

# Information Items for Health and Wellbeing Board

**Thursday 4 October 2018 at 9.30am**  
in Council Chamber Council Offices  
Market Street Newbury

<b>Part I</b>	<b>Page No.</b>
13 <b>Berkshire Seasonal Influenza Campaign 2017-18 (Matt Pearce)</b> For the Board to review the take up of seasonal 'Flu vaccines in 2017/18	3 - 68
14 <b>SEND Strategy (Jane Seymour/ Nina Bhakri)</b> To present the final version of the SEND Strategy for the Board's information.	69 - 198

Andy Day  
Head of Strategic Support

For further information about this/these item(s), or to inspect any background documents referred to in Part I reports, please contact Jo Reeves / Jessica Bailiss on (01635) 519486/503124  
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Further information and Minutes are also available on the Council's website at [www.westberks.gov.uk](http://www.westberks.gov.uk)

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## Flu Update 2018-19

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**Report being considered by:** Health and Wellbeing Board  
**On:** 4 October 2018  
**Report Author:** Matt Pearce, Head of Public Health and Wellbeing  
**Item for:** Discussion

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### 1. Purpose of the Report

- 1.1 This paper is to update the Health and Wellbeing Board on the performance of the influenza vaccine campaign in winter 2017-18, to summarise lessons learned and to inform the board of changes to the national flu programme for the coming 2018-19 flu season and how these will be implemented locally.

### 2. Recommendation

- 2.1 For the Health and Wellbeing Board to note the achievement in West Berkshire to date and endorse the Flu Plan 2018/19.

### 3. How the Health and Wellbeing Board can help

- 3.1 The Board is asked to:
- (1) Agree and endorse the multi-agency approach
  - (2) Seek assurance that respective organisations are taking steps to fulfil their responsibilities as set out in the national flu plan
  - (3) Be flu champions - take every opportunity to promote the vaccine and debunk myths
  - (4) Lead by example, take up the offer of a vaccine where eligible.

<b>Will the recommendation require the matter to be referred to the Executive for final determination?</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
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### 4. Introduction/Background

- 4.1 Seasonal influenza (Flu) is a key factor in NHS winter pressures. The National Flu Plan aims to reduce the impact of flu in the population through a series of complementary measures. Flu vaccination is commissioned by NHS England for groups at increased risk of severe disease or death should they contract flu.
- 4.2 Key aims of the immunisation programme in 2017-18 were to:
- Actively offer flu vaccine to 100% of people in eligible groups.
  - Immunise 60% of children, with a minimum 40% uptake in each school

- Maintain and improve uptake in over 65s clinical risk groups with at least 75% uptake among people 65 years and over, at least 55% among clinical risk groups and 75% among healthcare workers.

4.3 2017-18 was a challenging flu season, contributing to winter pressures on health and care services. The PHE report, 'Surveillance of influenza and other respiratory viruses in the UK: Winter 2017 to 2018 released on 24 May 2018, indicated that; in the 2017 to 2018 season, moderate to high levels of influenza activity were observed in the UK with co-circulation of influenza B and influenza A(H3), which is different to 2016-17 where H3N2 predominated. Indicators for GP consultation for flu-like illness in and out of hours and for NHS 111 calls were at higher levels than in 2016-17, patterns of activity were similar peaking in week 52 and peak admissions rates of influenza to hospital and intensive care were higher than seen in the previous 6 seasons.

## 5. Review of the 2017/18 Flu Season

- 5.1 Local Authority public health teams actively promoted flu vaccination to eligible groups using a range of channels and worked with commissioners and providers during the season to identify issues. Whilst uptake among school children was good, uptake in other risk groups remains below the desired level; this is in line with other areas of the country.
- 5.2 There remains considerable variation in uptake between GP practices, There is scope to improve communicating vaccine uptake to practices throughout the flu season and to improve the way patients are invited for vaccination.
- 5.3 Myths and misconceptions regarding vaccines remain an important barrier to uptake. Other barriers may include variation in access to GP flu clinics, lack of health literacy and inclusion of porcine element in the children's vaccine making it inappropriate for some groups.
- 5.4 Uptake among front line local authority social care workers remains difficult to measure; there is scope to improve data collection in this area.
- 5.5 Despite introduction of an NHS funded flu vaccine offer for frontline social care staff in nursing and residential care, local intelligence suggest uptake in this group remained low.
- 5.6 Locally, CCGs and their commissioned providers responded well to flu outbreaks in care homes and closed settings following development and implementation of flu outbreak plans. Close partnership working proved key to the success of this approach and closer working at the planning stage is warranted for future success.

## 6. Local uptake West Berkshire

- 6.1 In 2017-18 uptake of vaccine among GP-registered patients in Berkshire was generally similar to or higher than in 2016-17.
- 6.2 **Patients in clinical risk groups** – uptake was reduced by between 0.9% and 3.1% in this group, with the exception of RBWM and West Berkshire where uptake was

similar to the previous season. Nationally uptake was very similar to the previous season.

- 6.3 **Over 65s** – Increased uptake of flu vaccine was observed in all Local Authorities within Berkshire. Uptake in West Berkshire reached 77.6%, exceeding the national 75% uptake ambition.
- 6.4 **Pregnant Women** – In line with the national picture, uptake in this group was increased compared to 2016-17 with the exception of Slough where a reduction in uptake of 4.9% was observed. Bracknell Forest exceeded the national ambition of 55%, achieving 57% uptake.
- 6.5 **Children aged 2 and 3** – Uptake in two year olds increased in Reading, West Berkshire Wokingham and RBWM, but decreased slightly in Slough. A reduction was also observed in Bracknell Forest compared to the previous season. The uptake ambition was not reached in any local authority in Berkshire or nationally (3.9% increase resulting in 42.9% uptake). Among three year olds modest increases in uptake were observed in Bracknell Forest, West Berkshire and Wokingham, with small decreases observed in Reading and RBWM. Slough experienced a larger decrease in uptake. All areas with the exception of Reading and Slough achieved a higher uptake than the national figure of 44.2%.
- 6.6 **Children in school years 0-4** – this programme was again highly successful in Berkshire, the uptake ambition of 40% was exceeded in all local authorities reaching as high as 80% in at least one area.
- 6.7 **Healthcare workers** – Uptake among NHS staff increased compared to the 2016-17 season in all local Trusts with the exception of Berkshire Healthcare Foundation Trust, where uptake was slightly reduced on the previous season despite more vaccines being given. Uptake in local NHS Trusts ranged from 62.6%-72.1%.

## 7. Multi-agency approach

- 7.1 Flu vaccination is commissioned by NHS England for groups at increased risk of severe disease or death should they contract flu and vaccination is provided by a mix of providers including GP practice, community pharmacy, midwifery services and school immunisation teams.
- 7.2 The role of local authorities is to provide advocacy and leadership through the Director of Public Health and to promote uptake of flu vaccination among eligible residents and among staff providing care for people in residential and nursing care. Local authorities are also responsible for providing flu vaccine for frontline health and social care workers that are directly employed. Local authorities may also provide vaccine to staff members as part of business continuity arrangements.
- 7.3 CCGs are responsible for quality assurance and improvement which extends to primary medical care services delivered by GP practices including flu vaccination and antiviral medicines. The CCG also monitors staff vaccination uptake in Providers through the CQUIN scheme.
- 7.4 A collaborative multi-agency approach to planning for and delivering the flu programme is taken in Berkshire, beginning with a flu workshop in June. Public Health Teams used output from the workshop to develop their local flu action plan, setting out the steps they will take to engage and communicate with local residents

about flu, promote the flu vaccine to eligible groups and support partners to provide and manage the programme.

