Merton Council
Health and Wellbeing Board

Date: **4 October 2016**

Time: **3.00 pm**

Venue: **Committee rooms C, D & E - Merton Civic Centre, London Road, Morden SM4 5DX**

Merton Civic Centre, London Road, Morden, Surrey SM4 5DX

1	Apologies for absence	
2	Declarations of pecuniary interest	
3	Minutes of the previous meeting	1 - 6
4	Welcome and Introductions Chair to present verbal item	
5	Sustainability and Transformation Plan Verbal update by Chief Officer Merton CCG	
6	Local integration of health and social care Strategic Item	7 - 12
7	East Merton Model of Health and Wellbeing Strategic Item	13 - 18
8	Health and Wellbeing Forward Plan and Ways of Working Strategic Item	19 - 22
9	Update on implementation of the Children and Families Act 2014 Part 3 Item for Information	23 - 36

This is a public meeting – members of the public are very welcome to attend.

Requests to speak will be considered by the Chair. If you would like to speak, please contact democratic.services@merton.gov.uk by midday on the day before the meeting.

For more information about the work of this Board, please contact Clarissa Larsen, on 020 8545 4871 or e-mail democratic.services@merton.gov.uk

Press enquiries: press@merton.gov.uk or telephone 020 8545 3483 or 4093.

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that mater and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, .withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

Health and Wellbeing Board Membership

Merton Councillors

- Tobin Byers (Chair)
- Gilli Lewis-Lavender
- Katy Neep

Council Officers (non-voting)

- Director of Community and Housing
- Director of Children, Schools and Families
- Director of Public Health

Statutory representatives

- Four representatives of Merton Clinical Commissioning Group
- Chair of Healthwatch

Non statutory representatives

- One representative of Merton Voluntary Services Council
- One representative of the Community Engagement Network

Quorum

Any 3 of the whole number.

Voting

3 (1 vote per councillor)
4 Merton Clinical Commissioning Group (1 vote per CCG member)
1 vote Chair of Healthwatch
1 vote Merton Voluntary Services Council
1 vote Community Engagement Network

HEALTH AND WELLBEING BOARD
19 APRIL 2016

(1.00 pm - 2.35 pm)

PRESENT Councillor Caroline Cooper-Marbiah (in the Chair), Dr Andrew Murray (Vice Chair) Councillor Gilli Lewis-Lavender, Councillor Judy Saunders, Adam Doyle, Cynthia Cardoza, Simon Williams, Yvette Stanley, Dagmar Zeuner, Chris Lee, Dr Karen Worthington, Khadiru Mahdi, Dave Curtis, Cypren Edmunds, Lyla Adwan-Kamara

ALSO PRESENT Clarissa Larson and Lisa Jewell

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Before the meeting started Councillor Caroline Cooper-Marbiah paid tribute to Councillor Maxi Martin saying that Maxi had been a brilliant Councillor who would be greatly missed. The Board joined with the Chair in sending their condolences to Maxi's family.

Apologies were received from:
Melanie Monaghan – Community Enterprise Network – replaced by Lyla Adwan-Kamara
Marriette Akers – Merton Healthwatch – replaced by Cypren Edmonds

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

No Declarations of Pecuniary Interest were received

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The Minutes of the meeting held on 24 November 2015 were agreed as a true record.

4 EAST MERTON MODEL OF HEALTH AND WELLBEING (Agenda Item 4)

The Director of Public Health presented her report on the East Merton Model of Health and Wellbeing (EMMoHWB) This is a collaborative piece of work with the CCG to not only build a new health facility but also to develop a local sustainable model of health and social care that focuses on the whole person and the community and that is preventative and proactive.

The Board noted that the MCCG Director of Transformation would convene a steering group with representatives from LBM and the voluntary sector to effectively deliver the EMMoHWB, ad report directly to the HWBB. The steering group will

oversee sub-steering group workstreams that may include: Estates and Facilities, the Funding Model, Community Engagement, IT, Community Delivery Model.

At the HWBB development session in January 2016, it was agreed that clear health priorities should be set so as to give a blueprint for future partnership working. The Board noted that the delivery priorities set for 2016/17 were childhood obesity and social prescribing. Childhood obesity linked both to national policy and also to work just started with LBM Children School and Families division. Social prescribing is a means of enabling primary care services to refer patients on to a range of local non clinical services often provided by the voluntary and community sector.

The Board discussed the timeline of delivering the new health facility and noted that the building was due for completion in late 2019 and facilities would be fully ready to open in 2020.

Councillor Gilli Lewis Lavender asked if any of the priority work would be aimed at tackling diabetes and heard that this was in the plan and that also the priority work on childhood obesity would link to diabetes prevention work.

Councillor Judy Saunders asked the Board to ensure that local Councillors, with all their local knowledge were involved in setting up the EMMoHWB. Councillor Gilli Lewis Lavender reminded the board of her misson to get all Counciilor trained as Health Champions. The Chair stated that it was important to get the community involved.

The Board discussed the role that Housing associations could play in the EMMoHWB and noted that Circle and Moat Housing were both in dialogue with the CCG Transformation Director. The Chair explained that she had been contacted by residents who believed their health was being affected by problems in their homes. The Healthwatch representative urged those meeting with the housing associations to have robust conversations with them.

RESOLVED

That the Health and Wellbeing Board

A. Agreed that the HWBB take accountability for the EMMoHWB

B. Commit to the preliminary delivery timeline for the health facility and the EMMoHWB

C. Agree the programme structure for the delivery of the EMMoHWB

D. Agree the EMMoHWB delivery priorities for action for 2016/17 as childhood obesity and social prescribing.

5 BETTER CARE FUND 2016-17 (Agenda Item 5)

The Chief Officer of MCCG presented the report on the Merton Better Care Fund Plan and submission template, prior to its submission to NHS England. The Board noted that CCGs and Local authorities are required to pool budgets and agree an integrated spending plan for how they will use their Better Care Fund allocation. This year there are two national conditions that must be funded; managing delayed transfers of care and commissioning out of hospital care. The Board noted that there would be pressure on this funding and this would be monitored.

The voluntary sector representative welcolmed the BCF plan and pooled resources and stated that the voluntary sector had something to bring to this process.

The Director of Childrens' services said that this budget was key for Childrens' Services but that there would be pressure on this budget.

Councillor Gilli Lewis-Lavender asked how pharmacists get reimbursed for their services, The CCG chief Officer replied that NHS England does this, but the CCG could look at purchasing additional services from pharmacists.

The representative from Healthwatch asked how the £5.5 million would be spent? The CCG Chief Officer replied that negotiations were ongoing and that a number of schemes were being considered, and the final report would show how the budget was to be spent.

The Chair commented on the level of fines paid owing to delayed transfer of patients out of hospital. The Director of Community and Housing stated that speeding up discharge is not always the best solution as it can lead to re-admission. A sensible balance was required.

The Healthwatch representative also asked what the equivalent sum was for 2015/2016. The Chief Officer replied that the transfer value was the same this year as last.

RESOLVED

The Health and Wellbeing Board approved the Merton Better Care fund Plan and submission template and agreed its submission to NHS England.

6 VOLUNTARY AND COMMUNITY SECTOR HEALTH & WELLBEING PRIORITIES (Agenda Item 6)

Khadiru Mahdi, from Merton Voluntary Service Centre, presented his report on the Voluntary and Community sector Health and Wellbeing Priorities. The Board noted that MVSC had undertaken a strategic review informed by the state of the sector report 2014 and views of stakeholders. He asked Board members to note the challenge set by the Council's medium term financial strategy as detailed in the report. The Board noted that the voluntary and community sector was ready to work with partners on the EMMofC.

