

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

January 2020

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1. Introduction and purpose of a joint plan

A Joint Commissioning Plan was agreed in April 2018 between the Royal Borough of Kensington and Chelsea (RBKC) Central London and West London Clinical Commissioning Groups (CCGs).

This plan sets out the continued commitment of all parties to support children and young people (aged 0-25) in Kensington and Chelsea to live well and achieve their potential.

It will briefly outline our progress in delivering the priorities of the April 2018 Joint Commissioning Plan, reiterate our shared priorities and refresh the joint work programme for the next 12-18 months.

Finally, it will outline the Governance arrangements to oversee the delivery of this joint work programme as we move forward.

“We firmly believe that children and young people, 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.”

2018 Joint Commissioning Plan

2. Joint commissioning

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 the Royal Borough of Kensington and Chelsea, the Local Authority and NHS are committed to working together to provide high-quality care and support which is easy to use for 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 have come together with parents so that children and young people's needs are met in a holistic way. This means, 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 is a maturing model that requires 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.

This plan describes the priorities and the model of care for joint commissioning in Kensington and Chelsea. 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, and reports into the Children & Families Act Executive Board.

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

3. Achievements since April 2018

The previous Joint Commissioning Work Plan was divided into 7 workstreams:

- Speech language and communication needs
- Occupational therapy
- Preparation for adulthood
- Emotional health and wellbeing
- 0-25 integration (with an initial focus on 0-5)
- Short breaks and personalisation (and implementation of Perfect Pathways recommendations in WCC)
- Development of a Multi-Agency Autism Strategy

The table below outlines some of the key achievements across these workstreams as well as some key strategic facilitating actions:

Strategic Actions
Complex Needs Joint Strategic Needs Assessment (JSNA) published in July 2018 has further supported delivery of the SEND agenda across the Borough.
Clear Local Offer published and refreshed regularly. Parent Forums have trained Local Offer Parent Champions, who deliver training and work with individual families.
Each contract let includes a clear expectation around training for provider staff including a focus on Safeguarding.
Performance monitoring dashboard for all services in place at the Joint Commissioning and Children and Families Act Boards.
Speech, Language and Communication Needs
New contracts in place for School Age and Early Years Services delivering a wider targeted offer in schools and extra support at key transition points. This has been co-developed with parents and service users.
An improving early years speech and language offer delivers practical support for parents and practitioners to help identify speech, language and communication needs (SLCN) early, so that appropriate intervention and support can be provided.

<p>Early Years and School Age Strategy Groups established to broaden partnership approach to meeting SLCN.</p>
<p>Close alignment with the Healthy Early Years London work to raise profile of SLCN across Early Years Providers.</p>
<p>There is a holistic and core Speech and Language Therapy offer within the Youth Offending Service, to identify and meet needs which may not have been identified at an earlier age/stage.</p>
<p>Occupational Therapy</p>
<p>There has been progress in developing a more integrated occupational therapy offer across education, health and social care.</p>
<p>Outcomes Framework developed for SEN and Social Care Services to promote greater integration and alignment.</p>
<p>Preparation for adulthood</p>
<p>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.</p>
<p>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 already been offered paid employment with Nandos.</p>
<p>A Young Persons Transition Practitioner has been commissioned by the CCG across Bi-Borough, to support transitions to adulthood and highlight gaps in pathways.</p>
<p>Work is progressing with Economy Teams to understand and use local labour market data to inform careers advice within local schools and colleges to support them with using this to inform development of local offer.</p>
<p>Emotional Health and Wellbeing</p>
<p>Kooth (an innovative online counselling and emotional wellbeing platform) has been re-launched and extended to be available for young adults aged up to 25 years old. The provider has engaged with schools, and particularly primary schools to focus on children in Year 6. We have seen a positive direction of travel around the number of young people aware of and accessing the service.</p>
<p>Trailblazer Programmes to deliver Mental Health Support Teams (MHSTs) in schools and colleges is progressing quickly and well. To date MHSTs are active in 20 settings in RBKC.</p>
<p>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 and 175 parents and carers.</p>
<p>We are working with Central and North West London NHS Foundation Trust (CNWL) to decrease waiting times (in line with NHS LTP objective) and improve productivity within CAMHS. We are also working with CNWL to enhance support for young people with autism/LD.</p>
<p>Youth Mental Health First Aid training has been rolled out extensively to partners across both Boroughs. Across the Bi-Borough we have trained a total of 132 professionals in YMFA since 8 March 2019. An additional 80 professionals are registered on commissioned courses running between 12 March and 15 May 2020.</p>
<p>There is a holistic CAMHS offer within the Youth Offending Service, to identify and meet needs which may not have been identified at an earlier age/stage.</p>
<p>0 – 25 Integration</p>
<p>The Young People's Health and Wellbeing service went live on 1st July 2019 with a primary focus on substance misuse and smoking prevention and diversion. The service will provide a comprehensive</p>

