

Notice of Health and Wellbeing Board

Date: Wednesday, 24 July 2019 at 9.00 am

Venue: Committee Suite, Civic Centre, Poole BH15 2RU



Membership:

Chairman:

Vice Chairman:

Cllr V Slade
Cllr L Dedman
Cllr S Moore
Cllr K Wilson
G Farrant
J Thurgood

J Ramsden
K Ryan
S Crowe
T Goodson
D Fleming
E Yafele

S Sandcraft
R Ramtohal
D Richardson
T Knight
L Bate
K Loftus

All Members of the Health and Wellbeing Board are summoned to attend this meeting to consider the items of business set out on the agenda below.

The press and public are welcome to attend.

If you would like any further information on the items to be considered at the meeting please contact: Democratic Services or email democratic.services@bcpcouncil.gov.uk

Press enquiries should be directed to the Press Office: Tel: 01202 454668 or email press.office@bcpcouncil.gov.uk

This notice and all the papers mentioned within it are available at democracy.bcpCouncil.gov.uk

GRAHAM FARRANT
CHIEF EXECUTIVE

16 July 2019



Available online and
on the Mod.gov app



AGENDA

Items to be considered while the meeting is open to the public

1. Election of Chairman

To elect a Chairman for the 2019/20 Municipal year.

2. Election of Vice-Chairman

To elect a Vice-Chairman for the 2019/20 Municipal year.

3. Apologies

To receive any apologies for absence.

4. Declarations of Interest

Members of the Board are required to comply with the requirements of the Localism Act 2011 regarding disclosable pecuniary interests. Declarations received will be reported at the meeting.

5. Public Issues

To receive any public questions, statements or petitions submitted in accordance with the Constitution. Further information on the requirements for submitting these is available to view at the following link:-

<https://democracy.bcpCouncil.gov.uk/documents/s2305/Public%20Items%20-%20Meeting%20Procedure%20Rules.pdf>

The deadline for the submission of public questions is 17 July 2019.

The deadline for the submission of a statement is 12.00 noon, 23 July 2019

The deadline for the submission of a petition is 12.00 noon, 23 July 2019

6. Health and Wellbeing Board

5 - 10

The Council at its meeting on 16 July 2019 will be asked to approve the establishment of the Health and Wellbeing Board for the BCP area taking account of the proposed business protocol, membership and terms of reference as set out at Appendix 1 and 2 to the report.

The Board is asked to review Appendix 1 and 2 of the report including the membership.

7. Better Care Fund - Planning for 2019/20

11 - 16

To update on progress in regards to implementing the Better Care Fund (BCF) for 2019-20.

8. Special Educational Needs and Disabilities (SEND)

17 - 22

In 2014, the Department for Education and Department of Health set out the duties of Local Authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the

Children and Families Act. This was later translated into a comprehensive Code of Practice in 2015.

This paper sets the framework for which the strategic and operational response to the Act and Code of Practice will be developed and delivered for children and young people across BCP and for the governance of that work.

9. Calendar of meetings and development of Forward Plan

To consider the timetable of meetings and development sessions for the Board in 2019/20 and to consider the development of the Forward Plan.

No other items of business can be considered unless the Chairman decides the matter is urgent for reasons that must be specified and recorded in the Minutes.

This page is intentionally left blank

COUNCIL



Report subject	Health and Wellbeing Board
Meeting date	16 July 2019
Status	Public
Executive summary	The Council is asked to approve the establishment of a Health and Wellbeing Board for the BCP area taking account of the proposed business protocol, membership and terms of reference as set out at Appendix 1 and 2 to the report.
Recommendations	<p>It is RECOMMENDED that Council:</p> <ul style="list-style-type: none"> a. Agrees the meeting and business protocol, including the proposed membership of the Board as set out at Appendix 1 to the report acknowledging that the Board may wish to review the membership to include an invitation to Dorset Police Force and Dorset and Wiltshire Fire and Rescue Service representatives to be full or co-opted members. b. Agrees the terms of reference for the Board as set out at Appendix 2 to the report. c. Acknowledges that the first meeting of the new Health and Wellbeing Board will be held on 24 July 2019 at which the Board will review both Appendix 1 and 2 and submit any proposed amendments as appropriate to reflect its key strategic objectives.
Reason for recommendations	To ensure the Council is compliant with the relevant legislation in establishing the Health and Wellbeing Board for the BCP area that reflects its key strategic objectives.

