

Bath and North East Somerset Health & Wellbeing Board

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	Date:	26 January 2016

To: All Members of the Health & Wellbeing Board

Members: Dr Ian Orpen (Member of the Clinical Commissioning Group), Councillor Vic Pritchard (Bath & North East Somerset Council), Ashley Ayre (Bath & North East Somerset Council), Bruce Laurence (Bath & North East Somerset Council), Jo Farrar (Bath & North East Somerset Council), Councillor Tim Warren (Bath & North East Somerset Council), Councillor Michael Evans (Bath & North East Somerset Council), Diana Hall Hall (Healthwatch representative), Alex Francis (Healthwatch), John Holden (Clinical Commissioning Group lay member), Tracey Cox (Clinical Commissioning Group)

Non-voting member Debra Elliott (NHS England)

Observers: Councillors Tim Ball and Eleanor Jackson

Other appropriate officers
Press and Public

Dear Member

Health & Wellbeing Board

You are invited to attend a meeting of the Board, to be held on **Wednesday, 3rd February, 2016 at 10.00am** in the **Council Chamber - Guildhall, Bath.**

The agenda is set out overleaf.

Yours sincerely

David Taylor
Committee Administrator

This Agenda and all accompanying reports are printed on recycled paper

NOTES:

1. Inspection of Papers:

Any person wishing to inspect minutes, reports, or a list of the background papers relating to any item on this Agenda should contact David Taylor who is available by telephoning Bath 01225 - 394414 or by calling at the Guildhall Bath (during normal office hours).

2. Public Speaking at Meetings:

The Partnership Board encourages the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. Advance notice is requested, if possible, not less than *two full working days* before the meeting (this means that for meetings held on Wednesdays notice is requested in Democratic Services by 4.30pm the previous Friday).

3. Recording at Meetings:-

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators.

To comply with the Data Protection Act 1998, we require the consent of parents or guardians before filming children or young people. For more information, please speak to the camera operator

The Council will broadcast the images and sound live via the internet www.bathnes.gov.uk/webcast An archived recording of the proceedings will also be available for viewing after the meeting. The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

4. Details of Decisions taken at this meeting can be found in the draft minutes which will be published as soon as possible after the meeting, and also circulated with the agenda for the next meeting. In the meantime details can be obtained by contacting David Taylor as above. Appendices to reports (if not included with these papers) are available for inspection at the Council's **Public Access Points:**

- Guildhall, Bath;
- Civic Centre, Keynsham;
- The Hollies, Midsomer Norton;
- Public Libraries at: Bath Central, Keynsham and Midsomer Norton.

5. Substitutions

Members of the Board are reminded that any substitution should be notified to the Committee Administrator prior to the commencement of the meeting.

6. Declarations of Interest

At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting.

- (a) The agenda item number in which they have an interest to declare.
- (b) The nature of their interest.
- (c) Whether their interest is a **disclosable pecuniary interest** or an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

7. Attendance Register:

Members should sign the Register which will be circulated at the meeting.

8. Emergency Evacuation Procedure

If the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are sign-posted.

Arrangements are in place for the safe evacuation of disabled people.

Health & Wellbeing Board

Wednesday, 3rd February, 2016
Council Chamber - Guildhall, Bath
10.00 am - 12.00pm

Agenda

1. WELCOME AND INTRODUCTIONS
2. EMERGENCY EVACUATION PROCEDURE
3. APOLOGIES FOR ABSENCE
4. DECLARATIONS OF INTEREST

At this point in the meeting, declarations of interest are received from Members in any of the agenda items under consideration at the meeting.

(a) The agenda item number in which they have an interest to declare.

(b) The nature of their interest.

(c) Whether their interest is a **disclosable pecuniary interest** or **other interest** (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests).

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR
6. PUBLIC QUESTIONS/COMMENTS
7. MINUTES OF PREVIOUS MEETING - WEDNESDAY 28TH OCTOBER 2015

To confirm the Minutes of the above meeting as a correct record

8. TRANSFORMATION GROUP UPDATE

To note the Update Report

9. UPDATE ON YOUR CARE, YOUR WAY

To receive this Update Report for information

10. ANNUAL COMMISSIONING INTENTIONS: (1) COUNCIL (ADULTS, CHILDREN, PUBLIC HEALTH); (2) CCG; AND (3) NHS ENGLAND

The Board is asked to note and comment on the Presentation as appropriate

11. DEVELOPING A SUSTAINABILITY AND TRANSFORMATION PLAN

The Board is asked to (1) consider the implications of the requirement to develop a Sustainability and Transformation Plan (STP) for B&nes and how it wants to shape the development on an STP; and (2) to delegate the detailed development of the STP to the Transformation Group reporting on progress to the Board at appropriate intervals

12. SPECIAL EDUCATIONAL NEEDS AND DISABILITY REFORMS

The Board is asked to (1) note progress on the SEND reform; (2) comment on the next step set out in the progress report (Appendix 2) and outlined in paragraphs 1.6 and 1.7 of the Main Report; (3) note the recommendations of the PDS Panel set out as from paragraph 1.9 onwards of the Report; and (4) comment on and support the establishment of governance arrangements for SEND in B&nes, accountable to the Board, as set out in Appendix 3 and outlined in paragraph 1.8 of the Report

The Committee Administrator for this meeting is David Taylor who can be contacted by telephoning Bath 01225 - 394414

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HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 28th October, 2015, 2.00 pm

Councillor Vic Pritchard, Chairman	Bath & North East Somerset Council
Dr Ian Orpen	Member of the Clinical Commissioning Group
Ashley Ayre	Bath & North East Somerset Council
Bruce Laurence	Bath & North East Somerset Council
Councillor Michael Evans	Bath & North East Somerset Council
Morgan Daly	Healthwatch Representative
John Holden	Clinical Commissioning Group lay member
Tracey Cox	Clinical Commissioning Group

15 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting and requested that attendees switch their mobiles etc to silent. He stated that the meeting was being webcasted live and the recording stored on the Council's website.

16 EMERGENCY EVACUATION PROCEDURE

The Committee Administrator drew attention to the emergency evacuation procedure

17 APOLOGIES FOR ABSENCE

There were apologies for absence from Councillor Tim Warren (Leader of the Council), Jo Farrar (B&NES Chief Executive), Debra Elliott (NHS England) and Diana Hall Hall (Healthwatch).

18 DECLARATIONS OF INTEREST

The Chairman, Councillor Vic Pritchard declared an other interest as he is a board member of Sirona.

19 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

The Chairman stated that he had allowed an item of urgent business relating to the Better care Fund on the grounds of expediency.

The Deputy Director for Adult Care, Health and Housing Strategy and Commissioning reported that the CCG transfer to the Council for the Better Care Fund (BCF) is £8.9 million in 2015/16. Of this £8.9 million, £540k relates to a payment for performance (P4P) fund for non-elective (i.e. unplanned) admissions, with an associated target for reducing non-elective admissions. BCF monitoring has shown that the 2015/16 non-electives performance to month 5 (end of August 2015) has not reduced from the 2014/15 position. Under BCF guidance, this means that no P4P transfer payment would be made from the CCG to the Council. Locally, the Council and CCG put in place a risk share arrangement that results in the CCG funding the first £250k of the BCF P4P cost pressure and then both Council and CCG funding 50% each.

However, as the targets for the BCF in reducing non-elective admissions have not been achieved as at month 5, activity levels in the Acute (RUH) are showing a corresponding, unplanned, increase. These increased activity levels in the RUH need to be funded by the CCG. This will reduce the value of the P4P fund to the Council as the CCG retains funding in order to pass the necessary funding to the RUH. In this context, the CCG and Council have reviewed the risk share arrangement and agreed that the CCG will retain the full £540k P4P element of the BCF in order to fund, in 2015/16, the increased levels of activity in the RUH related to non-elective admissions.

The retention of the £540k P4P element of the BCF in 2015/16 will not create an unmanageable cost pressure in the Council/adult social care as this can be funded from underspend in the funding in the BCF earmarked for social care cost pressures from the implementation of the Care Act as these are building at a slower rate than anticipated as a result of the announcement to delay aspects of the Act to April 2020.

John Holden asked who had agreed that the CCG would retain the full £540k Payment for Performance element of the Better Care Fund.

The Deputy Director for Adult Care, Health and Housing Strategy and Commissioning replied that she had met with the Strategic Director for People and Communities and that they had taken a delegated decision.

The Board agreed to note the update.

20 PUBLIC QUESTIONS/COMMENTS

Morgan Daly, Healthwatch asked a question on behalf of a member of the public. He asked how the Council would be taking forward the work of the Housing Standards Review from a Health & Wellbeing perspective with regard to Level 2, Lifetime Homes / Suitable Adapted Housing in their development plan documents.

The Chairman replied that the item would be added to the Board's Forward Plan and discussed at the next meeting.

21 **MINUTES 22ND JULY 2015**

The Minutes of the previous meeting held on Wednesday 22nd July 2015 were approved as a correct record and signed by the Chairman.

22 **UPDATE ON YOUR CARE, YOUR WAY**

The Your Care, Your Way Programme Manager gave a presentation to the Board regarding this item. A summary is set out below and a copy of it will be attached to the minutes as an appendix.

- The consultation will close on Friday 30th October.
- 320 respondents so far...
- Good range of cohorts reached

Vision – Key Words

Prevention
Access
Timely Interventions

Vision – Missing Words

Quality
Affordable
Personal

The Models – Pathway or Asset Based?

Positive responses:

Conditions 192 (28%)
Circumstances 171 (25%)
Wellbeing Hub 192 (28%)
Neighbourhood 135 (19%)

Negative responses:

Conditions 107 (22%)
Circumstances 124 (25%)
Wellbeing Hub 100 (21%)
Neighbourhood 157 (32%)

5 Most Important Statements

A single plan 194
A person, not an illness 193
Invest in the workforce 169
Focus on prevention 160
Joining up IT systems 162

5 Least Important Statements

Community capacity 54
Using new technology 54
A personal budget 47
Social prescribing 45
Supporting volunteers 15

The outcomes of the consultation will be discussed in more detail in December.

Bruce Laurence commented that he saw the integration of services as a key theme.

The Chairman asked if they were disappointed with the results of the consultation so far.

The Your Care, Your Way Programme Manager replied that they were not disappointed and that similar themes had been picked up from market provider events.

Morgan Daly said that he supported and was impressed by the consultation process that had taken place.

Dr Ian Orpen commented that he felt that the consultation had been carried out with a great deal of care and attention to detail.

The Board thanked the Your Care, Your Way Programme Manager for the presentation and noted the update given.

23 TRANSFORMATION GROUP UPDATE

The Chief Officer of B&NES CCG introduced this report to the Board. She explained that the Transformation Group had met on 18th September 2015 and discussed the following agenda items:-

- Interoperability of Clinical Systems in B&NES Update
- Prevention & Self Care Update
- Your Care, Your Way: CCG and Council's Consultation Document and Next Phase
- Provider Work on Frequent Admissions – Principle and Benefits of Approach

John Holden asked if there would be an opportunity for the Board to be briefed on the view of providers regarding Your Care, Your Way.

The Chief Officer of B&NES CCG replied that feedback from them would be seen as part of the business case submission and would be received at the Transformation Group at which key local providers attend including Sirona, RUH, AWP, BEMS+ and Dorothy House. This group is a formal subgroup of the HWB.

She stated that the next meeting will take place on 6th November 2015 and include

the following agenda items:

- Progress Report on Musculoskeletal Programme
- Future Savings: Opportunities / Planning assumptions
- Your Care, Your Way Update
- Interoperability: 'Digital Map' Guidance / Business Case / Financial Implications

The Board thanked her for the update report.

24 **PRIMARY CARE CO-COMMISSIONING UPDATE**

The Chief Officer, B&NES CCG gave a presentation to the Board relating to this item. A brief summary is set out below and a copy of it will be available online as an appendix to these minutes.

Context

Challenges facing Primary Care in terms of:

- Contracts, viability & sustainability
- Provision in areas with greatest recruitment problems, resource challenges and health need
- Need for a stronger population focus and an expanded workforce

Context (2) - BMA Survey 2015

More than nine in ten GPs (93%) state their heavy workload had negatively impacted on the quality of patient services.

- Over three in five GPs (62%) support maintaining the model of GPs being able to own their surgery
- Over a third (37%) of GPs say that their practice has joined with a network or federation.
- More than four in five (82%) GPs support maintaining the option of independent contractor status for GPs.

The most mentioned factor essential for general practice was continuity of care.