<p>community and outreach service that will respond to the needs of young people alongside a training offer to youth organisations and any professionals working with young people.</p>
<p>RBKC and WCC successfully applied to participate in the Early Intervention Foundation’s newly established Early Years Transformation Academy (EYTA). Via this programme, service managers from across our partnership have reviewed strategy, evidence and outcomes across the existing pre-birth to five pathways. Through this work, we are establishing simpler, more straightforward pathways from pre-birth to five years which develops a graduated offer in accordance with the profile of need. We are using the Academy to explore innovative and evidence-based approaches to meeting need that draw on insights from system leads, practitioners and service users in order to promote the best start for the child, improved school readiness and a good focus on speech and language development.</p>
<p>Short Breaks and personalisation</p>
<p>The short breaks service includes a graduated offer of support, and the support and challenge provided through our inclusion offer is enabling families to access mainstream services.</p>
<p>A new programme of parent workshops, including Early Bird and Early Bird plus (understanding autism), direct payments, Triple P (positive parenting program) all aim to support newly diagnosed children/young people and parents/carers through the short breaks service.</p>
<p>Parents in WCC asked for an additional short breaks provision in the south of the Borough. The successful pilot has resulted in a permanent holiday provision at Churchill Gardens, plus the launch of our brand new centre for disabled children at Tresham. This now brings the total to 4 in-house services across both boroughs.</p>
<p>Parents and CYP have been involved in the co-development of the short breaks offer and of a new resource allocation system for personal budgets, a person-centred approach to support planning. Currently we are developing our short breaks menu and working with private organisations to deliver an e-commerce marketplace.</p>
<p>Multi-agency Autism Strategy</p>
<p>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.</p>
<p>In September 2019, referral to assessment for under 5s took on average 28 weeks at Cheyne (down from 38 weeks in December 2018) and 23 weeks at Woodfield. In September 2019, the average wait for over 5s referral to assessment was 43 weeks for Cheyne and 21 weeks for Woodfield. While we are improving, we recognise this is still too high, and the CCG is leading a transformation programme to redesign our child development pathways, underpinned by the emerging Autism Strategy.</p>
<p>The draft Autism Strategy has involved extensive co-design and service user involvement.</p>

Going forward we would like to build on these achievements and also focus on those areas that still require further attention. This will be outlined in the refreshed Joint Action Plan later in this strategy.

4. Learning from the Joint Strategic Needs Assessment (JSNA) for Children with SEND

The publication of a [JSNA for Children and Young People with SEND](#) was a key supporting action for all work undertaken in support of the SEND agenda in .

Several of the key messages relate directly to the work of the Joint Commissioning Board:

JSNA Theme	Identified Gaps, Challenges and Opportunities (in 2018)	Actions taken through Joint Commissioning Workplan
<p>Early Identification, diagnosis and post diagnosis support</p>	<p>Waiting for a diagnosis of ASD can be a challenging and stressful time for children and young people and their families. It is important that they have appropriate and timely support at this critical time.</p> <p>Children, young people and families can access information, advice and therapy whilst waiting for a diagnosis. We will work with our Parent forum to ensure that support and information for parents is as transparent and personalised as possible.</p>	<p>In September 2019, referral to assessment for under 5s took on average 28 weeks at Cheyne – down from 38 weeks in December 2018, and 23 weeks at Woodfield. The average wait for over 5s was 43 weeks for Cheyne and 21 weeks for Woodfield.</p> <p>While we are assured that children and families receive support (therapy, information and signposting) while they wait for assessment, waits remain too long. The collaborative re-design of the Child Development Services led by the CCGs, with the two acute providers (Imperial College Healthcare Trust and Chelsea & Westminster Hospital Foundation Trust) and our main community provider (Central London Community Healthcare Trust) is focusing on standardising and streamlining diagnostic pathways across the two services, with the aim of reducing geographical inequities in access for families across the borough and identifying how we can reduce wait times further.</p> <p>We have commitment from both CDS providers to promote / utilize the role of Specialist Nurse / Health Visitors, which has resulted in stronger support for parents during and after diagnosis.</p>
	<p>There needs to be clear and accessible information on the ASD diagnosis, and on post diagnosis support and services available to service users and their families.</p>	<p>Our draft Autism Strategy commits us to providing clear and accessible information on the ASD diagnosis, and on post diagnosis support and services available to service users and their families. Information will highlight what services</p>