RESOLVED

That the Health and Wellbeing Board:

A. Endorse the revival of the Adult Social Care Task Group with a revised Terms of Reference and membership, which includes the Clinical Commissioning Group.

B. Pilot Social Prescribing as part of the East Merton Model of Health and Wellbeing, collaborating with MVSC, Healthwatch Merton and the voluntary and community sector.

C. Endorse a VCS State of the Sector Review 2016 and the development of combined VCS and Volunteering Strategy.

7 STP SUSTAINABILITY AND TRANSFORMATION PLAN (Agenda Item 7)

The Chief Officer of the CCG presented his report on the Sustainability and Transformation Plan (STP), and asked to Board to note that Merton will be part of the South West London STP 'footprint'. Health and Care organisations within the 'footprint' are required to work together to deliver financial benefits and clinical safety. An initial submission was required by 15 April 2016, and this will be circulated separately to Board Members. The full plan will be brought to the June HWBB meeting on 28 June 2016.

The Director of Public Health welcomed the STP as it had the aim of putting the community at the centre of Health and Wellbeing.

RESOLVED

The Health and Wellbeing Board:

A. Noted the Sustainability and Transformation Plan process

B. Is aware of the timelines for approval

8 TRANSFORMING CARE (Agenda Item 8)

The Chief Officer of the CCG presented his report on Transforming Care for people with learning disabilities. The South West London Transforming Care Partnership has been formed to implement, monitor progress and provide assurance of the delivery of the Transforming Care Programme. The Board noted that Merton currently has four patients who are covered by these requirements and who require very specialist inpatient care.

The Director of Children's services said that the 0-25 group would make a huge difference to the small number of children with complex needs and their families, and would save money over the years.

The Director of Community and Housing said that an integrated approach has been taken by Merton since 2003, resulting in the current good situation.

RESOLVED

The Health and Wellbeing Board received the Transforming care update.

9 ADULT SAFEGUARDING BOARD ANNUAL REPORT 2014/15 (Agenda Item 9)

The Director of Community and Housing presented his report on the Adult Safeguarding Board 2014/15. In future he would like to see this report be presented sooner. He asked the Board to note the new legal requirements for Adult Safeguarding imposed by the Care Act 2014, which included a requirement to provide an advocacy service where appropriate. The Board noted that the reciprocal chairing agreement with Kingston has now ended and an independent chair will be sought.

RESOLVED

The Health and Wellbeing Board noted the Merton Safeguarding Adults annual report 2014/15.

10 FEEDBACK ON WESTMINSTER BRIEFING-THE FUTURE OF HEALTH AND WELLBEING BOARDS (Agenda Item 10)

The Chair presented the Board with her feedback from the Westminster Briefing – The Future of Health and Wellbeing. At the event she had taken the opportunity to discuss how the Merton HWBB was arranged and how it had progressed.

Councillor Cooper-Marbiah announced that this had been her last HWBB as Chair as she was moving to a new role in Cabinet as the Member for Education. She thanked everybody involved with the HWBB and wished them all the best for the future.

The Vice-Chair, Dr Andrew Murray, said what a privilege it had been working with her and wished her all the best in her new role.

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Committee: Health and Wellbeing Board

Date: 4 October 2016

Wards: All

Subject: Local integration of health and social care

Lead officer: Simon Williams Director of Community and Housing, Adam Doyle Chief Officer Merton CCG

Lead member: Tobin Byers Cabinet Member for Adult Social Care and Health, Andrew Murray Chair of Merton CCG

Contact officer: Murrae Tolson, Merton CCG

Recommendations:

A. To note the progress made with local integration between health and social care

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- To provide an update to the HWBB regarding the progress of health and social care integration

2. BACKGROUND

Merton has a rich history of integration between health and social care. Since 2014/15 integration has been further supported through the NHS funded Better Care fund programme and a £12,5m pooled health and social care budget. This budget is constituted of a Local Authority held lead fund of £5.5m and NHS community services to the value of £7m.

The key priority for integration in 2016/17 BCF is to strengthen the relationships and collaboration between multiple providers in Merton with the aim of reducing:

1. Permanent admissions to residential care homes

2. Unscheduled admission of vulnerable people to hospital.

3. Delayed transfers of care

3. DETAILS

3.1 Performance

Metric	Q1 Performance	Commentary
Non-elective admissions	During Q1 2016/17 Merton experienced 537 more admissions than the same	This is 261 more admissions than forecast. The over activity is mainly driven by

	period last year.	short stay admissions at St. Georges hospital.
Permanent admissions to residential care	There were 22 new permanent admissions to residential/nursing care homes in Q1.	Should this trend continue, the end of year ambition of less than 105 admissions will be achieved**.**
Reablement activity	There were 118 reablement packages provided in Q1 against a target of 93.	This is currently only counting social care provided reablement and does not include health provided intermediate care or community rehabilitation. If this activity were included the numbers would be significantly higher.
Delayed Transfers of care	There were 904 bed days occupied due to delayed transfers of care from Acute hospitals across health and social care	Whilst this is in line with planning assumptions, it is 437 more beds days than the same period last year. The number of delays that have been attributed to social care have reduced significantly from last year.
Length of stay of intermediate care	The average length of stay for community intermediate care was 30 days.	This is driven by a small number of people with complex discharge needs, particularly those who are non-weightbearing, not ready for rehabilitation or where responsibility for payment by either health funded continuing care or social care is being clarified.

3.2. Programme progress

The integration work to date in 2016/17 has focussed on creating a shared vision of integrated health and social care provision between social care teams, community health services, voluntary services and the Merton GP federation. This vision is illustrated in Appendix 1.

Three workshops have been facilitated and a joint health and social care operational implementation plan has been developed by the Director of Merton Community Services, The LA Head of Access and Assessment and the Chair of the Merton GP Federation. (Appendix 2). The following has been achieved:

3.2.1. Case finding pilot

The Merton GP federation is piloting using a tool called e-Frailty to identify people who are susceptible to a rapid increase in vulnerability to hospital admission or increased care needs.

To date, 100 patients have been identified as potentially having a high level of frailty. Practices are in the process of gaining consent from these patients to participate in the pilot. The federation are working in partnership with 2 newly appointed community case managers, 2 care navigators, health liaison social workers and the voluntary service sector thereby constituting a co-ordinated multi-disciplinary team (MDT).

Once consent has been gained, relevant people from the MDT will work with the people identified to assess their needs, work with them to identify their priorities and offer supported self-care or agree an holistic care plan as appropriate. 100 reviews are scheduled for completion by the end of October 2016.

The pilot is running from 1st September to the 30th November and will be evaluated in December. The evaluation will inform how to improve the way of working and scale the pilot up to a bigger group of people.

3.2.2. Co-location of health and social care teams.

The BCF plan identified co-location as an enabler to better integration and closer working between health and social care in order to support joint assessment, care planning and service delivery as well as supporting joint training and team building. CLCH have welcomed the opportunity to move their operational base from 120 The Broadway in Wimbledon to the Civic Centre in Morden, thereby achieving co-location of clinical locality teams (including community nurses and therapists) and management support posts alongside council staff.

The move is progressing as planned for Q4 2016/17, subject to agreement of Heads of Terms from London Borough of Merton and the installation of the IT infrastructure.