Context (3) – Patient Survey, July 2015

Overall experience of GP surgery (Good) – 85% (National) / 91% (B&NES CCG)

Ease of getting through to GP surgery on the phone (Easy) – 71% (National) / 86% (B&NES CCG)

The last time you wanted to see or speak to a GP or nurse, were you able to get an appointment / see / speak to someone? (Yes) – 85% (National) / 91% (B&NES CCG)

Overall experience of making an appointment (Good) – 73% (National) / 85% (B&NES CCG)

Key Activities

- Co-Commissioning - Joint working with NHS England on decisions affecting Primary Care (Medical)
- Funding, PMS Reviews - NHS England, LMC and CCG review of existing PMS 'premium' and re-investment into General Practice
- Primary Care Strategy Development

Primary Care Strategy Development

Themes arising:

- Build services around the needs of patients and carers, not organisations
- Benefits for practices working together 'at scale'
- All out of hospital care could be grouped together
- Many practice premises require investment, concerns around housing development and expansion
- GP practice appointments access perceived as variable, often complicated and difficult to book

Primary Care Funding & Investment

PMS Reviews – approx. £1m to be recovered and reinvested into Primary Care system on a recurrent basis (not necessarily to practices on a like for like basis) over next 5 yrs. Process running during 2015/16, with national principles for reinvestment:

- Secures services or outcomes that go beyond core general practice
- Helps reduce health inequalities
- Offers equality of opportunity for GP practices in each locality
- Supports fairer distribution of funding at a locality level

£5 per Head – approx. £1m to be utilised for schemes care of the >75s (Nursing Homes, Urgent Care Escalation, Community Cluster MDT schemes).

Transformation Fund – £200k (non-recurrent in 2015/16) to support practice schemes aligned to national and local priorities, 4 schemes to be selected.

Next Steps

Continue Joint Co-Commissioning approach with NHS England - Consider options for future Primary Care Commissioning in 2016/17

Completion of PMS Review process - Practices required to agree 'indicative' net position of PMS review impact by 31 March 2016

Councillor Michael Evans asked where the money comes from with regard to the PMS funding for primary care.

The Chief Officer, B&NES CCG replied that this would come from NHS England as

part of their baseline for Primary Care Services.

Councillor Michael Evans asked how this would be allocated to differing populations.

The Chief Officer, B&NES CCG replied that some practices have said that their population require special consideration due to inequalities, high levels of students etc.

The Chairman said that he was encouraged by how good our local statistics were.

Dr Ian Orpen commented that a good summary of the general mood of practices would be that they are fragile due to the pressure of workload and increased pressure on services.

The Board agreed to note both the national and local context for Primary Care GP services in B&NES.

25 **B&NES CHILDREN AND YOUNG PEOPLE CAMHS TRANSFORMATION PLAN**

The Director for Children & Young People, Strategy & Commissioning introduced this report to the Board. He explained that local areas were required to submit an initial draft Children and Young People CAMHS Transformation Plan by September 16th 2015 (completed) and a final Children and Young people CAMHS Transformation Plan by October 16th 2015 (completed). He stated that the final transformation Plan was signed-off by Dr Ian Orpen, Co-chair, B&NES Health & Wellbeing Board and Councillor Vic Pritchard Co-chair, B&NES Health & Wellbeing Board; on behalf of the Health & Wellbeing Board.

He added that a decision on whether the plan had been accepted was due at the end of this week.

The Chief Officer, B&NES CCG asked if there were any staffing implications as a result of the plan.

The Project Manager, Children's Health Commissioning replied that there was a delay in recruiting due to the low response in relation to short term contracts. She added that some upskilling of staff would take place instead.

John Holden asked how outcomes of this work would be measured.

Bruce Laurence replied that the SHEU Survey would give a good indication and that could be measured against results from previous years.

The Project Manager, Children's Health Commissioning added that they would look to record children's feelings at different stages of their involvement in the service, their readiness for school, their attainment and attendance.

Bruce Laurence commented that he was encouraged to see schools and police involved in this area and that eating disorders had been mentioned in the report.

The Chairman said that it was good to read that 25-50% of mental health problems are preventable through interventions in the early years.

The Strategic Director for People and Communities assured the Board that Head Teachers and those involved in other learning settings take this matter very seriously. He added that he supported the innovative work of the plan.

The Board **RESOLVED** to:

- i) Note the range of multi-agency partners, including schools and colleges, supporting emotional health and wellbeing in B&NES
- ii) Endorse and note the Final Children and Young People's CAMHS Transformation Plan
- iii) Support the continued commitment to and funding of current "spend" on emotional health and wellbeing for children and young people in B&NES
- iv) Receive a progress report on the implementation of the Plan in 6 months, April 2016

26 CHILD SEXUAL EXPLOITATION

The Strategic Director for People and Communities introduced this item to the Board. He explained that over the past 18 months all Child Care agencies across the B&NES area have engaged to significantly develop services for young people at risk of CSE and "Missing". This has resulted in the adoption of the multi-agency CSE Strategy which was launched last September (2014) and followed up with an agreed multi-agency operational protocol and system of managing referrals where these types of concern have been identified.

He added that the main driver for the development of these initiatives has become the LSCB CSE/Missing Sub-Group. The Sub-Group has also monitored the development of how agencies are utilising Return Home Interviews and the Willow Project to work with young people who are at risk of CSE/Missing.

He said that the CSE/Missing Operational Plan sets out all of the key tasks and challenges for agencies in continuing to develop services in response to the current national and regional challenges.

He stated that the national picture in relation to CSE over the past six months has been fast moving with both national reports and regional developments necessitating continued review and reflection on what constitutes best practice and how to accommodate new initiatives.

He informed the Board that Avon and Somerset Police's bid to secure funding for a regional CSE initiative was successful and the project was launched in June of this year. The project will focus on the disruption of adults suspected of CSE and in offering support to victims of CSE.

He said that the Board may wish to have regular updates on this matter.

The Board noted the report.

27 LSAB ANNUAL REPORT

The Head of Safeguarding and Quality Assurance introduced this report to the Board. She said that safeguarding adults has continued to maintain a high profile during 2014-15 locally, regionally and nationally, both in terms of Government initiatives and in the media.

She informed the Board that Reg Pengelly was now Joint Chair of both the LSAB and LSCB.

She said that the LGA undertook a peer review of the local safeguarding arrangements and was complimentary about the consistent message delivered by all agencies including everyone wanting to do the right thing and having a robust assurance framework in place.

She explained that the *Care Act Statutory Guidance* was published in October 2014 and it contains details of some of the areas that would constitute abuse or neglect (Care Act Guidance 14.17). Many of the areas will be familiar such as physical, financial and sexual abuse. Other areas, such as modern slavery, self-neglect and domestic violence, may not be as familiar in a safeguarding context but have been introduced for the first time. Several publications have been produced this year that support the development of good practice in these areas.

She stated that Robin Cowen, former Chair of the LSAB was keen for the Board to note his quote:

'It is evident from this report that demand for safeguarding support continues to increase. At the same time resources are reducing and are likely to further reduce over the next three to four years. This is bound to affect services and is an area that the LSAB will need to monitor closely.' (September 2015)

The Chairman asked if the Council would be able to cope with the likely increase in demand.

The Head of Safeguarding and Quality Assurance replied that they were aware of the potential impact and they were looking to see how best to prepare.

John Holden commented that if the number of people to be considered for safeguarding increases, if the range of safeguarding to be considered increases, but if resources decrease, then something has to give, presumably the adequacy of what is delivered.

The Head of Safeguarding and Quality Assurance replied that the Council would not want to provide any less of a service to the public.

The Director of Adult Care and Health Commissioning added that they planned to increase the capacity of the Adult Safeguarding team.

The Chief Officer, B&NES CCG asked how we raise awareness of help available.

The Head of Safeguarding and Quality Assurance replied that they publish articles in

Council Connect and the RUH Newsletter, have held an Adult Abuse Awareness Week and staff have visited local libraries to share information.

The Chairman commented that the Head of Safeguarding and Quality Assurance and her team had transformed the service and that he had no doubt in their abilities.

The Board noted the report and business plan.

28 **B&NES WIDE ANTI-MICROBIAL RESISTANCE STRATEGIC COLLABORATIVE**

Dr Ian Orpen introduced this item to the Board. He explained that Antimicrobial Resistance (AMR) is an increasing global and national problem, predicted to kill an extra 10 million global deaths a year by 2050 – more than cancer. He said there have been very few new antibiotics developed in the past 30 years and very few are in development at the moment. Therefore stewardship of existing antibiotics is essential to allow us to continue to successfully treat infections now and in the future. He stated that the UK Government have included AMR in the National Risk Register of Civil Emergencies and have published a UK 5 Year Antimicrobial Resistance Strategy 2013 to 2018.

He said that a whole economy wide approach is now required to allow us to effectively implement the key objectives within the UK 5 Year Antimicrobial Resistance Strategy. To do this we need to collaborate throughout the whole of Bath and North East Somerset: to improve the prevention of infection, increase peoples understanding of the risks that resistant infections bring, and encourage behaviour change to reduce the inappropriate use of antibiotics. 80% of antibiotic use is in primary care and the community, and half of this is for respiratory infections, many of which are self-limiting and can be managed with supported self-care, for example from community pharmacies. However, there is also a significant amount of 'unknown' antibiotic use in other areas such as dental care; and the large numbers of tourists visiting Bath bring both resistant bacteria and a variety of imported antibiotics.

He proposed the establishment of a Bath and North East Somerset Antimicrobial Resistance Strategic Collaborative, chaired by him, reporting to the Health and Wellbeing Board. He said that membership would include wide representation from NHS and private health care providers, public health, PHE, academic and clinical networks, patient and public representation, and local healthcare professional representation. The purpose of the Collaborative will be to facilitate implementation of the UK 5 Year Antimicrobial Resistance Strategy key objectives at a local level, in particular;

- Improving infection prevention and control practices
- Optimising prescribing practice
- Improving professional education, training and public engagement
- Developing new drugs, treatments and diagnostics
- Better access to and use of surveillance data

He stated a successful collaborative is anticipated to increase appropriate self-care of infections, resulting in a reduction in workload for primary and emergency healthcare services. He added that increased uptake of vaccinations would deliver a

reduction in preventable infections in all parts of the economy, resulting in reduced days lost at work and school, reduced workload for healthcare services, and a reduction in avoidable life lost. Avoidance of healthcare acquired infections will reduce harm and associated costs - each Clostridium difficile infection costs the NHS at least £10,000.

Bruce Laurence said that he strongly supported this initiative and the need to manage our antibiotic use.

The Board **RESOLVED** to:

- i) Agree to the establishment of a Bath and North East Somerset Antimicrobial Resistance Strategic Collaborative, chaired by the CCG Clinical Chair, reporting to the Health and Wellbeing Board at 6 monthly intervals
- ii) Support European Antibiotic Awareness Day on 18th November and pledge to become an Antibiotic Guardian at <https://antibioticguardian.com/> .

29 TWITTER QUESTIONS / STATEMENTS

There were none.

The meeting ended at 4.15 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

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MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	3rd February 2016
TYPE	An open public item

<u>Report summary table</u>	
Report title	Transformation Group Update
Report author	Tracey Cox, Chief Officer BaNES CCG
List of attachments	Summary Report - Transformation Group Update – 6 th November 2015

SUMMARY REPORT - TRANSFORMATION GROUP UPDATE

1. EXECUTIVE SUMMARY

This report updates the Health & Wellbeing Board on the activity conducted by the Transformation Group at its last meeting on 6th November 2015.

2. BACKGROUND

The Transformation Group is a sub group of the Health and Wellbeing Board providing a forum to support the delivery and implementation of ‘*Seizing Opportunities*’, BaNES CCG’s 5 Year and shared system oversight of the Better Care Fund, and to support the development of future service models and enable active input into the Health and Wellbeing Board's strategic planning.

3. BUSINESS UNDERTAKEN AT MEETING HELD ON 6th November 2015

The Transformation Group met on 6th November 2015 and the group discussed the following agenda items:-

- Better Care Fund Performance Update
- *Your care, your way*: Summary outputs from the CCG’s and Council’s Consultation Process
- System wide review of Future Planning Assumptions
- Interoperability: Connecting Care Business Case

4. KEY DISCUSSIONS AND DECISIONS

4.1 Better Care Fund Update

The Group reviewed the position at Month 5 against a range of BCF measures including proposed reductions in non-elective admissions. The Transformation Group noted the high variance from plan for non-elective activity (391 above plan) but strong performance on the number of high risk people case-managed via the Community Cluster Teams managed by Sirona, where the number of people who had a personalised care plan and lead accountable professional was on target at 100%.

The group agreed to further joint work to analyse activity growth between respective Information Teams, with clinical input, to examine the data and to gain a better understanding of the issues affecting different patient groups and how they can be better dealt with.

4.2 *Your care, Your way: Summary Outputs from CCG's and Council's Consultation Process*

The Transformation Group was briefed on the key outputs from the CCG's and Council's Consultation and engagement process relating to "*your care, your way*" and the next stage of the process which was to present an Outline Business Case to both the CCG and Council in early December 2015.

4.3 System wide review of Future Planning assumptions

Transformation Group members each shared their future financial planning assumptions for the next 3- 5 years including the challenges and opportunities around service delivery and joint working.

The discussion highlighted the scale of the financial efficiency requirement across health and care organisations in B&NES is in the region of £35m for 2016/17. The discussion also highlighted the complexities of collaborative partnerships for different organisations with each organisation working with multiple partners with different contexts and requirements.