	<p>Information should highlight what services are available, how to access them, and a 'who's who' for the ASD pathway. Further development of Autism friendly pages on the boroughs Local Offer may be required.</p>	<p>are available, how to access them, and a 'who's who' for the ASD pathway.</p> <p>Clinical Psychologists in Cheyne Child Development Service (CDS) run an evidence-based post-diagnosis group ASCEND for parents of school aged children in collaboration with colleagues from Education, SLT and OT. Parent representatives are also invited to talk at the groups. Questionnaires are completed pre and post group and families report that their knowledge and understanding of ASD has increased by the end of the programme and a high degree of satisfaction.</p>
	<p>Continued engagement between the local authority, schools, the CCG and health partners is necessary at both a strategic and operational level in order to address capacity issues and ensure timely identification and appropriate post diagnosis support is in place for children and their families.</p>	<p>The Joint Commissioning Plan and work programme maintain a focus on ASD and services for these Children and Young People.</p>
<p>Information and signposting</p>	<p>The Local Offer, in particular reference to autism, needs to be reviewed and updated in consultation with parent/carers and key stakeholders to ensure that evidenced needs are met and that more children and young people with a Autism are living, educated, working and actively engaged in their local community. A best practice example includes Surrey's Local Offer that tailors support to those who are pre-diagnosis and those who are post diagnosis.</p>	<p>Further development of Autism friendly pages on the borough's Local Offer is underway with a new Autism Zone area.</p>
	<p>All staff working with children and young people and their families in the local area should be aware of the Local Offer website and be able to signpost families to the support available.</p>	<p>We continually review our Local Offer, ensuring it sets out in one place information about provision we expect to be available across education, health and social care for children who have SEND, including those who do not have EHCPs. Local agencies have fully cooperated in the development and review of the Local Offer. We undertook a review of the Local</p>

		<p>Offer, based on Schedule 2 of the SEND Regulations 2014 and quality audit tools produced by Mott MacDonald. Following the review, an action plan has been developed, overseen by the Local Offer Steering Group. We are currently in discussion with the website provider about changes to the functionality and design based on feedback.</p> <p>Professionals now have the Local Offer app on their phones so that they can signpost and promote the LO when meeting with parents/young people.</p>
Service Provision	<p>Our JSNA shows that the prevalence of SEND, and specifically ASD, LD, SEMH and SLCN, is likely to increase in the next 5-10 years. It is important that future planning; capital funding and workforce development activities build capacity within existing services to accommodate this projected growth, including the new special schools and resource bases across the Bi-Borough.</p>	<p>Horizon scanning is now a standing item at all Joint Commissioning Boards, giving us an opportunity for long-term planning and future-proofing.</p> <p>Additionally, all Commissioners are conducting regular needs analyses of their services and adapting as necessary to meet local demands.</p>
Transition	<p>Among some parents of children and young people with SEND there is uncertainty and a lack of confidence over the transition process to adulthood. Enhanced joint working between Children's Services, Adult Social Care, Health, the voluntary and community sector and local businesses is required to simplify processes and communication with families and to promote pathways to post 16 education; employment; supported/independent living and accessing the local community via the Bi-Borough PFA governance.</p>	<p>Clarity around the transition of children into adult health services has improved since 2018.</p> <p>Monthly meetings are held to review young people approaching adulthood to ensure their pathway into adults services (e.g. the transition from children's to adults' LD services) goes smoothly. A specific practitioner supports the transition from CAMHS to adult services for children and young people with LD and/or ASD.</p> <p>SLT services have developed to support transition into college, with improved clarity around transition pathways into SLT support through ALD teams.</p> <p>In K&C a transition meeting between children and adult services has been established to manage transition for</p>