In the interim, the rapid and intermediate care health service teams have developed closer working with social care by attending weekly reablement meetings. Improved relationships are facilitating reduced overlaps of care provision, bridging gaps in care provision to prevent unnecessary hospital admission and facilitating a reduction of hospital length of stay.

3.2.3. Integrated health and social care response.

The LA Head of Access and Assessment and the Director of Community services have agreed the principles around joint working opportunities to create an integrated health and social care response. In preparation for this, all local authority teams (hospital to home, first response and Reablement) and the community services rapid response teams (MERIT) are currently streamlining their individual processes. However, operational discussions about joint processes between health and social care have not yet been begun. These will be developed in partnership with the teams to ensure that they maximise opportunities for joint working whilst not creating additional unintended pressures for either organisation. Work on mapping the movement of demand will need to be part of this work to ensure that investment follows the activity.

Reablement is now prioritising hospital discharge and prevention of admission. However, referral to this team is still restricted to social work teams. This creates some access barriers for people who require a joint health and social care response to increase people's functional ability with the aim of reducing their longer term support needs and is an area that will be further explored.

The CCG are tightening operational processes for ratifying decisions regarding continuing health care eligibility. This has highlighted inconsistent provision of evidence to support continuing health care funding applications. For a small number of people with complex health and social care needs, or those that would benefit from a period of recuperation, this is causing a delay to the decision making process, sometimes translating to a delay to discharge from hospital or intermediate care.

To address these issues, a workshop has been arranged for late September for service managers from CLCH and LBM to map the preferred operational processes to expedite joint health and social care assessment and the role of interim packages of care for people where an extended assessment period is required. Initial discussions have begun to explore how this can be better managed in particular for people with a learning disability, who may not impact on the acute sector but for whom there may be a high level of financial commitment.

3.2.4 Data Sharing

Merton CCG's Information Management and Technology (IM&T) Strategy identifies the importance of ensuring the capacity and capability of information sharing across providers in the SW London STP area. The Strategy sets out the technical solutions that need to be procured or aligned in order to deliver the objectives and is supported by a series of inter-related technical projects both at a Merton and at a SW London level. In order to deliver these projects, a robust data sharing framework needs to be in place that will provide an over-arching information-sharing protocol covering a series of peer-to-peer sharing agreements. A group has been set up to progress this comprising commissioners and all the providers working within Merton. Consideration is being given to using an existing over-arching agreement, most likely the one currently managed by Kingston Hospital, following which the 'Tier 2' peer-to-peer agreements will be developed and implemented. The timescales are for the principal agreements to be in place by 31 March 2017 with full implementation by 30 September 2017. This will enable full exchange of patient-consented information between care settings in Merton.

4. ALTERNATIVE OPTIONS

Not applicable

5. CONSULTATION UNDERTAKEN OR PROPOSED

Not required.

6. TIMETABLE

As per operational implementation plan – appendix 3.

7. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

The NHS contributes £5.5m towards BCF pooled fund with the LA currently the Lead fund holder. There is a risk share agreement in place for the value of the CCG QIPP savings target of £1,014k. The transfer to the LA will be reduced as a proportion of non-achievement of the QIPP up to a maximum of £687k should this savings target not be achieved.

8. LEGAL AND STATUTORY IMPLICATIONS

There is a signed section 75 in place between the CCG and the LA setting out the terms of the BCF pooled fund.

9. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The Integration programme is sensitive to human rights, equalities and community cohesion and is governed under current service management arrangements.

10. CRIME AND DISORDER IMPLICATIONS

None

11. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

Risk management and health and safety is managed by current service management arrangements.

12. APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

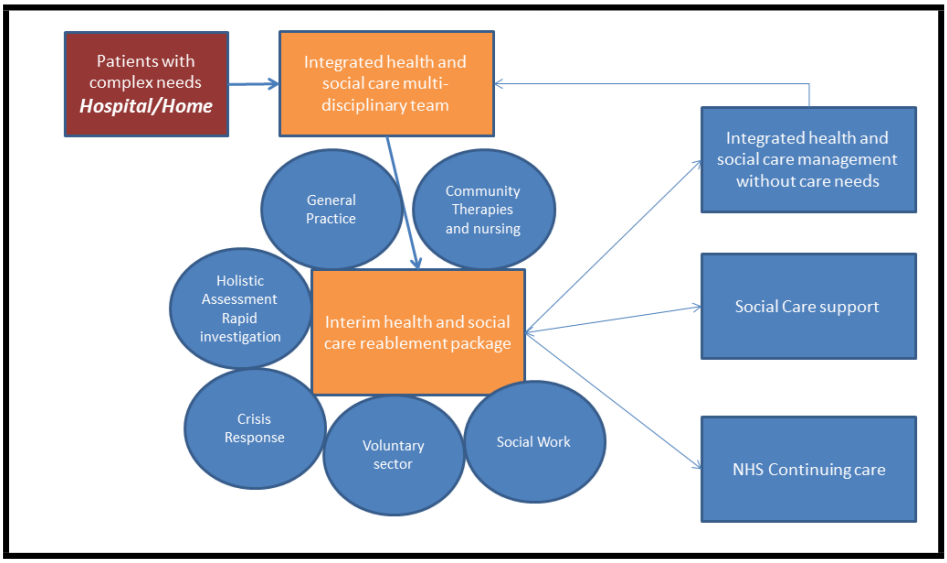
Appendix 1: Health and social care approach to integrated care planning.

Appendix 2: Health and social care operational implementation plan.

13. BACKGROUND PAPERS

BCF PLAN 2016/17

APPENDIX 1: HEALTH AND SOCIAL CARE APPROACH TO INTEGRATED CARE PLANNING



Committee: Health and Wellbeing Board

Date: 4 October 2016

Wards: All

Subject: East Merton Model of Health & Wellbeing: progress report

Lead officer: Karen Parsons, Interim Accountable Officer, MCCG / Dr Dagmar Zeuner, Director of Public Health, LBM

Lead member: Cllr Tobin Byers

Contact officer: Dr Amanda Killoran, Public Health Consultant

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Recommendations:

A. To consider the report on progress of the East Merton Model of Health & Wellbeing (EMMoHWB), and the Health & Wellbeing Board priorities for 2016/17 relating to preventing childhood obesity, and social prescribing.

B. Board members to continue to champion the EMMoHWB and promote priority areas with their constituencies.

C. Board members to engage in the further development and refinement of the EMMoHWB programme and projects as they progress.

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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The purpose of this paper is to report progress on the East Merton Model of Health & Wellbeing (EMMoHWB).

Implementation of the Model in East Merton centres on the re-development of the Wilson hospital. The intention is that the site becomes an extended health and community campus co-designed by the local community and clinicians, and co-managed and co-owned in the longer time.

The attached paper highlights important areas of progress with respect to governance and programme management arrangements. Key areas are:

- Design of the Wilson health and community campus
- Community engagement
- Better use of wider Public sector estate and
- Explore and develop social investment models.

The paper also reports progress on the Board's strategic priorities for 2016/17 on prevention of childhood obesity and social prescribing that are linked to the EMMoHWB. These priorities reflect the Board's commitment to the life course perspective that underpins the Health & Wellbeing Strategy.

East Merton Model of Health & Wellbeing: progress report

1. Purpose

This paper reports progress on the development of the East Merton Model of Health & Wellbeing (EMMoHWB).