It was agreed that a follow-up discussion would be arranged at the January meeting following the receipt of planning guidance and allocations for 2016/17 to consider next steps for the local health and care community.

4.4 Interoperability of Clinical Systems in BaNES Update

The Transformation Group was informed the business case for Connecting Care would be shared with the Interoperability Programme Board on the 19th November

2015. The case set out a system wide response to ensuring better information sharing between health and social care organisations but required commitment and sign up from all organisations both in financial terms and to the proposed work programme.

The Transformation Group members were requested to take the Business case through their respective governance routes by the end of December 2015 for review and approval.

5. FUTURE BUSINESS

The next meeting will take place on 29th January 2016 and will include the following agenda items:

- Interoperability : Business Case feedback and next steps
- Planning Guidance for 2016/17 – developing a Sustainability and Transformation Plan in B&NES

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MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	03/02/2016
TYPE	An open public item

<u>Report summary table</u>	
Report title	Your Care Your Way Update
Report author	Sue Blackman
List of attachments	Not applicable
Background papers	Your Care Your Way – Outline Business Case Your Care Your Way – Engagement and Consultation Report
Summary	<p>Your care, your way is a bold and ambitious review of community health and care services for children, young people and adults being carried out jointly by NHS Bath and North East Somerset Clinical Commissioning Group and Bath & North East Somerset Council.</p> <p>Over the past ten months we have been listening to the views of local people and organisations delivering services. We have been working together to review and develop proposals to improve the delivery of integrated community health and care services to the people and communities of Bath and North East Somerset. The Outline Business Case approved by Governing Bodies in December 2016 describes proposals for achieving a local model of integrated health and care that improves outcomes and system sustainability both now and in the future.</p> <p>We have undertaken an extensive engagement programme in order to inform future commissioning intentions set out in the Outline Business Case approved by governing bodies in December 2015.</p> <p>The your care, your way consultation has reached over 2,000 individuals during this phase and we gathered feedback from service users, patients, carers and members of the public who may be service users in the future as well as from those people delivering and commissioning services.</p> <p>Phase Two of the review which began in May 2015 and concluded with a seven week formal consultation period from 10 September to 30 October 2015.</p>

	<p>We will present to the Board an update on the Your Care Your Way programme that will include;</p> <ul style="list-style-type: none"> • Key messages and themes identified from engagement • Financial planning principles • Proposed contractual model and market testing approach • Next steps and key milestones
Recommendations	Approval not required content for information.
Rationale for recommendations	Not applicable
Resource implications	Not applicable
Statutory considerations	Not applicable
Consultation	Council Officers, Council Strategic Management Team, Council/CCG Joint Commissioning Committee and CCG Executive Team, Senior Commissioning Team, Communications Team, External Legal and Procurement advisors.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.



Your Care, Your Way

Health & Wellbeing Board Update February 2016

Engagement & Consultation

Engagement Approach

Method

- Workshops
- Surveys
- 1:1's

Stats

- Over 200 individuals reached
- In excess of 500 survey responses

Topics

- Vision
- Commissioning Models
- Priorities

Developing our priorities...

Provide more joined up care

Consider the whole person

Focus on prevention

Reduce social isolation

Build community capacity

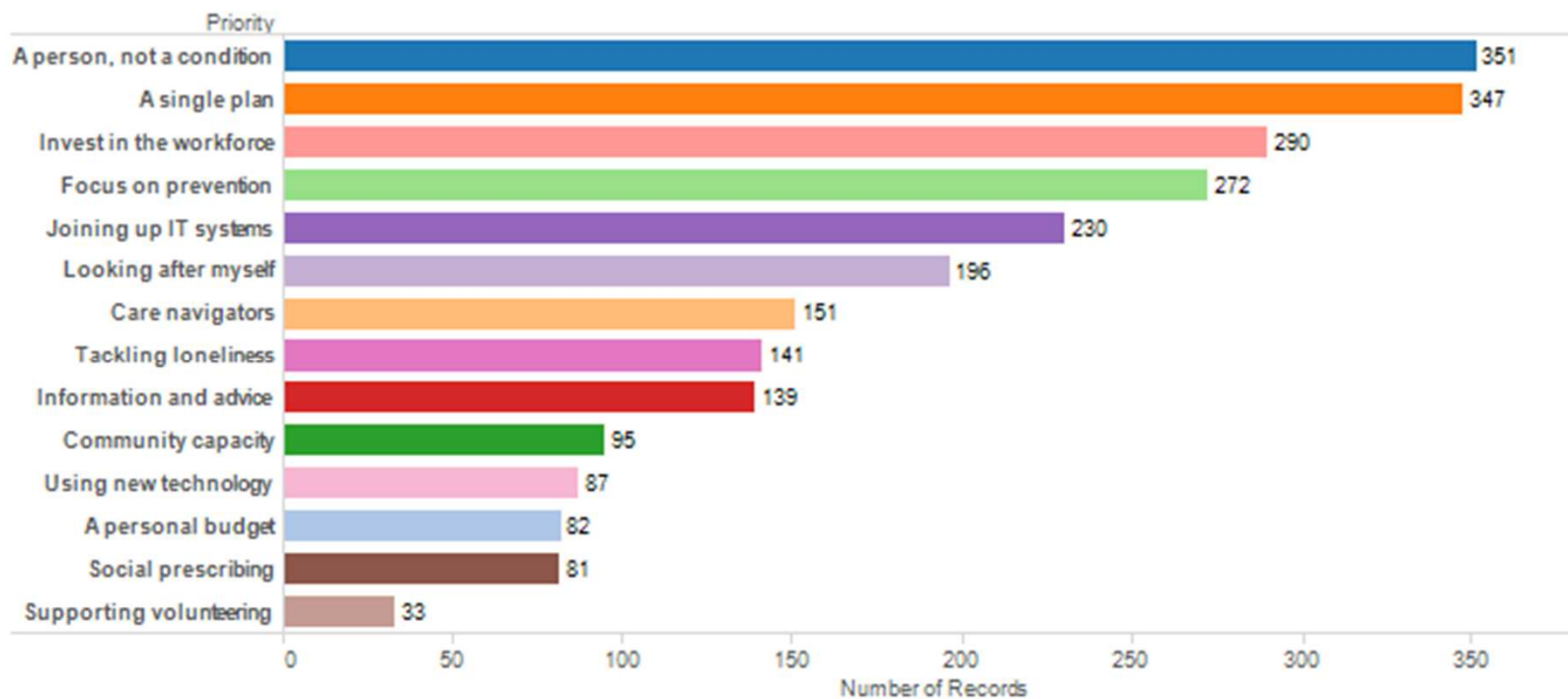
Guide people through the system

Value the workforce and volunteers

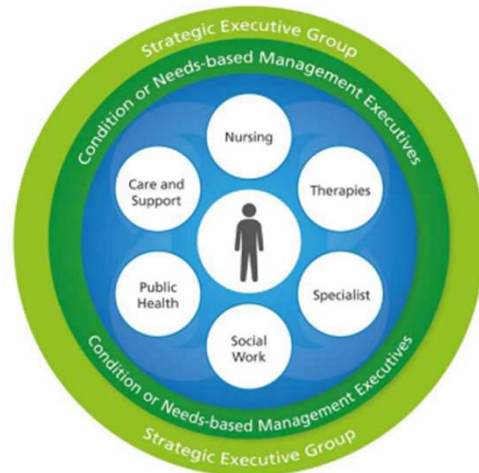
Share information more effectively

Embrace new technology

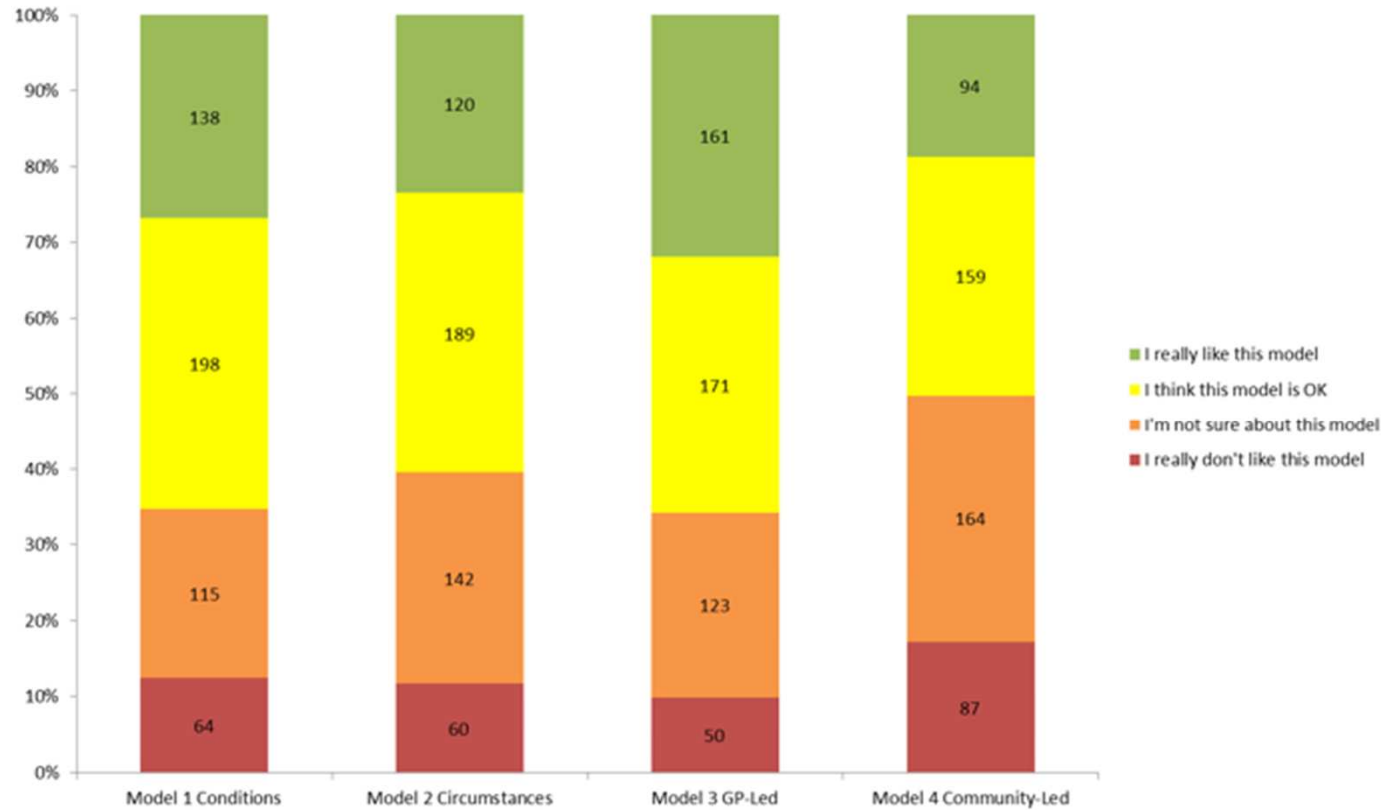
Public Engagement Analysis : Priorities



The Models...Condition or Locality?



Public Engagement Analysis : Models



Public Consultation: Key Findings

Wellbeing Hubs

- The GP-led Wellbeing Hub was the most popular model overall with trust and familiarity a key factor.

Access and equality

- Community-based models could lead to a “postcode lottery” across B&NES

Communication

- Better communication between providers will be needed to facilitate transformation

Resources

- There will be challenges around funding the new model given the financial pressures upon NHS and Council budgets.

Workforce

- More resources to be invested into front line care rather than creating new management and/or bureaucratic structures

Evolution, not revolution

- We must build on existing strengths and relationships rather than starting from scratch.