7.5 Actions taken in 2017-18 as part of this approach included but were not limited to;

- Development of local authority and CCG flu plans based on a shared approach across the West of Berkshire
- Participation in a twice-monthly Thames Valley Flu teleconference led by NHS England to share flu data, best practice and ability to raise concerns with representation locally
- Participation in monthly Berkshire West Flu Action Group with representation from CCGs, NHS providers and local authority public health to monitor progress against flu plans, review uptake of the flu vaccination, assess the impact of flu activity and share good practice or concerns which could then be escalated.
- The public health team supported the BHFT schools immunisation team to engage with those schools where initial engagement was less effective
- Providers also signed up to the 'Health and Wellbeing of Staff' CQUIN which includes staff flu vaccination uptake
- In the West of Berkshire the CCG flu lead supported low performing GP practices with practice visits and / or communications
- A flu communication pack was shared with all care homes
- Ensuring a consistent communication approach across the health and care economy by linking with the national flu campaign as well local alignment of communications between the local public health and the CCG communication teams
- Use of targeted social media approaches to promote flu vaccination
- A collaborative approach to the management of flu outbreaks in closed settings such as care and nursing homes. Berkshire West CCGs commissioned a specific service to undertake risk-assessment and provide antiviral medication for treatment of flu and to prevent further spread to vulnerable residents
- Working with local groups including such as our Third Sector partners, Family Hubs, Facebook groups supporting people in the NHS flu vaccine eligible groups, Healthwatch to promote flu vaccine and flu hygiene messages to religious and minority ethnic groups, public transport, libraries, housing association, local hospital patient information point to promote flu vaccine uptake.

## 8. Proposals for the 2018/19 Flu Season

- 8.1 The higher burden of H3N2 among elderly people together with the lower VE of vaccines against this sub-type support the need for more effective interventions<sup>1</sup> and the UK Joint Committee on Vaccination and Immunisation has advised that use of adjuvanted trivalent inactivated vaccines (TIV) in those aged 65 years and older would be both more effective and cost-effective than the non-adjuvanted trivalent or quadrivalent vaccines currently in use<sup>2</sup>.
- 8.2 In February 2018, NHS England wrote to GP Practice and Community Pharmacies advising that they should offer;
- adjuvanted trivalent vaccine (aTIV) for all 65s and over
  - quadrivalent vaccine (QIV) for those age 18 to 64 at risk
- 8.3 Nasal vaccine will continue to be offered to healthy children aged 2 and above.
- 8.4 Nationally, groups eligible for vaccination are similar to previous years, with the addition of children in school year 5 to the school-aged programme. It has been confirmed that care home/nursing home/domicillary care workers caring for vulnerable residents at risk from influenza are also eligible for a free flu vaccine again in 2017-18. In addition, this offer has also been extended to hospice workers. The eligible groups and where they can access their vaccine are shown below.

Target Group	GP	Pharmacy	Maternity	School	Workplace
Aged under 65 'at risk'	√	√			
Pregnant women	√	√	√		
Eligible children aged 2-3 years	√				
Eligible children in Reception to school year 5				√	
Aged 65 years and over	√	√			
Carers	√	√			
NHS Healthcare workers		√			√
Frontline care home/nursing home/domicillary care workers and hospice workers	√	√			

## 9. Local flu plan for 2018-19

- 9.1 A successful flu planning workshop took place on 8th June at the Open Learning Centre, Bracknell. This was well attended by a range of stakeholders from across Berkshire and sought to bring together plans for provision and promotion of flu

<sup>1</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/641162/influenza\\_vaccine\\_effectiveness\\_in\\_primary\\_care\\_1617\\_final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641162/influenza_vaccine_effectiveness_in_primary_care_1617_final.pdf)

<sup>2</sup> <https://www.gov.uk/government/publications/flu-vaccination-supporting-data-for-adult-vaccines/summary-of-data-to-support-the-choice-of-influenza-vaccination-for-adults-in-primary-care>

vaccine and preparing and responding to flu outbreaks. Following the workshop, the Shared Public Health Team developed a high level Berkshire Flu Plan which enabled West Berkshire Council Public Health Service to create a local flu action plan for the 2018-19 season, appendix A.

- 9.2 Immunisation against flu should form part of an organisations' policy for the prevention of transmission of infection (influenza) to protect patients, service users, staff and visitors. In addition, frontline health and social care workers have a duty of care to protect their patients and service users from infection.
- 9.3 It is important that the Health and Wellbeing partners support the uptake by frontline care home/nursing home/domicillary care workers and hospice workers. If staff are off sick due to flu, it will make it difficult for them to achieve their primary outcomes. If flu is circulating in a care setting, there is a much higher risk that there will be an impact on the health of residents, particularly if they are older and more frail, they will be at greater risk of adverse outcomes including death if they do contract flu (even though residents will be given a flu vaccine).
- 9.4 Older more frail people such as those likely to be in this cohort are not as able to respond to flu vaccination themselves and rely on herd protection from those closest to them being protected from passing on the virus. There were several flu outbreaks in closed settings last year in Berkshire West, and we seek to minimize this happening, to avoid unnecessary deaths, use of prophylactics, and costly hospital admission.

## 10. Conclusion

- 10.1 Flu can be a major killer of vulnerable people. The best way to prevent getting flu is to have the flu vaccination (or flu nasal spray for children aged 2-17). The flu vaccine gives good protection against flu and lasts for one year. The Stay Well This Winter campaign aims to reduce avoidable unplanned hospital admissions which peak in winter, many of the admissions arise from respiratory illness including flu.
- 10.2 The Health and Wellbeing Board needs to support the The Berkshire Local Authorities Winter Flu Plan 2018-19 to increase uptake of seasonal flu vaccine by eligible groups outlined in 6 above

## 11. Consultation and Engagement

- Matt Pearce (Head of Public Health and Wellbeing, West Berkshire Council)
- Maria White, Public Health and Wellbeing Support Officer

## 12. Appendices

Appendix A – West Berkshire Public Health Flu Action Plan 2018

Appendix B – Berkshire seasonal influenza vaccine 2017-18 final report

Appendix C – Report and recommendations from Berkshire 2018 Flu Planning workshop

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### Background Papers:

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- [National flu immunisation programme 2018 to 2019 letter \(1 of 2\)](#)

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**Health and Wellbeing Priorities 2018 Supported:**

- Reduce alcohol related harm for all age groups
- Increase the number of Community Conversations through which local issues have been identified and addressed

**Health and Wellbeing Strategic Aims Supported:**

The proposals will help achieve the following Health and Wellbeing Strategy aims:

- X Give every child the best start in life
- Support mental health and wellbeing throughout life
- X Reduce premature mortality by helping people lead healthier lives
- Build a thriving and sustainable environment in which communities can flourish
- X Help older people maintain a healthy, independent life for as long as possible

The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy aim by [reducing mortality in all vulnerable groups and reducing winter pressures on health care services](#).