Portfolio Holder(s):	Councillor Vikki Slade, Leader of the Council.
Corporate Director	Jan Thurgood, Corporate Director, Adult Social Care
Contributors	Judith Ramsden, Corporate Director, Children's Services Kate Ryan, Corporate Director, Environment and Community Tim Goodson, NHS Dorset Commissioning Group Sally Sandcraft, NHS Dorset Commissioning Group Sam Crowe, Director Public Health Karen Tompkins, Deputy Head of Democratic Services
Wards	All Wards
Classification	For Decision

Background

1. The Health and Social Care Act 2012 established the requirement for Health and Wellbeing Boards to be set up to improve that health and wellbeing of local people, reduce inequalities and ensure that there was joined up working between health and care services.
2. The Council's Constitution indicates that the Council will establish a Health and Wellbeing Board in accordance with the legislative requirements and statutory guidance, and the terms of reference for this Board will be published on the website.

Meetings and Business Protocol

3. Set out at Appendix 1 to the report is a proposed protocol for the operation of the board. This includes the proposed membership of the Board which draws together key strategic partners.
4. It is acknowledged that the Board may invite/co-opt other representatives to attend meetings for specific issues as appropriate to ensure engagement with all relevant partners. The Board will in particular consider whether representatives of the Dorset Police Force and the Dorset and Wiltshire Fire and Rescue Service should be invited to be full or co-opted members of the Board.
5. The first meeting of the Board as been set up for 24 July 2019 and will be followed by an informal development session to consider and develop the objectives and focus for the Board. It is expected that in addition to formal Board meetings there will be themed developments sessions with outcomes fed into the Board as appropriate.

Terms of Reference

6. Set out at Appendix 2 to the report are the proposed terms of reference for the Board.

Summary of financial implications

7. There are no financial implications, support to the Board will be met from within existing resources.

Summary of legal implications

8. To ensure compliance with the statutory requirements for the establishment of the Board.

Summary of human resources implications

9. There are no human resources.

Summary of environmental impact

10. It will be within the scope of the Board to consider and develop partnership objectives and plans in relation to key environmental issues, which impact on the health and well-being of local people.

Summary of public health implications

11. Establishment of the Board ensure that the relevant public health implications are considered through the Board in accordance with the terms of references set out at Appendix 2 to the report.

Summary of equality implications

12. The establishment of this Board will meet the Equality and Diversity requirements which will actively promote improving outcomes.
13. There is potential risk for the Council to be challenged if it is not compliant with the relevant legislation.

Background papers

Published works

Appendices

Appendix 1 – Meetings and Business Protocol
Appendix 2 – Terms of Reference

**BOURNEMOUTH, CHRISTCHURCH AND POOLE (BCP) HEALTH AND
WELLBEING BOARD
MEETINGS AND BUSINESS PROTOCOL**

A. MEMBERSHIP

The membership of the Board will be reviewed and confirmed each year. Set out in section C below is the proposed membership of the Board.

The Board may invite/co-opt other representatives to attend meetings for specific issues as appropriate. The quorum for meetings of the Board shall be 10 including at least two Councillors and two representatives from the NHS.

B. ELECTION OF CHAIR AND VICE CHAIR

The Chair and Vice Chair of the Board will be elected annually at the first meeting of the Board following the Annual meeting of the Council.

C. VOTING RIGHTS

The following members of the Board will have voting rights.

Leader of the Council
Portfolio Holder for Adults and Health
Portfolio Holder for Children's and Families
Portfolio Holder for Housing
Chief Executive BCP Council
Corporate Director, Adult Social Care
Corporate Director, Children's Services
Corporate Director, Environment and Community
Director, Public Health

Chief Officer, NHS Dorset Clinical Commissioning Group
Chief Executive, Poole Hospital and Royal Bournemouth and Christchurch Hospital
Chief Executive, Dorset Healthcare Foundation Trust
Lead Director of Primary and Community Care, NHS Dorset Clinical Commissioning Group
Three GPs/representatives from the NHS Dorset Clinical Commissioning Group
Representative of NHS England and NHS Improvement
One Healthwatch representative (Evolving Communities Community Interest Company)
One Representative of the Bournemouth and Poole Voluntary Services Councils

D. DISCLOSURE OF INTERESTS

In accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, Members and named substitute Members of the Board will be required to declare any disclosable pecuniary interests in matters before meetings of the Board. All Members and named substitute Members will have received and completed the necessary form giving details of their disclosable pecuniary interests.