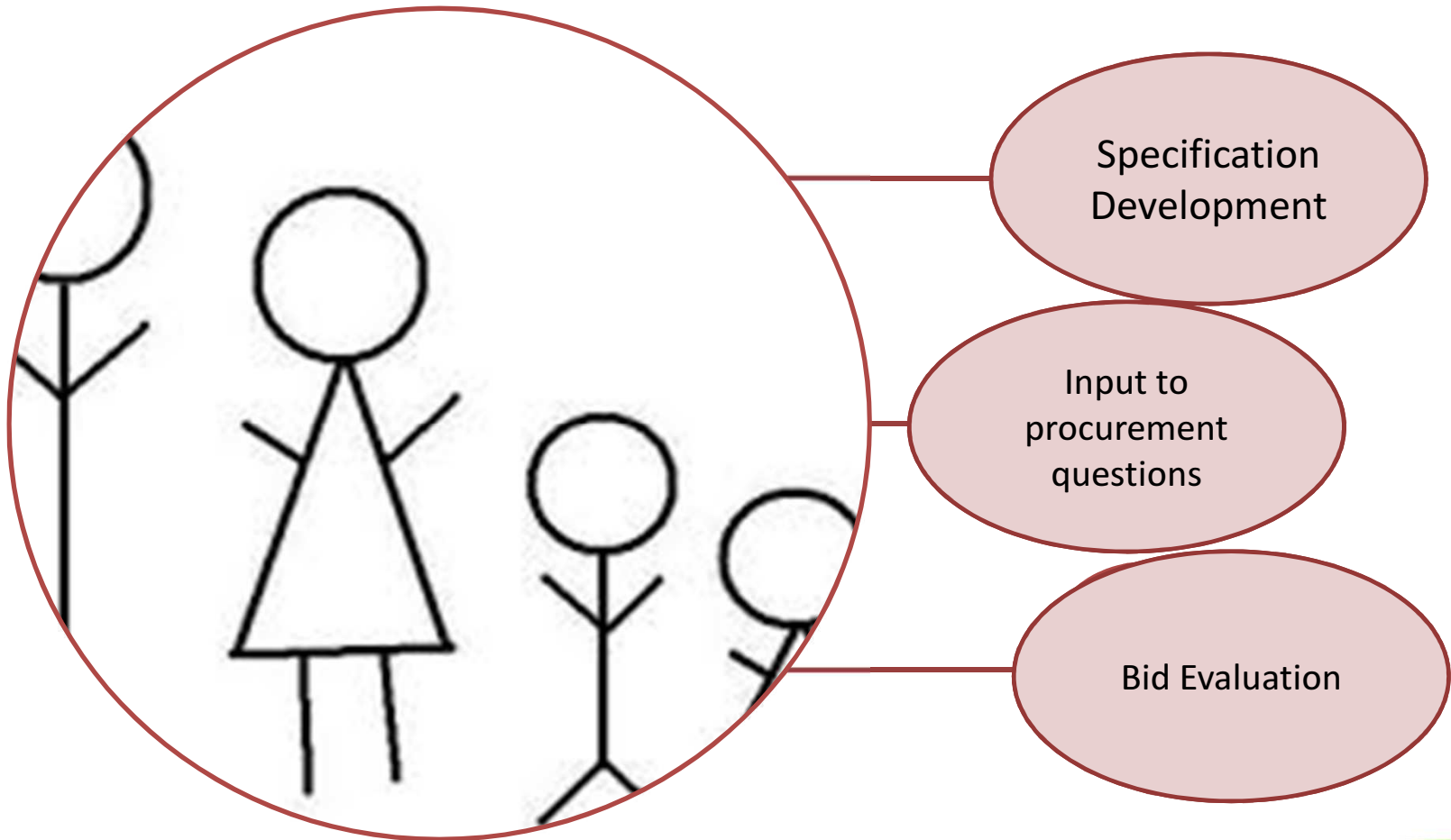
Evidence-based

- Changes to services must be based on clear evidence of what people have told us and what works already.

Technology

- We must join up data across providers.

Continuing Co-Production

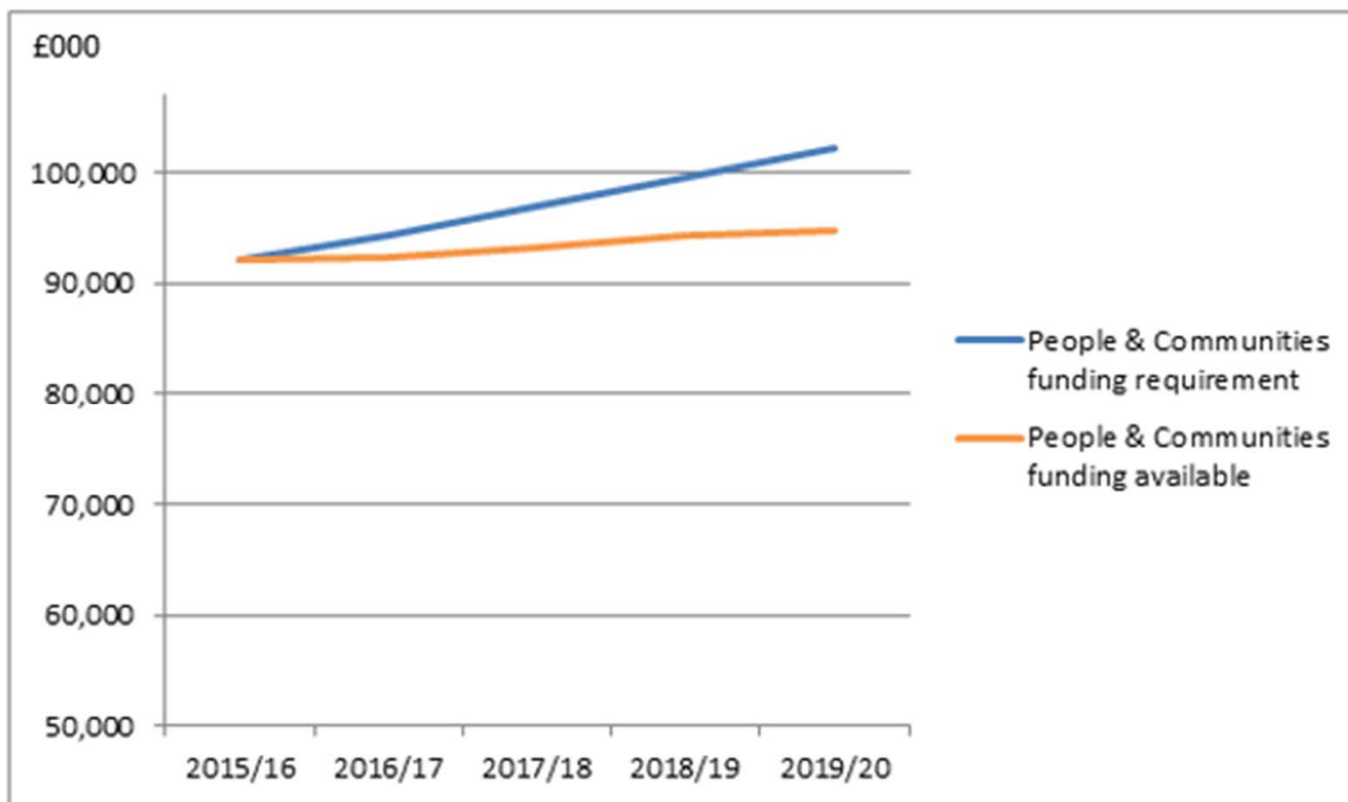


Financial Planning

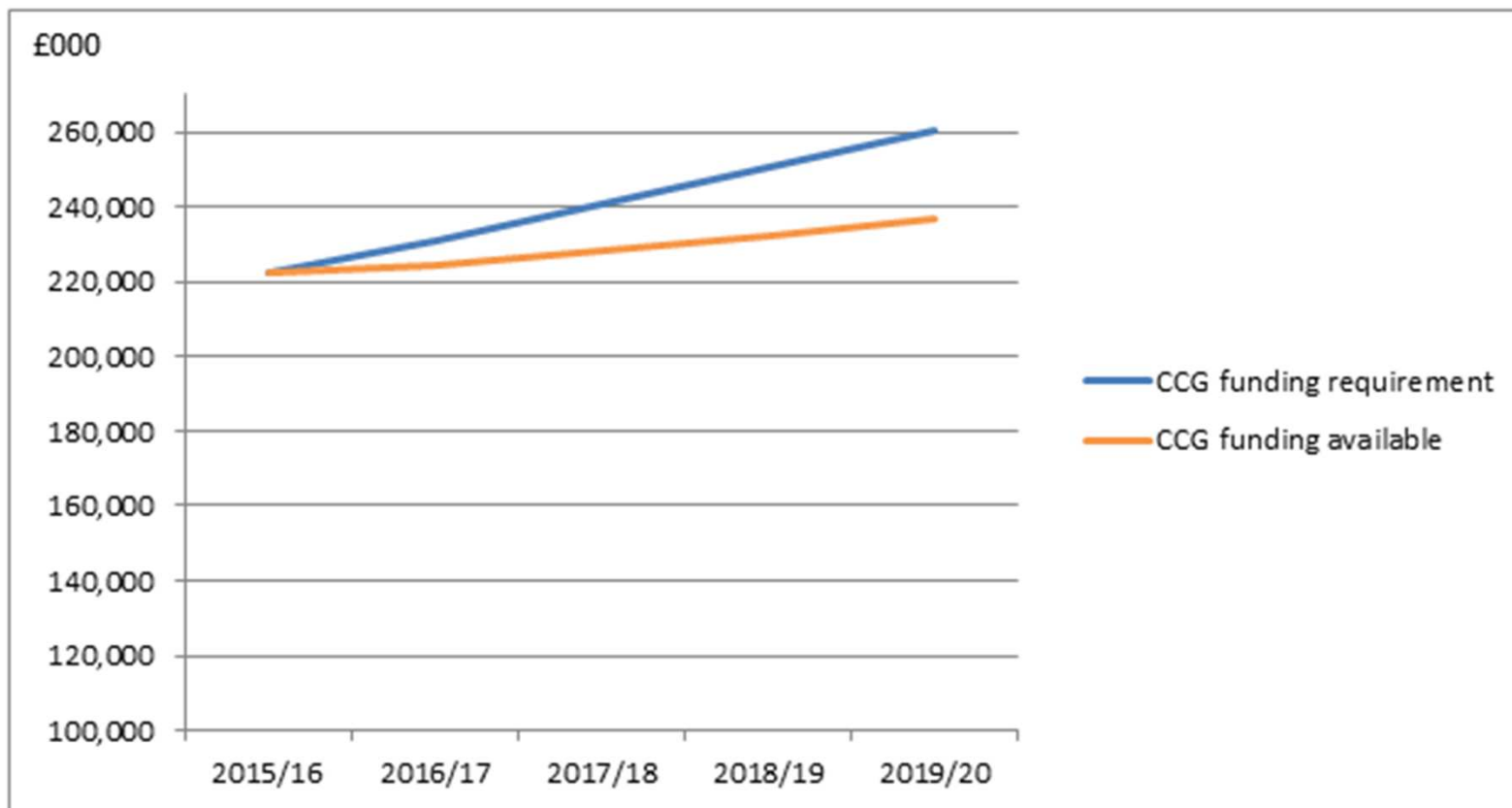
The Funding Envelope

	CCG	Council	
Category	Current commissioner spend £000	Current commissioner spend £000	Total £000
Complex & Specialist	20,567	14,296	34,863
Early Intervention	2,714	23,120	25,834
Universal Information & Advice	5,067	3,472	8,539
TOTAL SPEND	28,348	40,888	69,236

Council Funding



CCG Funding



Key funding reduction principles

- I. The funding envelope will be adjusted from the 2016/17 baseline to align with Council and CCG reductions in health and care funding arising from both organisations' financial planning and annual budget-setting processes.
- II. Identified areas for cash-releasing efficiency savings or improving value will need to align to new commissioning & provider delivery models.
- III. Demographic change pressures will need to be managed within available resources.
- IV. New investment requests will reviewed on an individual basis and require sound quantitative and qualitative evidence of system benefits.
- V. Commissioners and providers will continue to work in partnership to jointly identify areas of opportunity including back office efficiencies.