	<p>Pathways post 16 are not focused sufficiently well on preparing those on SEN Support and those with EHC Plans for adult life. Further work, led by the PFA stakeholders, could develop pathways for specific cohorts of young people (post 16) with SEND:</p> <ul style="list-style-type: none"> - High Functioning Autism - Complex needs and requiring medical interventions - SLCN - PMLD 	<p>young people with complex mental health needs.</p> <p>Health commissioned services are measured on contribution to transition to adulthood plans.</p>
<p>Wider impact</p>	<p>Children and young people with a special educational need and/or complex needs are more likely to have poor emotional wellbeing and mental health. Early intervention and prevention are key to improving the emotional wellbeing and mental health of this cohort. Local strategies should consider how the emotional wellbeing and mental health of children and young people with SEN can be promoted.</p>	<p>A specialist CAMHS Under-5s Service, which is focused on attachment, is run out of four Children’s Centres across the Bi-Borough. In RBKC these are Cheyne and Homefield House and in WCC these are the Portman and Churchill Gardens. The service uses Video Interaction Guidance (VIG) interventions. CNWL CAMHS has a named clinician for schools in Kensington and Chelsea.</p> <p>The CCGs have commissioned a range of early intervention services in schools as part of a redesign of the system over the last 3 years:</p> <ul style="list-style-type: none"> • Westminster Special Schools Outreach team to deliver several training programmes and conferences to support children with neurodevelopmental disorders including: supporting emotional wellbeing of children with sensory loss (during transition); providing ‘Mind Up’, a mindful awareness programme for schools; supporting emotional engagement of children with PMLD and ASD through creative arts and a SEND Conference on Neurodiversity and Emotional Wellbeing. • Rethink Mental Illness to deliver Collective Voices mental health training to parents of children with SEND. Collective Voices is delivered by Rethink Young Champions (experts by experience) alongside Community CAMHS. The

		<p>training equips parents with a better understanding of mental health strategies and local area information for supporting their children. The training has been co-produced with the 'Make it Happen'.</p> <ul style="list-style-type: none"> • Mind's 'Be Kind to Your Mind' team delivered services in 14 local schools with strong outcome measures across all areas. The integrated programme is comprised of Learn Well psycho-education, wellbeing advice, mentoring and creative psychotherapy. This programme included art therapy for children with SEND.
	<p>Children and young people with SLCN are less likely to progress into college education, more likely to experience unemployment, and more likely to have contact with the youth justice system.</p> <p>Local Authority and CCG led SLT Task & Finish Groups have been created to improve the Early Years and School-Age pathways and address these challenges.</p>	<p>Speech, Language and Communication (SLC) groups continue for both Early Years and School Age CYP. The EY group has established a draft pathway for all providers.</p> <p>The school age group has been focused on the roll out of the updated schools offer which includes:</p> <ul style="list-style-type: none"> • from September 2019, schools are offered a minimum of half a day per term of dedicated support aimed at helping them create a communication supportive environment for all children with a focus on children with SLCN and improve their non-statutory offer; • a focus on co-design of training sessions with parents, carers, service users and teachers to ensure delivery is fit for purpose; • maintaining an online Communication Hub offering resources for parents, carers, service users and other professionals; • additional support ring fenced for children in reception year to ease their transition between the Early Years and School Age services.

A more detailed needs assessment is included at appendix one of this document.

5. Parent Feedback

Views of Children and Young People and their parents/carers feature strongly in Joint Commissioning work locally. The work of the Joint Commissioning Board is overseen by the Children and Families Act Executive Board that includes parent representatives from Make It Happen. The Joint Commissioning Workstream also seeks regular input from the Parents Reference Group and the Board retains a focus on co-production for all individual projects and commissioned services.

The Joint Commissioning Plan has been informed by parent consultation and the “You Said, We Did” consultation 2019/20 “You Said, We Will”. Key feedback includes:

- A desire for more co-production and clarity around how parents’ views are taken into account
- Maintaining a focus on inclusiveness in Early years settings through our commissioned services
- Working with schools and SENCOs to create a better understanding of needs and behaviours of young people with SEND and subsequently delivering better services
- Addressing waiting times, availability and clarity of provision for all therapy services
- Improving CAMHS services in schools
- Developing and improving the Short Breaks offer in both Boroughs
- Improving the quality and understanding around post 16 outcomes and developing consistency in approach
- Developing better ASD pathways.

Our main community provider, Central London Community Healthcare NHS Trust (CLCH), regularly invites children, young people and families to comment on their experience of services, and this feedback is used to improve service provision. For SLT and Woodfield Road Child Development services, performance against this “Friends and Family” indicator is consistently around 95%.

6. Re-iterating vision and principles of Joint Commissioning

Kensington and Chelsea Council and Central London/West London CCGs have 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 remains 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 wellbeing and mental health
- 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 wellbeing, 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 are 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.

These principles outlined in the 2018 Joint Commissioning Plan remain relevant and will continue to 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 Kensington and Chelsea.
- 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.