E. PUBLIC ISSUES

The Board will conduct its business under the Procedure Rules contained in the Council's Constitution. The Procedure Rules will allow members of the public, subject to certain conditions being met, to appear before the Board to:

- Ask a question
- Present a statement
- Present a petition

In the event of any requests being received from the public to ask a question or to present a statement or petition, the Board will be advised of the relevant procedures at the meeting.

F. MEETINGS, AGENDA BRIEFING SESSIONS AND DEVELOPMENT SESSIONS

The following arrangements are proposed in respect of these matters:

- Meetings of the Board will be held on a minimum of 4 occasions each year. Special meetings of the Board can be arranged if required in consultation with the Chairman and Vice-Chairman.
- Briefing meetings will be arranged as appropriate prior to publication of the Agenda and reports for Board Meetings
- Development sessions will be arranged and agreed with the members of the Board.

BOURNEMOUTH, CHRISTCHURCH AND POOLE (BCP) HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

The Board will:

1. Act in accordance with its statutory duty promote integration and prevention approaches in improving the health and wellbeing of local residents.
2. Identify health and wellbeing needs and priorities and co-ordinate the development and updating of the Joint Strategic Needs Assessments – JSNAs – and the Pharmaceutical Needs Assessment – PNA.
3. Agree, develop and implement the priorities and outcomes set out in the BCP Health and Wellbeing Strategy, working with existing partnerships where appropriate and periodically refreshing the Strategy in line with evidence in the Joint Strategic Needs Assessment. The Health and Well-Being Board will ensure that it considers all relevant factors in relation to health and well-being including environmental factors, housing, health and other inequalities and ensure a focus on mental well-being in conjunction with good physical health.
4. Contribute to the governance of the Dorset Integrated Care System and work to ensure that the agreed plans of the Dorset Integrated Care System are developed and implemented with positive impact for all people who live, work and visit the BCP area.
5. Encourage integrated working between health and social care commissioners, including providing advice, assistance and other support to encourage commissioning, pooled budget and/or integrated provision in connection with the provision of health and social care services.
6. Encourage close working between commissioners of health -related services and the Board itself.
7. Encourage close working between commissioners of health-related services and commissioners of health and social care services.
8. Discharge any other functions that may be delegated by BCP Council under Section 196(2) of the Health and Social Care Act 2012.
9. Have responsibility for improving health and wellbeing of children and maintain a formal relationship with the relevant Children's Partnerships.
10. Be responsible for developing collaborative working to improve health and wellbeing across the conurbation and ensure there are appropriate links with the Bournemouth, Christchurch and Poole Adults Safeguarding Board.
11. Work cooperatively with the Dorset Health and Wellbeing Board and, where appropriate, agree shared priorities and action.
12. Measure progress against the plans of the Dorset Integrated Care System and the Health and Wellbeing Strategy, to ensure action is taken to improve outcomes when monitoring or performance indicators show that plans are not working.
13. Promote and ensure engagement and communication with relevant stakeholders, patients, people who live and work in the Boroughs including seldom heard groups, particularly in relation to service changes.
14. Deliver its public sector equalities duties as set out in the Equality Act 2010.
15. Produce an annual report outlining what the Board has achieved in respect of the improvement of health and wellbeing, and the reduction of health inequalities for the population of Bournemouth, Christchurch and Poole.

BCP Health and Wellbeing Board



Report subject	Better Care Fund – Planning for 2019/20
Meeting date	24 th July 2019
Status	Public Report
Executive summary	<p>This report provides an update on progress in regards implementing the Better Care Fund (BCF) for 2019-20.</p> <p>The BCF is a key delivery vehicle in providing person centred integrated care with health, social care, housing and other public services, which is fundamental to having a strong and sustainable health and care system.</p> <p>At the time of writing the national planning guidance publication is still awaited. Once the planning guidance is released it is likely that plans will need to be completed within six weeks and signed off by the Health and Wellbeing Board.</p> <p>In the absence of the detailed national guidance, local planning has continued on the basis that previously it has been stated that this is to be a year of minimal change. Any major changes from a national review of BCF will be from 2020 onwards.</p> <p>The aim is to use the 2019-20 plan to continue to help deliver 'Our Dorset' the Integrated Care System Plan. This is also going through a process of review in light of the national NHS Long Term Plan issued in January 2019.</p> <p>Work is being undertaken by the Dorset Clinical Commissioning Group and BCP Council on the detailed BCF budget for the 19/20 financial year and on the accompanying narrative plan.</p>
Recommendations	<p>The Health and Wellbeing Board is asked to:</p> <ol style="list-style-type: none"> 1) If required agree delegation of approval of the BCF plan 2019/20 to the Chair and Vice-Chair, if the timescales set in the national guidance mean that the BCF Plan must be signed off before the next scheduled meeting of the Board. 2) Agree that the Board will receive monitoring reports on the delivery of the BCF plan at six monthly intervals.
Reason for recommendations	National guidance timescales may mean that approval of the plan by the Board is required prior to the Board's next formal meeting.