The EMMoHWB is a partnership commitment by Merton CCG and Council to establish a new innovative model of community health and wellbeing. The model is based on a preventative approach, integrates health and social care and uses community assets as part of the support options.

The Model is planned to become a blueprint for whole Merton service transformation and meeting the strategic goal of reducing health inequalities across the borough.

2. The Wilson Hospital Redevelopment

Implementation of the Model in East Merton centres on the re-development of the Wilson hospital. The intention is that the site becomes an extended health and community campus co-designed by the local community and clinicians, and co-managed and co-owned in the longer time.

The CCG is sponsoring the health facility delivered through NHS LIFT (South London Health Partnerships). The Council, together with NHS partners, is seeking to optimise the management of public sector estates, as part of the Wilson and wider regeneration plans, and partners have been applying for One Public Estate Programme funding from cabinet office to support this estate planning. The development will also draws on community assets and access new funding sources through new social investment options to increase the capacity of the voluntary sector and sustain community activities.

The Wilson redevelopment is the focus for achieving strategic ambitions of partners and following benefits:

- Health and social care transformation with associated outcomes, including improved self care, reduced social isolation and reduced hospital admissions, with resulting health and social care savings
- Enhanced social cohesion, community capacity and resilience
- Longer term health outcomes, including a reduction in health inequalities
- Savings from estates rationalisations and site developments
- Related improved transport and regeneration opportunities (including housing and employment).

3. Governance and programme management

The Health and Wellbeing Board is the sponsor for the EMMoHWB and has overall oversight for the development and delivery of EMMoHWB Programme.

Building on the existing One Merton Meeting between senior council and CCG officers, we will develop the group into a wider transformation partnership forum to oversee the Programme. Dagmar Zeuner (Director of public health) and Karen Parsons (CCG Interim AO) are the two SROs (Senior Responsible Officers).

A steering group will co-ordinate and manage the Programme.

A 'community board' (or virtual network) is to be established to ensure on-going dialogue with the community, and to be directly accountable to the Health & Wellbeing Board. The incoming project manager will take this forward, and build on the existing infrastructure including MVSC.

Two managers will be dedicated to the EMMoHWB Programme:

- Project manager to hold the ring for the integrated Wilson health and community campus
- Specialist manager for the technical service design and build of the health facility

4. Timeline and programme management

The programme is progressing in line with following timeline.

Task	**Timeline**
Community engagement –community conversations on health and community campus	Autumn 2016
Final decision on service plan for health & community campus	December 2016
Work up of building plans and financial case (12 months)	December 2017
Financial close (sign off on plans) and start on site	March 2018
Building work finished	December 2019
Building operational (doors open to public)	June 2020

Design of the health and community campus

Initial service design work will be consolidated and converted into an overall service plan for the health facility and campus.

The design of the service model takes forward the CCG's intention to establish a local 'multi-speciality community provider' (MPC). This means primary care and community services, on a locality basis, delivering fully integrated set of services covering - prevention, early diagnosis and management of long term conditions (such as diabetes, heart disease and respiratory conditions). The piloting of social prescribing is an important element of the model (update below). The CCG's Clinical Cabinet will have a role in bringing together the community and clinicians in this design work.

Community engagement

'Community conversations' –is the process being used that enables community insights and expertise to be part of the service transformation. This is involving professionals and community leaders (including GPs and Councillors) discussing with

community groups and individuals their ideas and aspirations about the design and development.

The themes emerging from the conversations are due to be drawn together at a workshop in October, and provide a framework for the development of the community component of the campus. Early feedback from conversations with certain groups highlight the importance of actively promoting a sense of 'inclusion'-with activities, spaces and venues being available, accessible, and practically designed and used to build social cohesion and support innovation and enterprise.

The conversations provide the platform for establishing the community board, and more immediately, continuing the community dialogue through a virtual network.

This model of community engagement is planned to be applied more widely across council and CCG governance- with lay people from the community being mentored by formal board members and senior officers.

Better use of wider Public sector estates

The redevelopment of the hospital site provides the opportunity for a strategic approach to management of the wider public sector estate in Mitcham, along with local community assets.

The funding applied for from the One Public Estates programme is intended to provide the capacity to produce the final Asset and Delivery plan by the end of October relating to the health assets. A further feasibility study Mitcham-wide will explore additional options for estates rationalisation across public sector organisations, and test the opportunities for housing developments and regeneration. It is anticipated that training, employment opportunities and housing may be provided over time-addressing the wider determinants of health.

Funding models- social investment

The community campus element requires a funding strategy that provides initial capital and on going revenue to fund community activities and services. The voluntary sector will be supported to create one or more models of social and/or commercial investment that develop and sustain community and voluntary sector activities and enterprise. The model is likely to be a hybrid of public sector ownership and charity/community interest companies that allows a range of approaches spanning donations through to Social Investment Bonds (SIBs).

5. Health and Wellbeing Board delivery priorities for 2016/17

The Health & Wellbeing Board's priorities for delivery of the EMMOHWB in 2016/17 relate to social prescribing and childhood obesity and reflect the Board's commitment to the life course approach.

Merton's Child Healthy Weight Action Plan for preventing and reducing childhood obesity

The Action Plan (endorsed by the Health & Wellbeing Board in June) is now being taken forward by the Merton Child Healthy Weight Steering Group. This is in the context of new national childhood obesity plan launched in August. This is also in the context of the launch by the Healthy London Partnership of the 'Great Weight Debate'-

a pan-London programme of work aimed at encouraging conversations with the public at borough level about childhood obesity and the measures required to promote healthy eating and daily physical activity.

Timeline and next steps

The Action Plan is planned to be considered for approval by the Merton Council Cabinet and CCG Governing Body in January 2017.

The Merton Action Plan focuses particularly on actions in East Merton. Actions over the next six months include:

- Engagement and conversations with the local community through for example the 'London Great Weight Debate', especially with BAME communities
- Engaging local partners such as All England Lawn Tennis Club, Fulham Football Club and Scouts to identify opportunities for partnership working with schools and increasing physical activity particularly in the East of the borough
- Developing and expanding the Healthy Catering Commitment for businesses in the east of the borough and linked to the creation of a series of 'Healthier High streets'.
- Work to make the Wilson an exemplar in healthy weight environment combing design expertise with ideas from the community about what promotes healthy living.

Key challenges are ensuring sustainable funding for 2017/18, and the engagement and commitment all stakeholders including local media, schools, and voluntary and community organisations.

Social prescribing

The Social Prescribing Steering Group is responsible for establishing social prescribing in Merton through a pilot project as part of the EMMoHWB.

The Social Prescribing Steering Group comprising membership from public health, the CCG commissioning and lay representation, general practice, MVSC, Health Watch and health innovation network (funding and supporting evaluation). The agreed project plan takes into account the early views of a number of stakeholders (including the Health and Wellbeing Board and CCG Clinical Reference Group).

The overall aim of the pilot is to develop and evaluate a service model for social prescribing in Merton that:

- Improves the health and wellbeing outcomes of residents through providing access to non-medical support that address their needs and promote self help, social engagement and resilience.
- Reduces attendances in general practice and hospital A&E
- Establishes an effective collaborative pathway between primary care and council services and voluntary and community organisations.

- Establishes a locality care network to support the learning from the pilot evaluation, related initiatives and wider service transformation.
- Demonstrates how statutory and voluntary organisations can establish sustainable service models within financial constraints, including use of social investment funding.