4. We will support young people to make positive choices to help divert them from entrenched criminal behaviours, gangs, substance misuse etc. **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.

7. Refreshed Work Programme

This strategy outlines a number of changes to the work programme for the Joint Commissioning Board to ensure it remains fit for purpose and links to areas outlined in the JSNA.

Cross Cutting Themes

In line with the principles outlined above and in response to feedback from workstream leads as well as parent feedback through “You Said, We Will” the Board have developed five *cross cutting themes* that will be a focus of the work of all workstreams in the incoming year:

Theme	Description
Co-production (emphasising the voice of the child) and personalisation	A focus on working with parents / carers and, in particular, service users to develop and improve services for all CYP with SEND. This builds on areas of good practice that exist and will help ensure co-production remains a key strand of work for all JCB workstreams.
Services for Children in Vulnerable Groups	Ensuring commissioned services are available for all and are taking proactive steps to reach out to CYP who are more vulnerable/less likely to access available provision i.e. those who are electively home educated, Looked After Children or those involved with Youth Offending Services.
Preparing for Adulthood (i.e. Transitions)	All commissioned services should be working to ensure that CYP are being enabled to prepare for adulthood and transition to independent living and/or adult services.
Evaluation	The Board recognises that there is an opportunity to learn from the work that is going on across workstreams and do more in terms of evaluating projects and ensuring good practice is shared and lessons are disseminated. This will include looking at what is working well and how we are evaluating services.
Innovation	All workstreams need to ensure they are thinking outside the box to deliver the best possible services for CYP in the Bi-Borough. This will include an understanding of what innovative services are being delivered elsewhere and how we can apply learning.

Cross cutting themes will form a key part of the Joint Commissioning Board agenda going forward for the next 12 months. Each workstream will be expected to consider all five in any project work going forward and there will be a deep dive discussion on each through the course of the year.

Furthermore, the workstreams that will deliver this plan have been updated to reflect changing priorities and the progress over the last 18 months.

The following workstreams will no longer be a focus of the Joint Commissioning Board as they have now evolved into more detailed workstreams in their own right that report directly to the Children and Families Act Board:

- Short breaks and personalisation (personalisation remains a cross cutting theme)
- Preparation for adulthood (although this remains a cross cutting theme)

A number of workstreams that will continue with refreshed outcome targets:

- Speech, language and communication needs
- Occupational therapy
- Emotional wellbeing and mental health

Two of the existing workstreams will now be refocused:

- The 0-25 integration workstream will be refocused as a pre-birth - 5 workstream reflecting the evolution of that workstream to focus on better integration of midwifery, health visiting and early help services.
- Further work to ensure that our Multi-Agency Autism Strategy is helping to support both children and adults, focusing on the range of services that deliver against the key strands of this strategy. These include supporting pre-diagnosis and better access to services.

Finally, the work plan will now include more of the Joint Commissioning activity going on across Children's Services in the Borough and CCG. Therefore, there will be two new workstreams added to the work of the Board:

- School nursing
- Complex needs of vulnerable groups (focus on LAC Health and Joint Funded Placements)

A more detailed work programme is included at appendix 2 and summary diagram showing all workstreams is included below:



8. 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 continue to have accountability for the work programme and ambitions set out in this plan. The purpose, responsibilities and membership of the Joint Commissioning Board have been refreshed and are set out in the Terms of Reference attached as Appendix 3 of this plan.

9. Review arrangements

The workplan for the Joint Commissioning Board is reviewed annually and the forward plan reviewed at every meeting to ensure that we are continually aligned with local needs and priorities. There will be a full refresh of the Joint Commissioning Plan in January 2022.

Appendix 1: Refreshed Needs Assessment

Where are we now:

For more information, please see our [JSNAs](#) for Kensington and Chelsea.

In 2019, the Greater London Authority estimates our population aged 0 to 25 to be 44,110. Using housing-led projection estimates, this population has been projected to decrease by to 43,840 by 2021 (a decrease of 270 or 0.6%), falling to 43,616 by 2025 (a decrease of 224 or 0.51%).¹

Since 2014, the number of Statements / EHC Plans for the Borough has fluctuated but remained at around 300 CYP. In 2019 this represents around 1.4% of the resident 0-25 population with 617 children and young people.²

Early years

As of December 2019, there are 156 children aged 2-4 who receive funded early education in Kensington and Chelsea. Of these, 1.5% have an EHC plan and 8.1% are receiving SEN Support.³ This is lower than children living in 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.