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Eligible Group	Actions	Completion and notes	RAG
<b>Families with young children aged 2 and 3</b>	Send campaign material out to early years settings (this includes infant schools, nurseries, child minders, Family Hubs).		
	<p>Contact Facebook Groups/Twitter groups Mumsnet Berkshire to encourage pregnant mothers to get their flu vaccs and to take their 2-3 year olds to the GP for vaccination.  <b>Tag them in.</b></p> <p><a href="https://www.facebook.com/Berkshirediabeteswalk/?hc_ref=SEARCH&amp;fref=nf">https://www.facebook.com/Berkshirediabeteswalk/?hc_ref=SEARCH&amp;fref=nf</a>  <a href="http://local.mumsnet.com/west-berkshire">http://local.mumsnet.com/west-berkshire</a>  <a href="https://www.facebook.com/WestBerkshireMums/?hc_ref=SEARCH&amp;fref=nf">https://www.facebook.com/WestBerkshireMums/?hc_ref=SEARCH&amp;fref=nf</a> –  <a href="http://www.breatheberkshirewest.org.uk/events/aggregator">http://www.breatheberkshirewest.org.uk/events/aggregator</a>  <a href="https://www.facebook.com/familyhubeast">https://www.facebook.com/familyhubeast</a>  <a href="https://www.facebook.com/familyhubcentral">https://www.facebook.com/familyhubcentral</a>  <a href="https://www.facebook.com/familyhubcentral">https://www.facebook.com/familyhubcentral</a>  <a href="https://www.facebook.com/westberkshire/">https://www.facebook.com/westberkshire/</a>  <a href="https://www.facebook.com/familyhubwest">https://www.facebook.com/familyhubwest</a>  <a href="https://www.facebook.com/West-Berkshire-Family-Information-Service-458641437598685/?ref=hl">https://www.facebook.com/West-Berkshire-Family-Information-Service-458641437598685/?ref=hl</a>  <a href="https://www.facebook.com/ourWBMC/?fref=mentions&amp;_xts__[0]=68.ARCdwdFI-5DFwsV_UEqTWmvbnLZj-w7QqzM2UyEZ1XBaA8fO7CuLq2ZArzMK73m6L7hmp-3vQOkxsG4jd-izYfCBZLJ-ZDNFMNm6sfK16KbVLjiMycuWiOMd7nx_lubaH0D_5XuaoaZ&amp;_tn=K-R">https://www.facebook.com/ourWBMC/?fref=mentions&amp;_xts__[0]=68.ARCdwdFI-5DFwsV_UEqTWmvbnLZj-w7QqzM2UyEZ1XBaA8fO7CuLq2ZArzMK73m6L7hmp-3vQOkxsG4jd-izYfCBZLJ-ZDNFMNm6sfK16KbVLjiMycuWiOMd7nx_lubaH0D_5XuaoaZ&amp;_tn=K-R</a></p> <p>Family Hub Facebook Pages.</p>		
<b>Pregnant women</b>	Send maternity services campaign materials to share with mums-to-be who also have older children.		

	Ask to put up posters in local shops including maternity shops such as JoJo Maman Bebe.		
	<p>Contact Health Visitor lead to ensure HVs discuss flu vaccine with their patients. Sam Knight, Health Visiting and School Nursing Manager to remind parents at the 2 year developmental check. She had her own last year but ask for this year.</p> <p> RE Health visitors.msg</p>	8-8-18	G
	<p>Contact Maternity, Jean Sangha, Matron Supervisor of Midwives, RBH. Last year she said :</p> <p>Email Jean with the figures for last year Thank you for this, we do each year have an active campaign for women to be vaccinated and as they attend our hospital clinics we have dedicated staff trained in being able to give the vaccine at the same time. As soon as we know that the vaccine is available we ask all the midwives to sign the woman's record that they have been offered the vaccine in pregnancy. Once you have the information to provide to women we will be willing to give them this also.</p> <p> RE Community and Midwifery Led Service</p>	8-8-18	G

	<p>I have established that our Gypsy Roma Community have health visitor support.</p> <p style="text-align: center;"> RE Health Visiting for Travellers.msg</p>	Complete	
<b>Families with school aged children in reception and years 1, 2, 3, 4 and 5</b>	Put a tailored flu message in the September 2018 Schools Hub newsletter which is posted on the schools' intranet.		
	Encourage mums toddlers groups, child-minders etc to introduce requirement for flu vaccination (choice?). Ask Family Information Service to facebook information about flu vaccines for all relevant age groups.		
	Letter sent to West Berkshire primary schools showing their percentage uptake in 2017-18 and encouraging them to have an even better year in 2018-19. Slough LA produced the letter.	13-7-18	G
	Respond to information requests from the School Immunisation Team.		
<b>People in clinical risk groups</b>	<p>Send flu campaign material to :</p> <p>West Berks Transport services. Patient Information Point at West Berkshire Community Hospital.</p> <p>Throughout flu season : Tweet and facebook on West Berks Health and Wellbeing accounts, with individual messages about different conditions.</p> <p>Contact :</p>	8-8-18 asked Alex at Webcas and Jane Seymour if they wanted any campaign materials for LDD.	G

- **disabilities**
- **Immunosuppression**
- **Chronic Liver disease**
- **BMI 40 and above**

Weight Watchers groups  
<https://www.facebook.com/weightwatchersuk/>  
<https://www.facebook.com/pages/Weight-Watchers-At-Herongate-Hungerford/1596950037200116>  
 List of Weight Watcher meetings, they have face books if you search for them and leave a message:  
<https://www.weightwatchers.com/uk/find-a-meeting/search?search=west%20berkshire>

Eat4Health group – send flu information.

Northcroft Leisure Centre	Northcroft Lane Newbury RG14 1RS	26/09/2018	12/12/2018	Wednesday	1.00-2.30 PM
Nuffield Health & Fitness & Wellbeing Gym	Racecourse Road, Newbury RG14 7PN	04/10/2018	20/12/2018	Thursday	7:20-8:50PM
Frank Hutchings Community Centre	Bradley-Moore Square, Thatcham RG18 4QH	04/10/2018	20/12/2018	Thursday	7.15-8.45 PM
Northcroft Leisure Centre	Northcroft Lane RG14 1RS	09/01/2019	27/03/2019	Wednesday	1.00-2.30 PM
Frank Hutchings	Bradley-Moore	17/01/2019	04/04/2019	Thursday	7:15-8:45P

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	<p>Contact Chief Exec at RBH to ask what promotion they do for these groups.</p> <p>Send easy read leaflet for LDD service users.</p>																										
	<p>Reactivate Flu Vaccinations in West Berkshire web page with information about flu and the vaccine and list of local pharmacies providing the vaccine.</p> <p>Activate electronic advertising in Newbury Central library on Flu and Stay Well This Winter.</p>																										

	<p>Check with CCG Comms that they will be doing Flu advertising on their electronic screens.</p> <p>Check if Comms will accept the press release from PHE, eg to put on their news feed.</p> <p>Contact Leader of the Council to do a face-to-camera piece encouraging under 65 at risk group to get vaccinated then transmit widely through media channels.</p>	<p>Done in June.</p>	
	<p>Seek evidence that CCGs were inviting eligible groups for flu vaccine.</p>		
	<p>Work with care staff to advocate to those with stable neurological conditions living in the community.</p>		
	<p>Send leaflets and poster to Swanswell – substance misuse recovery services for West Berks. Informed Swanswell which pharmacies are providing flu vaccinations locally.</p>		
<p><b>People aged 65 and above - Make sure older people know they can go to their local pharmacy as well as their GP to get a vaccine</b></p>	<p>Ask Sharon Ogden (flu champion) if flu leaflets can be put in Council Offices where public attend/customer service areas/when claiming bus passes.</p> <p>Provide flu leaflets and posters provided to:</p> <ul style="list-style-type: none"> <li>adult care settings (Sue Brain),</li> <li>Trading Standards (Caroline Stevenson) to promote when attending, discussion groups,</li> <li>community transport,</li> <li>West Berkshire Volunteer Centre,</li> <li>Village Agents helping with social prescribing,</li> <li>Befriends helping with social isolation,</li> <li>LA leisure centres and to the Steady Steps and T'ai chi for balance</li> </ul>		

