we can address our challenges better by bringing together our eight organisations into one strategic commissioning entity to make our decision making and administration as effective and efficient as it can be, with strong borough based local integration. A move to a single CCG will also support the move away from the payment by results system towards capitated outcome- based budgeting, support consistency and equity in our methods for engagement, and simplify system wide financial planning.

We explore those challenges further within this document and set out:

- why we believe a change in commissioning arrangements in NW London is necessary
- what the change might mean and the benefits it will bring to the system
- what this means for our staff, stakeholders and residents
- areas where further discussions are required.

North West London – our challenges and ambitions

In NW London we want to deliver high quality, best value, and safe care in an environment which supports our staff and improves the experience of care for all NW London residents.

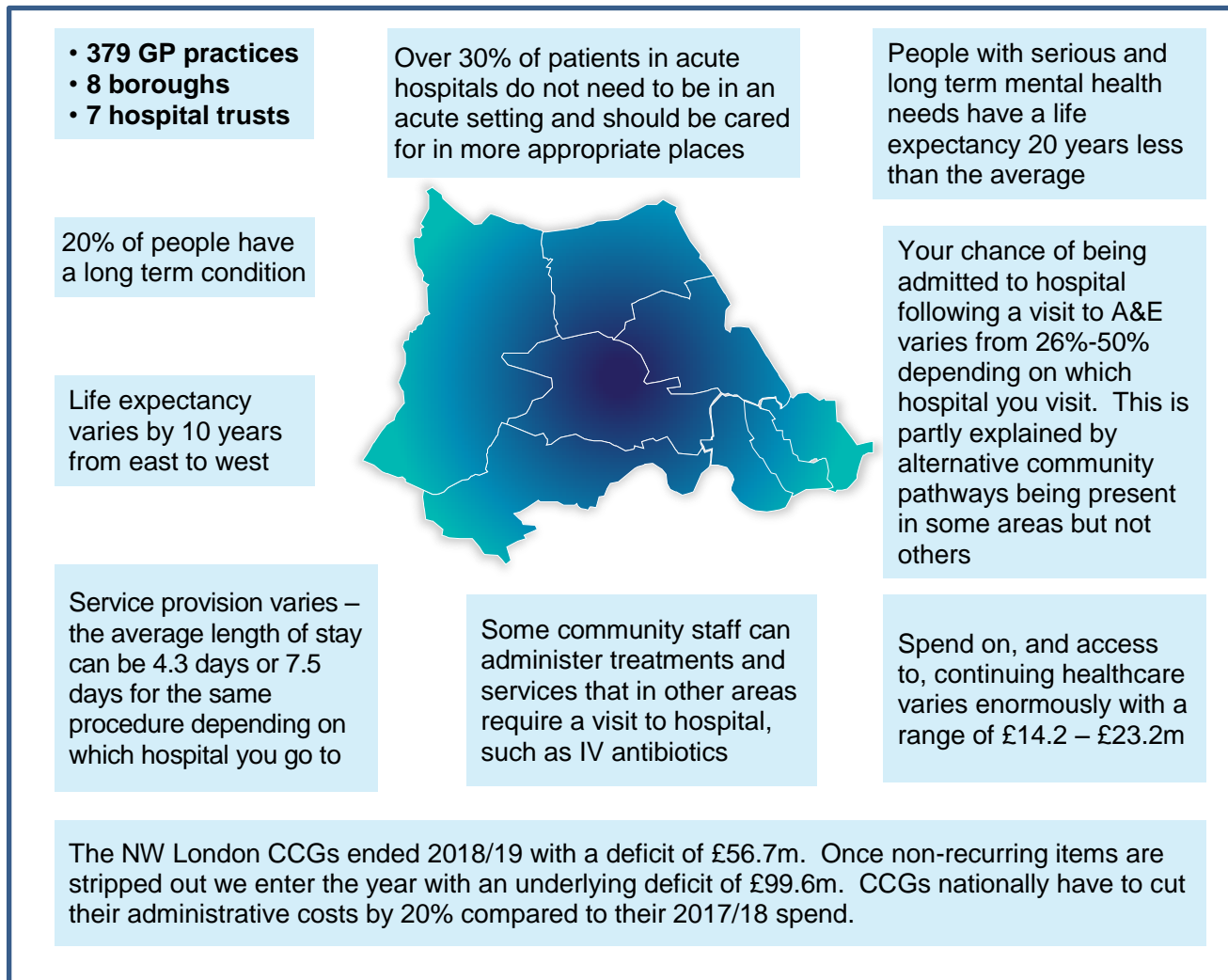


Figure 2: NW London statistics

Quality and safety

- We will continue to drive high quality safe services, with consistent outcomes for our residents. We will reduce the variation in service provision, standardise pathways and ensure better care is delivered to our population
- We will progress our work to create a stronger, clearer and more consistent commissioning 'voice' for our area, built on the strong foundations of network-based, clinically-led commissioning, and drive forward the changes needed to deliver the resilient and sustainable NHS services that local people need
- Patient flow is often across borough/CCG boundaries, but over 80% of our residents receive care within the NW London area. North West London is a logical basis on which to commission services in order to best support our patient flow.
- By consolidating decision making, we will be able to better drive quality and focus on the important issues, working together to solve them.

Financial stability and sustainability

- We aim to make our financial situation sustainable. At the end of financial year 2018/19 the eight CCGs in NW London had collectively overspent their budgets by £56.7m – we aim to manage our spending within our budgets
- Once non-recurring items are stripped out we enter the year with an underlying deficit of £99.6m. In addition to this, CCGs nationally have to cut their administrative costs by 20% compared to their 2017/18 spend
- Maintaining eight separate statutory bodies is difficult to justify when there is so much pressure on health spending, and each statutory body costs an average of about £680k to run. In NW London we have already saved about 10% of our costs through the changes implemented last year and will endeavour to make further savings through this organisational restructure rather than only looking at changes to front line services
- We want to eliminate the administrative burden that comes from running eight statutory organisations and the transactions costs of the payment by results system. Operating a single administrative and governance function with capitated outcome-based budgets would enable us to focus more of our people and resources on delivering improved services and better patient experience.

Partnership working

- We will strengthen our individual borough relationships with local government, primary care, mental health, community services and the voluntary sector
- We will do this by building on our long history of collaboration locally and solid foundations of working as part of a wider system. Partners in NW London are committed to acting as an integrated care system. The concentration of NHS commissioning focus, through the merger of the eight CCGs in NW London, is an essential element of these future arrangements, providing a single coherent strategic commissioning voice within an increasingly integrated care system
- We can maintain strong local relationships with our residents, staff and local government partners, without the need and cost of eight statutory bodies. We will have strong and visible local representation in each borough. Some parts of NW London are already making significant progress towards the development of integrated care partnerships which will be the focus of local health and care delivery in the future
- We will need to be clear about the strategic role of the integrated care system, operating at NW London level, and how we will work with our local authority partners in integrated care partnerships at borough level.

Workforce

- Our biggest asset is our workforce and we aim to make NW London a great place to work where staff experience is positive, and we make the best use of our skills and expertise
- We will do this by developing a talent pool and supporting our staff development more easily as one organisation.

2 – Changing at a NW London level

We want to create one integrated care system covering NW London and working together to maximise benefits to residents and staff. We want to achieve improvements in consistency of outcomes, and the highest achievable quality of care, for every one of our two million-plus residents – and the most rewarding working conditions for our thousands of staff who serve them every day.

We believe a single CCG would be an enabler for implementing an effective integrated care system and delivering on our clinical strategy – this document and the subsequent engagement will allow us to explore that and fully understand what a single CCG would enable us to do that we cannot do now with our existing partnership working.

Currently, there are unwarranted variations in care across NW London. Frailty is an example of where there is considerable variation. We have a clinical vision for improving care for the frail and older people - our geriatricians have developed a set of clinical standards for acute frailty services to promote equity of access and outcome for older people in crisis. However, expecting eight CCGs to come up with a way of solving things through eight decision making processes is unlikely to yield a consistent approach that reduces variation as effectively as working together and streamlining decision making.

A single CCG in NW London would become our statutory body for commissioning health care in NW London. The CCG's overarching focus would be commissioning the strategy and priorities of the integrated care system, focusing on patient experience and outcomes, population health management, and governance of tax payers' money

A NW London CCG would have a similar governing body to the current joint committee of CCGs, namely a combination of clinical leaders from the local teams, together with lay members, and managers. A single streamlined decision-making process would reduce decision making costs, reduce unnecessary duplication and improve consistency in service provision.

The CCG would continue to be clinically led, and would have a strong focus on partnerships, driving out variation and have a strong public voice. This public voice will need to be much more than having lay members on the governing body. We plan for to significant public engagement and involvement, so that local residents can help us shape services and provide feedback on how they are working, in a process of continuous engagement.

What we still need to explore

- What safeguards would a single CCG need to ensure it was responsive to local needs?
- What considerations should there be about a single CCG governance arrangements?
- How do we get a strong public voice into a CCG at NW London level?

3 – Changing at a local level

Strong local and visible NHS presence at the borough level remains essential. A health system as large and complex as NW London's could not be run from a single headquarters. We believe that local staff must be working to deliver needs of local populations by working in partnership with local government, primary care, community services and the voluntary sector to integrate health and social care. To achieve that, will maintain our relationships at borough level and improve our integration with local authorities. We will continue to strengthen our joint working in our Health and Wellbeing Boards to demonstrate and deliver local accountability.

There will continue to be teams of local CCG staff working with senior clinicians on local commissioning arrangements with delegated budgets. A key part of their role will be the development of integrated care partnerships.

Integrated care partnerships are vehicles for delivering seamless, integrated care to their local populations (servicing population of about 200,000- 400,000). They are usually in-line with local government boundaries and are part of an overall system of integrated care, governed at a strategic level by and integrated care system. In London, integrated care partnerships are likely to be in-line with the boundaries of boroughs or groups of boroughs, although two of our CCGs are not currently co-terminus with borough boundaries.

Where borough-based effective integrated commissioning arrangements already exist they will continue to be maintained and strengthened.

The NW London CCGs are at various stages in developing integrated care partnerships (ICPs). There is unlikely to be a single model suitable for all parts of NW London, (indeed the national guidance reproduced in appendix 1 suggests six different options) but given ICPs need to fit into a wider system it is important that arrangements do not develop in an inconsistent or contradictory fashion and north west London is developing a framework for ICP development. Our primary focus is to deliver consistent outcomes for the residents of NW London, reducing health inequalities and improve safe quality care.

Critical to each borough or place -based system will be its local general practice delivery and the development of primary care networks (PCNs). PCNs are explained in section 6.

What we still need to explore

- The operating model to determine functions which continue at local level will be developed over the summer as part of the engagement process
- We need to develop further the framework for ICP development and encourage those who are furthest ahead to make progress.

4 – Finance

To ensure effective and on-going delivery of health and care for the residents of NW London, we need to ensure the financial foundations are both stable and sustainable. We believe that this can be best achieved through a move to a single CCG as it will enable greater economies of scale, a stronger negotiating position when commissioning services and the ability to share financial skills.

Currently, our biggest challenge is finding a way to deliver the high-quality safe services for all the residents of NW London within the constraints of our budget. We can continue to improve our decision-making process to make it less fragmented, to allow for economies of scale and improve the quality of care offer for all NW London residents. The NHS long term plan asks us to make 20% savings on our management costs, coming together as a single CCG allows us to make that more easily than as eight organisations.

Becoming a single NW London commissioning entity presents a number of opportunities to maximise our current resources. Operating at-scale, we can strategically commission services, and make it easier for providers to deliver better value. This will mean that providers have more clarity in what we expect and be better able to deliver this. We will establish common standards for providers across NW London to deliver against. Furthermore; those providers who would benefit from more support will have a partner who can more easily mobilise resources to support them. The large NHS providers in NW London have fed back to us that working with a single commissioner in NW London would drive consistency in care and improve efficiency.

Although NW London CCGs as a whole are in significant deficit, individual CCGs are in very different positions, ranging from one in surplus, to others at or close to breakeven and others in significant deficit. Spending on services per CCG is highly variable, often driven by the historic variation in capitation (funding per head of population). Creating a single CCG will raise fears that better funded areas are going to be levelled down, and there will be a loss of local accountability for budgetary decisions. We will need to be sensitive to these issues and ensure that good financial management across NW London is not seen as a punishment on some. Given the sensitivity of this issue we need to be cautious that we do not destabilise current arrangements. There is likely to be some London guidance on this issue to ensure some consistency across the capital.

In NW London, there has been historic variation in investment priorities, now we have the opportunity to focus NW London ideas, energies and resource on achieving consistently high standard of outcomes across the ICPs and ICS.

What we still need to explore

- To what extent are there greater opportunities to work with local government from a financial perspective?
- What local level relationships and understanding need to be retained within the financial function?
- We need further understanding of the national and regional timeline on equalising financial allocations to target levels.

5 – What this means for local government

We view our local authorities as key partners within our vision of integrated care for NW London. They are pivotal both to the delivery of population health and through their democratic responsibilities for ensuring that the local voice is determining priorities. Through the development of our integrated care partnerships we want to strengthen this local accountability.

We want to build on the existing partnership arrangements and relationships and move towards greater integration with the eight local authorities in NW London. We believe doing so will enable us all to achieve more for our residents in improving health and care services within the budgets we have.

Integrated care partnerships will encourage innovation and give local freedom to determine how best to collectively work to deliver the agreed outcomes for local residents. In doing so they will build on the existing good practice, for example, in areas where we already have joint appointments and shared work programmes these arrangements should be enhanced further, in others they should provide the environment for these to be explored.