Portfolio Holder(s):	Cllr Lesley Dedman, Adults and Health
Corporate Director	Jan Thurgood, Corporate Director, Adult Social Care, BCP Council Sally Sandcraft, Director Primary and Community Care, Dorset Clinical Commissioning Group
Contributors	Kate Calvert, Deputy Director Primary and Community Care, Dorset Clinical Commissioning Group Phil Hornsby, Service Director, Adult Social Care, BCP Council Elaine Stratman, Principal Officer, Adult Social Care, BCP Council
Wards	All
Classification	For Decision

Introduction

1. This report provides an update on progress on implementing the Better Care Fund (BCF) for 2019-20 and describes the schemes and priorities for the year.
2. The report also sets out the governance route going forward for ensuring delivery of the BCF and alignment with the Integrated Care System governance arrangements.

Background and Better Care Fund 2019-20

3. Since 2013 the Better Care Fund (BCF) has been a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible. The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them with integrated health and social care services, resulting in an improved experience and better quality of life.
4. At time of writing the national planning guidance publication is still awaited. Once the planning guidance is released it is likely that plans will need to be completed within six weeks and signed off by the Health and Wellbeing Board. In the absence of the guidance local planning has continued however as it is to be a year of minimal change. Any major changes from a national review of BCF will be from 2020 onwards.

5. The aim is to use the 2019-20 plan to continue to help deliver 'Our Dorset' the Integrated Care System Plan. This is also going through a process of review in light of the national NHS Long Term Plan issued in January 2019. For the Better Care Fund plan progress is being made in regards to budget setting for the 19/20 financial year including using a population split of 11.7% for disaggregation of funding for Christchurch to the new Council area for both Local Authority and CCG. Work is also underway on the accompanying light touch narrative plan concentrating on new summary only.
6. The majority of the pooled resources for the Better Care Fund come from existing activity within the health and social care system. In addition, in more recent years extra short-term grants from central government have been paid directly to local authorities called the improved Better Care Fund with conditions imposed that the purpose of the grant is used for meeting adult social care needs, reducing pressures on the NHS and ensuring that the social care provider market is supported.
7. In addition the BCF is subject to a CCG minimum contribution uplift that must be met as one of the imposed conditions for meeting the national assurance process. The CCG is in discussion with the Council about satisfying this national condition.
8. Dorset CCG and BCP Council working in conjunction with local NHS providers and the wider market are proposing to continue to invest all BCF allocation under the same five schemes carried over from the 17-19 plan which are detailed below:
 - i. Maintaining independence- early intervention and prevention services, information and advice, support to self-funders, working with the community and voluntary sector to build community capacity, integrated community equipment, improved shared lives initiatives, increasing use of assistive technology.
 - ii. Early supported discharge- responding to the 8 high impact changes that make a difference to discharge planning. Advance the Locality Care programme to enable the further provision of high quality integrated services linking closely with acute hospitals in particular for safe discharge into community settings. Maintain wrap around services such as reablement, step down beds, intensive care packages.
 - iii. Support to carers- ensuring available resources are being deployed in the most appropriate areas of significance to carers, focussing on respite, direct payments and the sitting service.

- iv. Moving on from hospital living- providing integrated personalised care for people with complex needs who moved on from long stay hospital accommodation. The Dorset wide pooled budget has provided a shared approach to managing financial risks over the past 3 years. A decision was made in early 2019 by partners to separate the current Dorset wide arrangement into two separate pooled budgets, reflecting the two new councils; BCP Council and Dorset Council from 1 April 2019.
- v. Integrated Health and Social Care Locality Teams- continuing to develop community hubs across the BCP Health and Wellbeing area; continuing to support the implementation of the ICPS model of care for the most complex patients, supporting the use of the Trusted Assessor model and developing more personalised models of care provision within the newly formed primary care GP networks.