Timeline and next steps

The service model has been agreed and will be piloted for a period of a year in East Merton (January-December 2017). Local clinical experience suggests that patients who are likely to benefit are those who frequently attend primary care, are socially isolated, have mild/moderate mental health issues, and present with social needs including issues relating to housing, employment and welfare benefits. A social prescribing coordinator is planned to be in post by November. There will be a phased expansion of the participation of general practices over the pilot period. The model will be established initially in two volunteer practices, with a further four practices joining the pilot.

A full update report is due to be considered by the One Merton Meeting in November (with its oversight role for the Transformation Programme). The group will need to give particular consideration to the phased scaling up of social prescribing as part of the implementation of the Primary Care Strategy, together with the options for securing sustained funding in conjunction with MVSC.

Committee: Health and Wellbeing Board

Date: 4 October 2016

Wards: All

Subject: HWB Forward Plan and Ways of Working

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Councillor Tobin Byers, Cabinet Member for Adult Social Care and Health and Chair of Health and Wellbeing Board

Contact officer: Clarissa Larsen

Recommendations:

A. Members agree the HWB forward plan 2016/17

B. Members consider new and engaging ways of working at HWB meetings.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

To set out the Health and Wellbeing Board 2016/17 forward plan and to consider future ways of working.

2. DETAILS

2.1 Recently HWB members have committed to new ways of working. We have agreed to take accountability for reducing the stubborn health inequalities between the East and West of the Borough to make the East Merton Model of Health and Wellbeing (as a blue print for the whole of Merton) a core priority.

2.2 New ways of working have included a focus on what members do outside of the Health and Wellbeing Board that contributes to good health in Merton and how they can fulfill the role of system leaders back in their own organisations.

2.3 At the last HWB seminar, there was commitment to challenge each other; having honest and difficult conversations; support each other, not hold each other up; and an appetite to more actively lead and shape the health and wellbeing agenda rather than just approve or note finished papers. This requires a different type of report coming to the board, at an earlier formative stage, ideally with specific questions for the board to consider and avoidance of using board time for just noting updates (these can be more appropriately disseminated for information).

2.4 However, there is some statutory business that the HWB has to do. The 2016/17 HWB Forward Plan of statutory and best practice items is listed in Appendix 1.

2.5 We need to do justice to these statutory duties whilst having a clear interface with other partnership Boards, for example the Children's Trust Board and Children and Adults' Safeguarding Boards to avoid, wherever possible, duplication.

2.6 In planning future agendas we need to focus on where the HWB can add, assessing whether a report might be better suited for consideration by another partnership or group? Thereby taking an active rather than passive role and determining future HWB agendas which take forward our agreed priorities, rather than mainly responding to others' priorities. This also requires commitment to close working with the other Merton Partnerships to share learning.

2.7 It is also important to have clarity between the remit of Overview and Scrutiny and the HWB; with Health Scrutiny having the explicit duty of holding the health service to account including providers as well as commissioner such as NHS England, CCG and Public Health England; whereas from statute it is clear that scrutiny is not the purpose of the HWB. This distinction needs to be considered in the HWB agenda planning to make sure that the functions are complementary in improving local health and health services.

2.8 The HWB as advocate and system leader for health and wellbeing of local residents is committed to listening to the people it serves. The recent community conversations that underpin the work on the East Merton Model of Health and Wellbeing and the plan for a 'community board' to report to the HWB are attempts to turn aspiration into action. However, to do this well and adequately reflect in the forward plan needs explicit consideration.

2.9 HWB members' views are sought on:

What we do? – identify key strategic issues for future meetings

How we do it? – discuss, plan and model the way we work in future meetings to encourage thoughtful discussion and exchange and commitment to action.

3. ALTERNATIVE OPTIONS

Health and Wellbeing Boards are statutory for all local authorities.

4. CONSULTATION UNDERTAKEN OR PROPOSED

None for the purpose of this report

5. TIMETABLE

Forward plan for 2016/17

6. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purpose of this report

7. LEGAL AND STATUTORY IMPLICATIONS

None

8. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The Health and Wellbeing Board has agreed to tackle health inequalities as a core priority

9. CRIME AND DISORDER IMPLICATIONS

None for the purpose of this report

10. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None

11. APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Merton Health and Wellbeing Board 'skeleton' Forward Plan 2016/17

12. BACKGROUND PAPERS

None

Appendix 1

Merton Health and Wellbeing Board 'skeleton' Forward Plan 2016

(at September 2016)

HWB Item for 2016/17	HWBB Status
JSNA (Nov)	STATUTORY (Health and Social Care Act 2012HWBB to agree JSNA)
HWBB Strategy Annual Report 2015/16 (/Nov)	STATUTORY / BEST PRACTICE (statutory for HWBB to agree HWB Strategy / best practice to monitor)
Health in All Policies (Nov)	Best practice
STP Sustainability and Transformation Plan (TBC)	BEST PRACTICE (STPs to link to HWB)
MSCB Annual Report 2015/16 (Nov)	STATUTORY
Adult Safeguarding Board annual report 2015/16 (Nov/Jan)	BEST PRACTICE (as stated by ADASS)
Local Account (Nov/Jan)	BEST PRACTICE
MCCG Commissioning Intentions (Nov / Jan)	STATUTORY (Health and Social Care Act 2012)
Annual Public Health Report (Jan)	BEST PRACTICE
East Merton Model of Health and Wellbeing (**ALL HWB MEETINGS**)	Agreed priority
Voluntary sector 'voice' TBC	BEST PRACTICE (for HWBB to engage with communities)
Local integration approach (Jan / March)	Agreed priority

Committee: Health and Wellbeing Board

Date: 4th October 2016

Agenda item: Update on implementation of the Children and Families Act 2014 Part 3

Wards: All

Subject: Children & Families Act 2014 Part 3; progress on implementation of SEN and Disabilities elements

Lead officer: Jane McSherry, Assistant Director, Education

Lead member: Cllr Katy Neep; Cllr Caroline Cooper-Marbiah

Contact officer: Jane McSherry, Assistant Director, Education

The transformation of services for children and young people with Special Educational Needs and/or disability is a shared statutory responsibility between the council and health. Whilst the Children's Trust leads it for pragmatic reasons the Health and Wellbeing Board should have an overview and is therefore receiving this report for information.

Recommendations:

A. That the Board/Trust notes the progress made in implementation of the Children & Families Act 2014 Part 3.

B. That the Board/Trust considers the risk implications outlined in Section 9 of the report.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. To inform the Children's Trust /Health and Wellbeing Board of the progress being made in the implementation the Children & Families Act 2014 Part 3 reforms.

1.2. To inform the Children's Trust /Health and Wellbeing Board of further action required to fully imbed the reforms in routine practice.

1.3. To inform the Children's Trust /Health and Wellbeing Board of the expectations and process for the Joint Inspection of Local Area Special Educational Needs and Disabilities Provision

1.4. This annual update report is focussed on the key delivery areas from the Children & Families Act 2014 Part 3. There are separate sections outlining: programme governance; Joint Inspection of Local Area Special Educational Needs and Disabilities Provision; the local offer; Education Health and Care Plans (EHCPs); preparing for adulthood; personal budgets; joint commissioning and work with health. The report will outline work so far, next steps and any risks for the Children's Trust/Board to consider.

2 PROGRAMME GOVERNANCE

2.1. Strategic governance for the Children and Families Act 2014 Part 3 is part of the Children's Trust Board's forward work plan. This was agreed in 2015 and parent representatives were added to the Board. It was agreed that the parent representatives would be made up of four parents: two parents from current groups representing parents of disabled children; and two parent governors from the governing bodies of Merton schools. Representatives from the first group have been identified and joined the group and representatives from the second group have been invited to join through the termly Governor's newsletter.

