

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

April 2018

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1. Introduction and purpose of a joint plan

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Vision and principles

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

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

This means:

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

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

1. A comprehensive offer of local services accessible to all

This means that:

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

2. High aspirations for all our children and young people

This means that:

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

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

This means that:

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

4. Fairness and equality

This means that:

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

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

This means that:

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

6. An engaged and confident workforce

This means that:

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

3. Joint commissioning

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

The Department of Health defines joint commissioning as:

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

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

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

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

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



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

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

4. Local context

Where are we now:

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

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

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

Early years

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

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

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

School years

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

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

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

Types of need locally

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

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

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

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

Impact on educational attainment

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

Obesity

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

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

Transition years and outcomes post 16

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

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

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

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

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

Deprivation

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

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

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

Personalisation

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

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

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

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

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

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

Early Years

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

Mainstream Schools

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

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

Health and Therapies

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

Social Care Provision

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

Post 16 Settings

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

The Local Offer

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

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

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

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

5. Joint work programme

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

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

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

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

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

6. Governance

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

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

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

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

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

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

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

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

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

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

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

7. Disagreements, Mediation and Tribunals

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

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

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

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

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

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

8. Engagement

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

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

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

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

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

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

9. Action plan 2018 - 2020

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

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

1. PURPOSE

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

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

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

2. RESPONSIBILITIES

The Joint Commissioning Board will:

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

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

3. MEMBERSHIP

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

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

4. MEETING DETAILS

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

5. REPORTING ARRANGEMENTS

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

6. DISPUTES

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

7. REVIEW

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

Date created: 16.03.2018