	<p>and strength classes. Also to Activity for Health programme which include Cancer rehab.</p> <p>Libraries Train station</p> <p>If possible, provide campaign material at a Parish Council event.</p>		
<b>Carers</b>	<p>Send flu information to the Carers' Strategy Group, to promote flu vaccine as a right.</p> <p>Provide flu material to Carers' Rights Day.</p> <p>Apply to attend Provider Forum to talk about flu vaccine for Carers in Care Setting.</p>		
<b>Local authority employees – front line workers in social care and others</b>	<p>Get service specification for free flu vaccine offer for staff signed off and circulated to pharmacies.</p> <p>Superdrug and Tescos have confirmed they can provide our staff flu clinics.</p> <p>Invite colleagues and partners to host flu clinics, interest so far from :</p> <p>Greenfield House Resource Centre, Brookfields Special School, Notrees and Hungerford Resource Centre, Birchwood care home, Turnhams Green (Council office), West Street House (Council office), Market Street (Council office).</p>	July 2018	
	Free flu vaccines offer to staff in local pharmacies:		

	<p>Baseline numbers: 90 Children and Family Staff 380 Adult Social Care Staff.</p> <p>plus All early years staff whether directly employed or independent, Third Sector organisations including Volunteer Centre, HomeStart, Soup Kitchen, Healthwatch, Special school staff.</p>		
	Ask managers for adult social care settings to talk about flu vaccs in staff meetings.		
	Ask Flu Champions to talk about flu vaccines in their team meetings.		
	Follow-up through the flu season with PAs and Heads of Service and Family Information Service to remind staff to get a free flu vaccination without delay.		
	<p>Flu Champions meeting</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>. look into having antiseptic dispensers on each floor in all offices (MW)</li> <li>. have as many flu clinics as possible : Turnhams Green, WSH, MS (MW)</li> <li>. Flu Champions to try to remind staff throughout the flu season to get their flu vaccination : if they are in an NHS eligible group they should go to their GP or chemist and if they are frontline or business critical they can attend a Council clinic or go with their id badges to a number of nearby chemists to get their vaccinations (information on the opted-in chemists to be cascaded in due course). Some chemists allow online booking, eg Boots. Staff should ask</li> </ul>	3-7-18	G

	<p>their manager to be allowed to have their vaccination in work time if they can't get it done in lunch time (ALL)</p> <ul style="list-style-type: none"> <li>. best to have your flu vaccination as early as possible in the season. maybe set a personal target to get x number of colleagues in your team vaccinated? (ALL)</li> <li>. de-mystify what "frontline" means, it is anyone who may come into contact with the public as part of their work, however, no staff member is excluded from having a flu vaccine if they feel they may need it and it is at the managers' discretion. Social care staff are a key target group. (ALL)</li> <li>. Remind people that if they have a flu vaccine that they are not only helping to protect themselves, they are helping to protect those around them (ALL)</li> <li>. Remind people that they can get complications from having flu (ALL)</li> <li>. Consider having a raffle prize to encourage people to have a vaccine (MW to discuss with her manager).</li> <li>. Inform people that if they have never had the flu - they may be resistant or tolerant - it is still better to have the vaccine to protect themselves and prevent passing flu onto others (ALL)</li> <li>. Have an advert on the intranet and another a few weeks afterwards about the staff free seasonal flu vaccine scheme (MW) 'Don't Forget to have your flu vaccine'.</li> <li>. Talk about having a flu vaccine in staff team meetings (ALL).</li> <li>. Flu champions to consider having their photo taken having a flu jab and a caption underneath eg ' I got the flu jab because ...' (ALL)</li> <li>. Consider a group photo of flu champions with a caption (ALL)</li> </ul>		
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	. If different Services have their own social media accounts, post items from time-to-time through the flu season or share from the Health and Wellbeing Facebook and twitter feeds <a href="https://twitter.com/westberksph">https://twitter.com/westberksph</a> <a href="https://business.facebook.com/WBCPublicHealth/">https://business.facebook.com/WBCPublicHealth/</a> (ALL)		
	Chase Comms for video from Leader of the Council and to put information on the intranet.		
	Establish flu and winter health as seasonal agenda items on Carers Forum, Safeguarding Adults, Provider, Learning Disability partnership Board.		
<b>Care Homes and Commissioning</b>	Sent Final Flu Report for 2017-18 to ASC and C&F – highlighting most outbreaks occur in care settings.	June	G
	We contacted Commissioner of care homes to include a KPI around staff flu vaccinations and record keeping. Head of Service has taken this forward with Commissioning, as a result we are looking at soft measures to promote flu vaccine uptake such as posters for staff and managers to see (laminated).	July	
Third Sector	Offer campaign materials to Healthwatch, Soup Kitchen, Night shelter, Loose Ends pamhayden1942@gmail.com; Andrew.sharp@healthwatchberkshire.co.uk; Meryl@newburysoupkitchen.org.uk	8-8-18	G

# **Berkshire Seasonal Influenza Campaign 2017-18; flu activity summary, final vaccine uptake figures and feedback from local partners**

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## Executive Summary

- 1. Background** - Seasonal influenza (Flu) is a key factor in NHS winter pressures. The National Flu Plan aims to reduce the impact of flu in the population through a series of complementary measures. Flu vaccination is commissioned by NHS England for groups at increased risk of severe disease or death should they contract flu.

Key aims of the immunisation programme in 2017-18 were to;

- Actively offer flu vaccine to 100% of people in eligible groups
- Immunise 60% of children, with a minimum 40% uptake in each school
- Maintain and improve uptake in over 65s and clinical risk groups with at least 75% uptake among people 65 years and over and 75% among health and social care workers

- 2. Role of local authorities** - the National Flu Plan states that role of local authorities in the flu programme is to provide advocacy and leadership through the Director of Public Health and to promote uptake of flu vaccination among eligible residents and among staff providing care for people in residential and nursing care. Local authorities are responsible for providing flu vaccine for frontline health and social care workers that are directly employed. Local authorities may also provide vaccine to staff members as part of business continuity arrangements.

- 3. Local uptake** - In 2017-18 uptake of vaccine among GP-registered patients in Berkshire was generally similar to or higher than in 2016-17. After observing an increase in uptake in 2016-17, uptake in Slough was slightly reduced in the 2017-18 flu season, with the exception of over 65's where uptake was slightly higher.