School years

There are 3,237 pupils (from all schools) with special educational needs (DfE data generated December 2019).⁴ In Kensington and Chelsea 12.7% of pupils have a have a statutory plan of SEN (statement or EHC plan) or are receiving SEN support. This compares to an average of 14.7% across All London Boroughs (excl City) and higher than the average in England (14.9%).⁵

Of all pupils with a special educational need, 10.4% were accessing SEN Support from schools in Kensington and Chelsea compared to an average of 11.4% across all London Boroughs (excl City).⁶

¹ Source: https://files.datapress.com/london/dataset/projections/2017-11-15T10:31:45.65/housing_led_2016_base.xlsx [accessed 9 December 2019]

² Source: <https://www.gov.uk/government/statistics/statements-of-sen-and-ehc-plans-england-2019> [accessed 9 December 2019]

³ Source: Department for Education, LG Inform, <https://lginform.local.gov.uk/reports> [accessed 9 December 2019]

⁴ Source: Department for Education, LG Inform, https://lginform.local.gov.uk/reports/lgastandard?mod-metric=4763&mod-area=E09000033&mod-group=AllBoroughInRegion_London&mod-type=namedComparisonGroup [accessed 9 December 2019]

⁵ Source: Department for Education, Local area SEND report Kensington and Chelsea (data updated 29 Jul 2019)

⁶ Source: Department for Education, Local area SEND report Kensington and Chelsea (data updated 29 Jul 2019)

33.2% of CYP in Kensington and Chelsea with EHC Plans are placed in maintained mainstream schools compared to a London average of 25.7s%.⁷

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.⁸

At secondary level there is a high % of children with social, emotional wellbeing 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 14% above the national average for at secondary level whereas exclusions for pupils with EHC Plans is well below national both at primary and secondary.⁹

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.

Impact on educational attainment

We closely monitor the attainment of pupils with SEND, with and without EHCPs. Pupils in Kensington and Chelsea 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. Child Health Profiles published by Public Health England shows that Kensington and Chelsea has significantly higher levels of obesity in 10-11 years olds (23.6%) compared to the London (23.2%) and England (20.2%) average.¹⁰ Whilst this isn't identified as a priority for joint commissioning, it is part of the wider work covered by Public Health and the CCG as described below.

⁷ Department for Education, Statements of SEN and EHC plans: England, 2019 (SEN2) [accessed 9 December 2019]

⁸ Source: Department for Education, Local area SEND report Kensington and Chelsea (data updated 29 Jul 2019)

⁹ Source: Department for Education, Permanent and fixed period exclusions 2017 to 2018 - national tables [accessed 9 December 2019]

¹⁰ Public Health England, Local Authority Health Profiles, Child Health [accessed 9 December 2019]

The evidence tells us that there is no single solution to reducing obesity, but a multi-organisation and multi-layered approach is vital. Tackling Childhood Obesity Together (TCOT) is the 5-year local whole-system programme. TCOT is a three-stranded programme: commissioned services, whole council approach and a community-based pilot.

In Kensington and Chelsea, the whole-council strand combines ‘Health in all policies’ with a ‘sugar smart’ strategy, supporting council-wide innovative approaches to make the healthier choice the easier choice. Examples include the Healthier Catering Commitment, Food Growing and removal of no-ball games signs. Kensington and Chelsea also commission Mytime Active as the local CYP and families weight management service. In addition, the oral health promotion team are a key contributor to the healthy eating messages.

Healthy Schools and Healthy Early Years programmes are also key preventative services, along with school nursing and health visitors. The aim of the Healthy Schools and Healthy Early Years programmes 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.

In terms of specialist support, we commission Central London Community Healthcare NHS Trust (CLCH) to provide nutrition and dietetics support, including for CYP with intolerances, allergies, restrictive diets, growth/development issues and/or vitamin deficiencies, as well as children who are overweight and obese.

This demonstrates the importance of having a genuine partnership and multi-organisation approach to tackle local needs across the community, which will be developing through the 0-25 Integration priority. A key element of this workstream is looking at how we can provide more early intervention support to promote healthy eating and lifestyle, provide education and prevent the development or worsening of childhood obesity.



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 2018, Kensington and Chelsea had a slightly higher participation in education or training amongst the SEND cohort than the London and national average (92% of SEND cohort in education or training).¹¹

An external review of Kensington and Chelsea's spend on children and young people with High Needs found that Kensington and Chelsea 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.