We envisage that Health and Wellbeing Boards' role of providing a strategic steer for effective local delivery of health and care outcomes would continue and the importance of the local authorities in scrutinising health services would of course continue under any reform of commissioning structures. Similarly there would be no impact on the Better Care Fund (BCF) as NW London will continue to meet BCF commitments regardless of CCG structure.

Local government would continue to work with local teams and in some areas may wish to take on more of a leadership function. Given the move to a NW London-wide organisation, these local relationships will become more important than ever in maintaining engagement and involvement at borough level. The local authorities will be key partners in local integrated care partnerships. Health and wellbeing boards in each borough will also continue to play a key role in shaping and developing local services.

What we still need to explore

- How do we ensure that the local voice is strengthened?
- The local partnership between health and local authorities will be key to delivering the outcomes the NHS Long Term Plan – how do we ensure this is most effective?
- What works really well currently that we need to develop further for the benefit of our residents?
- What level of integration is appropriate and achievable?
Where are the opportunities to capitate and delegate budgets?

6 – What this means for GPs

CCGs are membership organisations, and a NW London CCG would be no different. Members would adopt a new constitution and elect representatives to the governing body as they do now. Commissioning of primary care would be undertaken by the CCG and managed locally with clinical input. This local input is important to ensure we continue to be fully responsive to local population health needs. It is our priority that GPs experience the same level of service, or better, from our commissioning function, we want to keep primary care management, relationships and operational support, including IT, local and will do this by maintaining local delivery teams.

Clinical leadership

Clinical leadership, the ability of clinical leaders across both commissioner and provider organisations to own and drive the local agenda, will continue to be important, irrespective of at which level commissioning operates. We want to continue the good relationships we have with our local GPs and we will not lose the understanding of local issues and needs, that has been a real benefit to our eight CCGs.

Our model is emergent and we have a triple aim for clinical leadership and engagement in development:

1. Maintain clear clinical decision making at a local level and develop system-wide speciality leadership
2. Improve quality of care and reduce health inequalities
3. Partnership working with local government, primary care, community services and the voluntary sector

We have strong clinical leadership in our system on which we will build. Clearly the role of clinical leadership will develop in the new operating model, but it is our priority that we continue to embody the ethos of clinically-led local decision making to suit local population needs, reducing health inequalities and improving patient experience. This means that we need to strengthen:

- Our system clinical commissioning leadership – moving away from traditional models of leadership to a shared leadership model; coaching and enabling collaborative decision making and building specialism. We will continue to strengthen the on-going quality assurance and clinical input to outcomes attainment and standard setting across NW London.
- Our local clinical leadership – acting as the clinical voice in borough-based systems and leading the ICP and the PCNs in the area.
- The interaction between clinical delivery at a local level in both primary and secondary care, and
- The interaction between local leadership, management and delivery with the integrated care system as a whole.

The below diagram is an illustrative example of how we may strengthen clinical leadership at all levels of our ICS. It is intended for description only as ICPs may form various models (see appendix one and two for further information).

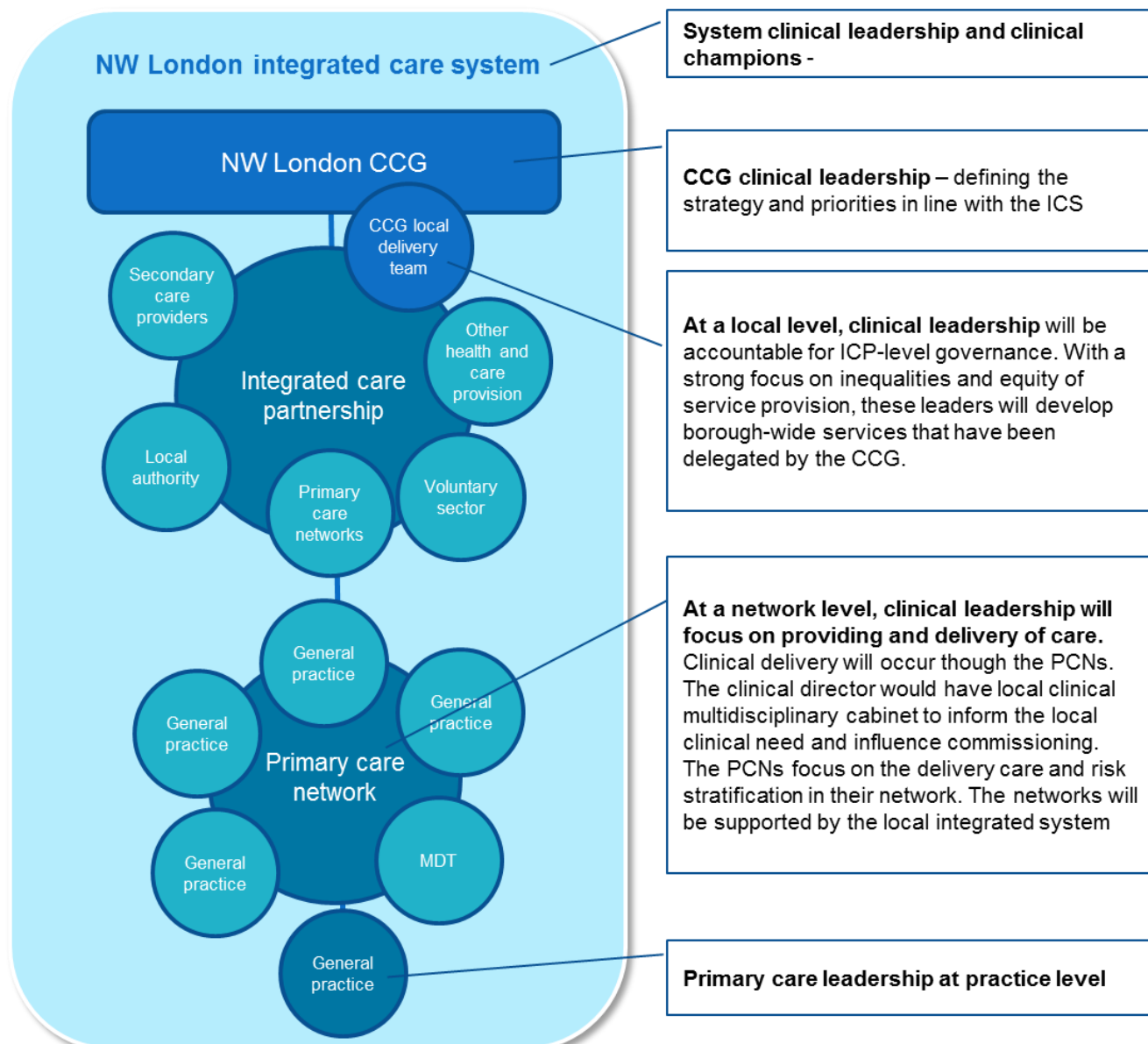


Figure 3: clinical leadership occurs at every level

What we still need to explore

- How best to hear member practices at NW London level if there is a move to a single CCG
- How we can best support transition?
- What impacts do GP practices feel this could have which hasn't been addressed?

7 - What this means for patients and the public

This case for change is about an internal structural change rather than patient facing service changes. However it is intended that the greater efficiencies gained from moving to a single CCG will enable us to be more financial sustainable, more streamlined in our decision making and ultimately lead to more opportunities to address health inequalities across the region.

The proposal for a single CCG for NW London coincides with a drive to improve our engagement with residents and patients across our eight boroughs.

We have positive relationships with our local Healthwatch partners, patient representatives and other community and voluntary sector groups. Healthwatch has always been represented in our entire governance structure and will continue to be so. Their active participation has enabled effective engagement across NW London, regular patient involvement in project development and implementation and also helped us address accessibility and access concerns when we moved to some of our decision making occurring through the Joint Committee.

As part of any changes in decision making in the region, we want to ensure we are representing the differences across NW London and that there continues to be public accessibility and involvement in our decision making. The single CCG would meet in public and rotate meetings across the region, much as the joint committee does now.

We recognise that the people of NW London are not a homogenous group and that there will be different opinions, interests and priorities among different stakeholders and communities. We also acknowledge that people identify with their local area or borough rather than 'NW London'. Most of our public engagement is currently based at borough level, where existing relationships and partnerships are vitally important these local arrangements would continue.

We have ambitious plans to transform the stakeholder engagement landscape in NW London. This will be based on a process of continuous engagement with our residents and stakeholders, offering many more opportunities for the public to feedback on how services are working to help the local voice be heard loudly at regional level. Public engagement should not be limited to proposals to change services or explaining national initiatives – our overall approach will be based on listening to and learning from what the people who use our services and work with us are saying. As part of this plan, we are putting in place a 3,000-strong Citizens' Panel across NW London – a demographically representative group from which we will regularly seek feedback.

We will need to carefully consider any impacts on groups protected under the Equality Act of changes to the way in which we structure our CCGs.

What we still need to explore

- How will we engage with patients/public at local level?
- How would patients and residents be involved in decision-making?
- How should we maintain local accountability?

8 – What this means for CCG staff

As part of a move to a single CCG, we would want to build on staff feedback and improve ways of working for staff. Previous staff engagement surveys have shown that there is limited career progression within the organisations and challenges around retaining staff. People leave one organisation to seek another role in a different organisation a few miles away or sometimes on a different floor within the same building.

The removal of organisational boundaries would allow us to create a shared talent pool. This would give staff the flexibility to progress, develop and use their skills in more challenging and interesting ways, with ‘organisational friction’ reduced for vertical and horizontal progression across NW London.

The significant amount of duplication which often occurs, especially when working on projects across more than one CCG, causes frustration for staff with the differing governance structures and processes in different areas proving confusing and time consuming. Working as a single CCG would enable us to establish greater consistency in standards and expectations so we can address this variation. For example, simplified governance structures would eliminate the need to pass papers through numerous committees. Common standards also ensure we have common expectations of each other, and would support shared ways of working so we can work in a truly agile manner throughout the organisation.

Any change by its nature introduces ambiguity which can have an impact on people’s productivity as well as their health and wellbeing. We are also aware that there are many questions staff will have about this – especially in regard to likely structures – that will not be developed until later in the process. We are mindful of this and will be taking steps to ensure all staff are supported and involved as we develop these proposals.

Although we have to make cost savings as part of these proposals, given the number of vacancies and interim staff there are likely to be few compulsory redundancies amongst substantive NHS staff. Becoming a single CCG will not happen overnight, instead there will be a phased transitional period. During this period plans will be developed that ensure we make a smooth transition, and can realise the benefits outlined above whilst maintaining and building upon what works.

These phases will be:

- **Planning** – Human resources (HR) and operational development (OD) will provide support to map current functions and team structures in order to build a comprehensive picture that can be used to develop detailed options
- **Pre-consultation** – HR&OD will carry out some early engagement around the options
- **Consultation** – All staff have an opportunity to feed into the process, raise concerns and make suggestions
- **Implementation** – Once consultation responses have been considered an outcome document will be produced detailing next steps
- **Delivery** – After the new structure becomes fully operational we would need to work together to manage any team dysfunctions, and it will take time to make new ways of working and practices part of business as usual.

Throughout the transitional period the HR&OD team will be working closely with colleagues across NW London to develop and implement plans. There will be a programme of regular

communications which will ensure all colleagues are informed of progress, and everyone will have an opportunity to feed into the decision making process.

What we still need to explore

- How to engage staff in the development of plans?
- How can we maintain staff morale and retention through this period of change?

9 – Timeline

The Case for Change will be discussed with our governing bodies 5 -26 June 2019.

Our engagement period officially begins on 24 May and we will be talking to all of our stakeholders to gather their views on the questions posed throughout this document. We request comments, input and feedback by 24 July when we will begin to develop formal proposals, should we believe it is the right thing to do following engagement. Proposals would go to governing bodies in September for agreement with submission of our intention to NHS England by 30 September.

Ratification of changes are likely to require a vote of the council of members, which would take place after the decisions of the governing bodies.

During this time, we will carry out an equality and health inequalities impact assessment.