- **Patients in clinical risk groups** – uptake was reduced by between 0.9% and 3.1% in this group, with the exception of RBWM and West Berkshire where uptake was similar to the previous season. Nationally uptake was very similar to the previous season.
- **Over 65s** – Increased uptake of flu vaccine was observed in all Local Authorities within Berkshire. Uptake in West Berkshire reached 77.6%, exceeding the national 75% uptake ambition
- **Pregnant Women** – In line with the national picture, uptake in this group was increased compared to 2016-17 with the exception of Slough where a reduction in uptake of 4.9% was observed. Bracknell Forest exceeded the national ambition of 55%, achieving 57% uptake.
- **Children aged 2 and 3** – Uptake in two year olds increased in Reading, West Berkshire Wokingham and RBWM, but decreased slightly in Slough. A reduction was also observed in Bracknell Forest compared to the previous season. The uptake ambition was not reached in any local authority in Berkshire or nationally (3.9% increase resulting in 42.9% uptake). Among three year olds modest increases in uptake were observed in Bracknell Forest, West Berkshire and Wokingham, with small decreases observed in Reading and RBWM. Slough experienced a larger decrease in uptake. All areas with the exception of Reading and Slough achieved a higher uptake than the national figure of 44.2%
- **Children in school years 0- 4** – this programme was again highly successful in Berkshire, the uptake ambition of 40% was exceeded in all local authorities reaching as high as 80% in at least one area.
- **Healthcare workers** – Uptake among NHS staff increased compared to the 2016-17 season in all local Trusts with the exception of Berkshire Healthcare Foundation Trust, where uptake was slightly reduced on the previous season despite more vaccines being given. Uptake in local NHS Trusts ranged from 62.6%-72.1%

**Summary** - Local Authority public health teams actively promoted flu vaccination to eligible groups using a range of channels and worked with commissioners and providers during the season to identify issues. Whilst uptake among school children was good, uptake in other risk groups remains below the desired level; this is in line with other areas of the country. There remains considerable variation in uptake between GP practices, both within and between CCGs. There is scope to improve communicating uptake to practices throughout the flu season and to improve the way patients are invited for vaccination. Myths and misconceptions regarding vaccines remain an important barrier to uptake. Other barriers may include variation in access to GP flu clinics, lack of health literacy and inclusion of porcine element in the children's vaccine making it inappropriate for some groups. Uptake among front line local authority social care workers remains difficult to measure; there is scope to improve data collection in this area.

Despite introduction of an NHS funded flu vaccine offer for frontline social care staff in nursing and residential care, local intelligence suggest uptake in this group remains low. Without more robust data from the National programme it is not possible to evaluate the success of this approach. Without changes to the flu programme, provision of flu vaccine to this group remains an occupational health responsibility and is likely to remain challenging for Local Authorities and CCGs to influence.

Locally, CCGs and their commissioned providers responded well to flu outbreaks in care homes and closed settings following development and implementation of flu outbreak plans. Close partnership working proved key to the success of this approach and closer working at the planning stage is warranted for future success.

#### 4. Recommendations

##### **Systems leadership**

- Those in leadership roles should ensure Flu planning and in-season flu monitoring within Berkshire brings together both immunisation and outbreak response planning
- NHS England, Local authorities and CCGs should work together to ensure public messaging and communication to partners around flu is aligned

##### **Communication and engagement**

- Local authorities and CCGs should seek to upskill key community and voluntary sector champions and organisations to enable them to disseminate key messages.
- Local partners should consider holding local winter-themed workshop(s) specifically for community and voluntary groups to help embed flu vaccination and other health protection information into community group/s 'communication' plans/local forums and support them to directly access resources to support the groups they work with
- Local partners should develop an effective social media promotional plan via different media targeting priority groups locally
- Public communication and engagement should continue to focus on "myth busting" approach to the flu vaccinations, taking action to understand and act on key local barriers and enablers
- Organisational Senior managers and leaders should support staff flu vaccination by demonstrating their commitment and emphasising the importance of vaccination, where these do not already exist, supporting the development of internal Flu Teams has the potential to drive the campaign forward

### **Commissioning**

- Commissioners should consider taking steps to improve access to flu vaccination for people in eligible groups who receive care for their conditions in hospital
- Residential, nursing care and domiciliary care commissioners should seek to include provision of staff flu vaccine within quality metrics

### **Vaccine delivery**

- Practice staff should ensure all eligible groups are actively invited to take up their flu vaccine, using reminders is shown to be effective in increasing uptake
- All local partners should seek to improve links between medical specialties providing care for people in clinical risk groups to provide advocacy and improve signposting to primary care
- Local partners should work in partnership to support effective response to flu outbreaks in closed settings such as care homes, nursing homes
- Local partners should work in partnership to enable residents of care / nursing homes and those receiving domiciliary care to take up their offer of a flu vaccine
- Local Authority flu leads should work with internal partners to more effectively estimate offer and uptake of staff vaccination within different staff groups

### **Flu outbreak response (key recommendations from the Thames Valley workshop)**

- Communication between organisations should be effective: directed at the appropriate person, timely and clear
- Local partners should continue to have meetings which build on the learning from this meeting to plan and manage future flu seasons
- Flu leads to consider if plans, models and learning could effectively be shared across organisation
- Commissioning organisations should have robust and resilient plans in place for an effective response to flu outbreaks in all settings including closed communities both in and out of season
- All organisations should review and consider the suggested actions for prevention, response and recovery of flu outbreaks taking forward as appropriate for their organisation
- All organisations should work in partnership to improve flu vaccination uptake for all and particularly increase flu vaccination rates for care home / nursing home / domiciliary care home staff
- Local partners should provide support to care homes in preparing for, managing and recovering from flu outbreaks
- Commissioning organisations should have assurances from their commissioned services that they have systems in place for managing future flu seasons

## 1. Seasonal influenza

Seasonal influenza (Flu) is a key factor in NHS winter pressures. It impacts on those who become ill, the NHS services that provide direct care, and on the wider health and social care system that supports people in at-risk groups. Flu occurs every winter in the UK. The National Flu Plan aims to reduce the impact of flu in the population through a series of complementary measures. These measures help to reduce illness in the community and unplanned hospital admissions, and therefore pressure on health services generally and A&E in particular. The plan is therefore a critical element of the system-wide approach for delivering robust and resilient health and care services throughout the year. Successful local implementation of the flu plan depends on partnership working between stakeholders at National and local levels. Key stakeholders include Department of Health, NHS England, Clinical Commissioning Groups (CCGs), GP practices, Community Pharmacy, Public health England (PHE), Local Authorities and community groups.

## 2. Role of the local health and social care system

The [National Flu Plan](#)<sup>1</sup> states that;

Local authorities, through their DsPH, have responsibility for:

- providing appropriate advocacy with key stakeholders and challenge to local arrangements to ensure access to flu vaccination and to improve its uptake by eligible populations
- providing leadership, together with local resilience partners to respond appropriately to local incidents and outbreaks of flu infection

Local authorities can also assist by:

- promoting uptake of flu vaccination among eligible groups, for example older people in residential or nursing care, either directly or through local providers
- promoting uptake of flu vaccination among those staff providing care for people in residential or nursing care, either directly or through local providers

CCGs are responsible for

- quality assurance and improvement which extends to primary medical care services delivered by GP practices including flu vaccination and antiviral medicines

Additionally a letter to CCGs from the NHS England Head of Primary Care Commissioning on 12<sup>th</sup> June 2017 stated that 'CCGs will commission appropriate primary care clinicians to respond to flu outbreaks, by assessing exposed persons for the antiviral treatment or prophylaxis and completing a patient specific direction for this purpose'.