Contractual Models

Provider Engagement: Messages

Models

- Support for locality based models but clearer guidance on how this may be phased or implemented is required

Relationships

- Mixed relationships between providers

Commercial Considerations

- Clarity required around contractual model and market testing approach

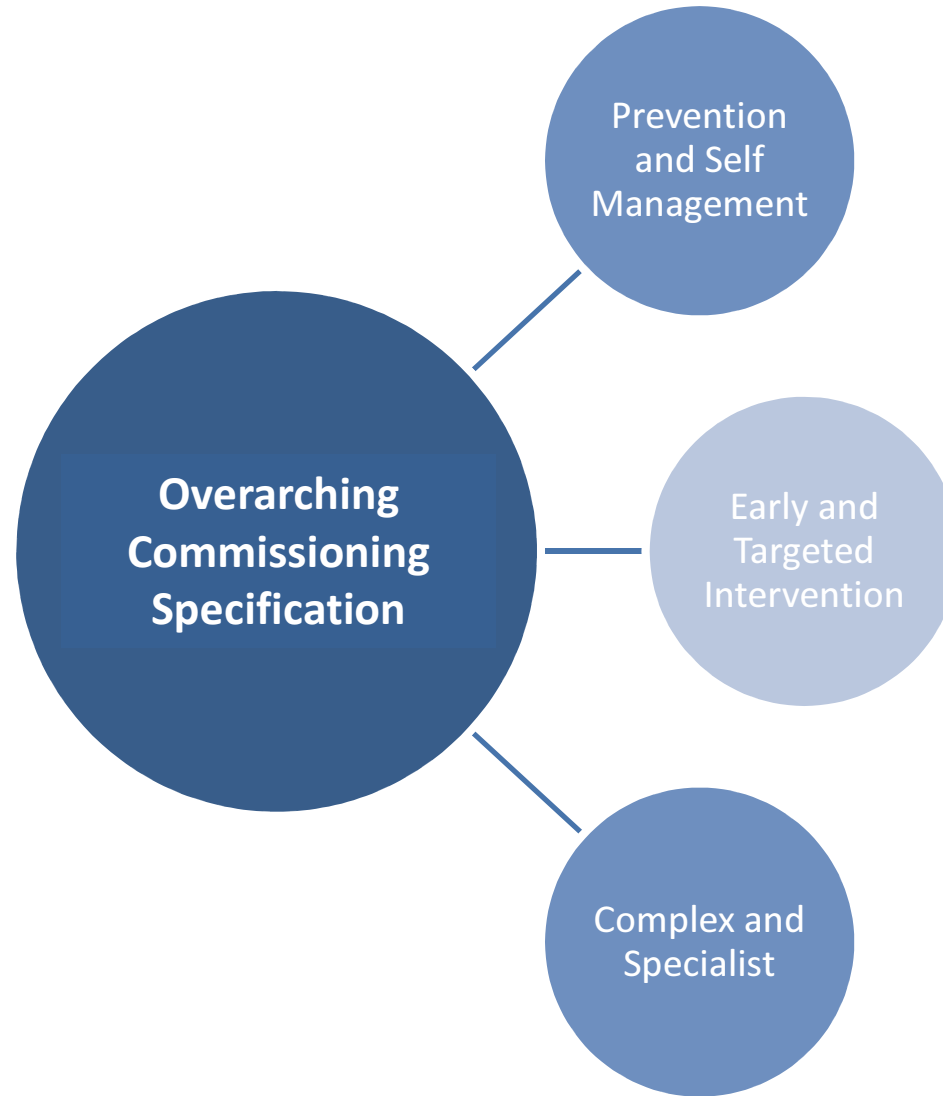
Role of Primary Care

- Strong consensus that primary care should form the basis of a locality based approach

Resilience and capacity

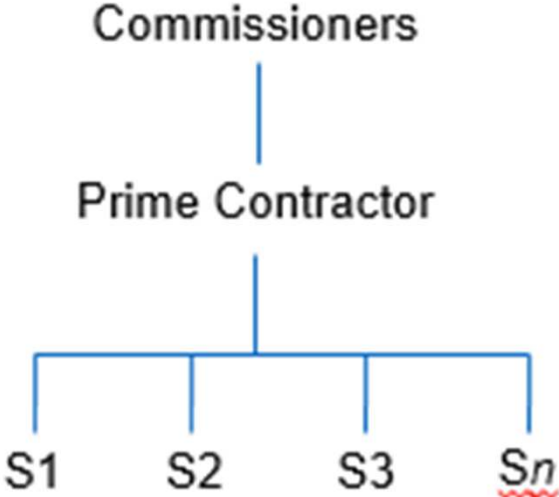
- Providers need time and help to establish sufficient resilience and capacity to play a meaningful part of the provider redesign process.

How will we specify services?

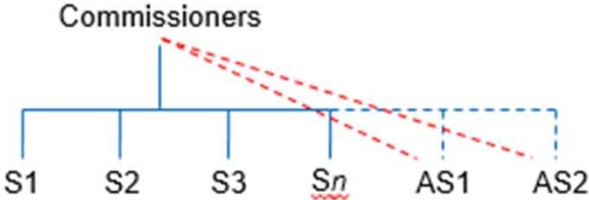


Recommended Approach

Prime Contract

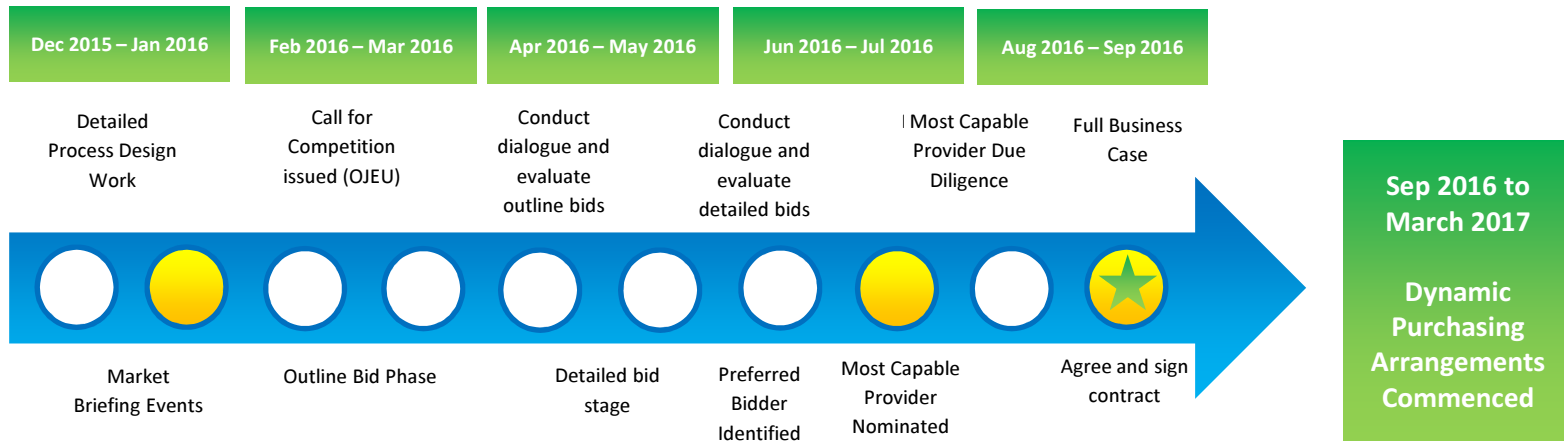


Dynamic Purchasing System





Market Testing

Timeline



key

-  Approval required by Governing Bodies to approve Full Business Case and proceed with contract award
-  Approval required by Joint Commissioning Committee at key milestones

THANK YOU

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Bath and North East Somerset CCG, Council and NHS England Commissioning Intentions 2016/17

Health and Wellbeing Board 3rd February 2016



Content

- **New Models of Care**
- **Your Care, Your Way**
- **Future commissioning structures**
- **Primary Care**
- **New requirements**
- **The Money**
- **Commissioning Intentions 2016/17**



New Care Models

- **Fully engaged place-based system of care focused on the whole of the population, transforming people's relationship with their care (learning from YCYW, Vanguard pilots...)**
- **Enablers include:**
 - **Providers working collaboratively to make best use of combined resource**
 - **New contracting & pricing models (eg Accountable Care Organisation, alliance contracting, prime provider)**
 - **Integrated commissioning and new relationship between commissioners and providers**
 - **A new kind of system leadership (opportunity to redefine the role of the HWB)**
 - **A shared vision and objectives**
- **Future role of primary care**
- **By June 2016 CCGs and providers to develop system wide Sustainability and Transformation Plans (STP) encompassing health and care**



Integrated Commissioning- an example of Place Based Commissioning

- **Plymouth - “ One System, One Budget” – maximizing use of Sec 75 powers to create pooled and aligned budgets**
- **Integrated Commissioning Strategies – Cradle to Grave**
- **Integrating funds of £638 million**
- **What can’t be “pooled” is “aligned”**
- **Underpinned by risk share and financial framework**



Financial outlook – national context

- **£8bn funding but £22bn savings**
- **Lowest ever growth funding in NHS history**
- **Potential £2bn gap in 15/16 with an increase in the number of Trusts, FTs and CCGs missing plan/in deficit**
- **CCG financial failure regime**
- **Local Government Spending Review and Settlement**



Financial outlook – local context

- **Finances increasingly constrained at a time when demand across the health and care system has become challenging and waiting times for planned care are increasing**
- **CCG savings requirement at least £6m in 16/17 and around £20m over following 4 years**
- **Previous Council savings requirement £38m increased by £3.6 million in 2016/17 following Local Government Settlement**
- **Announcement of new power to levy Adult Social Care 2% “precept”**



Commissioning Intentions



Your Care, Your Way

- **Focus of our plans for system sustainability & transformation**
- **Outcome based commissioning approach**
- **Personalised care approach**
- **Increasing focus on prevention and self-management**
- **Integrated approach to commissioning and providing**
- **Opportunities to develop a single pooled budget across health and social care**



Care Planning

- **Supports personalised care**
- **Essential for Personal Health Budgets**
- **Creates foundations for YCYW new models of care**
- **Supports patients with complex LTC's and co-morbidities and frail elderly**
- **Strengthens work of Community Cluster Teams**
- **Contributes to admission avoidance**
- **Start with conditions where work is already in progress – diabetes and heart failure**



Long Term Conditions & Older People

- **Development of self-management support services for people with diabetes**
- **Mobilisation of Community Diabetes Specialist Nursing Service**
- **Identification of second LTC – likely to be Cancer, specific focus subject to further analysis**
- **Develop the frailty pathway and review implications for the next phase of the Community Cluster Team Model**
- **Implement the ‘Shape of Caring’ review in care homes by providing training and development**



Primary Care

- **Conclusion of strategy development to:**
 - **Stabilise primary care provision**
 - **Ensure alignment with YCYW plans**
 - **Give clarity regarding priorities for future investment**
- **Implement outcomes of ‘Preparing for the Future Project’**
- **Proactive coordination of care for patients with long term conditions**
- **Determine future relationship between the CCG & NHS England regarding delegated commissioning**



Urgent Care

- **Implement new integrated clinical standards and clinical hubs**
- **Review strategy for MIUs in the context of YCYW**
- **Develop ambulatory care pathways and implement new tariff**
- **7 day working in primary care**
- **Links to care planning initiative**



Planned Care

- **Cancer services: review demand and capacity in light of NICE guidance and assess impact on waiting times for out-patient and diagnostic appointments**
- **Develop a community based musculoskeletal service model**
- **Develop an integrated audiology pathway**
- **Confirm role of Referral Support Service**
- **Evaluate the community based dermatology service pilot to inform the future model and commissioning arrangements for 2016/17**



Public Health

- **Re-specify a range of sexual health and lifestyle support services in light of national policies, NICE guidance, local needs analysis and alignment with Council's strategic review.**
 - **This to be done largely, but not exclusively, as part of the “your care your way” process.**
- **Redesign and restructure the health development team.**
- **Implement key public health strategies to improve local response to priorities including: health weight, physical activity, sexual health, alcohol, tobacco control**



Children's Services

- **Continue to implement the CAMHS transformation plan, investing in services to include: Schools Pilots, Support to Social Care, Digital Resources**
- **Implement Education, Health & Care Plan (EHCP) requirements to ensure that obligations under SEND reform are met**
- **Under the umbrella of YCYW re-specify services in light of national policies, NICE guidance and local needs analysis**
- **Review and re-commission the Bath Opportunity Pre-school specialist day care for children with complex needs**
- **Re-commission the Bath West Children's Centre , Children & Young People's Participation support and (in conjunction with adult services) the Direct Payments support service**
- **Implement the new Family Support and Play Service**
- **Implement the Early Help Strategy to increase the focus on early help to children, young people and their families in order to prevent needs escalating unnecessarily**



Mental Health

- **Design and build a new mental health in-patient unit on the RUH site (planned completion Autumn 2017) to improve facilities for the delivery of mental health in-patient and dementia services**
- **Continue to implement the B&NES Mental Health Crisis Concordat action plan**
- **Align all mental health and social care services with the new community services model developed as part of the YCYW programme**
- **Review and agree Special Patient Notes usage across the local health system to ensure people with mental health problems are able to receive joined up care at the point of crisis or emergency**
- **Ensure that Parity of Esteem is embedded across the wider healthcare system**



Learning Disabilities

- **Embed Care and Treatment Reviews (CTR) for people with a learning disability with local service delivery arrangements aligning with the Transforming Care Programme during 2016/17**
- **Joint work with Public Health and screening providers to improve access and increase the uptake of people with learning disabilities in national screening programmes**
- **Joint working with Public Health and screening providers to improve access and uptake of people with learning disabilities in national screening programmes.**



Other Services

- **Maternity and New born** - *YCYW service specs, infrastructure and operational improvements at RUH, perinatal mental health.*
- **Cancer Services** - *diagnostic access, focus on cancer survivorship.*
- **End of Life Care** - *YCYW service specs, service integration, training, performance dashboard, bereavement services.*
- **Medicines Optimisation** - *implement medicines strategy, antimicrobial stewardship, reinforce NICE guidance, local tariffs.*
- **Specialist Commissioning** - *renal and obesity services transfer to CCG*



Thank you

Any questions?