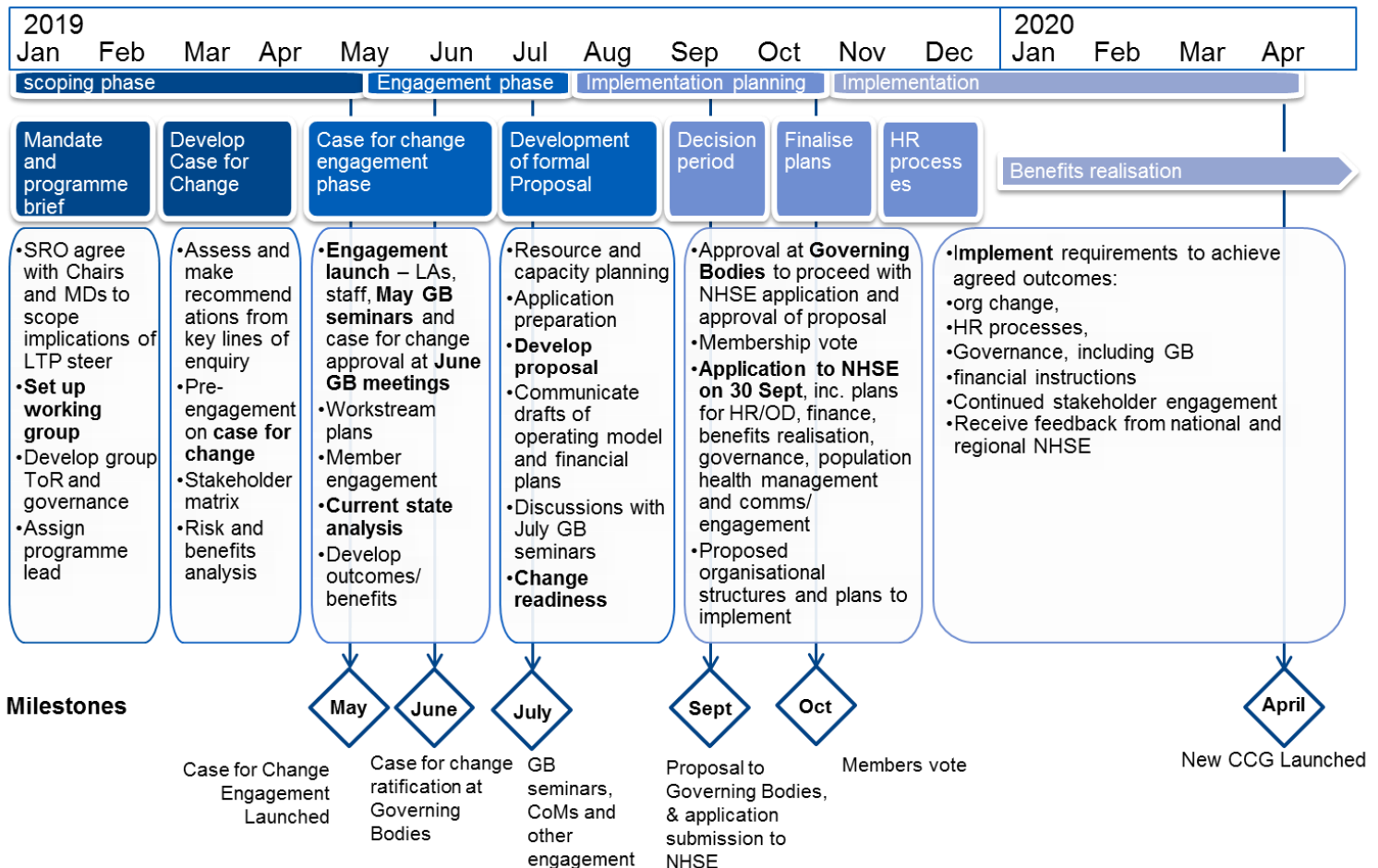


Figure 4: Illustrative high-level time line for 2020 launch

How to respond

Please send your comments by 24 July to: nwlccgs.commissioningreform@nhs.net or in writing to:

Accountable Officer's Office
NW London Collaboration of CCGs
87-91 Newman Street
London W1T 3EY

Appendix one: Our emerging integrated care system in NW London

What does an ICS mean for NW London?

The long term plan describes integrated care systems as follows:

“Integrated care systems (ICSs) are central to the delivery of the Long Term Plan. An ICS brings together local organisations to redesign care and improve population health, creating shared leadership and action. They are a pragmatic and practical way of delivering the ‘triple integration’ of primary and specialist care, physical and mental health services, and health with social care.

The long term plan states that ICSs will have a key role in working with Local Authorities at ‘place’ level and through ICSs, commissioners will make shared decisions with providers on how to use resources, design services and improve population health.”

Our agreed vision in NW London is to create one integrated health and care system working together to maximise benefits to residents and staff. We want to support the transition of our Health and Care Partnership into an ICS, integrating health and social care seamlessly for our residents.

We have begun this journey through our sustainability and transformation partnership – our NW London Health and Care Partnership. This partnership of over thirty organisations is working together to improve quality, patient and carer experience, staff experience, value and the reduce unwarranted variation.

We want to continue to develop integrated working at three levels, aligned with national strategy; system, place and network:

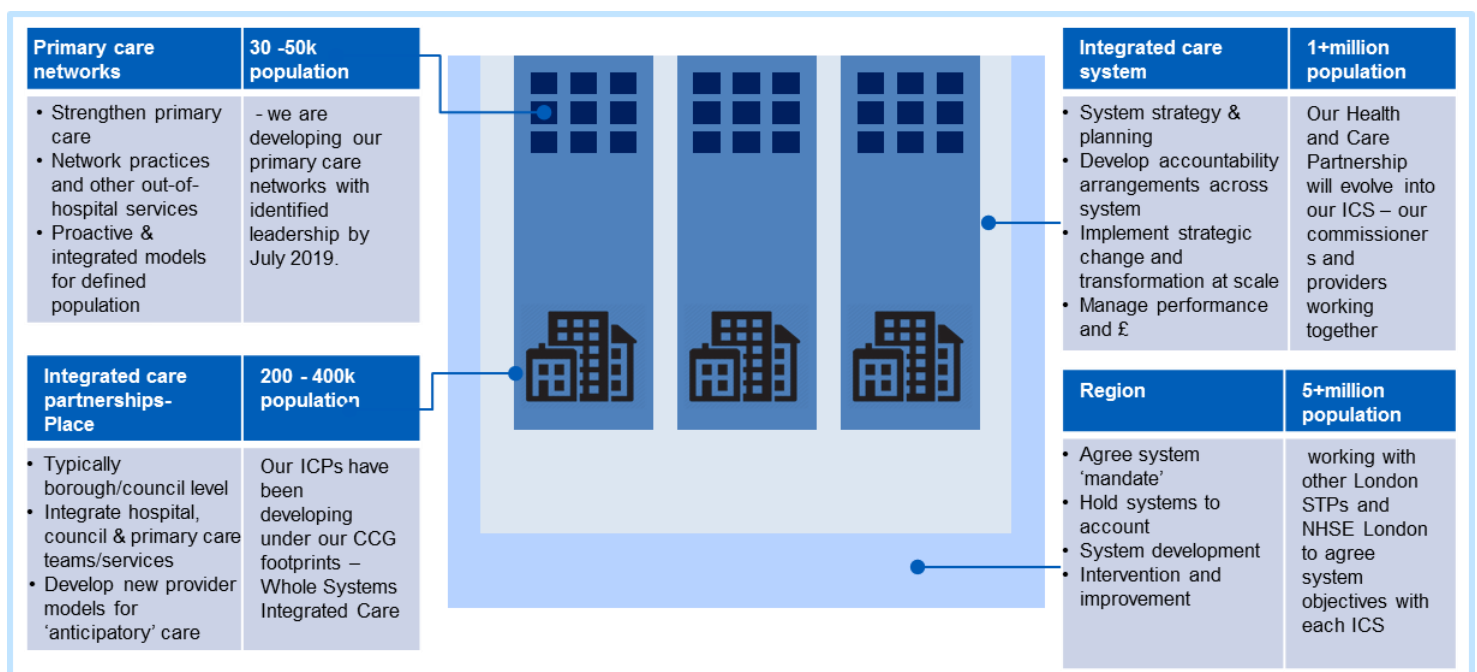


Figure 5: Integrated care as a system of systems

How does moving to a single CCG support our integration agenda?

The NHS long term plan states that “every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level. This will typically involve a single CCG for each ICS area. CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and long term plan implementation.”

In order to support true integration of our system of health and care in NW London, we need to strengthen several aspects of our strategic and operational functions:



Figure 6: features of integration

At the moment, we operate with eight statutory accountability arrangements for our governance in commissioning, supported by our Joint Committee. Although we have made progress in simplifying our governance, we can go further to streamline decision making – by reducing our statutory boards to one.

This will also support the quick provision of data and information sharing, support consistency and equity in our methods of engagement, and simplify system wide financial planning.

How is an ICP different from a CCG?

An ICP is focused on care provision and delivery for a given population, most commonly, 200,000-400,000 people. A CCG is a statutory organisation that purchases services from providers to deliver care for a given population, and manages the contract for care delivery.

As we continue to fully integrate our health and care system in NW London, we will be moving away from the distinction between provider and commissioner as we manage care on a population health basis, working increasingly in partnership with local government and the voluntary sector.

Our CCG would be responsible for the commissioning of the ICP contract. In the future, it is possible that mature ICPs may form statutory bodies themselves, as their alliance working with partners is strengthened. Our ICPs will be underpinned by local delivery teams from our CCG.

Why are we developing primary care networks?

Primary care is the bedrock of care provision to our residents. We need to ensure GPs are supported to manage the health and care of their registered lists. As part of national policy GPs are coming together in primary care networks with a range of local providers to offer more personalised, coordinated health and social care to their local populations. This multidisciplinary working, led by clinicians, will be the heart of our integration to offer the best care to our residents in NW London.

How are we developing primary care?

We have been working to improve primary care in NW London for some time, implementing the GP forward view in order to meet the needs of our residents. To meet these needs, local practices have begun working together and with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in primary care networks (PCNs). The change in the way general practice is working helps teams build relationships with all other staff in their networks, and together, in partnership with patients and the public, use whole population health profiles to plan for and deliver integrated whole person care to the key groups of people

The local and NWL primary care strategies have consistently focused on improving the experience of working in primary care; streamlining workloads and improving our track record in retaining and recruiting staff; developing digital solutions; investing accordingly to achieve the standards in accessible, co-ordinated and pro-active care set out in London's Strategic Commissioning Framework.

Our next step is general practice 'working at scale'; with GPs supported by Primary care networks in partnership with local community services, mental health and social care. Ability to make that work for local patients will be enhanced by better working relationships between organisations across the system; consistent and inter-operable IT systems; and better data-sharing.

We have also been developing our system and local population health management plans so that childhood obesity, rising numbers of long-term conditions, dementia, mental health and related health concerns can be managed by the local GP, practice nurse, community nursing staff, community pharmacists and PCN effectively

Primary care networks (PCNs), although provider functions are important part of our health system and are described in this document for completeness. PCNs build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. By working in this way, practice gain more local control over the health needs of their populations. Clinicians describe this as a change from reactively providing appointments to proactively care for the people and communities they serve.

The development of these networks are a key part of the NHS long term plan, with all general practices being required to be in a network by June 2019, and CCGs being required to commit recurrent funding to develop and maintain them. Primary care networks will be based on GP registered lists, typically serving natural communities of around 30,000 to 50,000.

Our practices will work together in our PCNs. Our PCNs will operate through multi-disciplinary working, delivering population health management, and support our ICPs to deliver the required health and care to our local populations. These networks will be the bedrock of local/borough-level arrangements.

Appendix two: Options for integrated care partnerships (ICPs)

How different commissioning structures can commission different configurations of services – draft

The draft ICP contract pack¹ sets out the following six scenarios:

Services to be commissioned	Mechanism under current legislation	Comments
1. A new care model providing primary medical services, community health services and acute care	The CCG would need to establish aligned budgets for the ICP (which can have a single contract), to ensure that primary medical care funding remains ring-fenced within the ICP's total budget	Primary medical care funding is currently ring-fenced under the delegation agreement
2. A new care model providing primary medical services, community health services, acute care, social care and LA commissioned public health	Under a s75 Partnership Arrangement; an aligned budget within the ICP contract for those services that cannot be included in a s75 arrangement but can be under a single contract	Exceptions as above plus: <ul style="list-style-type: none"> • surgery, radiotherapy, termination of pregnancies, endoscopy, the use of Class 4 laser treatments and other invasive treatments • s7a public health services • primary dental services • pharmaceutical services • primary ophthalmic services • emergency ambulance service
3. A new care model providing community health services, social care and LA commissioned public health with more than one LA	As above	Exceptions as above
4. A new care model providing community health services, acute care, social care and LA commissioned public health	As above	Exceptions as above
5. A new care model providing primary medical services, community health services, acute care, , social care, LA commissioned public health and s7A (NHSE) public health services	As above	Exceptions as above plus need regional agreement for NHSE to be a party to the contract and S7a functions cannot be given to more than one CCG jointly
6. A new care model providing primary medical services, community health services, acute care, social care, LA commissioned public health and specialised services	As above	Exceptions as above plus need regional agreement for NHSE to be a party to the contract and S7a functions cannot be given to more than one CCG jointly

¹ CCG roles where ICPs are established Draft Integrated Care Provider (ICP) Contract - consultation package August 2018



Westminster Health & Wellbeing Board



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA
**RBKC Health
& Wellbeing Board**

Date:	3rd July 2019
Classification:	General Release
Title:	Royal Borough of Kensington and Chelsea and Westminster City Council Special Educational Needs and Disabilities Self-Evaluation Frameworks
Report of:	Bi-Borough Director of Education
Wards Involved:	This paper applies to all wards in the Bi-Borough.
Financial Summary:	There are no financial implications in this paper.
Report Author and Contact Details:	Kiran Kumar, Children's Services, Business Intelligence and Strategy Telephone: 020 7641 4085 Email: kkumar1@westminster.gov.uk

1. Executive Summary

- 1.1 This paper provides an update on work to implement the SEND reforms introduced in the Children and Families Act 2014 and a summary of inspection arrangements. It also introduces the Special Educational Needs and Disabilities (SEND) Self-Evaluation Frameworks (SEF) for both local areas.

2. Key Matters for the Board

- 2.1 For members of the Health and Wellbeing Board to be made aware of the Special Educational Needs and Disabilities Self-Evaluation Framework for each local area.

3. Introduction

- 3.1 The SEF provides an analysis of the impact that local area (not just the local authority) SEND services and provisions have in achieving the best possible outcomes for children, young people and their families. It assesses how well the local area has been able to fulfil its statutory duties.
- 3.2 The quarter four (January-March 2019) SEND SEF executive summaries for each local authority area (annex A and B) have been attached to this paper.

4. The introduction of SEND reforms in 2014

- 4.1 The Children and Families Act 2014 (CFA) sets out several reforms to improve services and outcomes for children and young people with SEND.
- 4.2 The CFA encourages the integration of services and emphasises that parents/carers, children and young people with SEND should be the central focus of any decisions that are made.
- 4.3 The CFA reforms have included; widening the target age range to 0-25 years, introducing Education, Health and Care Plans (EHCP) to replace Statements, reducing the EHCP assessment timeframe to 20 weeks and publishing the Local Offer on a website.