In addition to this Dorset CCG and BCP Council continue to focus on some additional areas of work for 2019-20 as detailed below:

- I. **Strong and sustainable care markets-** Joint procurement of home care; mobilisation of a new 80 bedded care home in Poole with the NHS commissioning a number of short stay beds; increasing capital funding for care homes to support improvements and enhanced quality in return for stabilisation of fees. There is also a strategic intention agreed to work towards an integrated quality function and team covering home care, nursing homes and residential homes. There is also an intention to work towards developing a shared market management plan.
- II. **Understanding joint expenditure-** Prior to further aligning NHS and social care budgets it has been agreed that we will share financial information in order to better understand our joint expenditure and common areas of spend. This will enable us to make informed decisions of where we align budgets in the future.

Governance Arrangements

- 9 The Joint Commissioning Board will have oversight of implementation of the Better Care Fund plan for BCP.
- 10 The HWBB is responsible for signing off the Better Care Fund plan. The Board will also have oversight of budget management for 19/20. It will also provide governance oversight to the delivery of the four national performance targets which include, non elective admissions to hospital, delayed transfers of care, the effectiveness of reablement and permanent care home admissions for over 65's (please see appendix 1 for details of 18/19 performance outturn).

Summary of financial implications and risk

- 11 Challenges to the sustainability of funding for both the CCG and Local Authority means that the budget position will be a high risk. The continued short term funding arrangements are insufficient to fill the growing resource gap for the system.
- 12 The CCG are in negotiation with the two Councils and NHS in regards to a projected minimum contribution to the BCF and an uplift that not only meets the national conditions for assurance purposes but also meets sector growth for 19/20 in order to retain a standstill position.

Background Papers:

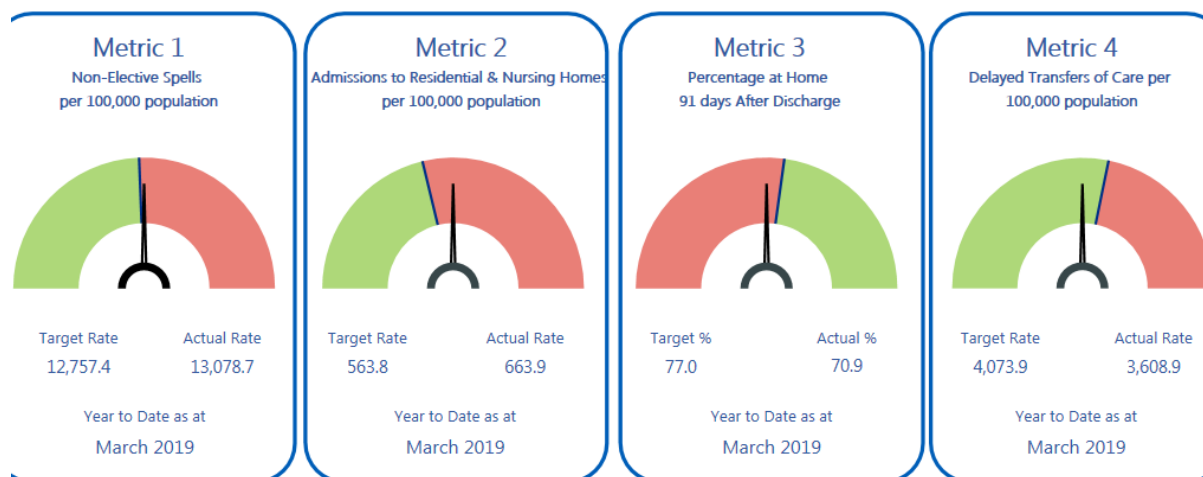
Published works:

Appendices:

Appendix 1 - End of 2018/19 performance outturn for Bournemouth and Poole Health and Wellbeing Area

Appendix 1

End of 2018/19 performance outturn for Bournemouth and Poole Health and Wellbeing Area



Metric 1 Non-elective spells in hospital per 100,000* population (all ages) measures the reduction in the number of spells of unplanned acute admissions to hospital. **(Lower spells is better performance)** target not met for 18/19.