GP practices and community pharmacists are responsible for;

- educating patients, particularly those in at-risk groups, about the appropriate response to the occurrence of flu-like illness and other illness that might be precipitated by flu
- ordering the correct amount and type of vaccine for their eligible patients, taking into account new groups identified for vaccination and the ambition for uptake
- storing vaccines in accordance with national guidance
- ensuring vaccination is delivered by suitably trained, competent healthcare professionals who participate in recognised on-going training and development in line with national standards
- maintaining regular and accurate data collection using appropriate returns

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<sup>1</sup> [National Flu Plan - Winter 2017-18, PHE](#)

- encouraging and facilitating flu vaccination of their own staff
- In addition, GP practices are responsible for:
  - ordering vaccine for children from PHE central supplies through the ImmForm website and ensuring that vaccine wastage is minimised
  - ensuring that all those eligible for the flu vaccine are invited personally to receive their vaccine

Locally, Berkshire Healthcare Foundation Trust Schools Immunisation Team is commissioned to deliver the flu immunisation programme to children in school years Reception to year 4 through a schools-based delivery model.

### 3. 2016-17 Flu activity

The PHE report, [‘Surveillance of influenza and other respiratory viruses in the UK: Winter 2017 to 2018’](#) released on 24 May 2018, indicated that;

- In the 2017 to 2018 season, moderate to high levels of influenza activity were observed in the UK with co-circulation of influenza B and influenza A(H3), which is different to 2016-17 where H3N2 predominated.
- Indicators for GP consultation for flu-like illness in and out of hours and for NHS 111 calls were at higher levels than in 2016-17, patterns of activity were similar peaking in week 52.
- Peak admissions rates of influenza to hospital and intensive care were higher than seen in the previous 6 seasons.
- The majority of circulating A(H3N2) strains in the UK were genetically and antigenically similar to the Northern Hemisphere 2016/17 (H3N2)vaccine strain, this is in line with many Northern Hemisphere countries.
- The impact of this co-circulation was predominantly seen in older adults, with a consistent pattern of outbreaks in care homes noted. Reported outbreaks peaked in week 52 of 2017
- Levels of excess all-cause mortality were elevated particularly in the elderly, similar to the 2016 to 2017 season but were lower than in the 2014 to 2015 season in which influenza A(H3N2) also dominated.

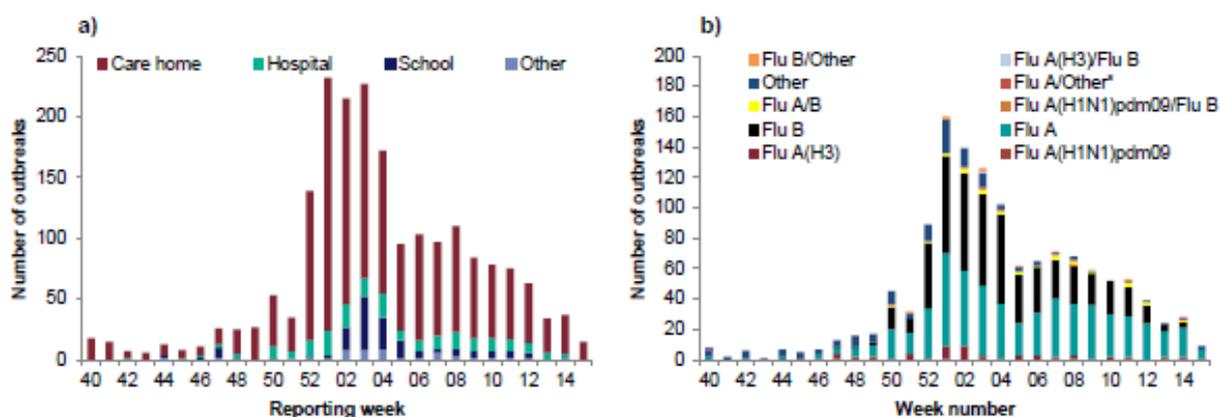
**Figure 1: Reported Outbreaks (National)**

Figure taken from [Surveillance of influenza and other respiratory viruses in the UK: Winter 2017 to 2018](#) (PHE, 2017)

In England a total number of 1,832 outbreaks of acute respiratory infection were reported to Public Health England between week 40 2017 and week 15 2018 compared to 1,009 in the 2016 to 2017 season. The majority of outbreaks were from care homes settings (79.7%) similar to the previous season. Hospital outbreaks accounted for 9.1% of outbreaks; this is slightly lower than in the 2016 to 2017 season (13.5%). School outbreaks accounted for 8.4% of all outbreaks compared to 5.9% in the 2016 to 2017.

#### 4. Local outbreaks

There were 51 outbreaks of influenza-like illness (ILI) reported in the Thames Valley between 1st September 2017 and 31st March 2018, of these 43 were in care, residential and nursing home settings. Three were in schools, three in hospitals and two in custodial institutions. 35 of the ILI outbreaks reported during this time period received laboratory confirmation for swabs taken. The results returned were for a mix of influenza A (9 outbreaks) and B (15 outbreaks), including a number of outbreaks where both flu A and flu B were co-circulating (9 outbreaks). There were two outbreaks in which laboratory confirmation was received but the typing is unknown. Flu B strains were associated with a higher proportion of care home flu outbreaks than observed in previous years, although Flu A H3N2 and Flu A H1N1 strains were also detected.

There were 9 outbreaks in which deaths were recorded with influenza-like-illness listed as a possible contributing factor (based on self-report from the care home and not death certificates). Hospitalisation of residents was required in 33 outbreaks.

Following the national direction from NHSE for CCGs to develop plans for responding to outbreaks of flu in closed settings both in and out of season, much closer working between CCGs, PHE and LAs developed over the 2017-18 flu season. A workshop was held in March 2018 to review this work across Thames Valley, a report is available from PHE South East (Thames Valley) Health Protection Team, (see embedded document at the end of this report).

## 5. Flu vaccine efficacy

At time of publication, final influenza vaccine efficacy estimates for 2017-18 had not been released.

Interim results from five European studies indicate that, in all age groups, 2017/18 influenza vaccine effectiveness in the early part of the 2017-18 flu season was 25 to 52% against any influenza, 36 to 54% against influenza B, 55 to 68% against influenza A(H1N1)pdm09 but only -42 to 7% against influenza A(H3N2).<sup>2</sup> In the UK for the period 1 Oct 2017 to 14 Jan 2018, interim vaccine efficacy against any medically attended influenza among all ages was estimated to be 25% (95% CI: -10 to 48) in the UK. Interim vaccine effectiveness of the quadrivalent children's nasal vaccine was reported to be 53% (95% CI: -56 to 86) and interim efficacy of the injected vaccine, 18% (95% CI: -23 to 45) in adults.

The higher burden of H3N2 among elderly people together with the lower VE of vaccines against this sub-type support the need for more effective interventions<sup>3</sup> and the UK Joint Committee on Vaccination and Immunisation has advised that use of adjuvanted trivalent inactivated vaccines (TIV) in those aged 65 years and older would be both more effective and cost-effective than the non-adjuvanted trivalent or quadrivalent vaccines currently in use<sup>4</sup>.

In February 2018, NHS England wrote to GP Practice and Community Pharmacies advising that they should offer the adjuvanted trivalent vaccine (aTIV) for all 65s and over and the quadrivalent vaccine (QIV) for those age 18 to 64 at risk<sup>5</sup>.

## 6. Groups eligible for vaccination

Flu vaccination remains the best way to protect people from flu. People in certain groups are at increased risk of severe symptoms and deaths if they contract flu, these groups were eligible for free flu vaccine in 2017-18.