Local area implementation of SEND reforms

- 4.4 A number of local developments have taken place since the introduction of the CFA reforms. This includes Kensington and Chelsea and Westminster establishing more accessible websites which clearly communicate the Local Offer of support for children and young people with SEND. Co-production has also been strongly valued, and this is demonstrated through the local 'You Said, We Will' process. This involves collating the views of parents and carers on the Local Offer and understanding any weaknesses and acting on these accordingly. An annual 'You Said, We Did' summary is produced to detail actions that have taken place as a result of the 'You Said, We Will' process.
- 4.5 The Children and Families Act Executive Board oversees bi-borough progress in delivering the CFA reforms. The board is attended by health partners, school representatives and parent forum representatives. It is co-chaired by the Bi-Borough Executive Director of Children's Services and the Deputy Managing Director of the Central London Clinical Commissioning Group. A detailed governance structure of the Bi-Borough SEND service can be found in annex C.

5. An overview of the joint Ofsted and Care Quality Commission inspection process

- 5.1 Ofsted and the Care Quality Commission (CQC) are jointly inspecting local authority areas on education, health and social care provisions available for children and young people with SEND. The joint inspection process was introduced in 2016. Westminster and Kensington and Chelsea are yet to be inspected.
- 5.2 The inspection will broadly focus on;
 - how the needs of children and young people with SEND are identified and met
 - how the outcomes for children, young people with SEND and their families are being improved
- 5.3 The inspectors will review the journey of progress since the introduction of the CFA in 2014 and how this has been achieved as a local area partnership. It will be an opportunity for inspectors to understand the robustness of local area self-monitoring processes and policies.
- 5.4 The inspection results in a written judgement on the performance of the local area. If deemed necessary, inspectors could request a local authority to produce a 'written statement of action' (WSOA) to set out how the local area will address the weaknesses that inspectors have identified.

6. The Special Educational Needs and Disabilities (SEND) Self-Evaluation Framework (SEF)

- 6.1 The SEND SEF is the local area monitoring process which assesses the impact that local services and provisions have on outcomes for children and young people with SEND and their families.
- 6.2 Each SEF is informed by local area performance data and information alongside the views of children, young people and their families. Case studies are also included to provide a picture of progress.
- 6.3 The analysis from the SEF highlights local successes and provides areas for development. The areas for development are used to shape SEND service and provision priorities.
- 6.4 During an inspection, the SEF will demonstrate how well the local authority area understands its strengths and areas for development.
- 6.5 SEND SEF reports are produced quarterly for each local authority area and are taken to the CFA Executive Board. The executive summary for each quarterly SEF is published on the Local Offer website so that parents/carers, children and young people can access information on how the service is performing in meeting their needs.
- 6.6 The SEF for each local area is underpinned by the aims and actions that are expressed in the SEND strategy.

7. Kensington and Chelsea and Westminster SEND Strategy (2018-2021)

- 7.1 In 2018, both boroughs published their SEND strategy. The strategies were previously approved by the Health and Wellbeing Board.
- 7.2 Each SEND strategy has an accompanying action plan which has been published on the Local Offer website for parents and carers to reference. The SEND strategy action plan details what will be done to achieve the SEND strategy aims.

8. The Bi-Borough SEND Transformation Programme

- 8.1 A Bi-Borough Transformation Programme has been developed to track local area activities and projects that are underway in delivering the SEND strategies.
- 8.2 Governance of the programme involves quarterly highlight reports from various work areas to be taken to the SEND Strategic Implementation Group (chaired by the Director of Operations and Programmes). If necessary, the chair will decide whether a work area is to be included in the exception report for the CFA Executive Board.

9. Options / Considerations

- 9.1 The Board is invited to comment on the SEND SEF executive summary for each local area (annex A and B).

10. Legal Implications

- 10.1 There are no legal implications.

11. Financial Implications

- 11.1 There are no financial implications

**If you have any queries about this Report or wish to inspect any of the
Background Papers please contact:**

Kiran Kumar, Children's Services, Bi-Borough Policy and Strategy Officer

Email: kkumar1@westminster.gov.uk

Telephone: 020 7641 4085

ANNEXES:

Annex A: Kensington and Chelsea Local Area SEND Self-Evaluation Executive Summary Q4 (January-March 2019)

Annex B: City of Westminster Local Area Special Educational Needs and/or Disabilities Self-Evaluation Executive Summary Q4 (January-March 2019)

Annex C: The Local Area SEND Governance Structure (Bi-Borough)

BACKGROUND PAPERS:

Royal Borough of Kensington and Chelsea Strategy for Children and Young people with Special Educational Needs and Disabilities aged 0-25 (2018-2021):

https://search3.openobjects.com/mediamanager/biborough/directory/files/send_strategy_rbkc-2018-2022.pdf

Westminster Strategy for Children and Young People with Special Educational Needs and Disabilities aged 0-25 (2018-2021):

https://search3.openobjects.com/mediamanager/biborough/directory/files/send_strategy_wcc-2018-2022.pdf

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Kensington and Chelsea

Local Area SEND Self-Evaluation Executive Summary

Q4 (January to March) 2018/19

Introduction

Our ambition is to support all children and young people in their journey through childhood and into adulthood with underpinning principles of early help, personalisation and inclusion, enabling them to achieve their chosen outcomes. The Royal Borough of Kensington and Chelsea (RBKC) and Central London and West London Clinical Commissioning Groups (CCGs) have high ambitions for all children and young people, including those with special educational needs and disabilities (SEND). We firmly believe that children and young people, including those with the most complex needs, should have access to good local provision, including health care, and every opportunity to thrive, whether this be education, employment, independent living or participation in their community.

Over 2014 to 2017, our local SEND strategy focussed on implementing new assessment pathways; developing the tri-borough SEND Service; engagement with education settings to improve the identification and assessment of children and young people with SEND; improving joint working between education, health and social care, including joint commissioning; and, developing relationships and co-production with the parent/carer reference group, led by 'Full of Life'. The impact of the political decision to commit to an integrated tri-borough SEND service in 2014 created an additional pressure at a time when the reforms were being introduced. Initial progress was therefore slower than we would have liked.

In June 2017, the scale and complexity of the **Grenfell Tower tragedy** required help from every aspect of the local area, and beyond. Kensington Aldridge Academy was temporarily relocated to a nearby site; some pupils relocated to other schools and some received additional transport to enable them to maintain their attendance at school. Psychoeducational support for affected schools was provided in the immediate aftermath (in line with NICE Guidelines) by the Education Psychology Consultation Service. Counselling was provided, and continues to be provided, to teachers, pupils and others affected across the borough. A key worker was allocated to every affected household that wanted one both from the tower and other neighbouring properties. 'Full of Life' (the Kensington and Chelsea parent/carer forum) worked closely with parents of children with SEND affected by the fire to provide support, including additional short breaks, funded by the borough. Through the Grenfell Education Fund, £2.3 million has been allocated (to date) to support all children, including those with SEND, affected by the fire. Following the tragedy, CAMHS established a named clinician for all local schools, and children's mental health services in the North Kensington area have been additionally funded by NHSE and through the North Kensington Recovery Team established in West London CCG. The long-term impact on the community, including those living in the tower, the surrounding area and those involved in the recovery and efforts to rebuild, cannot be underestimated.

In 2018, tri-borough arrangements ended but the Royal Borough of Kensington and Chelsea and City of Westminster continue to work in a bi-borough arrangement. In the lead up to April 2018 and since that time, the bi-borough SEND Service has focused on completing transfers and

maintaining the improvements in the assessment process that started to become evident in 2017-18. A climate of continuous improvement and quality assurance has been introduced and the completion rate for Education, Health and Care (EHC) needs assessments within 20 weeks, excluding exceptions, now stands at 91% (January to March 2019). In the calendar year 2017, 51.3% assessments were completed within timescales and this increased to 70% in the calendar year 2018. Over January to March 2019, 91% of plans (excluding exceptions) were completed within 20 weeks. The bi-borough has committed to implementing a bespoke case management system for the SEND Service; this will be in place by September 2019. CCG commissioning still operates across the tri-borough footprint.

Our **SEND Strategy 2018-2021** sets out the following overarching aims:

- Support children and young people to achieve the best they can in education and all other aspects of their lives;
- Support young people to get a job (with support as necessary);
- Support children and young people to live as independently as possible (with support as necessary); and
- Support children and young people to be healthy, active and visible in their local community.

This document provides an evaluation of how well the RBKC partnership (or 'local area') carries out its statutory duties in relation to children and young people with SEND. It focuses on the effectiveness of the local area in supporting children and young people with SEND, and their families, to achieve the best possible educational, health, social and other outcomes. This evaluation is reviewed quarterly and provides the basis of a continuous cycle of self-improvement. It forms part of our 'business as usual' quality assurance arrangements and should be read alongside the SEND Strategy, SEND Joint Strategic Needs Assessment (JSNA) and SEN quality assurance framework. ¹This evaluation is informed by:

- the views of children, young people and their families;
- an extensive review of qualitative and quantitative performance information from across the partnership;
- informal benchmarking against the Local Area SEND inspection evaluation schedule;
- informal benchmarking with CCGs in the NW London collaboration;
- use of the Council for Disabled Children's audit tool for CCGs.

¹ Appendix 1 sets out the data schedule and Appendix 2 sets out health related data

Leadership and Governance

Progress against the SEND Strategy and the associated action plan are overseen by a bi-borough multi-agency Children and Families Act (CFA) Executive Board which is co-chaired by the bi-borough Executive Director of Children's Services and the Deputy Director of the CCG². The Board includes the Chair of the parent forum 'Full of Life', providers, schools and settings. Political leaders are involved in shaping the transformation plans and are kept informed of progress through regular Cabinet Member briefings, providing challenge and support. The CFA Executive Board is underpinned by five supporting workstreams:

- Joint Commissioning Board
- Short Breaks and Personalisation
- Preparing for Adulthood
- SEN Support
- Early Years

Co-production

Co-production is at the heart of our work to implement the SEND reforms and is increasingly the 'business as usual' model. We have a Co-production Memorandum of Understanding, which has been signed off by our Children and Families Act Executive Board, representing the Local Authority, CCGs and parent groups. In order to promote transparency and accountability, we also have an established process for recording our 'You Said, We Will' activity, which results in an annual 'You Said, We Did' summary.

Representatives from 'Full of Life' are actively involved in all aspects of strategic work which includes joining the interview panels for SEND service staff appointments. 'Full of Life' holds regular meetings with officers from the local authority, CCG and health providers, including a termly reference group meeting which is chaired by the forum. The SEND Service attends surgeries with 'Full of Life' on a regular basis. Parents are also involved in training officers and participate in evaluations when re-procurement is taking place (relevant to SEND). 'Full of Life' has trained Local Offer Parent Champions, who deliver training and work with individual families. 'Full of Life' are co-productive partners in the Bi-Borough All Age Autism Strategy Group.

Our improvement work is further informed by the views of families through their attendance at the CFA Executive Board, at workstream groups, through SEND Strategy surveys and surgeries with the SEND Service. In addition, a group of children from Barlby Primary School, including pupils from

² Appendix 3 sets out local governance arrangements



the ASD resource centre, were involved in scoping and setting questions and model answers for the selection process to determine the approved sponsor for the new special free school.

We have recently made changes to our Sensory Impairment Service, creating a more joined up bi-borough model, which has enabled us to increase the capacity of frontline delivery. Consultation workshops with local parents helped us to design the new delivery model, and their feedback is being used to inform future service developments. Children with visual impairment and hearing impairment were involved in the interview process for the specialist teachers in the new service.

CAMHS service reviews have been co-produced with Rethink Mental Illness and local Mental Health Champions since 2015/16 and have gathered feedback from 400 children and young people service users and 175 parents and carers across what was previously the Tri-Borough.

We have ambitions to strengthen our co-production activity with children and young people and are currently recruiting to a new SEND Children and Young People's Participation role. Children with SEND are going to be involved in the interview process for this, which is scheduled for early May.

Executive summary

Key areas that work well
Strategic developments
<p>All partners consistently and systematically work together to drive improvements across the local area. The CFA Executive Board is co-chaired by the Executive Director of Children's services and the CCG Deputy Director, and provides oversight and challenge. Partners, including the Chair of the local parent/carer forum, hold each other to account. A Joint Commissioning Plan was signed off by the Health and Wellbeing Board in July 2018, and progress is being closely monitored.</p>
<p>A dedicated Designated Clinical Officer has been in post since December 2014, who acts as the health lead for the implementation of SEND reforms, and is the key point of contact for colleagues from the local authority, health teams, schools, the parent carer forum and within the CCGs.</p>
<p>The local area has held three multi-agency Sharing Good Practice events, most recently an event on Reviews and Transitions and a deep dive meeting on Early years.</p>
<p>Co-production and engagement are increasingly 'business as usual'. Examples include the coproduction with parents/carers of our SEND Strategy 2018-2021, the strategic development of our local offer (the steering group is parent-chaired), co-development of the short break offer and of a new resource allocation system for personal budgets and improved passenger transport. There have also been service enhancements to the speech, language and communication offer as a result of ongoing engagement with parents and some engagement with children and young people. There are good examples of young people influencing and sharing the local offer including the development of mental health services and the appointment process for specialist teachers for children with sensory impairment. This is an area we want to continue to develop and to strengthen the voice of the child in all our services. Our co-production protocol sets out agreed joint working expectations across a wide range of partners.</p>
Identification of SEND
<p>An improving early years speech and language offer delivers practical support for parents and practitioners to help identify speech, language and communication needs early, so that appropriate intervention and support can be provided. The Speech and Language Service attend 'Stay and Play' sessions to give parents the opportunity to speak about their child's speech, language and communication needs with a speech and language therapist (SALT) and to identify needs early. Golborne & Maxilla Children's Centre in north Kensington provides an enhanced early years offer to parents of children with SEND, with a particular focus on transition into reception. Chelsea Open Air Nursery School in the south of the borough provides the same enhanced offer.</p>

Key areas that work well

To support early identification, **training and support** is provided to health visitors, schools and other settings by specialist services, including SALT, physiotherapists, child and adolescent mental health services (CAMHS) and Paediatrics. Specialist staff attend children centre sessions; for example, local CAMHS are delivering a project to identify and support young children under 5 with attachment disorders and physiotherapists attend health visitor clinics on a regular basis to provide early assessment and signposting for children with developmental or musculoskeletal difficulties.