Metric 2 Admissions to Residential and Nursing Homes (older people 65+) measures the long term support needs of people met by admissions to residential and nursing care homes. **(Lower admissions is better performance)** target not met for 18/19.

Metric 3 Percentage at Home 91 days after discharge (older people 65+) measures the number of older people who were still at home after being discharged from hospital into reablement/ rehabilitation services. **(Higher percentage is better performance)** target not met for 18/19.

Metric 4 Delayed Transfers of Care (ages 18+) measures the appropriate setting for people to regain their independence by reducing the time they stay in a hospital bed. For the purpose of the Better Care Fund it measures delays which are attributable to the whole system of health and social care, based on bed days per 100,000 population* **(Lower bed days is better performance)** target met for 18/19.

*Population is based on ONS mid year estimate.



BCP Health and Wellbeing Board

Report subject	Special Educational Needs and Disabilities (SEND)
Meeting date	24 th July 2019
Status	Public Report
Executive summary	<p>In 2014, the Department for Education and Department of Health set out the duties of Local Authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act. This was later translated into a comprehensive Code of Practice in 2015.</p> <p>This paper sets the framework for which the strategic and operational response to the Act and Code of Practice will be developed and delivered for children and young people across BCP and for the governance of that work.</p>
Recommendations	<p>The recommendations are:</p> <ol style="list-style-type: none"> 1. That the Health and Wellbeing Board agrees to provide governance and strategic oversight for the delivery of services for children and young people with SEND across BCP in accordance with the Code of Practice (2015) and Children and Families Act (2014) 2. Considers and supports the areas identified for development with regular reports on progress to meeting the requirements of the Code of Practice 2015
Reason for recommendations	Ensure compliance with the Children and Families Act 2014 and 2015 SEND Code of Practice

Portfolio Holder(s):	Cllr Moore (lead member Children's Services)
Corporate Director	Judith Ramsden (Director of Children's Services)
Contributors	Sharon Buckby (Interim Service Director Inclusion and Family Services) Vicky Wales (BCP LA)
Wards	All
Classification	For Decision

Background

1. In 2014, the Department for Education and Department of Health set out the duties of Local Authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act. This was later translated into a comprehensive Code of Practice in 2015.
2. In May 2016 the two inspectorates, Ofsted and Care Quality Commission (CQC) stated a new joint inspection to review how local areas meet their responsibilities to children and young people (from birth to age 25) who have special educational needs or disabilities (SEND). The aims of these inspections are to hold local areas to account and champion the rights of children and young people.
3. The inspection is a system wide inspection. It considers the joint local areas arrangements for how children and young people with SEND (at SEN Support and the implementation of a statutory Education Health and Social Care Plan), how they are identified, how their needs are assessed and met and how they are supported to improve outcomes across education, the world of work and preparation for adulthood (including participating in their communities and leading healthy lifestyles). In the inspection framework there is a particular focus on vulnerable groups.
4. Critical to this is the coproduction, at child level through to strategic level, of services with parents/carers, children and young people. BCP will be the subject of a local area SEND inspection. Dorset has already been inspected in 2017 and is having a re-visit in 2019.
5. We currently (June 2019) have 2302 children and young people with a statutory education, health and care plan and are meeting our timeliness for assessment within 20 weeks at 75%.
6. The top categories of need for children and young people with EHCP are: Autistic Spectrum Disorder (29%). Social, Emotional and Mental Health with 19%, Moderate Learning Difficulties with 18% and Speech, Language and Communication Difficulties with 15%.
7. Males are significantly over- represented in the profile of children and young people with an EHCP, with 75% of the total Plans. 22.38% of Children in Care have an EHCP and 38.11% of Children in Care have SEN Support needs.

8. In January 2019 we undertook the school census and have identified 6195 children in BCP schools with SEN Support needs. The Top categories of need are Speech, Language and Communication Difficulty with 27% of the total, Specific Learning Disability (Dyslexia) with 21%, and Social, Emotional and Mental Health with 20%.