- Adults aged 65 or above
- Children aged 2 to 4 years or in school years 1, 2 and 3
- Pregnant women
- Paid and unpaid carers
- Frontline health and social-care workers
- People living in long-stay residential care homes,
- Adults and children (6 months to 64 years) with one or more of the following conditions;
  - a heart problem
  - a chest complaint or breathing difficulties, including bronchitis, emphysema or severe asthma
  - kidney disease
  - lowered immunity due to disease or treatment (such as steroid medication or cancer treatment)
  - liver disease
  - stroke or a transient ischaemic attack (TIA)

<sup>2</sup> [http://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2018.23.9.18-00086#html\\_fulltext](http://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2018.23.9.18-00086#html_fulltext)

<sup>3</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/641162/Influenza\\_vaccine\\_effectiveness\\_in\\_primary\\_care\\_1617\\_final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641162/Influenza_vaccine_effectiveness_in_primary_care_1617_final.pdf)

<sup>4</sup> <https://www.gov.uk/government/publications/flu-vaccination-supporting-data-for-adult-vaccines/summary-of-data-to-support-the-choice-of-influenza-vaccination-for-adults-in-primary-care>

<sup>5</sup> NHS England gateway reference: 07648

- diabetes
- a neurological condition, e.g. multiple sclerosis (MS), cerebral palsy or learning disability
- Morbidly obese individuals (BMI>40)

The only change to the programme in 2017-18 compared to 2016-17 was the extension of the offer of live attenuated influenza vaccine (LAIV) to children of appropriate age for reception class (R) and school year 4, in addition to those children in school years 1, 2 and 3 and the corresponding removal of children aged 4 from the GP immunisation programme. This is in line with the principle for future extension of the programme to extend upwards through the age cohorts.

In Berkshire, children of appropriate age for school years R to 4 were offered flu vaccine in school, with arrangements in place to ensure home-schooled children are also offered a vaccine.

Although The Green Book had recommended that people with a BMI over more than 40 should have a flu vaccine<sup>6</sup>, 2017-18 was the first flu season where this group was included in the payment scheme for General Practice.

In October 2017, NHS England announced that £10M had been made available nationally to fund flu vaccination for residential, nursing and domiciliary care staff employed by a registered residential care/nursing home or registered domiciliary care provider, and who are directly involved in the care of vulnerable patients/clients at increased risk from exposure to influenza<sup>7</sup> (i.e., those patients or clients in a clinical risk group or aged 65 or over). This offer was available through community pharmacies and most GP Practices.

## 7. Aims of the flu immunisation programme

The aims of the immunisation programme in 2017-18 were to;

- Actively offer flu vaccine to **100%** of people in eligible groups.
- Immunise 60% of children, with a minimum **40%** uptake in each school
- Maintain and improve uptake in over 65s and 6 months to 64 years in clinical risk groups with at least **75%** uptake for those aged 65 years and over and **75%** uptake for health and social care workers
- Improve uptake over and above last season among those in clinical risk groups and prioritise those with the highest risk of mortality from flu but who have the lowest rates of vaccine uptake (i.e. immunosuppression, chronic liver and neurological disease, including people with learning disabilities); achieving at least 55% uptake in all clinical risk groups and maintain higher rates where they have previously been achieved.

## 8. Communications and resources

In 2017-18, flu vaccine was for the third year running included as a component of the jointly coordinated PHE and NHS England “Stay well this winter” campaign.

<sup>6</sup> <https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

<sup>7</sup> <http://www.nhsemployers.org/news/2017/11/how-care-staff-can-get-free-flu-vaccine>

Resources were available from the online PHE Campaign Resources Centre.

Local authorities and CCGs across Berkshire used their social media accounts to enforce national messages on flu vaccine as well as other winter health messages. A Berkshire press release template was prepared for local modification by local authority public health teams. Leaflets and posters from the national resource centre were distributed to local venues including Children's centres, childcare settings and local shops by local authority public health teams. Easy-read versions of the leaflet were shared with LA Learning Disabilities colleagues for use with their clients. Flu vaccine was promoted to carers during national Carer's Rights Day (20/11/2017) and to those with long term conditions as part of National Self-Care Week (16-22/11/2017).

Following the announcement of the NHS-funded offer of flu vaccination for residential, nursing and domiciliary care staff, local authorities and CCGs communicated directly with local care providers to raise awareness of the offer and encourage staff to get vaccinated against flu.

## 9. Local delivery of flu vaccination programme

Across Berkshire, residents were able to access flu vaccine in a number of ways (Table 1).

**Table 1: Access to flu vaccine for eligible groups**

Group	Provider
Children aged 2 to 4	Primary Care
Children in School years 1, 2 and 3	School based programme delivered by Berkshire Healthcare Trust
Special Schools	School based programme delivered by Berkshire Healthcare Foundation Trust
Adults aged 65 or above	Primary Care or Community Pharmacy
Adults in clinical risk groups	Primary Care or Community Pharmacy
Children in clinical risk groups	Primary Care (or through special school programme)
Paid and unpaid carers	Primary Care or Community Pharmacy
Pregnant Women	Maternity Unit at Royal Berkshire Hospital, Wexham Park Hospital or Primary Care
Health and social care workers	Via occupational health arrangements and for nursing, residential and domiciliary care workers via GP and Pharmacy following the National announcement

A stakeholder workshop was held in June 2017 this was jointly delivered by Jo Greengrass (East Berks CCGs), Dr Chris Cook and Harpal Auja, Screening and Immunisation Team NHS England South - South Central and Berkshire local authority public health teams from Bracknell Forest, Reading, Slough, Windsor and Maidenhead, West Berkshire and Wokingham. Participants from a range of stakeholder organisation attended, including representatives from East Berkshire and Berkshire West CCGs, GP practices, NHS provider organisations, Public Health England, Residential and Nursing Care providers and public health teams across Berkshire.

The aims of the workshop were to;

- review and reflect on 2016-17 flu season
- understand commissioning intentions for 2017-18

- draw on learning to put in place actions to improve uptake and reduce practice variation between practices
- listen to what enables and blocks residential care providers to offer vaccine to staff

## 10. Local Communications and Engagement Activities

Recommendations for 2017-18 from the 2016-17 flu seasons are shown in Table 2 together with actions taken in response to these.

**Table 2: Recommendations and responses**

Recommendation	Action(s)
Establish a joint flu communications plan with CCG comms colleagues ahead of the flu campaign launch and ensure LAs provide regular updates on planned timing and nature of LA flu comms to the CCGs to improve the uptake of opportunities to share communications. Communications should take account of uptake in each eligible group and target appropriately.	Workshop held in June 2017 to establish partnership working. East and West Berkshire Flu Action groups met monthly from September to monitor uptake and tailor internal and external flu communication and engagement activities.
Ensure communication between all LAs in the summer period to establish model for staff flu vaccine offer in order to secure most cost-effective and accessible.	Although a single approach was not developed, LAs shared plans and approaches over the summer period.
Deliver a separate event/ specific publicity for training/planning for Care Agencies/ residential homes to advocate for provision of staff vaccines and support employers.	<p>Working with CCG colleagues a revised newsletter for Nursing and Residential care providers was developed and circulated together with the annual PHE guidance on managing outbreaks of influenza-like-illness</p> <p>Following the announcement of the national offer for care workers, LA and CCG partners engaged with providers to raise awareness of the campaign.</p> <p>In December a briefing for Directors of Adult Social Care, LA Consultants in Public Health, Lead Members, Health &amp; Wellbeing Board Chairs was developed to raise awareness and seek support in promoting flu vaccine to eligible care workers.</p>
Work with commissioners of residential, nursing and domiciliary care to include KPIs around staff flu vaccine and record keeping.	This is an important recommendation which was not taken forward in 2017-18, largely due to the short time frame following the workshop and the start of the flu season.
Liaise more closely with PHE colleagues to measure and communicate the impact of	Following the national direction from NHSE for CCGs to develop plans for responding to