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MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	3rd February 2016
TYPE	An open public item

<u>Report summary table</u>	
Report title	Planning Guidance to the NHS - Developing a Sustainability and Transformation Plan in B&NES
Report author	Tracey Cox, Chief Officer
List of attachments	Main report
Background papers	<ul style="list-style-type: none"> • The Five Year Forward View, October 2014 • Delivering the Forward View: NHS Planning guidance 2016/17- 2020/21
Summary	<p>The CCG is required to develop a Sustainability and Transformation Plan (STP) by the 30th June 2016 which is a placed based plan working in conjunction with system partners, setting out a shared local vision for health and care services.</p> <p>The STP needs to reflect local health and wellbeing strategies and demonstrate integration with local authority services, including but not limited to prevention and social care.</p> <p>The Health and Wellbeing Board will want to consider its perspective on the “footprint” for the development of an STP and its role in the development of the plan.</p>
Recommendations	<p>The Board is asked to consider the implications of the requirement to develop a Sustainability and Transformation Plan for B&NES and how it wants to shape the development of an STP.</p> <p>Development of the STP requires system leadership to:</p> <ul style="list-style-type: none"> • Bring local leaders together as a team • Develop a shared vision with the local community • Programming a set of coherent activities to make it happen • Execution against plan and • Learning and adapting <p>It is suggested that the Board should delegate the detailed development of the STP to the Transformation Group, reporting on progress to the Board at appropriate intervals.</p>

	The Board is also asked to agree to a review of HWB structures – in consultation with the HWB co-Chairs – to ensure that the HWB has the right structures in place to effectively lead and support the development of a STP for Bath and North East Somerset.
Rationale for recommendations	The Sustainability and Transformation Plan is a statutory requirement that requires strong local leadership.
Resource implications	The Sustainability and Transformation Plan must set out how the health and care system will achieve financial balance over the next 5 years. STPs for CCGs will form the basis of the application process to access transformational funding for 2017/18 onwards.
Statutory considerations and basis for proposal	<p>In developing both the Operational Plan for 2016/17 and a Sustainability Plan the CCG and H&WBD will need to evidence that it is meeting its statutory duties.</p> <p>Any review proposing changes to the governance arrangements of the HWB that requires amendment of the terms of reference will require Council approval.</p>
Consultation	This report has been developed in consultation with the Co-chairs of the H&WBD and with Local Authority Officers. Broader community engagement will happen as part of the development of the STP.
Risk management	<p>A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's and CCG's decision making risk management guidance.</p> <p>STPs will be subject to formal assessment and the guidance states that the STP will be the route for accessing funding for transformation. The quality of the STP will determine how quickly systems can access funding. The "most compelling and credible STPs" will secure the "earliest additional funding from April 2017 onwards".</p> <p>It is therefore important that our local STP meets key national requirements so that we are well placed to receive any additional funds.</p>

THE REPORT

1. Planning Guidance to the NHS for 2016/17

1.1 Delivering the Forward View: NHS Planning Guidance for 2016/17- 2020/21 was published on the 22nd December 2015. The guidance issued to the NHS requires the CCG to produce two separate but connected Plans for 2016/17:

- A five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View; and
- A one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.

1.2 Every health and care system is being asked to: ***“come together to create its own ambitious local blueprint for accelerating its implementation of the Forward View.”*** STPs will cover the period between October 2016 and March 2021.

2. Placed based planning

2.1 There is a strong emphasis in the guidance on place based planning i.e. planning for local populations. The role of system leadership is seen as critical to the development of an STP with an expectation that local leaders will come together across health and social care to develop a shared vision with the local community. For B&NES our recent work on the future of community services under the auspices of the *“your care, your way”* programme represents a strong foundation for us to continue to build our local vision.

3. STP Footprints

3.1 The first task is for local health and care systems to consider their transformation footprint – the geographic scope of their STP. CCGs must confirm the “footprint” for their STP by Friday 29 January 2016, for national agreement. Local authorities should be engaged with these proposals. Taken together, all the transformation footprints must form a complete national map.

3.2 More recent informal guidance shared with the CCG suggests that a B&NES footprint is unlikely to be considered large enough. It is likely that our local plans for transformation and sustainability will be seen within a larger “umbrella footprint” that relate to clinical networks and specialised commissioning requirements. Based on the work that has taken place within those systems that are being referred to as “vanguards” it is likely that smaller footprints will be considered as not able to resource the scope and pace of transformation that is required as part of the planning process.

3.3 Locally our view is that the strength of local relationships and history of successful joint working will be essential to the development and delivery of an ambitious plan.

3.4 At the time of preparing this report, the CCG is in discussion with NHS England about our planning footprint and will provide an update at the H&WBD meeting.

4. The Content of STPs

4.1 Sustainability and Transformation Plans are expected to cover all areas of CCG and NHS England Commissioned activity including specialised services. The STP must also cover better integration between health and social care services, have a strong focus on prevention and reflect local Health and wellbeing strategies.

4.2 A critical element of the STP is that the plan demonstrates system wide local sustainability which spans providers and commissioners. STPs will become the single application and approval process for being accepted onto programmes with transformational funding from 2017/18 onwards.

5. Developing an STP for B&NES

5.1 Whatever the national view of “footprints”, from a local B&NES perspective we believe there is the potential to build on the H&WBD strategy and the recent outputs of “*your care, your way*” to continue to develop a clear overall vision for the B&NES area. However, it is recognised that we may need to work across different geographical footprints to develop certain elements of our plan.

The components of an STP for B&NES might encompass the following elements:-

<p style="text-align: center;">Integrated Commissioning</p>	<p style="text-align: center;">Clinical & Service Strategy</p>	<p style="text-align: center;">Enablers:</p>
<p>Move towards fully Integrated Commissioning with Council</p> <p>Pooled/aligned commissioning budgets</p>	<p>“<i>your care, your way</i>”</p> <p>Primary Care Strategy</p> <p>Urgent Care Re-design</p> <p>System wide approach to prevention</p>	<p>Contractual approaches e.g. Long term contracts, outcomes based commissioning & ? move to single capitated budget</p> <p>Interoperability</p> <p>Estates</p> <p>Workforce</p> <p>Organisational Development</p>

6. Local Leadership of the STP

6.1 The role of the HWB is critical to the development of an STP. The STP needs to be developed in the context of existing strategies but be ambitious and transformational to address the challenges posed by an ageing population, financial austerity and the changing burden of disease.

- 6.2 The STP requires strong local leadership – across both the CCG and Council to drive an ambitious plan for Bath and North East Somerset which recognises that health and wellbeing is affected by a wide range of influences across society and within communities by bringing together all the key stakeholders.
- 6.3 The B&NES H&WBD has the potential to “system lead” the development of the STP. However we will need to ensure that the HWB has the right authority, knowledge and structures in place to achieve this. This may have governance implications for both the Council and CCG.
- 6.4 There is a risk that without a strong local leadership - driving an ambitious STP - that NHS England will question the deliverability of our STP; this will impact on our ability to apply for transformation funds.
- 6.5 Given the short timeframe (set by NHS England) for delivering a STP the Board is asked to agree to a review of HWB structures – in consultation with the HWB co-Chairs – to ensure that the HWB has the right structures in place to effectively lead and support the development and implementation of a STP for Bath and North East Somerset.
- 6.6 The review will draw on ‘best practice’ examples as described in the Kings Fund report ‘Population health systems; Going beyond integrated care’. The review will look at a range of governance options for the HWB.
- 6.7 In parallel, given the short timescales, it is recommended that the Board should ask the Transformation Group to support the detailed development of the STP.
- 6.8 There will be a report back to the HWB on the review and progress with the STP.

7. Next Steps & Recommendations

- 7.1 The H&WBD is asked to consider the implications of the requirement to develop a Sustainability and Transformation Plan for B&NES and how it wants to shape the development of an STP.
- 7.2 The Board is asked to agree to the proposals set out in Section 6 “Local Leadership of the STP”.

Please contact the report author if you need to access this report in an alternative format

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MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	3/2/2016
TYPE	An open public item

<u>Report summary table</u>	
Report title	SEND Reforms
Report author	Charlie Moat 01225 477663
List of attachments	<ol style="list-style-type: none"> 1. The first year of EHC planning in B&NES – evaluation 2. SEND reform progress and next steps Nov 2015 3. SEND governance
Background papers	<p><i>SEND code of practice 0-25</i> https://www.gov.uk/government/publications/send-code-of-practice-0-to-25</p> <p><i>Bath & North East Somerset SEND local offer</i> www.bathnes.gov.uk/localoffer</p> <p><i>Bath and North East Somerset searchable SEND local offer</i> www.rainbowresource.org.uk</p>
Summary	The report provides an update on the progress of the SEND reforms in Bath and North East Somerset and next steps, and seeks the Board's views on next steps and future governance arrangements for SEND.
Recommendations	<p>The Board is asked to</p> <ul style="list-style-type: none"> • Note progress on the SEND reform • Comment on the next steps set out in the progress report (appendix 2) and outlined at 1.6 and 7 below • Note the recommendations of the PDS Panel set out below from 1.9 • Comment on and support the establishment of governance arrangements for SEND in B&NES, accountable to the Board, as set out in appendix 3 and outlined at 1.8 below.
Rationale for recommendations	<ol style="list-style-type: none"> 1. The local authority and its partners have statutory duties to children and young people up to 25 with SEND. The SEND code of practice which is statutory guidance specifically references the key role of Health and Wellbeing Boards in ensuring effective partnership and joint commissioning arrangements for SEND.

	<ol style="list-style-type: none"> 2. The Board in January 2014 accepted its leading role in taking forward the SEND reform in Bath and North East Somerset. 3. Support to children and young people with SEND through Education Health and Care Plans and improved pathways to employment will contribute to the outcomes set out in the Joint Health and Wellbeing Strategy for this group and in particular priority 9 relating to ensuring all residents have access to training and employment. 4. The establishment of governance arrangements accountable to the Board as proposed will enable the Board to carry out its key role in overseeing and promoting this work.
<p>Resource implications</p>	<ol style="list-style-type: none"> 1. Government have provided one-off grants to support the implementation work and 'new burdens' funding to March 2016. Further 'new burdens' funding from April 2016 has been announced but no detail yet provided of allocations to local authorities at the time of writing this report. 2. There are significant capacity implications to the new way of working for the transitional period to March 2018 and beyond. This paper does not contain proposals to address this funding 'gap' which are being addressed separately.
<p>Statutory considerations and basis for proposal</p>	<ol style="list-style-type: none"> 1. The Children and Families Act 2014 set out new statutory duties for local authorities, clinical commissioning groups, education settings and other partners in respect of disabled children and young people and those with special educational needs aged 0-25. 2. This new legal framework for children and young people with SEND came into force from 1st September 2014 with the exception of new duties to young people with SEND in youth custody, which came into force in April 2015. 3. The SEND code of practice 2014 approved by parliament in August 2014 is statutory guidance detailing the application of these new duties. The code of practice was updated from April 2015 to reflect the new duties towards young offenders with SEND. 4. The Equality Act 2010 sets out existing duties to disabled children and young people which are embedded in the code of practice. Sitting alongside the code of practice is new statutory guidance for schools on their duties to children and young people with medical conditions. 5. The Care Act 2014 introduced new requirements in respect of young people with SEND preparing for adulthood which dovetail with the SEND reform and came into force from April 2015. 6. SEND reform aims to improve life outcomes for young people with SEND. This is consistent with the overall vision of the B&NES Children & Young People's Plan that 'we want all children and young people to enjoy childhood and to be well

	prepared for adult life', and supports the plan's focus on health and equal life chance outcomes.
Consultation	<ol style="list-style-type: none"> 1. The evaluation of the first year of EHC planning was carried out with input from parent carers, young people and practitioners working with young people with SEND across services and settings. 2. The evaluation of EHC planning, progress and next steps Nov 2015 and proposals for governance arrangements have been informed by discussion at the SEND reform steering group and SEND (formerly disabled children) strategy group. 3. This paper and appendices have been shared with the required finance and monitoring officers. 4. A similar report together with the appendices to this report were presented to the Council's Children and Young People Policy Development and Scrutiny Panel on 12th January 2016 to update the panel on progress of SEND reform and seek their views on next steps. Their recommendations are included in this report.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

THE REPORT

1. Preparation for SEND reform in B&NES began in summer 2013. A project plan was drawn up and steering group established to oversee implementation. The implementation project ran for two years to summer 2015 and has been the subject of a previous report (January 2014) and presentation (July 2014) to the Board.
2. In spring 2015 a post of Head of Vulnerable Learners was established leading key services that support young people with SEND amongst other education support services provided by B&NES Council. The Head of Vulnerable Learners now leads on outcomes for children and young people with SEND and the continued transfer plan to convert all statements of SEN to Education, Health and care (EHC) Plans by April 2018.
3. An evaluation was carried out in summer 2015 of the EHC Planning assessment and transfer review processes together with the quality of EHC Plans in year one. The report of this evaluation is attached as appendix 1. The person centred nature of the new approach has significantly improved the quality of parental and young person experience, however the quality of resulting EHC Plans is not yet at the standard to which we aspire. The new personalised approach requires significant additional time within the SEN Team. Additional staff capacity has been established to provide this, however this has been complicated by a significant (over 40%) increase in demand for statutory assessments, which appears to be due not only to the reforms extending eligibility to ages 0-25 but also an increase in the identification of significant needs in the early years.
4. This is in line with the experience up and down the country. Significant change has already been achieved but there is further work to do to complete transfers of all statements of SEN and to ensure all EHC Plans become truly holistic and focused on long term life outcomes rather than purely educational goals. The evaluation report set out a number of recommendations which are being taken forward. The published transfer plan has not been amended as in fact it sets out a schedule and principles for the whole 3 and a half year transition period to 2018, however amended arrangements for the assessment and transfer review processes have been set out and training offered and provided to education settings and other services that contribute to EHC Plans.
5. In winding down the implementation project a final summary of progress on the project plans and next steps was provided for the project steering group in November 2015. This is attached as appendix 2. Much has been achieved however there are a number of significant areas of work which remain in addition to the continuing work to complete transfers to EHC Plans.
6. One of these areas of work is to establish more robust systems for collecting data on children and young people with SEN at all levels from 0-25 including outcome information. This work is necessary to enable us to measure the impact of the reforms; to inform commissioning and will be needed to inform preparations for inspection also. Ofsted have announced inspections of local area arrangements for SEND will start on a 5 year cycle from April 2016 and we will therefore need to draw up a Self Evaluation and maintain it up-to-date from April.