2.2. The Terms of Reference of the Children's Trust Board have been amended to include the new functions, priorities and membership.

2.3. It is proposed that additional dynamic consultation with parents and carers of children with special educational needs and disabilities is undertaken outside the Children's Trust Board but overseen by it and these consultations have clear themes to inform the work of the Board. Themes currently being consulted on include the Local Offer and experiences of the Education Health and Care Plan transfer process.

2.4. The strategic governance through the Children's Trust Board will:

- Be responsible for the overall direction and management of the implementation to ensure it is a local solution and 'fit for purpose'
- Ensure that the implementation remains on course to deliver the planned outcomes in the allocated timescales and to the required quality
- Commit required resources
- Agree and implement policy decisions
- Be 'advocates' of the cultural change needed; and
- Make strategic decisions on workforce development

3 JOINT INSPECTIONS OF LOCAL AREA SPECIAL EDUCATIONAL NEEDS OR DISABILITIES (OR BOTH) PROVISION

3.1. In May 2016, the two inspectorates, Ofsted and the Care Quality Commission (CQC), started a new type of joint inspection. The aim is to hold local areas to account and champion the rights of children and young people. Under the local area special educational needs or disabilities (or both) inspection framework, inspectors review how local areas meet their responsibilities to children and young people (from birth to age 25) who have special educational needs or disabilities (or both).

3.2. Children and young people with special educational needs or disabilities (or both) often receive a number of different services and to reflect these new duties the inspectors will look at how local area health, social and education services work together to:

- publish a 'local offer' setting out the support and provision in the area for children and young adults with special educational needs or disabilities (or both);
- provide accessible information to children and young people, as well as parents and carers, about the services and support available in the local area;
- work with children and young people, their parents and carers, and service providers to make sure that any special needs or disabilities (or both) are identified as early as possible;
- assess (in co-operation with children and young people and their parents and carers) the needs of children and young people with special educational needs or disabilities (or both) who may need an education, health and social care plan (EHCP);
- produce an EHCP for all children and young people who are assessed as needing one (all relevant agencies should cooperate to do this and involve the children and young people and their parents and carers); and
- provide children and young people with the support agreed in their EHCP, and regularly review their plans.

3.3. The inspection teams will include:

- Her Majesty's Inspector with enhanced specialism in special educational needs and disabilities
- a CQC specialist children's services inspector
- an Ofsted inspector (usually a serving practitioner in another local authority) specially recruited and trained in special educational needs and disabilities issues.

All inspectors have been trained fully for these inspections.

3.4. Five working days before an inspection, HMI will contact the Director of Children's Services from the local authority and the CQC will contact the Chief Executive of the clinical commissioning group to give notice of the inspection.

3.5. Over the course of the five-day inspection, inspectors will meet managers and leaders from the area's education, health and social care services and look at young people's case files. They will review the support provided by the local area for some individual children and

young people to better understand how well the local area meets its responsibilities overall.

3.6. Inspectors will visit early year's settings, schools, further education providers and specialist services. During these visits, inspectors will also spend time speaking to children, young people and their parents or carers.

3.7. Inspectors will look for evidence of how children and young people with special educational needs or disabilities (or both) are identified, how their needs are assessed and met, and how they are supported to move on to their next stage of education, the world of work and wider preparation for adulthood.

3.8. The inspections will be carried out in line with the inspection framework and handbook, which are published on the Ofsted website. The inspections are carried out under section 20 of the Children Act 2004. The inspectors will also look at the way in which local areas are meeting their duties under the Equality Act 2010.

3.9. Inspectors will not carry out inspections of individual education, social care or health services or providers and they will not make any judgements on the decision-making or the quality of support provided to individual children or young adults. Inspectors will also not investigate complaints about the support received by individual children or young people or their families. They do not have the power to change or overrule decisions about assessment or support that have been made by agencies and service providers in the local area.

3.10. At the end of the inspection, the inspection team will evaluate all the evidence gathered and write a joint inspection outcome letter. The letter will explain the main findings and make recommendations for improvement. It will also highlight any strengths that inspectors identify to help other services and areas develop and improve.

4 LOCAL OFFER

4.1. The Local Offer is a statutory requirement as specified in the Childcare and Family Act.

4.2. The Local Offer has two main purposes:

- To provide clear, comprehensive and accessible information about the support, opportunities and services that are available to children, young people and their families in Merton.

- To make provision more responsive to local needs and aspirations by directly involving children young people with SEND, parents and carers and service providers in its development and review.

4.3. The Local Offer aims to:

- Improve choice and transparency for children/young people and their families;

- Helps practitioners and professionals to understand the range of services and locally available provision so that they can signpost and advise the children/young people, and families they work with;

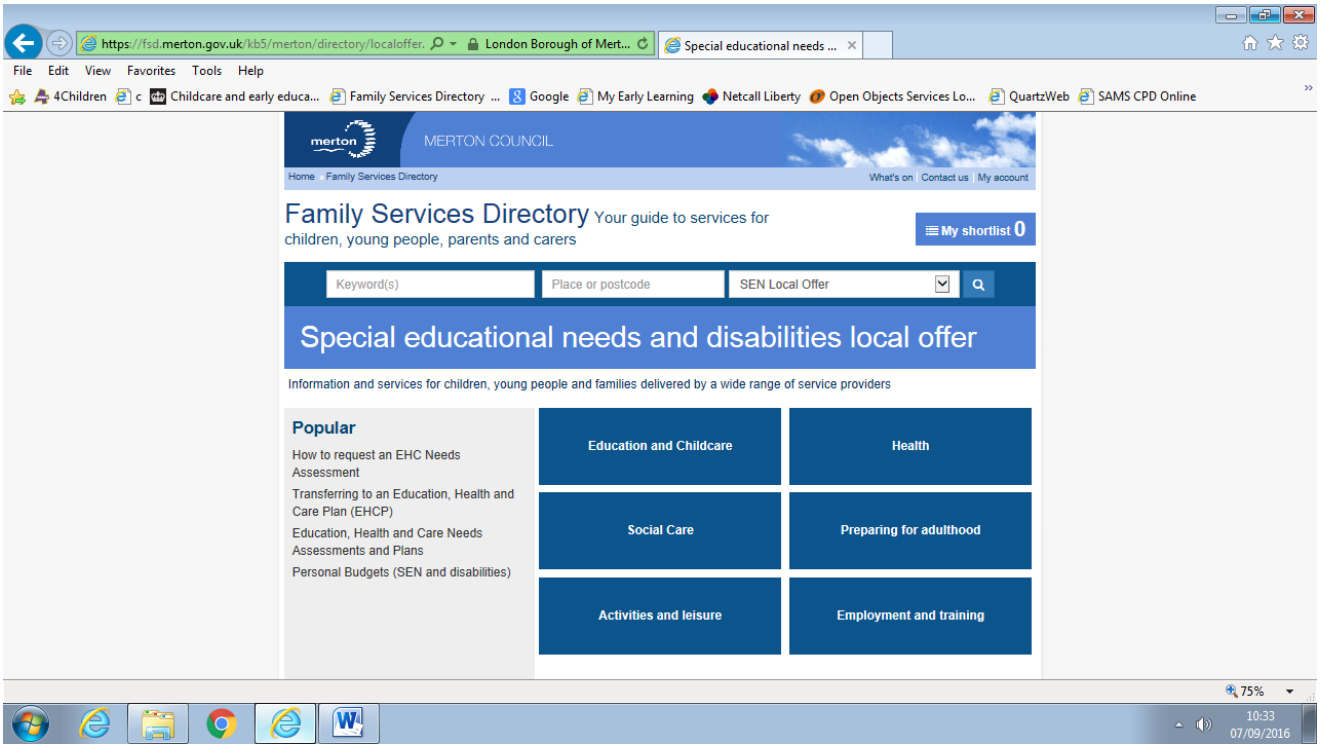
- Improve joint commissioning arrangements for services by setting out in single place what is locally available.