Details

9. As a new Strategic Partnership, bringing together core partners that are referenced within the Act, the Health and Wellbeing Board provides a clear platform for the governance of services for children and young people with SEND to ensure that the partners across BCP are able to meet the Act and Code of Practice.
10. To support the Health and Wellbeing Board in providing effective partnership governance and strategic oversight, we have established a SEND Partnership Group now known as the SEND Transformation and Development Group that brings together senior leaders from the Local authority (education services, adult and children's social care), the CCG, health providers, education settings (early years through to post 16) and parents, carers and young people. This is supported by a series of focus groups.
11. The purpose of the Group is to ensure that we are developing multiagency interventions that optimise resources across the system to meet the needs of and improve outcomes for children and young people.
12. Additionally, we have supported the development of a Parent/Carer Partnership Together Forum to enable parents and carers to work with strategic leaders to shape the services at prior to an education, health and care plan (SEN Support) and as part of the statutory assessment and delivery process.
13. Despite this early development for effective local area arrangements and to ensure that the partners are effectively delivering the ambitions within the Act and the Code of Practice, there are a number of activities that we now need to progress with some urgency. We ask the Health and Wellbeing Board to consider these areas and direct the delivery of them by partners.
14. Our recommendations are:
 - (a) We need to strengthen the SEND Transformation and Development Group by ensuring the full active participation and commitment to the group by senior leaders from across the core partners. This will be reported on to the Health and Wellbeing Board.
 - (b) We need undertake a comprehensive joint self- assessment with the CCG and education leaders and detailed action plan measured against the Joint Inspection Framework. The SEND Transformation and Development Group will drive this, with reports being brought to the Health and Wellbeing Board on a quarterly basis. By establishing our position and implementing an action plan we will provide a level of assurance to the regulators that we know ourselves and are taking steps to address areas that are underdeveloped, or are not fit for purpose, as well as improving services areas. We will report on this at the next Health and Wellbeing Board.

- (c) We need to ensure our voice of parents and carers for all children and young people at SEN support and with EHCPs are central to this self-assessment and to enable this we will implement a survey with the parents/carers forum over the summer period and then again periodically over the implementation of the strategic plan.
- (d) We recommend that the newly established Parent/Carers Together Forum is that this is recognised as the single forum for Parents/Carers for all partners operating within the SEND arena.
- (e) We need to establish a joint children and young people's SEND youth council and participation framework to ensure that the voice of children are part of that strategic investigation into the effectiveness of services.
- (f) We propose, with the Health and Wellbeing support, to commission a LGA Peer Review in November 2019. This will provide a stress test for.
- (g) Out of the self- assessment and the peer review needs to emerge both a SEN Strategic Plan and a Joint commissioning Plan. Currently the PAN Dorset Joint Commissioning Group has had limited oversight or development of joint commissioning for SEND in BCP. A BCP Joint Commissioning Plan will ensure sufficient and effective delivery of services for children and young people across BCP and enable the cross cutting Pan Dorset issues to be worked through in the Pan Dorset forum. We will report on progress at the next Health and Wellbeing Board.
- (h) To support this development Public Health will be able to add value through a review of evidenced based interventions that support families and schools to meet the needs of children with additional needs and avoid the need for specialist interventions, thus supporting the inclusion agenda.
- (i) Finally, Monitoring and Quality Assurance. The Dorset inspection identified that the quality assurance work was in its early stage and we remain at the early stages of this within BCP. As such the recommendation is that we progress with the joint quality assurance framework set up across Dorset in respect of SEND and a BCP data set, that can provide assurance to strategic leaders of the quality and impact of services to support children and young people with SEND. As part of the governance of services delivering under the Act we recommend that the Health and Wellbeing Board receive a quarterly quality assurance and performance report.

Summary of financial implications

15. Funding for children with SEND is a joint responsibility with Health. The funding for meeting the Council contribution additional needs of pupils with SEND is provided by Government through the High Needs Block (HNB) of the Dedicated Schools Grant (DSG). This tops up the funding formulaically allocated to schools for SEND where costs exceed an agreed threshold. Contributions from health services are considered either on a system wide basis for early intervention and prevention, for commissioning of provision against need or on a case by case basis as part of the EHCP process.

Summary of legal implications

16. None

Summary of human resources implications

17. Rethinking how services are configured

Summary of environmental impact

18. None

Summary of public health implications

19. None

Summary of equality implications

20. The BCP SEND Strategy is aimed at addressing inequality for this cohort of children and young adults -in terms of health, education outcomes and life chances.

Summary of risk assessment

21. Risks: reputational for BCP and CCG through potential poor inspection result and intervention from DFE and CQC and risks of poor child level outcomes if the SEND strategy is not successfully embedded.

Background papers

22. Links to Code of Practice, Children and Families Act, Inspection framework and Dorset Inspection Reports

Appendices

23. None

This page is intentionally left blank