7. Another key area of work is to ensure effective pathways to employment for young people with SEND. This is work in B&NES is supported through the Employment is Everyone's Business project run by national development Team for Inclusion on behalf of the DfE, working with 4 selected local areas including B&NES to develop and showcase effective approaches to increasing inclusion of young adults with SEND in the workforce. This work should be seen in the context of our strategies for ensuring all young people aged 14-25 in B&NES are able to participate in education, training and ultimately employment.
8. In winding down the implementation project it is necessary to consider future governance arrangements for SEND partnership and strategy in B&NES. The attached paper (appendix 3) sets out proposals to develop the SEND strategy group to provide two tiers of governance, ultimately linking into the Health and Wellbeing Board, bringing together key stakeholders and providing coordination of integrated working at operational level.
9. The Children and Young People Policy Development and Scrutiny Panel in considering this issue in January 2016 agreed the following recommendations about the proposed governance model for SEND set out in appendix 3:
 - Support the proposal to further develop the SEND Strategy Group to provide strategic leadership and introduce an Operational Group to replace the virtual leadership group.
 - Suggest SEND Strategy Group meetings should be held no less than once every two months during the second year.
 - Suggest that it might be advisable if the SEND Strategy Group Chair were from health or social care, rather than education to ensure inclusivity is embedded in the culture from the top.
 - Point 4.3, beside 'what else?' they could add an in depth review by the Children and Young People Policy Development & Scrutiny Panel.
 - If the Head of Vulnerable Learners is to Chair the Operational Group, then the Vice Chair should be from either health or social care.

Please contact the report author if you need to access this report in an alternative format

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The first year of EHC planning in B&NES – evaluation

This paper sets out –

- The process of evaluation of EHC planning
- Findings and conclusions
- Recommendations for year 2 of the transition plan.

Appendices include –

- Quantitative data from the parent carer and practitioner feedback questionnaires
- Transcripts of the comments from the questionnaires
- Feedback gathered at the final evaluative EHC planning practice workshop
- Working draft EHC plan audit tool.

Anonymised transcripts of the interviews with parent carers and young people will also be made available to members of the SEND virtual leadership team and can be made available to others on request.

The process of evaluation of EHC planning

The evaluation of the first year of EHC planning in B&NES set out in this report is based on the following –

Feedback questionnaires

128 questionnaires were sent out to all parent carers, young people and practitioners (across education settings and other services) named in one or more completed EHC plans gathered from SEND practitioners by Becky Claridge up to early July 2015. Becky sent out the questionnaires, and has collated and analysed those returned.

We originally intended to use questionnaires developed by In Control, the POET – Personal Outcomes Evaluation Tool. However when we obtained and looked at the pilot version of these questionnaires we felt they were both too long and not well designed, particularly for young people. The improved version of the POET was not due to be released before we wanted to start work, so Kay Sibley devised a set of questionnaires on behalf of a small task group which were shorter and clearer.

A total of 15 practitioner, 5 parent carer and 2 young person questionnaires were received back. This is a poor rate of return for parent carers and young people. Asking people to complete and return a paper questionnaire is likely always to be a challenge and the questionnaire is still quite long although significantly shorter than the POET from In Control.

However the questionnaires returned by practitioners and parent carers in particular have provided valuable feedback which has both supported and enriched the feedback obtained through other channels. Questionnaires were received from one 4 year old and one 16 year old. The 16 year old knew/understood little about his plan or the planning process, but appreciated the support received in school and showed some future interest in finding out about personal budgets. The 4 year old did not add significantly to our understanding of his experience.

Interviews with parent carers and young people

A sample of the parent carers named in completed EHC plans were contacted and offered the opportunity to give more detailed quantitative feedback by either face to face or telephone interview. This included an offer of an interview for their young person. These interviews were carried out by Ben Harrington (social work student in Disabled Children's Team) and Kay Sibley.

In total 14 parent carer and 1 young person interviews were completed and have informed this evaluation. These have provided very valuable information about the experience of these families.

Evaluation of completed EHC plans

A number of members of the SEND virtual leadership team evaluated (anonymised) completed EHC plans using the working draft audit tool (attached). The auditors were Annie Carpenter and Marianna Zatkova (parent carer reps), Tracey Pike (Youth Connect Service Manager), Nora Ryan (DCT Manager), Julie Knight (PfA Coordinator) and myself. A total of 22 audits were completed. I was able to cross-reference a few of my audits with parent carer/young person interviews. In addition I have read all of the EHC plans audited by colleagues and a number of the other completed EHC plans I have received.

EHC planning practice workshops

We have held a series of 5 practice workshops through the year, to support the development of EHC planning practice. This has included regular slots to consider what is working/not working and the final workshop was mainly focused on evaluation. Feedback from this workshop is attached.

SEND Virtual leadership team meetings

This group meets termly ('new' terms) bringing together managers of the key Council, Sirona and other health services involved in EHC planning together with parent carer reps. Each meeting has included the opportunity to share what is working/not working in respect of EHC planning, and the final term's meeting was entirely set aside for evaluation.

Other feedback from parent carers, young people and practitioners collected through a variety of channels

These have included particularly –

- Termly ('new' terms) liaison meetings with the B&NES special school headteachers, together with the senior leadership of the SEN team and PfA coordinator
- The B&NES SENCO conference on May 5th organised by Fosseyway teaching school with input from key teams and services
- Various other events and meetings through the year which provided opportunities to meet parent carers and practitioners from across services, including those providing information, advice and support/IS/advocacy.

I have missed no opportunity to ask parent carers and practitioners for their feedback, and indirectly through them the views of parent carers, young people and colleagues that they were picking up. It is hard to capture and quantify this informally gathered feedback; however it has played a significant role both in indicating issues to explore further as well as adding to our understanding of what the first year experience has been.

I would like to acknowledge the significant contribution made to this exercise by those named in the above.

As well as a wealth of information about the experience of EHC planning and the quality of plans locally, this evaluation is also informed by some indications of the national picture including particularly information from –

- The CDC conference in London in March
- A presentation at our SENCO conference in May from Pat Bullen of NASEN & Leicester City Council
- Linda Jordan and Carol Robinson of NDTi through their current support for work here in B&NES
- Regional events and meetings with other SEN teams attended by Chris Jones and SEN team colleagues.

Findings and conclusions

The family experience of the process is significantly improved. This is generally better for fresh needs assessments than for transfer reviews. Key elements contributing to this include the face to face meetings, use of person centred tools (including My Future My Choice, Preparing for your Assessment and One page profiles), outcomes meetings and the quality of support and coordination provided by SEND practitioners.

SEND practitioners and face to face meetings helped by making the process clear. Some parents reported SEND practitioners keeping outcomes meetings focused on the child and on outcomes, when other participants had a different focus, and helping to improve outcomes proposed by schools, and to chase up action arising from plans when schools did not seem to be following the plan after it was issued. The words 'amazing', 'excellent' and similar terms occur often in relation to both SEND practitioners and the face to face and outcome meetings. Some parents felt heard for the first time and that professionals were on their side.

Practitioners were positive about the new approach promoting putting the child at the centre, partnership working, preparation for adulthood and reflecting holistic needs. They were less positive about it helping to provide clear information and advice to parents or meeting deadlines. These experiences are broadly consistent with the parental and other feedback we have. Parents were often not clear when the EHC plan was complete who the key worker/lead professional was, and we will need to ensure this is made clear when all plans are completed.

Outcome meetings appear to have been most effective when all key professionals have been able to attend. Achieving this has been difficult, and inevitably meetings have had to take place without all key participants in some cases. Again, meetings appear to have worked best when a person centred process has been followed and participants with other agendas have been helped to focus back on the child. Transfer review meetings have been more mixed in their quality, reflecting the diversity of approaches from different schools, although some schools have reported becoming more confident through the year.

Threeways have established dedicated review coordinator roles to facilitate person centred review meetings, and this appears to lead to many positive experiences although one parent reported the meeting feeling quite rushed as a result of which she did not feel heard. Fosseyway look to all tutors to lead reviews, not all of whom had had person centred training. Julie Knight has provided some whole school training at Fosseyway to address this. Both parent feedback and audits of EHC plans suggested some good experiences leading to some good quality EHC plans from tutor led reviews at Fosseyway. Many SENCOs across B&NES have attended EHC planning practice workshops, or other training on SEND reform; however more work is required to train more school staff in holding person centred reviews across the mainstream schools. Some primary schools have started doing one page profiles with all pupils regardless of need.

While many parent carer comments were favourable about timescales, we know from the whole of the feedback that there have been negative impacts of the significant delays that have built up in issuing EHC plans following transfer reviews in particular, and the SEN team have reported a backlog building up as the number of fresh assessment requests has taken off following the Xmas break. I have not had figures in compiling this report, however they will be available to the steering group

and it has been clear that there have been significant capacity pressures on the SEN team in particular, as well as the EP service and SEND partnership service.

The transfer plan was ambitious in the number of transfer reviews we set out to do, and not all have been achieved, and there have been significant delays in some of those that have been achieved. Practitioners across the system have been under great pressure as the process is new, and this has shown in some of the lack of clarity and uncertainties reported by parents in respect of the transfer review process. We will need to work with education settings, and look to some of the other key services to take the lead on transfer reviews and on support planning for young people, and to improve the quality of their contribution to the process both to help with the capacity pressures and to achieve the quality of family experience and EHC plans for more transfer reviews as well as fresh needs assessments.

EHC plans are almost always seen as better than statements by parents with experience of both. One parent commented that anyone suggesting an EHC plan is not better than a statement should be shot. Most parents of young people with EHC plans following a fresh assessment are pleased with it. Key elements contributing to this include the personalisation (use of photos of young people, one page profiles, the family profile), the holistic picture of the young person (including positive appreciation and information that is about much more than just education) and the fact that provision and support set out in the plan is generally seen as likely to meet the young person's needs. Young people appreciate the support they receive in school as a result of statements and EHC plans. One parent was very impressed with the plan when she received it, from the photo on the front all the way through; it was all about her child.

Some parents also felt the EHC plan was longer term and more holistic in its thinking than just about SEN. When I was able to cross-reference plans with feedback, this was borne out in the presence of more holistic/plain English outcomes and plans addressing long term aspirations, at least in respect of employment, and issues relating to emotional and social well-being, independent living skills and sometimes health and care issues.

However the majority of EHC plans read and audited were much closer to our aspirations for them in the first parts (one page profiles, family profiles, holistic descriptions of young people, their abilities and needs) than in the second part (where many plans were mostly or entirely focused on meeting SEN in school). This also fits with the observations of some practitioners in other services who commented that EHC plans they have seen look like statements in a new format.

While all plans contain one page profiles, they did not always contain all of the necessary headings – 'like and admire' (the positive appreciation) was sometimes missing, as were other key headings. The depth and quality of the information was also variable, and sometimes information that could have been included in the one

page profile was then in the family profile or the description of the child. Some one page profiles appeared out of date.

There were some excellent family profiles – some clearly written by families themselves, others presumably either by SEND practitioners (for fresh assessments) or school staff (in transfer reviews). There were also many excellent holistic descriptions of children and their needs, often clearly written by SEND practitioners.

A social worker described submitting the social care plans for inclusion in the EHC plan, and receiving back a draft plan with most of the social care outcomes missing. In many cases plans appear to be largely focused on SEN because the main professional inputs have been from education professionals. Short break services reported not always being invited to transfer reviews by schools, and then not receiving copies of plans, although they are making a significant contribution to the work with the young person, and would be able to help develop some of the outcomes other than education in the plan if they were included.

It was clear in some plans that there were significant health issues, but no health plan set out. Not all health issues necessarily require health service provision; however the young person's health outcomes should be included together with whatever the young person, their family, education setting or other support services may be doing to help with them.

FE colleges (both Bath and Bristol) have engaged well, however both they and the SEN team have been on a steep learning curve with respect to developing EHC plans for young people going to college.