4.4. Merton's local offer website can be found at www.fsd@merton.gov.uk. On the website information is published about locally available provision and services across education, health and social care for children and young people from 0- 25.

4.5. The website is not just a directory of services but rather a user friendly web based interface which allows families to search and browse for information, activities and services using an advanced parametric search including a geospatial option.

Information is clustered under 6 main headings:

- Education and Childcare – 151 services
- Health – 34 services
- Social Care – 36 services
- Preparing for Adulthood – 24 services
- Activities for Leisure – 90 services
- Employment and Training – 29 services



4.6. In the last year there has been a significant growth in the information that is available through the local offer. In addition, families can access information and advice articles, for example, “How to request an ECH needs assessment”.

4.7. Initial testing with parents and young people took place during September 2014, with a follow up consultation and testing in Autumn 2015 (see appendix A for the feedback report). Integral to the development and embedding of the Local Offer was a desire to meet the aspirations of young people with SEND to be able to search for an activity i.e. swimming or going to the cinema and find the information that they needed in relation to their disability, rather than only going onto the Local Offer and finding services just for young people with SEND. Three family service directories were brought together into one database during last year with the aim of developing a seamless information hub for Merton families, young people and children.

Local Offer: Governance:

4.8. A Local Offer Steering Group has been set up to ensure that Merton continues to is meeting the requirements in relation to this aspect of work. Elements of the local offer that have been updated recently include:

- Post-16 education and training provision
- Apprenticeships, traineeships and supported internships
- More leisure activities
- Collation and verification of data from different service areas before it is uploaded onto the Local Offer
- SEN transport

Areas to still be developed or completed include:

- Information about provision to assist in preparing children and young people for adulthood
- Support to help children and young people move between phases of education
- The local authority's accessibility strategy
- A revised CSF complaints policy that reflects the SEN changes
- Revision of the Health information to reflect the services offered by the new provider
- Continuation of marketing and publicising the Local Offer to local families and professionals
- Renew the Local Offer database contract

4.9. The current IT system contract provider is Open Objects who built and currently host the service support. This contract is due to expire on 31st March 2017 and since March 2016 is linked to the "Family Services Directory" contract for children and young people and the Framework-i IT system hosted by Adults, Community & Housing.

4.10. The Information Services Manager for Early Years is the gatekeeper and manager of information for the Local Offer as well as the Family Service Directory which enables accuracy of data co-ordinated project management, standardisation and quality assurance across the three service directories.

4.11. In order to for the service to fully deliver the broader requirements of the Local Offer, a new post is being created for a 6 month period to carry out the following pieces of work:

- Supporting families to be aware of and confident in their use of the LO
- That there is meaningful co-production of the LO
- Promotion to the workforce so that practitioners are fully utilising LO to signpost and source services and access to provision
- Telephone support and advice managing enquiries from families and practitioners about services;
- Outreach and drop in information and advice sessions

5 EDUCATION, HEALTH & CARE (EHC) ASSESSMENT & PLANNING

5.1. From September 2014 Merton has implemented the new statutory 20 week pathway for Education Health and Care (EHC) assessments and plans as outlined in the Children & Families Act 2014. Multiple partner agencies have contributed towards the development of the pathway and the current EHC plan. In addition to the local authority staff engaged in EHC planning, commissioners agreed that co-located health staff would join the EHC planning team in the Special Educational Needs and Disabilities Integrated Service (SENDIS) and the team is gradually being recruited. There were some delays in recruitment due to the change of health provider but the new provider is actively working to fill all posts by December 2016. Currently there is an interim team manager and CAMHS worker in post and the permanent administrator for the Health Team is in post.

5.2. EHCP Process for New Referrals

When a referral is received into the service the 20 week statutory process immediately starts. The referral is processed in line with the SEN Code of Practice. Statutory professionals are advised of the referral and depending on the referrer either the school or the parent/carer is written to, to give them an opportunity to provide any further evidence before it goes to the first Assessment Panel. All referrals will go to Assessment Panel within six weeks of the referral being received. The Assessment Panel will either agree a yes or no to assess. A “yes to assess” will pass to the allocated Senior Case Officer to process. A “No to Assess” will pass to the Early Intervention Team who will make contact with the parent/carer to explain the decision and possible signposting/options. This is followed up by written confirmation. Information about reasons for ‘no to assess’ are also discussed through the SENCo Forum and used as a training tool. Work is on-going to support schools and families making a referral for an assessment for an EHCP to include relevant information of the appropriate quality. This will reduce the need for re-referrals.

5.3. SENDIS processes and procedures are currently being streamlined and new paperwork/referral packs are being developed. The new administrator in the health team will be responsible for checking Health databases to establish if the child/new referral is known to NHS health services and if known which professionals are involved so that they can be targeted with the requests to provide reports. This will speed up the process which is currently, in many cases, being delayed and contributing to assessments taking in excess of 20 weeks.

5.4. All pupils now have electronic files which can be accessed by all members of the team. This system is being added to gradually as paper files are scanned and added to the system, but all electronic documents now received into the department are automatically added to the online files. This has enabled a more flexible working pattern and allowed people to complete work in a variety of locations.

Table 1 New EHCPs

	New Referrals	No. of Re-referrals	No to Assess	No. of Finals Issued	% completed in 20 weeks	% completed in 26 weeks
Sept 2013 – Aug 2014 (Statements)	156	14	25	119		93%
Sept 2014 – Aug 2015 (EHCPs)	173	39	29	140	46%	
Sept 2015 – Aug 2016 (EHCPs)	225	20	33	73	26%	

Table 2 Transferring of statements/S139a's to EHCPs

(During 2015 the statutory timescales for the completion of the EHCP process changed from 16 weeks to 20 weeks)

	No. on Transfer Plan	No. of Finals Issued	% completed in 16 weeks	% completed in 20 weeks
Sept 2014 – Aug 2015 (EHCPs)	204	189	55%	
Sept 2015 – Aug 2016 (EHCPs)	358	194		54%
Sept 2016 – March 2018	545			

Table 3 Tribunals

	No. Lodged	No. heard	No. upheld following hearing	No. Dismissed following hearing	No. Not Heard at Tribunal		
					Conceded by parents	Conceded by LA	Dismissed
2014/15	17	4	2	2	3	8	2
2015/16	15	1 2 still to be heard	0	1	3	9	0

Merton has adopted an approach of working with parent to try and resolve disagreements at an early stage. This can lead to the EHCP process taking longer but also results in low levels of cases going to tribunal.

In the academic year September 2015 – August 2016 17 families approached the independent mediation company contracted by Merton: Global Mediation. Of those, 14 wanted the mediation certificate which indicates they considered using the tribunal process to resolve a dispute. Three parents requested face-to-face mediation with Merton. Two of these were following a panel decision not to assess and one related to disagreement about the proposed provision which has now progressed to tribunal for resolution.