Kensington and Chelsea 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, Full of Life has worked with the council and CCG to develop more parent-friendly approaches to co-production.

¹¹ Department for Education, Local Government Inform, Percentage of KS4 cohort in Education, Employment or Training at 17 in Kensington and Chelsea [accessed 21 January 2020]

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 and 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.

Appendix 2: Detailed Action Plan

Project	Summary	Deliverables
1. Speech, Language and Communication Needs (SLCN)	As per the data above SLCN remains a local priority across Early Years and School services. We will continue to build on the recent improvements in the services and continue to build partnerships of providers and settings to meet local needs.	Commissioners will work in partnership with providers to: <ul style="list-style-type: none"> - Improve and align Early Years and School Age training offer for parents/carers and professionals - Review and develop our whole system Early Years offer. - Monitor implementation and continue development of whole system approach in schools - Develop an online Communication Hub for parents/carers, service users and professionals
2. School Health	The School Health Service offers a universal service to all CYP attending school in Kensington and Chelsea. Development work to ensure the service is aligned with local strategic priorities will continue through the life of this plan.	The service will: <ul style="list-style-type: none"> - contribute to EHCPs for children with SEND - promote uptake of immunization of school aged children. - strengthen offer around Emotional Health and Wellbeing
3. Emotional Health and Wellbeing	In 2019/20, we developed and published our Joint CCG and Bi-Borough Children and Young People's Emotional Wellbeing and Mental Health Plan.	Our joint strategic priorities are: <ul style="list-style-type: none"> - Our early intervention offer - Support focused specifically on the EWMH needs of those affected by the Grenfell Tragedy - Our 18-25 year old offer - Our more vulnerable groups offer - Increasing our productivity and reducing our waiting times in our existing CAMHS services - Our crisis support offer
4. Pre birth – 5 services	The evidence around the importance of 0-5 services to childhood development is overwhelming. We will continue to focus on the development of evidence based, more joined up, local services to ensure that every child is given the best possible start in life.	<ul style="list-style-type: none"> - Develop an early years Population Needs Assessment drawing together insights, local and national evidence. - Develop a partnership strategy for the early years which articulates a vision, local priorities and a local story for improvement.

		<ul style="list-style-type: none"> - Develop a shared outcomes framework for the early years which enabled the partnership to understand what difference we are making to the lives of families. - Recommissioning the Health Visiting Contract. - Review the uptake of the 2-2.5 year developmental check and support for these CYP and make necessary improvements.
<p>5. Autism diagnosis and all age support services</p>	<p>We continue to work to reduce the waiting times for ASD diagnosis, reduce the average age of diagnosis and address the under-diagnosis of girls with ASD. An all-age, multi-disciplinary Autism Strategy is underway to improve pathways and reduce waiting times; the first phase (0-18) is being presented to the Health and Wellbeing Board for sign off in March 2020.</p>	<p>All-age autism strategy objectives:</p> <ul style="list-style-type: none"> - provide autism friendly environments by increasing awareness and understanding of autism among public sector staff and in the community, through training and engagement and to progressively adjust statutory service locations; - provide clear and accessible information about autism; - identify potential autism earlier in girls through training and workforce engagement; - deliver faster, more effective diagnostic pathways with a single point of referral and address inequalities. We will reduce waiting times by redesigning the pathway and making more capacity available for assessments. This work is already underway; - provide coordinated and equitable behavioural support at an earlier age and stage; - enable children and young people with autism to have opportunities to succeed in education and work, live independently and healthily, and to be active members of their communities; - effectively support children in their transitions to adulthood

		(see preparing for adulthood section).
6. Occupational Therapy	Co-design and develop a robust, more integrated, local offer for occupational therapy with consistent quality and continuity of care at all levels of need.	<ul style="list-style-type: none"> - Better, and clearer local services in place - Consistent outcome-based performance monitoring across all OT services - Ensure there is consistency in the ordering and re-using of equipment across all OT services. - Ensure the local offer for OT is up to date and clear for all parents
7. Complex Health Needs	Children with complex health needs require joined up services to ensure that we are consistently identifying and meeting need.	<ul style="list-style-type: none"> - Ensuring process and funding arrangements are in place for complex packages of care - Improving LAC health pathways and performance - Improve proactive case management of CYP with complex needs - Improve the rate of annual health checks for young people over 14 years old with Learning Difficulties - Transform our Child Development Service - Develop a shared approach to supporting the complex needs of young people with LD/autism

Appendix 3: 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 and delivering 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 Plans and reviewed annually by the Board.