EHC plans are increasingly produced within statutory timescales. Over January to March 2018, 19% of plans (excluding exceptions) were completed within 20 weeks; at this point, the local area received support from the Department of Education to improve timeliness. Over July to September this rose to 92% and then to 100% over October to December 2018 (excluding exceptions). Over January to March 2019, 91% of plans (excluding exceptions) were completed within 20 weeks. In the calendar year 2017, 51.3% assessments were completed within timescales and this increased to 70% in the calendar year 2018. Following commissioner action as a result of a dip in performance in the first half of 2018/19, 100% of EHC requests made to Child Development Services were responded to within 6 weeks throughout Q4 in both Central London and West London CCGs.

There are **strong arrangements for the identification of SEND in children who are home educated.**

Assessment and meeting needs

Since the **Grenfell tragedy**, there has been wide-ranging and extensive support for the families affected, including additional funding for education support and short breaks via the Grenfell Education Fund. Significant resources have been committed to educational intervention, emotional wellbeing and mental health support for bereaved children, young survivors and the wider community of children and young people, including those with SEND and their families, who were affected by Grenfell. Educational Psychologists have provided additional support to all schools affected by Grenfell since the immediate aftermath of the tragedy, as part of the LA critical incident response policy. **Outcomes for children are tracked** and work to mitigate the impact of the fire will **continue for as long as is necessary**. The effective tracking of the Grenfell cohort was noted by the Government's Taskforce in its most recent report. The latest Government Taskforce Report (Nov 18) noted that RBKC's relationship with and support for its early years, schools and young people services remains strong...The Council's approach to tracking the progress of children and young people affected by the fire is impressive and should develop into a longterm commitment.

There is a holistic and core SALT and CAMHS offer within the Youth Offending Service, to identify and meet needs which may not have been identified at an earlier age/stage.

There is a rolling programme of **parent workshops**, including understanding autism spectrum disorder (ASD) after diagnosis, support for children with social communication difficulties / ASD, and Makaton signing delivered by SALTs, occupational therapists, educational and clinical psychologists. There is also a programme of training available to schools and settings. The borough's Autism and Early Years Intervention Team regularly run for parents both: Early Bird

Key areas that work well

training (for ages 0-4) which aims to support parents in the period between a diagnosis of autism and school placement and the award winning Barnardo's Cygnet Training (for parents of children/young people aged 5-18) diagnosed with an autism spectrum disorder.

The **short breaks service is innovative and develops highly-personalised solutions** to meet the needs of local families. The support and challenge provided through our inclusion offer is effective in enabling families to access mainstream services. The St Quintin Centre is purpose-built and was developed in response to feedback from local families, offering groups and support for disabled children, young people and their families; it delivers **a high quality and highly regarded short breaks offer**.

The **Behaviour and Family Support Team (BFST)** is a specialist service for children with autism and/or moderate to severe learning disabilities, who have emotional, behavioural or mental health problems. It has been well received by parents and carers in supporting them to better understand and manage behavioural challenges.

Place planning has led to funding of capital initiatives to meet local need. A new special free school will open in 2021 at the Barlby site in north Kensington. Queensmill school, which is judged to be outstanding by Ofsted, will be the lead sponsor for the special school working with the borough as co-sponsor. The borough is funding the building of the new special school and the rebuilding of Barlby primary, which has its own autism resource base (The Orchard). Families have been involved in the planning and development of these significant new resources. The SEND capital fund has been spent on improving accessibility for children with SEND at Bevington and Park Walk primary schools to date with more investment planned for 2019 -21.

Children in care are **very well supported by the Virtual School**; the vast majority of Personal Education Plans for children with SEND are at least good, with several showing outstanding features.

Improving outcomes

Children with SEND achieve well. In 2018, 40% of children at SEN Support achieved the expected standard in reading, writing and mathematics at the end of key stage 2 (England average, 24%). 10% of children with an Education, Health and Care Plan (EHCP) achieved the same (England average, 9%). In 2018, at the end of key stage 4, 42% of children at SEN Support achieved grades 4-9 in English and mathematics; in 2018, the England average was 31%. 23% of pupils with an EHCP achieved the same, compared to a 2018 England average of 11%. Schools report that the EP liaison visits (3 visits per year), funded by the High Needs Block and agreed at the Schools Forum, are highly valued and contribute to making a difference for children with SEN.

The local area performs favourably regarding the proportion of working-age adults with a learning disability known to social care **in paid employment**, with 10.6% in employment compared to 6% nationally. We aspire to improve upon this figure and have recruited to a dedicated post that is developing a range of initiatives to improve the pathways to employment for young people with SEND, including a local Supported Internship offer. We introduced a Supported Internship programme, with local partners in September 2018, with the council as an employer. Twelve young people started the programme in September 2018, all employed by RBKC working with West London College, Action on Disability and other local employers including Nandos. One young person has

Key areas that work well

already been offered paid employment with Nandos. Twelve young people have been recruited for the second year of the programme starting in September 2019.

Our **EHCP quality assurance framework is driving up the quality of plans**. The oversight and drive provided by senior leaders has led to significant improvements in case management and data quality and a regular audit process is now in place. The CFA Executive Board receives reports on the quality of plans and parents have coproduced new arrangements for assessment, planning and reviews.

Key areas for development

Strategic developments

Data shows that a focus on co-production, partnership working and targeted marketing has increased the awareness and usage of our Local Offer website, with the number of site users increasing by 288% from March 2018 to March 2019. However, we will continue to **develop and improve our Local Offer website**, focusing, for instance, on making it more accessible to young people with SEND, building on their feedback.

Our **Personal Budget** offer needs improvement and development work is underway. For example, our policy has been refreshed and we are implementing a Resource Allocation System; this work is co-designed with parents. We will offer personal transport budgets as part of our drive to develop alternative travel options and increase independence.

While our SEND Strategy and Joint Commissioning Plan well reflect the views of parents, we recognise that **we need a more consistent approach to co-production with children and young people**, building on particular strengths in CAMHS and wider examples of co-design.

The **Youth Offending Service** will achieve the SEND Quality Mark.

Identification of SEND

We will reduce the waiting times for a diagnosis of autistic spectrum disorder (ASD), reduce the age of diagnosis and address the under-diagnosis of girls with ASD. An all-age, multi-disciplinary Autism Strategy is in development and focused work is underway to improve pathways and reduce waiting times. Between December 2018 and February 2019, waiting times for diagnosis reduced from 54 weeks to 43 weeks for under-5s, and from 131 weeks to 76 weeks for school-age children.

An improved pre-birth to 5 local offer will strengthen positive outcomes for young children with SEND. Using a data-driven approach, we will work with partners across the local area to improve the identification of SEND for these children, associated pathways, planning and interventions. We will support this with target funding and support for 0-5s in the PVI nursery sector. Take up of Disability Access Funding and SEN inclusion funding is low and work is underway with parents in early years settings to increase awareness and support for the application process. Through our involvement in the Early Intervention Foundation's Early Years Transformation Academy we will work closely with partners across the pre-birth to 5 pathway to improve multi-disciplinary pathways and onward referrals, strengthen early identification (including take up of the 2-2.5 year old checks), improve our targeted offer of support and school readiness..

Assessment and meeting needs

Commissioners have worked together with our main provider of therapies, Central London Community Healthcare (CLCH) NHS Trust, to address areas of variable performance around waiting times for speech and language therapy (SALT) and occupational therapy (OT). Whilst performance for SALT has improved significantly, waits for OT remain too long, especially in West London CCG. There has also been historic mis-reporting of waiting times by the

<p>provider, which has now been rectified. We continue to work closely with CLCH to improve performance and ensure clinical risk to children is minimised/mitigated.</p>
<p>We recognise that whilst our targeted offer of support for school age children without an EHCP has been strengthened more needs to be done to ensure all children get the right support. We will continue to work with schools in close partnership with CLCH to develop and embed a whole system model to speech, language and communication.</p>
<p>Parents tell us that the social care and short breaks services need to listen and understand the feedback about contact and communications. We have started to do that listening and to think about how we can improve their experience.</p>
<p>Primary attendance levels for pupils with SEND continue to be slightly below national and London averages; the early help service, working with the school standards team, is using a data-led approach to target support at schools with the lowest attendance and take a 'whole family' approach to improving school attendance. Through the Vulnerable Children's Collaborative, we will improve the attendance of children with multi-sensory impairment and physical disabilities in particular. We will review our offer for children who are unable to attend school due to ill-health. Out-borough schools are now required to submit attendance data with their termly invoices for resident pupils on their roll.</p>
<p>In 2017/18, the fixed term and permanent exclusion rates (incidents of exclusion as a percent of pupils on roll) for secondary pupils with SEN continued to be higher than national averages. Five of RBKC's six secondary schools are collaborating with the early help team on targeted projects to improve inclusion and the Vulnerable Children's Collaborative is directing targeted work with Latimer AP Academy and the Golborne Centre (run by Tri-borough Alternative Provision) to support pupils with long term absence concerns or at risk of exclusion and those not in receipt of full-time education.</p>
<p>We will improve the participation of children and young people with SEND in developing our local offer. A new SEND participation officer post is currently being recruited to, working with 'Full of Life'.</p>
<p>We will continue to improve the range and quality of mental health and emotional well-being support available and develop clearer and better communicated pathways. The successful West London CCG and MIND Trailblazer bid will provide proactive and preventive support to young people with low and moderate mental health needs in schools from spring 2019 onwards with a dedicated workforce in the majority of primary and secondary schools in the borough. We will strengthen the whole-school approach to communication and language needs, and emotional health and wellbeing, at the targeted level and embed a graduated offer. This includes development of a whole-school approach.</p>
<p>The Designated Nurse for Looked After Children (LAC) is working with the Local Authority, Imperial College Healthcare NHS Trust and Chelsea & Westminster NHS Foundation Trust to increase the proportion of initial health assessments (IHAs) for LAC completed within 20 days.</p>
<p>Improving outcomes</p>
<p>Outcomes based commissioning will be strengthened; improved reporting will enable us to better understand service impact and areas for service improvement. This includes contract monitoring using new outcome measures.</p>

We will **reduce the participation gap** between young people aged 16-18 with SEND and their peers, and continue to reduce the rate of young people with SEND who are Not in Education, Employment or Training (NEET) (or 'not known'). Our latest figures show that 2.4% of 16-17 year olds are NEET in RBKC, compared with 1.8% in London and 2.6% nationally. A new multi-agency NEET Panel is now in place, chaired by a Director within children's services, and attended by local colleges and training providers.

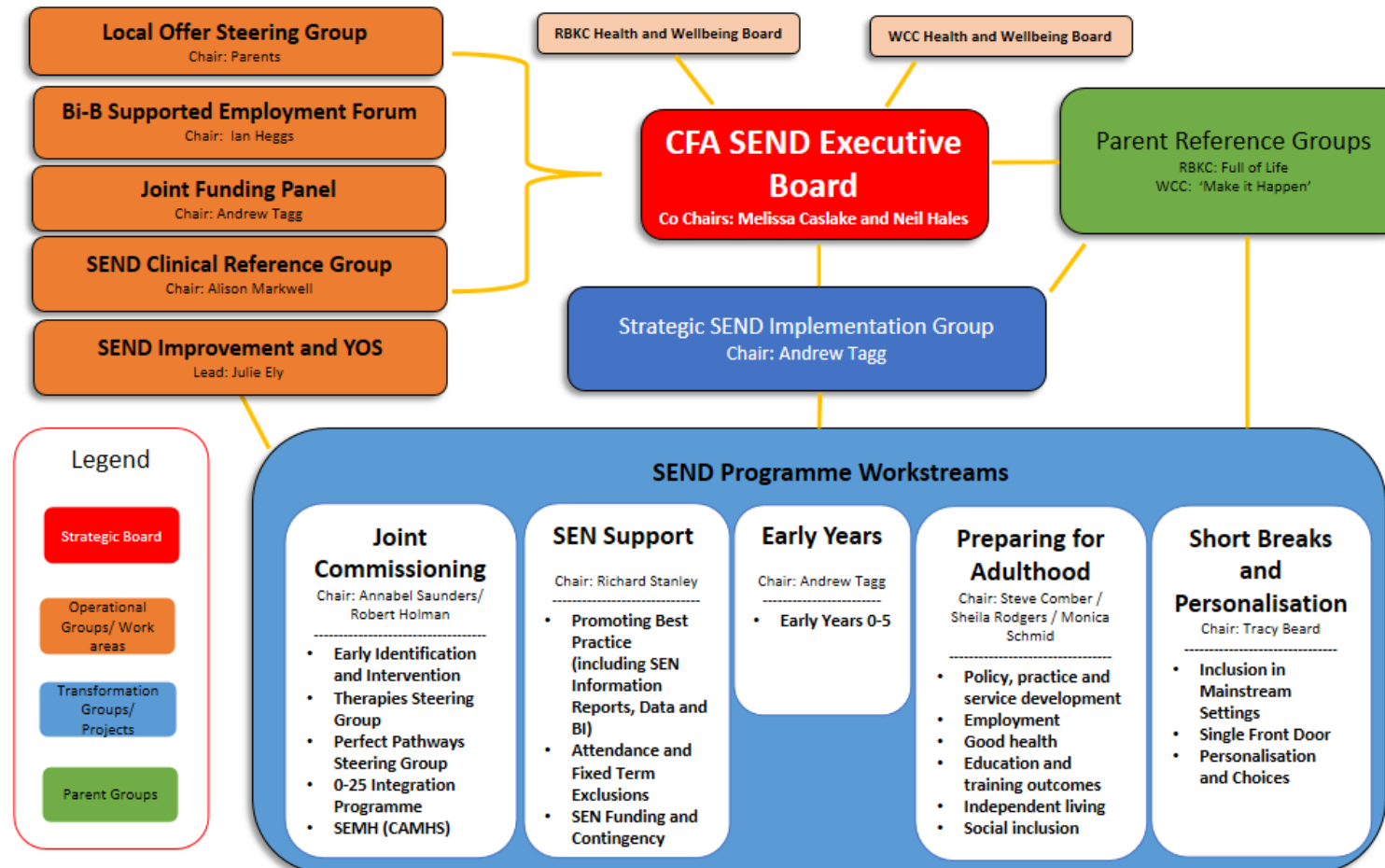
Through the process of annual review, we will **further improve the quality of EHCPs**. Our quality assurance framework, findings from the national Personal Outcomes Evaluation Tool (POET) (when received), a new case management system set to be introduced in September 2019, and new outcomes measures will all help to drive up standards.