The tribunal can currently only resolve issues around Sections B, F and I of the EHCP (educational needs, educational provision and the named education establishment).

5.5. For the next two years there are still considerable risks in relation to the capacity of the SENDIS service and partners to meet the demand of increasing requests for statutory assessment at the same time as transferring all the existing Statements of Special Educational Needs (SEN) and Learning Difficulty Assessments (LDAs). There has been limited additional funding provided which we have used to add capacity in the SENDIS service to co-ordinate and write EHCPs. This funding ceases in March 2017.

5.6. Data analysis undertaken with indicators for the 3 years 2012-15 indicated that whilst the 0-18 Merton population had increased by 4% the number of Merton resident children with statement of SEN had increased by 18%. This increase has been incremental year on year and has continued into 2016. Increased numbers of children with statements of SEN and EHCPs coupled

with the increase in requests for statutory assessment are adding further pressure across the system.

5.7. The multi-disciplinary approach to EHC planning which Children's Trust agencies are committed to achieve is still not being improved and there is a clear recognition of the need to continue to develop joint working practices as we continue to learn from implementation.

6 PREPARING FOR ADULTHOOD

6.1. It was acknowledged in the last report that much work is still needed on preparation for adulthood and this is an area where allocated resource is needed to develop the Local Offer and key services for children and young people 14-25 years.

6.2. The Care Act 2014 includes provisions to support transition into adulthood running in parallel with the Children & Families Act 2014.

6.3. There are significant resource implications to meet the statutory requirements presented in the Care Act. Areas to consider include structures and governance to monitor strategic and operational implementation ensuring links to the work on the Children and Families Act, workforce development and financial implications.

6.4. There is now a dedicated team within SENDIS, the Preparing for Adulthood Team, who are dealing with all SEN Cases from Year 10 (age 14) upwards. Recruitment is currently taking place for a Principal SEN Case Officer to manage this team. This team will feed directly into the Post 16 Panel where all cases for Further Education are heard.

6.5. SENDIS liaises with the Adult Social Care (ASC) Transitions Team through a variety of forums including the Post 16 panel where representatives from both services discuss cases. A member of the ASC Team sits on the panel and agrees the placements for the following year's funding as well as discussing cases that will transition to ASC in the future.

6.6. The SEN Case Officers within the Preparing for Adulthood Team work with ASC colleagues on relevant cases from the age of 14 to streamline planning for a young person's transition to ASC. For those young people who attend respite provision at Brightwell Children's Home close work is done with staff at Brightwell and ASC to ensure planning around respite provision is as seamless as possible.

6.7. The programme board for Transitions to Adulthood will be reinstated in the autumn Term 2016.

7 PERSONAL BUDGETS

7.1. In line with the Children & Families Act 2014 (Part 3) the Council is encouraged to consider and make available services as part of a personal budget offer available to young people and parents to meet identified outcomes within their Education Health and Care (EHC) plans.

7.2. A Personal Budget policy statement has been produced and published on the local offer (see www.merton/gov.uk/localoffer). The policy contains information about how Merton will aim to deliver personal budgets. This is a "live" and evolving document as more services are offered using a personal budgets.

7.3. Personal budgets are currently offered for the following services:

- Transport –Personal Travel Assistance Budget's
- Short Breaks – some short breaks are delivered through a personal budget.
- Domiciliary care in/outside of the home. These are all agreed at Allocations Panel and reviewed on a six monthly/yearly basis.
- Home Tutoring –there is currently one personal budget in place for a complex home tutoring package. This will be monitored and reviewed.

8 JOINT COMMISSIONING & WORK WITH HEALTH

8.1. There is a requirement in the Act for agencies to undertake more joint commissioning of services for children and young people with SEND. Since the last report to the Board, the council and CCG completed the joint re-commissioning of community health services for children, now provided by Central London Community Healthcare NHS Trust (CLCH). Although providing universal community health services, CLCH is responsible for delivering specific services for children with SEN and disabilities including:

- Health staffing in the co-located EHC planning team
- Nurses in Special Schools
- Speech and Language Therapy (under 5s)
- Occupational Therapy
- Physiotherapy
- Dietetics

8.2. The Council and CCG continue to hold monthly 'Tripartite' panels for discussing high need cases and agreeing funding across education, health and social care budgets for placements and care packages for children with SEN and disabilities. Logically, the council and CCG should, in time, consider the closer alignment of budget decisions with the integrated planning undertaken via the EHC assessment and planning process. There

are a number of possible ways to achieve this, including via formal Section 75 arrangements.

8.3. A “Designated Medical Officer” has been identified and is attending decision making panels on a regular basis and liaises with the health lead within SENDIS when not able to attend.

8.4. As noted above, it is important that the full team can be integrated within the SENDIS service to assist with the further development of the integrated EHC planning approach and to inform health commissioners of emerging health needs within the cohort.

9 SUMMARY OF RISK MANAGEMENT IMPLICATIONS

9.1. **Staff Training**

As the reforms continue to be implemented processes, policies and documentation continue to be refined and updated. For outcomes to continue to improve for children and young people with SEND, services are required to work in an increasingly integrated way. Significant multi-service and multi-agency professional development is still required. A robust and integrated professional development programme signed up to by all agencies is essential.

Preparation for the new inspection framework

The Joint Inspection of Local Area Special Educational Needs and Disabilities Provision is a comprehensive inspection of a very complex system. Capacity is immediately needed to brief partners and contribute to a self-evaluation of the current progress in implementing the SEND reforms across all partner agencies and service users. This will inform our continuous improvement journey.

9.2. **Local Offer Database**

As children and young people move through their lives they need access to a variety of services, especially with the promotion of personalisation and personal budgets. Therefore a seamless system with facility to move between children, adults and other universal services is the most beneficial to users. Capacity to ensure this information is complete and accurate will continue to be needed on an ongoing basis.

9.3. **Implementation of EHCP process**

There are capacity issues across all partner’s services to meet the demands of the increase in requests for statutory assessment at the same time as transitioning over statements and LDAs. Review of processes and timelines and engagement across agencies continues to be required to ensure that children and families receive an effective and timely service.

9.4. **Preparation for adulthood**

Implications of the Care Act 2014 on systems, structures, ways of working and budgets continues to need planning carefully to reduce the risks implicit in delivering the new system. Meeting all the statutory duties required at a time of budget pressures makes the continued implementation a high priority but also a considerable challenge. Ensuring a streamline transition for young people eligible to access services is being planned in the context of the 0-25 duties of the Children and Families Act. Continued attentions is also needed for young people who will not meet the thresholds to ensure the Local Offer is clear and accessible.

9.5. **Health**

Recruitment to some health professions, for example occupational health and the capacity to meet the assessment requirements and fulfil programmes outlined in EHCPs has continued to be problematic. Once the health team within SENDIS is up to full capacity it is hoped some of these issues will be mitigated.

10 BACKGROUND PAPERS

By way of web-links

Children & Families Act 2014 (Part 3)

SEN Travel and Assistance policy (Merton)

Requesting a Personal Budget (pages 178 – 184 from the SEND Code of Practice)

Home to School travel and transport statutory guidance (DFE)

Section 508A (1), of the Education Act 1996) notes

Personal Budgets Pilot Policy Statement (Merton Local Offer)

Care Act (http://www.legislation.gov.uk/ukpga/2014/23/contents/enacte