When SEND partnership service, advocacy service or KIDS have provided support to families, this has been appreciated by families, settings and other services, and appears to have contributed to more positive experiences and to be associated with plans that are broader, more holistic and address more than educational outcomes. Many parents reported either that the SEND practitioner, independent support or both helped to make the process clear and work well for them. Occasionally this experience of clarity and support was also reported in relation to SENCOS, but in many cases less positive experiences of the process were associated with transfer reviews led by schools and little or no information and clarity about the process or the purpose of meetings.

While all parents were told about the support available in letters about fresh assessments, this information was sometimes not provided (or not heard/read?) in respect of transfer reviews, and sometimes forgotten (one parent commented if she had remembered this had been offered, she would have taken it up part-way through the assessment). Many parents reported not knowing about either the local offer or rainbow resource (the searchable part of the local offer in B&NES). Some said more information about support available would have been helpful. We need to ensure that

families are frequently told and reminded about both the independent support available and about the local offer/rainbow resource.

A recurring theme through the year has been difficulty in getting to grips with outcomes. Time has been focused on this at several of the EHC planning practice workshops, however it will need more work. This is borne out in reading the plans. While a few plans contain some very holistic, person centred outcomes, often the outcomes set out are primarily or only about SEN, and sometimes appear to be targets or objectives rather than outcomes – the difference a provision or action will make to the child.

Local experiences have been broadly consistent with what we have heard about the picture nationally. This is particularly in respect of

- The quality of EHC plans starting good, and becoming more like a statement/SEN focused in many (but not all) cases towards the end
- The very positive family experience of the new approach expressed by many
- The difficulty for all involved in understanding and developing SMART person centred outcomes in plans.

The final pathfinder evaluation found that parent's experience was consistently better when parents knew clearly who the key worker/lead professional was. There is no evidence yet of improvement in outcomes (nationally or locally), and we would not necessarily expect this. However we will need to continue work to develop our ability to measure outcomes in line with the paper on accountability for SEND published by DfE in March.

Local schools, in particular but not exclusively our special schools, while raising many teething problems have also emphasised that on the whole they strongly prefer the B&NES approach to that of any neighbouring authority with which they work (including Wiltshire, one of the pathfinder authorities).

Recommendations for year 2 of the transfer plan

(All actions for CW and SEND VLT unless otherwise stated)

1. The transfer plan, which is a statutory requirement, should be updated in the light of this paper and become the main vehicle for taking forward operational delivery of EHC planning (CM & CW)
2. The SEND Virtual Leadership Team to take ownership and drive the transfer plan, providing a strategic lead to operational services and education settings to promote integrated EHC assessment, planning and review grounded in the B&NES SEND reform principles
3. Continue to hold regular liaison meetings with special school headteachers (CW, SEN team and PfA coordinator)

4. Hold regular SENCO briefings and attend SENCO cluster meetings (CW, SEN team and PfA coordinator)
5. Establish a SENCO best practice forum to develop the quality of person centred review in schools and their input to EHC planning
6. Adopt the PfA transfer review toolkit published January 2015 as the model for the transfer review process going forward
7. Work with, support and train advice givers including education settings and other services to improve the quality of advice provided for EHC needs assessments and transfer reviews
 - Working to the B&NES SEND reform principles
 - Providing advice about all 4 life outcomes, long as well as short term, family and community inputs as well as statutory provision
 - Supported by developing exemplars of good quality advice and EHC plans
8. Support education settings to lead the transfer review process to include
 - Establishing a broad/holistic and complete (not just education focused) team around the child/YP and identifying the lead professional
 - Identifying and commissioning any fresh assessments required
 - Making families aware of the local offer/rainbow resource and the sources of information, advice and support/IS/advocacy
 - Holding person centred review meetings
 - Ensuring all 4 life outcomes are fully considered in drawing up outcomes
9. Key services (to include DCT and Youth Connect, working closely with education settings and with input from transition social workers and/or PfA coordinator as required) to coordinate and lead on drawing up single support plans for young people awaiting transfer to include the elements set out in (6) above
10. Working with adult service commissioners and providers ensure reliable provision of adult service advice for EHC planning both pre and post 18
11. Support education settings to ensure annual reviews of EHC plans drawn up in year one include all of the elements set out in (6) above and when necessary improve the quality of EHC plans to be more holistic and aspirational/long term
12. Set and communicate clear quality standards for EHC plans based on the B&NES principles for SEND reform and the statutory requirements
13. Develop and apply a simple QA process for EHC plans based on these standards
14. Develop and implement systems to routinely collect feedback from young people and parent carers as part of the EHC needs assessment and transfer review processes
15. Review SEN team processes and systems to free up SEND practitioners for person centred practice focused on the quality of EHC plans including admin

support, the use of IT systems and the linking of SEND practitioners with young people, families and education settings (CW, Andrew Sandles, SEN team leadership)

16. Develop a performance management framework for SEND (CM, CW, Andrew Sandles)
17. Simplify the process for gathering family and practitioner feedback for year two including an online element (CW, SEN team, Becky Claridge)
18. Review and update the EHC planning and review paperwork in the light of year one experience (SEN team with input from SEND VLT members)
19. Review the EHC plan format to include ensuring –
 - Consistent use of one page profile headings
 - All 4 life outcomes are more consistently addressed and that outcomes and actions are SMART
20. Provide training to settings and services on EHC planning practice to address
 - Expectations of all those inputting to plans and review/outcome meetings including the quality of advice
 - Understanding of drawing up SMART outcomes covering all 4 life outcomes and including education, health, care, other service and family/community provision and actions
 - Person centred thinking, planning and review meetings
 - Team around the child/young person, lead professional
21. Publish this report together with the updated transfer plan to share the findings widely.

Charlie Moat

August 2015

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SEND reform in B&NES – progress and next steps

1. Purpose

1.1 This paper outlines progress to date on the SEND reform in Bath and North East Somerset and makes recommendations about next steps.

2. Background

2.1 The Children and Families Act 2014 together with a new SEND code of practice giving statutory guidance have set out a new legal framework for support to children and young people who are disabled and/or have special educational needs (SEN), and their families. These reforms are the most significant change in SEN for 30 years. This framework came into force in September 2014.

2.2 In response to the reforms Bath and North East Somerset (B&NES) established a steering group reporting ultimately to the Health and Wellbeing Board. Project plans set out the workstreams required to prepare and then implement the reforms in year one. Work has now been completed on these project plans.

2.3 The Department for Education published a paper outlining outcome measures and an accountability framework for SEND reform in March 2015. OFSTED have now published a consultation on local area SEND inspections to commence in April 2016.

3. What has been achieved?

3.1 Our local offer has been published and first annual review completed. The searchable B&NES local offer in the form of the Rainbow Resource () is supported and being further developed by the Family Information Service in partnership with Parent Carers Aiming High (B&NES parent carers forum). Further development work is underway to improve the Preparing for Adulthood local offer and to involve young people better.

3.2 Early support systems are established to ensure early identification and support for children in early years settings through the work of health services, early years settings and other services, supported by the SENDIT team and through the SENDIP panel.

3.3 Early years settings, schools and further education providers have been supported to develop their SEN support arrangements which are published and accessible through the Rainbow Resource. Training in the principles and practice of the SEND reform has been provided to staff from a wide range of services and education settings, parents and others.

3.4 Arrangements have been established for Education, Health and Care planning and the first full year has seen a significant increase in requests for statutory assessment which is likely to be due both to the reform (widened eligibility to ages 0-25) and a continuing increase in the incidence and complexity of needs in the early years.

3.5 A transfer plan has been published and a significant number of statements of SEN have been transferred to EHC Plans in the first year (Sept 2014-July 2015). Work is underway to learn from the experience of the first year and improve the transfer process and the quality of the resulting plans. All statements of SEN must be transferred to EHC Plans by April 2018.

3.6 A personal budgets policy has been published and we are ready to provide personal budgets with EHC plans. Although the number of queries has so far been low we anticipate an increase in queries and requests over time as the new system for EHC planning becomes established.

3.7 With the completion of the implementation project there is still much work to do to realise the full benefits of the reform. A Head of Vulnerable Learners post has been established to manage the SEN Team and Educational Psychology Service and to lead on SEND outcomes.

4. Evaluation of EHC planning year one

4.1 An evaluation of the first year of EHC planning in B&NES has been carried out. This will be published shortly alongside an updated transfer plan. The key findings are in line with experience in other local authorities. A good start has been made but there is still much to do. The culture change required from all partners is very ambitious however the commitment is there.

4.2 EHC plans contain person centred information in the form of one page profiles of young people, family profiles and holistic analysis of young people setting out positives as well as needs. However many EHC plans still focus primarily on meeting SEN within education settings. There is a need for further work to ensure all plans include social and health care provision (when applicable), address all 4 life outcomes (employment, independent living, health and community participation) and take a long term view to adulthood at 25 (beyond education).

4.3 The evaluation is being used to inform the transfer plan for this year including more training for all partners in EHC planning, further work to bring together the contributions of health and social care services and education settings into more holistic and ambitious EHC plans.

5. Next steps

5.1 As well as the continuing work on transferring statements of SEN to EHC plans, work is underway to establish performance management arrangements. EHC planning is not currently well supported by existing data systems and this is being

addressed to ensure that systems support this work better and enable us to collect and analyse data both to inform commissioning better and to enable us to measure performance including outcomes achieved. This will feed into a Self Evaluation (SEF) which will enable us to know how well we are doing, and will be a requirement in any future OFSTED inspection.

5.2 Work is also underway through the Employment is Everyone's Business project (supported by National development Team for Inclusion) to improve pathways to employment for young people with SEND. A pre-apprenticeship scheme for young people with ASD is being piloted by Bath College and the Employment Inclusion Service using one-off funding provided by the DfE through B&NES Council.

5.3 As the SEND reform implementation project is now complete, we need to establish governance arrangements for SEND into the future. A separate paper sets out proposals for this.

Charlie Moat

Service Improvement Manager

November 2015

Links and references

SEND code of practice (and links to other government documents relating to SEND reform)

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Bath & North East Somerset SEND reform project plans, transfer plan, consultation documents and other documents

www.bathnes.gov.uk/SENDreform

Bath & North East Somerset SEND local offer & Rainbow Resource

www.bathnes.gov.uk/localoffer

<http://www.rainbowresource.org.uk/>

DfE paper on accountability and outcome measures

<https://www.gov.uk/government/publications/send-supporting-local-and-national-accountability>

OFSTED consultation on SEND inspection

<https://www.gov.uk/government/consultations/local-area-send-consultation>

B&NES SEND Governance

1. Purpose

1.1 to make recommendations around governance arrangements needed to sustain & improve the outcomes of children and young people with SEND in Bath & North East Somerset & to continue the development of the SEND reforms in B&NES

2. Background

2.1 The recent Children and Families Act 2014 provided the implementation of the new Special Educational Needs and Disability (SEND) Reforms from September 2014. The reforms placed strong emphasis on partnership and collaborative working for the benefit of children and young people with a special educational need and or disability (SEND) aged 0-25.

3. Current arrangements

3.1 A SEND Reform steering group has been in place to oversee the implementation of the SEND reforms within B&NES. This group has one further meeting to review completion of the project plan in November 2015.

3.2 A SEND Virtual Leadership Team was set up and met a few times to look at operational issues associated with Education, Health & Care Planning during the first year of the reforms.

3.3 A Disabled Children's Strategy Group has been in place for a number of years and is well attended by a number of agencies and staff, some who also attend the Virtual Leadership Team and/or had been part of the SEND Reform Steering group. This group has a good membership and recently re-named itself the SEND strategy group.

4. Proposal

4.1 That the current SEND Strategy Group be developed and built upon to deliver two tiers of governance around SEND for children young people up to the age of 25. This paper proposes that;

4.2. A standing SEND strategic group is retained that reports to the Health & Wellbeing Board and made up of;

- Tier 3 officers & above from the local authority (education, Social Care & adult services)
- Elected Member for SEND 0-25 (Current CYP lead member, or new post as 0-25 age group now needs to be represented)
- Head teachers from special & mainstream schools
- Parents/Carers (Via Parent Carers Aiming High)
- School improvement service
- Health & CCG

- Mechanisms for input from young people with SEND to be developed
- Other members to be considered.

4.3 That this group look at developing SEND strategy aimed at improving outcomes, overseeing joint strategic commissioning for SEND around Education, Health and Social Care for all. Oversee the development of the local offer & the development of SEND SEF in preparation for OFSTED (what else?)

4.4 Charing arrangements & meeting frequency?

And that;

4.4 An Operational Group is established to retain some current membership of the SEND strategy group and to replace the SEND virtual leadership group.

4.6 This group be reflective of the group above in membership, this group work on day to day operation and practice of services working with children with SEND and continue to promote the integration of practice and delivery. That this group report into the SEND strategy group

4.7 Charing arrangements: (Head of Vulnerable Learners to chair this group?)

5. Recommendations for SLT

5.1. That SLT comment on these proposals and if acceptable present these proposals via a full paper to Health & Wellbeing Board in December 2015.

Chris Wilford
Charlie Moat
November 2015