We will **continue the current pace of work to develop arrangements to support young people aged 16-25 with SEND**. Priorities include ensuring that:

- our new Standard Operating Procedures for Transition to Adult Services are fully understood by frontline staff and implemented, and that young people experience improved transitions from children's to adult health services;
- contracts include a requirement to implement a clear transition protocol and that transition activity and performance form KPIs;
- an increased proportion of young people with learning disabilities receive an annual health check.

Appendix 1: SEND governance arrangements

SEND Local Area Governance (Bi-Borough)



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Annex B

City of Westminster

Local Area

Special Educational Needs and/or Disabilities

Self-Evaluation

Executive Summary

Q4 (January to March) 2018/2019

Introduction

Our ambition is to support all children and young people in their journey to adulthood with underpinning principles of early help, personalisation and inclusion, enabling them to achieve their chosen outcomes. Westminster City Council (WCC) and Central London and West London Clinical Commissioning Groups (CCGs) have high ambitions for all children and young people, including those with special educational needs and/or disabilities (SEND). We firmly believe that children and young people, including those with the most complex needs, should have access to good local provision including health care and every opportunity to thrive, whether this be education, employment, independent living or participation in their community.

Over **2014 to 2017**, our local SEND strategy focussed on implementing new assessment pathways; developing the tri-borough SEND Service; engagement with education settings to improve identification and assessment of children and young people with SEND; improving joint working between education, health and social care, including joint commissioning; and, developing relationships and co-production with the parent/carer reference group, led by the Westminster Parent Participation Group, 'Make it Happen'. The impact of the political decision to commit to an integrated tri-borough SEND service in 2014 created an additional pressure at a time when the reforms were being introduced. Initial progress was therefore slower than we would have liked.

Page 78 In **2018**, the tri-borough arrangements ended but the Royal Borough of Kensington and Chelsea and WCC continue to work in a bi-borough arrangement. In the lead up to April 2018 and since that time, the bi-borough SEND Service has focused on completing transfers and maintaining the improvements in the assessment process that started to become evident in 2017-18. A climate of continuous improvement and quality assurance has been introduced and the completion rate for Education, Health and Care (EHC) needs assessments within 20 weeks, excluding exceptions, now stands at 100% (January to March 2019). In the calendar year 2017, 60.3% assessments were completed within timescales and this increased to 78% in the calendar year 2018. From January to March 2019, 100% of plans were finalised within 20 weeks (excluding exceptions)¹. The Bi-borough is implementing a bespoke case management system for the Service which will be in place by September 2019. CCG commissioning still operates across the tri-borough footprint.

Our **SEND Strategy 2018 - 2021** sets out the following overarching aims:

- support children and young people to achieve the best they can in education and all other aspects of their lives
- support young people to get a job (with support as necessary)
- support children and young people to live as independently as possible (with support as necessary); and
- support children and young people to be healthy, active and visible in their local community.

¹

The Special Educational Needs and Disability Regulations 2014 set out specific exemptions from the 20-week timescale e.g. when appointments are missed

This document provides an evaluation of how well the WCC partnership (or ‘local area’) carries out its statutory duties in relation to children and young people with SEND. It focuses on the effectiveness of the local area in supporting children and young people with SEND, and their families, to achieve the best possible educational, health, social and other outcomes. This evaluation is reviewed on a quarterly basis and provides the basis of a continuous cycle of self-improvement. It forms part of our ‘business as usual’ quality assurance arrangements and should be read alongside WCC’s SEND Joint Strategic Needs Assessment (JSNA), SEND Strategy and quality assurance framework. See Appendix 1 for our data schedule and Appendix 2 for health related data. This evaluation has been informed by:

- the views of children, young people and their families;
- an extensive review of partnership arrangements, including a review of qualitative and quantitative performance information from commissioners and providers across the partnership and a process of critical review and quality assurance with front-line managers;
- informal benchmarking against the Local Area SEND inspection evaluation schedule;
- informal benchmarking with CCGs in the Central London and West London;
- use of the Council for Disabled Children’s audit tool for CCGs.

Leadership and Governance

Progress against the SEND Strategy and the associated action plan are overseen by a bi-borough multi-agency CFA Executive Board which is co-chaired by the bi-borough Executive Director of Children’s Services and the Deputy Director of the CCG. This Board includes the Chairs of the parent forums from each borough, providers, schools and settings. See Appendix 3 for the governance structure. Political leaders are involved in shaping the transformation plans and are kept informed of progress through regular Cabinet Member briefings, providing challenge and support. The CFA Executive Board is underpinned by five supporting workstreams:

- Joint Commissioning Board
- Short Breaks and Personalisation
- Preparing for Adulthood
- SEN Support
- Early Years (0 – 5)

Co-production

Co-production is at the heart of our work to implement the SEND reforms and is increasingly the 'business as usual' model. We have a Co-production Memorandum of Understanding, which has been signed off by our Children and Families Act Executive Board, representing the Local Authority, CCGs and parent groups. In order to promote transparency and accountability, we also have an established process for recording our 'You Said, We Will' activity, which results in an annual 'You Said, We Did' summary.

Representatives from the Parent Forum are actively involved in all aspects of strategic work which includes joining the interview panels for SEN Service staff appointments and being consulted on the content of job descriptions for a variety of roles. 'Make it Happen' holds regular meetings with officers from the LA, CCG and health providers including a termly reference group meeting which is chaired by a parent. The SEN Service attends surgeries with 'Make it Happen' on a regular basis, with focussed sessions on areas raised by parents/carers such as short breaks and therapy interventions with attendance from relevant professionals. Parents are also involved in training officers and participate in evaluations when re-procurement is taking place (relevant to SEND). 'Make it Happen' has also trained Local Offer Parent Champions, who deliver training and work with individual families. They are co-productive partners in the Bi-Borough All Age Autism Strategy Group.

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'Make it Happen' is working with Contact, a national charity for families of children with disabilities, to undergo organisational changes to enable the group to become more independent from an umbrella organisation. The LA is supporting this work.

Our improvement work is informed by the views of children, young people and their families through their attendance at the CFA Executive Board, at Workstream Groups, through the termly Reference Group meetings with officers, through the SEND Strategy surveys and surgeries with the SEN Service. The Assistant Director for SEN meets termly with a group of young people at St Marylebone Bridge Special School to seek their views and feed back on actions that have been taken to improve the Local Offer. This group of young people, with the support of our Educational Psychology Service, also interviewed all candidates for the Assistant Director SEN role in spring 2018.

We have recently made changes to our Sensory Impairment Service, creating a more joined up bi-borough model, which has enabled us to increase the capacity of frontline delivery. Consultation workshops with local parents helped us to design the new delivery model, and their feedback is being used to inform future service developments. Children with visual impairment and hearing impairment were involved in the interview process for the specialist teachers in the new service.

CAMHS service reviews have been co-produced with Rethink Mental Illness and local Mental Health Champions since 2015/16 and have gathered feedback from 400 children and young people service users and 175 parents and carers across what was previously the Tri-Borough.

We have ambitions to strengthen our co-production activity with children and young people and are currently recruiting to a new SEND Children and Young People's Participation role. Children with SEND are going to be involved in the interview process for this, which is scheduled for early May.

Executive summary

Key areas that work well

Strategic developments

All partners consistently and systematically work together to drive improvements across the local area. The CFA Executive Board, whilst established in 2014 was re-formed as a Bi-borough group in April 2018, and is co-chaired by the Executive Director of Children's Services and the Deputy Director of the CCG. The Board provides oversight and challenge. Our Health and Well-Being Board approved our Joint Commissioning Plan and progress is being closely monitored. **The local area has had a dedicated Designated Clinical Officer (DCO)** in post since December 2014, who acts as the health lead for the implementation of the SEND reforms and is the key point of contact for colleagues from the local authority, health teams, schools, 'Make it Happen' and within the CCGs. The Local Area has held three multi-agency **Sharing Good Practice events**, most recently an event on Reviews and Transitions. A deep dive meeting was held in March on early years.

Co-production and engagement are increasingly 'business as usual'. Examples include the coproduction with parents/carers of our SEND Strategy 2018-2021, the strategic development of our local offer (the steering group is parent-chaired), co-development of the short break offer and of a new resource allocation system for personal budgets and improved passenger transport. There have also been service enhancements to the speech, language and communication offer as a result of ongoing engagement with parents and some engagement with children and young people. There are good examples of young people influencing and shaping the local offer, including the development of mental health services, and the appointment process for specialist teachers for children with sensory impairment. This is an area we want to continue to develop to strengthen the voice of the child in all our services. Our published co-production protocol sets out agreed joint working expectations across a wide range of partners.

Our local offer website which has improved and now receives positive comments from parents about how easy it is to access and how useful the information is to them in making decisions about their children and young people.

Identification of SEND

An **improving early years speech and language offer** delivers practical support for parents and practitioners to help identify speech, language and communication needs early, so that appropriate intervention and support can be provided. The Speech and Language Therapy Service also attend Stay and Play sessions to give parents the opportunity to speak about their child's speech, language and communication needs with a speech and language therapist (SALT) and to identify needs early.

Training and support is provided to Health Visitors, schools and other settings by specialist services including SALT, physiotherapy, CAMHS and Paediatrics to support early identification and specialist staff attend children centre sessions. For example, local CAMHS are delivering a project to identify and support young children under 5 with attachment disorders.

Key areas that work well

Education, Health and Care Plans (EHCPs) are increasingly produced within statutory timescales. From January to March 2019, 100% of plans were finalised within 20 weeks (excluding exceptions)². This is a significant improvement on the previous year; previously the local area received support from the Department of Education (DfE) to improve the timeliness of plans. In the calendar year 2017, 60.3% of assessments were completed within timescales and this increased to 78% in the calendar year 2018. Following commissioner action as a result of a dip in performance in the first half of 2018/19, 100% of EHC requests made to Child Development Services were responded to within 6 weeks throughout Q4 in both Central London and West London CCGs.

There are **strong arrangements for the identification of SEND in children who are electively home educated**.

Assessment and meeting needs

There is a holistic and core SALT and CAMHS offer within the Youth Offending Service (YOS), to identify and meet needs which may not have been identified at an earlier age/stage.

There is a rolling programme of **parent workshops**, including understanding autism spectrum disorder (ASD) after diagnosis, support for children with social communication difficulties / ASD, and Makaton signing delivered by SALTs, Occupational Therapists (OTs), Educational Psychologists (EPs) and Clinical Psychologists. There is also a programme of training available to schools and settings.

The short breaks offer is improving and becoming more graduated, including an extended core offer through the co-design work with families as part of the Perfect Pathways project. This includes a new offer in south Westminster at Churchill Gardens Primary Academy in response to parental feedback, as well as at the Tresham Centre in Lisson Grove. The support and challenge provided through our inclusion offer is effective in enabling families to access mainstream services.

Place planning work has led to funding of capital initiatives to meet local need, such as the development of a new resource base for September 2019 at All Soul's C of E Primary School and good engagement with Headteachers to explore additional specialist provision to improve local options for families.

Children in care are **very well supported by the Virtual School**; the vast majority of Personal Education Plans for children with SEND are at least good, with several showing outstanding features.

Improving outcomes

2018 educational outcomes for children with SEND show that at both primary and secondary the achievements of children with SEND are well above national comparators. At KS2 38% of children on SEN Support achieved the expected standard in reading, writing and mathematics compared with a national average of 24%; 16% of children with an EHCP achieved this measure compared to a national average of 9%. At KS4 44% of children on SEN Support achieved grades 4-9 in English and mathematics compared with a national average of 31%; 23% of children with an EHCP achieved this measure compared to a national average

²

The Special Educational Needs and Disability Regulations 2014 set out specific exemptions from the 20-week timescale e.g. when appointments are missed

Key areas that work well

of 11%. Schools report that the Education Psychology liaison visits (3 visits per year), funded by the High Needs Block and agreed at the Schools Forum are highly valued and contribute to making a difference for children with SEN.

The local area performs favourably regarding the proportion of working-age adults with a learning disability known to adult social care in **paid employment**, with 9.3% in employment compared to 6% nationally. We aspire to improve upon this figure and have recruited to a dedicated post that is developing a range of initiatives to improve the pathways to employment for young people with SEND, including a local Supported Internship offer, working with the Westminster Employment Service.