The current workstreams for the board are:

- Speech language and communication needs
- Occupational therapy
- Emotional wellbeing and mental health
- Pre birth – 5 services
- Autism diagnosis and all age support services
- School Nursing
- Complex health needs

Furthermore, there are a number of cross cutting themes that the board will look at throughout the year:

- Co-production (including voice of the child) and personalisation
- Services for Children in Vulnerable Groups
- Preparing for Adulthood (i.e. Transitions)
- Evaluation
- Innovation

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 on 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 (including, but not limited to, services for SEND) 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.
- Take a lead in horizon scanning and raising issues likely to have an impact on joint commissioning or jointly commissioned services.

3. Core Membership

Position	Organisation/Role
Head of Children’s Commissioning	CCG - Co-chair
Assistant Director of Children’s Commissioning	Bi-Borough - Co-chair
Assistant Director for SEN	Bi-Borough – SEN lead
Designated Clinical Officer	CCG - DCO
Deputy Director of Public Health	Bi-Borough – Public Health Lead
Strategic Commissioner (Public Health)	Bi-Borough – HV and SN lead
Strategic Commissioner (EHWB)	Bi-Borough – EHWB lead
Strategic Commissioner (Therapies)	Bi-Borough – Therapies lead

Children with Disabilities lead	Bi-Borough – CWD lead
Programme Manager	CCG – therapies and joint funding
Commissioner (EHWB)	CCG – EHWB / autism lead

Work stream leads for the joint commissioning priorities will be invited depending on the agenda. This may include:

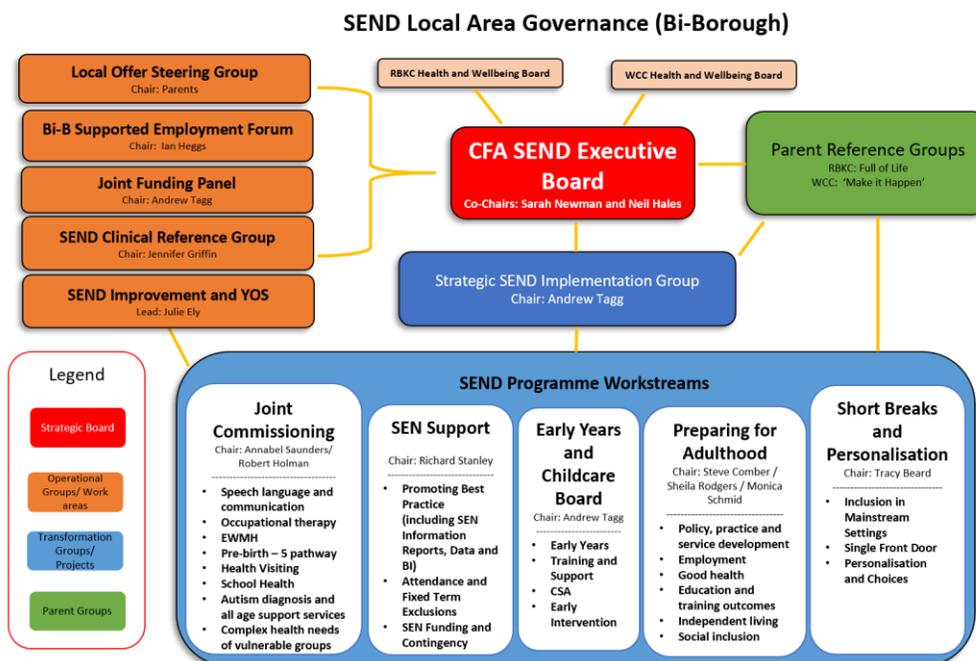
Position	Organisation/Role
Head of Local Offer & SEN Outreach	Bi-Borough – Local Offer lead
Representative from Adults	Bi-Borough – Adults lead
Representative from Finance/Resources	Bi-Borough – Finance lead
Head of Transformation and Innovation	Bi-Borough – Workstream Lead
Head of Short Breaks and Resources	Bi-Borough – Short Breaks Lead

4. Meeting details

- Meetings will take place every 6 weeks – usually in Kensington Town Hall.
- Meetings will generally be held for 2 hrs.
- The agenda, minutes and reports will be circulated at least 72 hours 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 diagram below shows the reporting structure of the Joint Commissioning Board:



In addition, 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 at Joint Commissioning Board this will be escalated to the CFA Executive Board and/or the Executive Director for Children's Services (Bi-Borough) and the Managing Director (Central London CCG).

7. Review

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