Our **EHCP quality assurance framework is driving up the quality of plans**. The oversight and drive provided by senior leaders has led to significant improvements in case management and data quality. The CFA Executive Board receives reports on the quality of EHCPs and parents have coproduced new arrangements for assessment, planning and reviews.

Key areas for development	
Strategic developments	
Data shows that a focus on co-production, partnership working and targeted marketing has increased the awareness and usage of our Local Offer website, with a 57% increase in site users from March 2018 to March 2019. However, we will continue to develop and improve our Local Offer website , focusing, for instance, on making it more accessible to young people with SEND, building on their feedback.	
Our personal budget offer needs further improvement and development work is underway. For example, our Policy has been refreshed and we are implementing a resource allocation system. This work is co-designed with parents. We will also offer personal transport budgets as part of our drive to develop alternative travel options and increase independence.	
While our SEND Strategy and Joint Commissioning Plan well reflect the views of parents, we recognise that we need a more consistent approach to co-production with children and young people , building on particular strengths in CAMHS and wider examples of co-design.	
The YOS is working to achieve the SEND Quality Mark.	
Identification of SEND	
An improved pre-birth to 5 local offer will strengthen positive outcomes for young children with SEND. Using a data-driven approach, we will work with partners across the local area to improve the identification of SEND for these children, associated pathways, planning and interventions. We will support this with target funding and support for 0-5s in the PVI nursery sector. Take up of Disability Access Funding and SEN inclusion funding is low and work is underway with parents in early years settings to increase awareness and support for the application process. Through our involvement in the Early Intervention Foundation's Early Years Transformation Academy we will work closely with partners across the pre-birth to 5 pathway to improve multi-disciplinary pathways and onward referrals, strengthen early identification (including take up of the 2-2.5 year old checks), improve our targeted offer of support and school readiness.	
Reducing the waiting times for ASD diagnosis , reduce the age of diagnosis and addressing the under-diagnosis of girls with ASD. An all-age, multi-disciplinary Autism Strategy is in development and focused work is underway to improve pathways and reduce waiting times. Between December 2018 and February 2019, waiting times for diagnosis reduced from 54 weeks to 43 weeks for under-5s, and from 131 weeks to 76 weeks for school-age children.	
Assessment and meeting needs	
Commissioners have worked together with our main provider of therapies , Central London Community Healthcare (CLCH) NHS Trust, to address areas of variable performance around waiting times for speech and language therapy (SALT) and occupational therapy (OT). Whilst performance for SALT has improved significantly, waits for OT remain too long. There has also been historic mis-reporting of waiting times by the provider, which has now been rectified. We continue to work closely with CLCH to improve performance and ensure clinical risk to children is minimised/mitigated.	

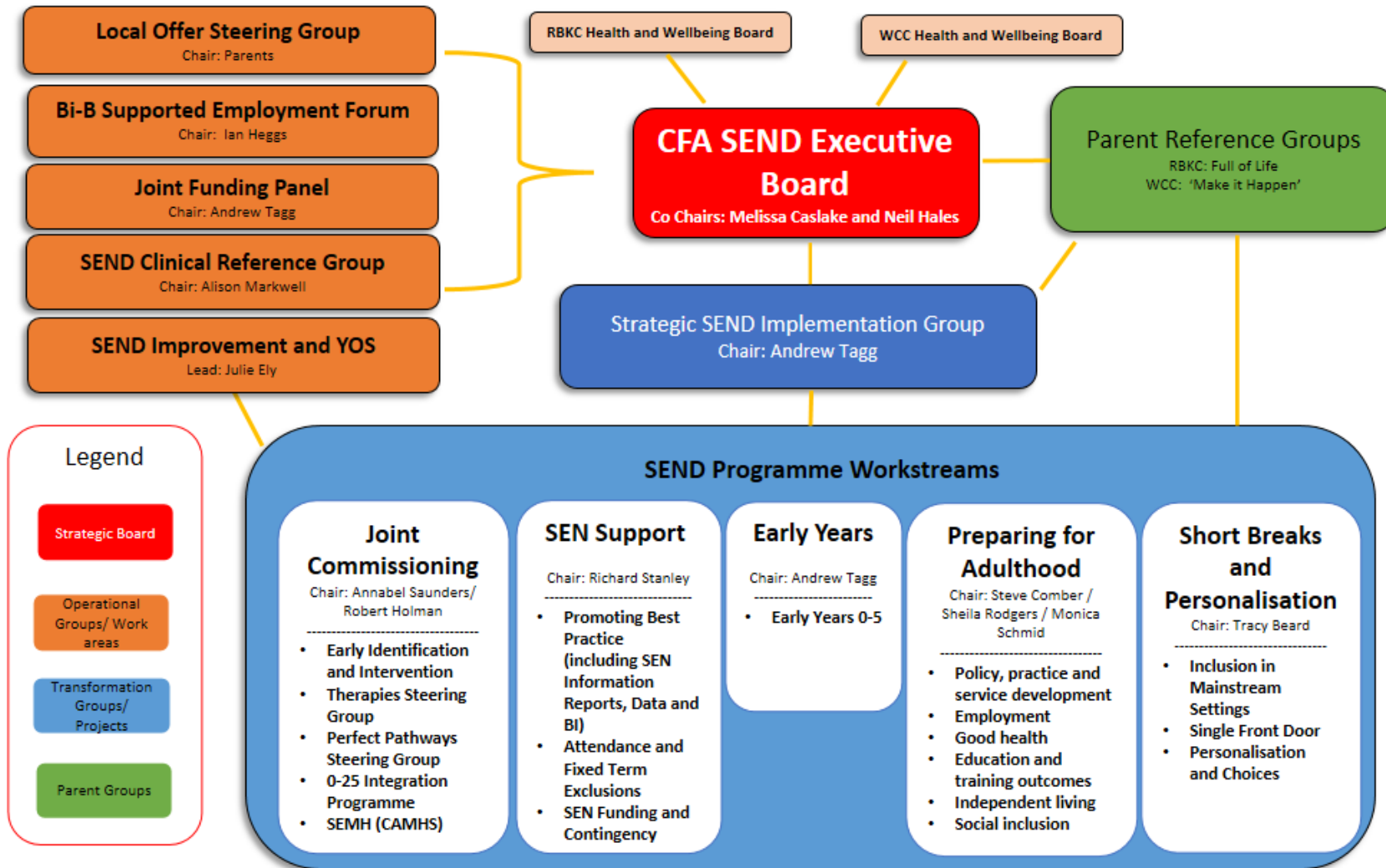
<p>We recognise that whilst our targeted offer of support for school age children without an EHCP has been strengthened more needs to be done to ensure all children get the right support. We will continue to work with schools in close partnership with CLCH to develop and embed a whole system model to speech, language and communication.</p>
<p>We will continue to improve the range and quality of mental health and emotional well-being support available and develop clearer and better communicated pathways. West London CCG (NHS), in partnership with MIND and WCC/Royal Borough of Kensington and Chelsea (RBKC), has been chosen to be part of the first wave of Trailblazer sites for the new Mental Health Schools Support Teams. The programme will cover the Queen's Park and Paddington area of North Westminster. We will strengthen the whole school approach to speech, language and communication needs and emotional health and wellbeing at the targeted level and embed a graduated offer. This includes the development of a whole school approach.</p>
<p>The current short breaks contract with the Westminster Society ends shortly and this provides the opportunity to reshape the offer to meet the increased demand for more specialist support for children with complex needs and introduce a more graduated offer for families.</p> <p>Parents would like us to develop our own Disabled Children's Centre through the re-designation of the Tresham Centre in Lisson Grove from June 2019. The Council is investing in the redevelopment of the Centre, working closely with parents, in order to expand the short breaks offer for disabled children.</p>
<p>Through the Vulnerable Children's Collaborative, we aim to improve the attendance of children with multi-sensory impairment, profound and multiple learning difficulties and those with physical disabilities in particular. We will review our offer for children who are unable to attend school due to ill-health. We will undertake further work to understand the reasons for the increase in the persistent absenteeism of children with EHCPs and aim to ensure all children attend school regularly. Out-borough schools are now required to submit attendance data with their termly invoices for resident pupils on their roll.</p>
<p>The Designated Nurse for Looked After Children (LAC) is working with the Local Authority, Imperial College Healthcare NHS Trust and Chelsea & Westminster NHS Foundation Trust to increase the proportion of initial health assessments (IHAs) for LAC completed within 20 days.</p>
<p>Improving outcomes</p>
<p>Outcomes based commissioning will be strengthened; improved reporting will enable us to better understand service impact and areas for improvement. This includes the implementation of new outcome measures.</p>
<p>Fixed-term exclusion rates (incidents of exclusion as a percentage of pupils on roll) for pupils with SEN in local secondary schools are higher than the national average and we are working closely with our schools, Early Help, SEN Outreach and our alternative provision settings. Beachcroft and the Westminster Centre through the multi-agency Vulnerable Children's Collaborative are working with our mainstream schools to provide specialist support to young people at risk of exclusion and reduce overall exclusion rates.</p>
<p>We will reduce the participation gap between young people aged 16-18 with SEND and their peers; and continue to reduce the rate of young people who are not in education, employment or training (NEET) or are not known. Our latest figures show that 1.1% of 16-17 year olds are NEET in WCC, compared with 1.8% in London and 2.6% nationally.</p>
<p>Through the process of annual review, we will further improve the quality of EHCPs. Our quality assurance framework, findings from the national Personal Outcomes Evaluation Tool (POET), a new case management system and new outcome measures will all help to drive up standards.</p>

We will **continue the current pace of work to develop arrangements to support young people aged 16-25 with SEND**. Priorities include ensuring that:

- our new Standard Operating Procedures for Transition to Adult Services are fully understood by frontline staff and implemented;
- contracts include a requirement to implement a clear transition protocol and that transition activity and performance form Key Performance Indicators;
- care leavers are supported by CAMHS to age 25.

Appendix 1: Governance structure

SEND Local Area Governance (Bi-Borough)



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Annex C:

THE LOCAL AREA SEND GOVERNANCE STRUCTURE (BI-BOROUGH)

Figure 1.1 shows the current SEND bi-borough governance arrangements.

The preparation for a potential inspection is frequently reviewed through regular meetings with the SEND Inspection Planning and Logistics group (chaired by the Bi-Borough Executive Director of Children's Services).

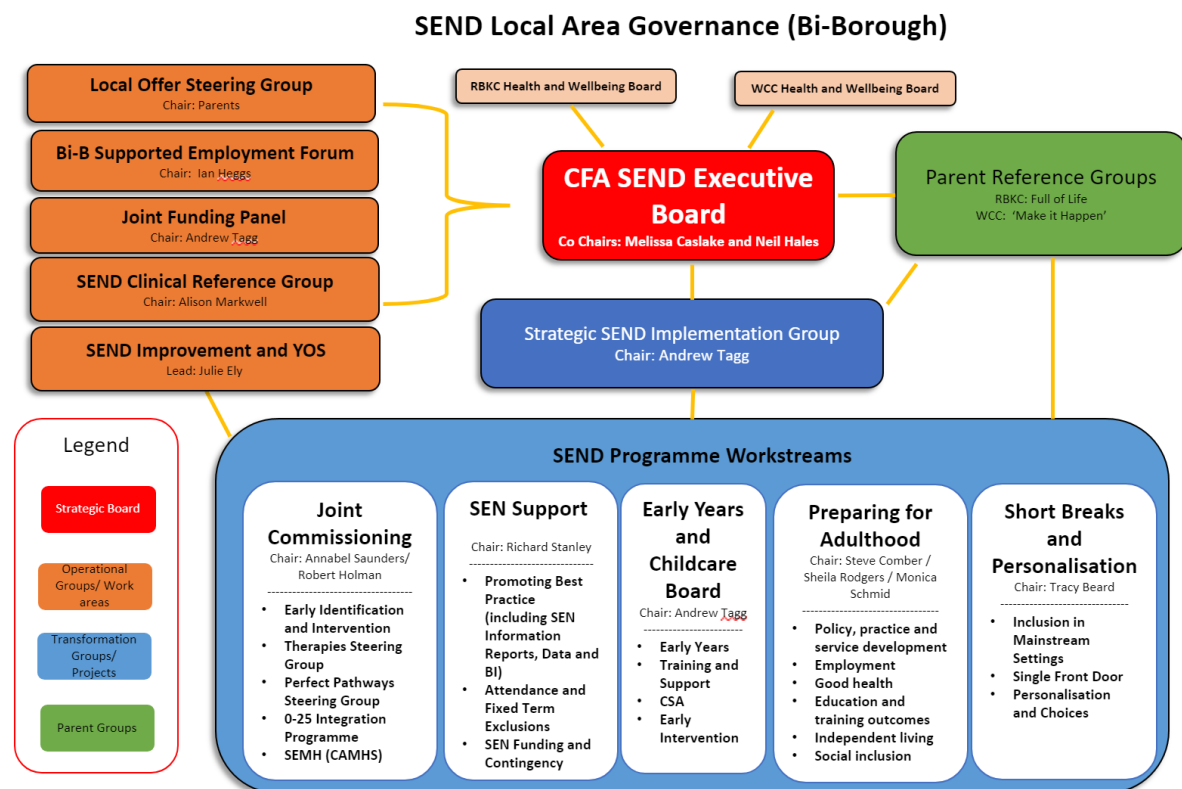


Figure 1.1

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Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	3 rd July 2019
Classification:	General Release
Title:	Better Care Fund Programme 2017/2019 Update
Report of:	Bi-Borough Executive Director of Adult Social Care Managing Director Central London CCG Managing Director West London CCG
Wards Involved:	All
Financial Summary:	Contained in Report
Report Authors and Contact Details:	Wayne Haywood whaywood@westminster.gov.uk Nick Fripp nfripp@westminster.gov.uk

1. Executive Summary

- 1.1. This paper summarises the outcome (Q4 Return) of the Better Care Fund (BCF) Plan for 2018/19 for both Westminster and Kensington & Chelsea. The full report, as authorised by HWBBB in March, was approved by the chair prior to its submission to NHS England. See Appendix 1 for key highlights.
- 1.2. The NHS Long Term Plan confirms that there will be a BCF for 2019/20. Following detailed work these past months, we now have a jointly developed integration plan for 2019/20. In terms of the principles, Local Authority and CCG (Clinical Commissioning Group) partners previously indicated that funding within the BCF would be reduced to the minimum level in 2019/20. We consider however that, when finalised, the schedule of services and financial commitments contained therein will represent the best use of the BCF minimum investment in future years and make the most positive impact in our integrated working, on

patient outcomes; and place the interests of residents in Westminster and Kensington and Chelsea at the centre of our approach. It will also enable the Health and Wellbeing Board (HWBB) to fulfil its statutory duty to promote integrated ways of working and deliver a more sustainable health and social care system for the future across the Bi-Borough.

- 1.3. The reduced scope of the plan supports a more focussed approach to joint working. It does not mean that activities hitherto within the Plan will cease to be delivered, simply that some services / initiatives will be delivered and governed outside of the BCF framework going forward.
- 1.4. Delays in issuing the national guidelines means that many HWBBs will not have formally approved their 2019/20 Plans before they need to submit them for assurance, something which NHS England duly recognises. The expectation in Westminster and Kensington & Chelsea is the submission deadline is likely to be before the HWBB meets in October. It is therefore proposed that sign-off of the plans be delegated to the Chairs and our final Plans will therefore need to be tabled at HWBB retrospectively.
- 1.5. Resource pressures across the system will require continuing discussions between partners over efficiency requirements during the coming year. Plans to merge the 8 CCGs across NWL, currently subject to wider stakeholder consultation, could also have a bearing going forward on our proposed plans as the year progresses.

2. Key Matters for the Board

2.1 The Board is asked to:

- Note headline details of the BCF Q4 return that was submitted to NHS England in April 2019 – Appendix 1.
- Due to timing issues, delegate responsibility for sign-off of our 2019/20 BCF plans to the Chairs in order for us to obtain the necessary assurance from NHS England that we have plans in place for the delivery of our BCF plan in 2019/20.
- Note that the final submission, once approved by NHS England, will be retrospectively tabled at HWBB. This is aimed to be at the meeting on 10th October 2019.
- In the meantime, note the approach in Westminster and Kensington & Chelsea outlined within this report.

3. Background

- 3.1 When the Health and Wellbeing Board met on 9th March, it agreed that the chair should sign-off the Q4 Return due at end April 2019. Progress against the 2018/19 Plan at year's end is attached at Appendix 1 for information.

19/20

- 3.2 Details of joint investments have still to be finalised; however, CCG and local authority partners have worked closely to deliver an agreed Plan for 2019/20 with clear schedules of joint services, financial commitments and monitoring arrangements. Discussions have delivered agreement between officers on Better Care Fund Budgets for 2019/20. These budgets will require formal sign off through appropriate governance routes within the Local Authorities and CCGs. We are also planning to seek pre-assurance to our plans from the Regional BCF Support Team.
- 3.3 As reported at HWBB in March 2019, Local Authority and CCG partners plan to reduce funding within the BCF in 2019/20. As such, the value of the new plan from April 2019 is £60m across health and social care in Westminster and Kensington and Chelsea. This compares to a previous Better Care Fund Plan (April 2017– March 2019) of £140m per year.
- 3.4 Key exclusions from the new plans are learning disability services, package costs for mental health services and older people and a range of voluntary and community sector contracts. The CCGs and councils remain committed to joint working and shared investment outside the BCF. These services will all have refreshed governance to support continued service quality and value for money. This approach provides a firm commitment to services in the BCF whilst enabling significant funding to be monitored through business as usual arrangements outside the Better Care Fund.

Narrative Plan

- 3.5 The Better Care Fund submission will require a narrative plan to accompany financial schedules. The services and resources that form part of the 2019/20 Better Care Fund are organised into five themes as follows.
- a. High quality care in the community, preventing unnecessary hospital admissions and ensuring timely discharge.**
- 3.5.1 This area has the biggest overall investment in the Better Care Fund in Westminster and Kensington and Chelsea in 2019/20 and encompasses efforts to reduce Delayed Transfers of Care (DTOC), the development of discharge to assess (D2A) programmes, Integrated Community Equipment Services, Reablement and investment in the social care market place. The Community Independence Service (CIS), which remains a joint priority across the partnership,

continues to play a key role in preventing non-elective admissions and minimising delayed transfers of care. The joint reablement offer remains vital to these ambitions.

b. Joint work on Mental Health Supported Accommodation and Homelessness.

3.5.2 The CCGs and Local Authorities have agreed the continued joint investment in Mental Health Supported Accommodation and Homelessness in both Westminster and Kensington and Chelsea. The implementation of new arrangements following re-procurement of supported accommodation is a priority for the 2019/20 year and the plan will include a review of outcomes from this investment to inform future monitoring and development.

3.5.3 Joint Homelessness Team Services have been operating in both Boroughs for several years, this year will see a review of the effectiveness of these services in addressing the high demand for homelessness services in both Boroughs.

c. Advocacy, Carers Services, Advice and Guidance and Prevention

3.5.4 Joint investment in this area is designed to ensure that people have the support they require to make informed decisions about their health and wellbeing. It also funds a range of Voluntary and Community Sector partners that support this work and contribute to promoting independence and wellbeing of people in Westminster and Kensington and Chelsea.

3.5.5 A Voluntary and Community Sector Review is currently underway which aims to develop a more co-ordinated approach to working with our VCS partners. This work will inform future joint investment decisions. Joint investment in Advocacy, as previously reported, is also the subject of a re-procurement exercise in both Boroughs.

d. Aligning the Boroughs and CCG Better Care Fund with Wider Strategic Plans

3.5.6 This area of work is about ensuring the Plan supporting the delivery of the Long-Term Plan¹, the Adult Social Care six priorities², the Public Health Strategy and the HWBB's own 3 priorities for 2019/20: Dementia, Mental wellbeing and personal resilience; and Taking a Public Health approach to youth violence.

¹ The North West London Collaboration of CCGs has recently launched engagement on its Long-Term Plan which is the local response to the NHS Long Term Plan.

² Personalisation, Prevention, Safeguarding, Integration, Market Shaping and Quality Assurance.

e. Use of the iBCF, Winter Pressures, Disabled Facilities Grant funding as enablers for Better Care Fund Plans in Westminster and Kensington and Chelsea.

3.5.7 The BCF Narrative Plan will also set out how iBCF, winter pressures and DFG funding will be deployed during the year supporting the goals of the overall Better Care Fund Plan locally as follows:

- Meeting adult social care needs
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
- Ensuring that the local social care provider market is supported

4. Future Governance Arrangements

4.1 Delivery against the 2019/20 Plan will be reported upon at future HWBBs.

4.2 We are working on a range of new or augmented governance arrangements to ensure that those services that used to form part of the BCF, but which now sit outside of the scheme, are subject to appropriate scrutiny and monitoring. In particular, we will be putting in place new arrangements for LD and amended governance arrangements for MH services which represent the bulk of these non-BCF services. Also, following joint work through the summer and autumn of 2018 partners agreed a number of contracts previously part of BCF Plans would revert to single agency commissioning. This included those s75 contracts funded solely by one partner but managed by another. These no longer sit within the BCF Plan.

5. Options / Considerations

5.1 This report is seeking the Board's approval for "Chairs" to sign off the 2019/20 BCF Plans for Westminster and Kensington and Chelsea and to note that, subject to that approval, the final submissions will then be brought to the HWBB, in October 2019, for consideration.

6. Legal Implications

6.1 There are no legal implications.

7. Financial Implications, Value for Money and Pressures

7.1 The previous Better Care Fund Plan (April 2017– March 2019) had a total value of £140m per year across health and social care in Westminster and Kensington and Chelsea. As reported at HWBB in March 2019, Local Authority and CCG partners would be reducing funding within the BCF to the minimum level in 2019/20. The Better Care Fund Plan (2019/20) has a total value of £21.196m in Kensington and Chelsea and £38.171m in Westminster. These figures comprise

the Local Authority and Health commissioned services that make up the BCF minimum as well as include the Disabled Facilities Grant, iBCF and Winter Pressures funding for each Borough.

7.2 The figures used are based on NHS England advice to use 2018/19 budgeted figures as the baseline. They will be updated by a prescribed inflationary increase once formal guidance is issued.

7.3 Whilst NHS England are expected to meet the inflationary uplift to the CCG minimum, the financial climate remains challenging going forward, particularly within NWL CCG. Moreover, CCG plans for merger, should they be approved in autumn 2019, could also create further pressures on Westminster and Kensington & Chelsea budgets or investments. However, details are currently unclear.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

[Wayne Haywood]

Email: [whaywood@westminster.gov.uk]

Appendices: 1. BCF Q4 Returns for WCC and RBKC – Summary

Background papers: None

Introduction

The Better Care Fund (BCF) Q4 Returns for Westminster and Kensington & Chelsea were submitted to NHS England in April 2019 following sign off by the “Chair” as agreed by HWBB in March 2019.

The purpose of the report is to provide information from local areas on challenges, achievements and support needs in progressing integration and the delivery of BCF plans; and data which the Centre can draw upon in order to lead to overall improvements nationally.

Key Headlines:

The key RBKC and WCC headlines are as follows:

1) Confirmation of national conditions

Both CL and WLCCGs agreed to invest the national CCG minimum in line with the BCF guidance for 18/19 and we had a signed s75 agreement in place.

2) Narrative

A number of significant service improvements achieved in 18/19:

1. Home First has been implemented in all of the acute sites, operated as part of the CIS
2. There have been improvements in streamlining the community points of access
3. There has been a significant drive to embed Rapid Response as a system responder to urgent care needs within the London Ambulance Service
4. We launched the Big Plan for the LD service, to share our strategy on how we will deliver services for those with LD and their carers
5. MH and LD Boards are established and fully operational
6. iBCF continues to support the achievements of the BCF plan and delivers against the 3 conditions of the grant
7. We have agreed to continue our joint investments in the MH Supported Housing schemes
8. We jointly agreed that a number of BCF contracts would revert to single agency commissioning
9. CIS remains a key service and joint priority for integrated service delivery, preventing A&E attendances and hospital admissions, also supporting timely and safe discharges

10. Our reablement offer is a key plank of our strategy for ensuring that we support timely discharge and work with patients in a therapeutic way to increase their abilities & skills and reduce their long-term dependence on services. Currently 74% of those going through reablement become completely independent and do not need any ongoing services.

3) High Impact Change Model

Our High Impact Model is established with many schemes now fully developed and making a difference in DToC management such that all 8 Change categories assessed are as either 'established' or 'mature' and 'requiring no support'.

4) Income & Expenditure

The figures are as follows:

Westminster

Disabled Facilities Grant	£	1,412,332
Improved Better Care Fund	£	12,316,760
CCG Minimum Fund	£	19,517,361
Minimum Sub Total		
CCG Additional Fund	£	16,071,807
LA Additional Fund	£	27,594,360
Additional Sub Total		

	Planned 18/19
Total BCF Pooled Fund	£ 76,912,620

Expenditure

	2018/19
Plan	£ 76,912,620
Actual	£ 77,741,361

Supporting Comments: The pressures in Westminster is driven by changes in CCG investment. The CCG overspend is due mainly to additional MH placement costs.

RBKC

Disabled Facilities Grant	£ 783,940
Improved Better Care Fund	£ 5,329,083
CCG Minimum Fund	£ 12,959,949
Minimum Sub Total	
CCG Additional Fund	£ 18,112,180
LA Additional Fund	£ 27,324,000
Additional Sub Total	

	Planned 18/19
Total BCF Pooled Fund	£ 64,509,152

Expenditure

	2018/19
Plan	£ 64,509,152
Actual	£ 63,206,739

Supporting Comments: The outturn for Kensington & Chelsea shows an overall projected end of year variance of -£1,302K. Bar £4K, this is all a CCG underspend. CCG underspend largely results from their own commissioned services.

5) Year End Feedback

We answered 'agreed' to most of NHS England's queries regarding delivery. We pointed to the success of several schemes such as Home First. We also drew attention too to challenges of delivering Discharge to Assess, and how the overall environment remains challenging and touched on funding pressures in the narrative. Availability of residential and nursing provision for patients with challenging behaviour is also highlighted as a challenge and we also drew attention to nursing/residential home capacity.

6) 19/20 Going Forward

Locally we are facing important challenges for 19/20.

- These are mainly due to financial pressures faced by the CCGs
- The high levels principles have been agreed including streamlining the BCF to bring it to manageable minimum levels and manage additional investments outside of the Plan. We have yet to finalise the details of joint investments.

7) IBCF

Part 1

Additional improved Better Care Fund Allocation for 2018/19:

WCC	£ 3,806,571
RBKC	£ 2,464,225

Distribution of 2018/19 Additional iBCF funding by purpose

	a) Meeting adult social care needs	b) Reducing pressures on the NHS	c) Supporting local social care provider market
WCC	41%	24%	35%
RBKC	29%	59%	12%

Actual number of home care packages, hours of home care and number of care home placements purchased / provided as a direct result of additional iBCF funding allocation for 2018-19.

	a) home care packages	b) hours of home care	c) number of care home placements
WCC	1541	747985	691
RBKC	1013	385474	410