Recommendation	Action(s)
suspected and confirmed flu outbreaks in care home and childcare settings.	<p>outbreaks of flu in closed settings both in and out of season, much closer working between CCGs, PHE and LAs developed over the 2017-18 flu season.</p> <p>A workshop was held in March 2018 to review this work across Thames Valley , a report is available from PHE South East (Thames Valley) Health Protection Team.</p>
Continue to engage with hospital specialists and local patient advocates to help promote flu vaccine to patients with clinical risk conditions.	<p>Building on the work achieved in 2016-17 has been challenging to sustain in 2017-18 and there is still opportunity to improve the way in which some patient groups are supported to access flu vaccine.</p> <p>The Team in the East of Berkshire have included flu vaccine reminders for patients with chronic respiratory disease and asthma on clinic letters.</p>
Continue to support the school immunisation team to communicate with schools and head-teachers on the flu programme ahead of the autumn term and throughout flu season.	<p>LA Public health flu leads have continued to support the Schools Immunisation Team to engage with schools and have facilitated discussions regarding information sharing and the need for nurses to have access to mobile devices in the school.</p> <p>LA teams have promoted mop-up clinic dates to local communities.</p> <p>It remains challenging for the School Immunisation Team to receive denominator data on eligible children prior to the school visit.</p>

In addition to the fortnightly Thames-Valley teleconferences led by NHS England, fortnightly teleconferences or meetings were held in East and West Berkshire to monitor flu levels, vaccine uptake and progress with local actions. Outputs from the workshop enabled stakeholders in each locality to identify key actions for inclusion in their local 'Flu Action Plan', building on work done in the previous flu season. Communications and engagement activities undertaken by local authority and CCG teams are summarised in Table 3.

**Table 3: Local communications and engagement activities**

Organisation	Actions
<b>LA Public Health Teams</b>	<ul style="list-style-type: none"> <li>• promoting flu vaccine through joint communications initiatives CCG, increased use of targeted social media to promote vaccination to specific groups – see Section 13 for more detail.</li> <li>• use of corporate and public health social media channels to communicate with residents</li> <li>• targeted social media campaign to parents with young children through Children’s Centres and local nurseries</li> <li>• internal comms to LA staff, including LA newsletters, intranet articles and internal screen-savers</li> <li>• attending local events and workshops, such as National Carers Rights Day</li> <li>• distributing national campaign materials to other local organisations, such as children’s centres, child minders and organisations supporting older people and people with learning disabilities</li> <li>• promoting through LA newsletters and websites</li> <li>• providing leaflets to older people at lunch clubs and when collecting a free bus-pass</li> <li>• placing promotional materials in community settings used by older people and young families</li> <li>• working with care staff to advocate to those with stable neurological conditions living in the community</li> <li>• a letter was sent to Healthwatch asking for their support in making people aware of their eligibility and right to receive a free flu vaccine</li> <li>• series of communication to care home providers including a letter for HWB to go to residential care homes encouraging uptake of NHS-funded vaccine for care workers caring for vulnerable residents</li> <li>• resources for people with Learning Disabilities circulated to key organisations</li> <li>• using links into parish councils to communicate in other community settings and village events</li> <li>• participation in East of Berkshire Flu Action Group and TV Flu Teleconference and South East Flu Communications Teleconferences</li> <li>• working closely with BHFT School Immunisation Team to support delivery of programme, advertising school and mop up clinics through LA websites and directly with schools for onward promotion to parents</li> </ul>
<b>East Berkshire CCG</b>	<ul style="list-style-type: none"> <li>• numerous press releases have been issued locally featuring different target groups and shared with media, partners, stakeholders, on our websites and via social media</li> <li>• media interviews on BBC Radio Berkshire and on Asian Star radio station in Slough</li> <li>• three short flu videos starring local GP Dr Jim O’Donnell have been shared via social media, partners</li> <li>• two week radio campaign on Asian Star which contained key messages targeting parents of children aged 2-8 in both English and Hindi</li> <li>• an advert was placed in the Primary Times magazine which is delivered to parents of young children</li> </ul>

	<p>across Berkshire. This was financed by BCF.</p> <ul style="list-style-type: none"> <li>• working with Language Line, the national children’s flu poster was translated into Urdu, Punjabi, Hindi and Polish and shared with all local partners</li> <li>• the team has worked closely with the schools immunisation programme lead to advertise the extra flu clinics</li> <li>• flu updates for GP Practices across East Berkshire have been included in the weekly bulletins</li> <li>• the team has helped arrange and co-ordinate publicity for staff flu clinics which have been well attended this year</li> <li>• taking part in the NHSE flu comms call updating on local progress and sharing ideas</li> <li>• Included a piece on the importance being vaccinated in the new East Berkshire CCG quarterly stakeholder newsletter issued this month (Jan)</li> <li>• training sessions for practices on improving flu uptake and support offered particularly in WAM through BCF money - expert help to increase flu uptake</li> </ul>
<b>Berkshire West CCG</b>	<ul style="list-style-type: none"> <li>• NHS partners across the Berkshire West locality including West Berkshire CCGs, Royal Berkshire FT and Berkshire Healthcare FT developed a joint winter planning communications strategy that uses NHS England messaging throughout the period of September 2017 – the end of March 2018.</li> <li>• the Strategy was shared with and approved by the local A&amp;E Delivery Board.</li> <li>• Berkshire CCGs clinical leads and GPs have taken part in interviews with local broadcast channels, BBC Radio Berkshire and South TV during the campaign period</li> </ul>
<b>Community Pharmacy</b>	<ul style="list-style-type: none"> <li>• Pharmacy Thames Valley funded undertook a number of communications over the flu season including;</li> <li>• a local radio campaign for two weeks at the start of the season;</li> <li>• committee member was interviewed on local radio</li> <li>• flu stickers and badges were supplied for use by pharmacy teams to raise awareness of the service</li> </ul>

## **11. National Vaccine Uptake 2017-18**

Uptake of vaccine in primary care, community pharmacy and among healthcare workers is monitored by Public Health England. During Flu season, NHS England commissioners of the vaccine programmes extracted and collated uptake data from GP practices on a weekly basis and nationally on a monthly basis. Data on numbers of vaccines provided to adults through community pharmacy and to pregnant women by NHS midwives was monitored by NHSE and shared with stakeholders.

Influenza vaccine uptake in 2017 to 2018 in England was higher than the 2016 to 2017 season across all of the target groups in particular in the 65+ year olds (72.6%) and in (NHS) healthcare workers (68.7%). Uptake of the nasal flu vaccination among children increased from the previous year in England from 38.9% to 42.8% for two year olds and from 41.5% to 44.2% in three year olds. Overall uptake for children in school years reception, 1, 2, 3 and 4 age by LA ranged from 26.0% to 79.3%.

### **11.1. GP registered patients by CCG**

In keeping with the national and regional picture, uptake of vaccine among GP-registered patients in Berkshire was generally higher in 2016-17 than in 2017-18. The increased uptake observed in Slough CCG during 2016-17 was not sustained in 2017-18 with reduced uptake across all risk groups with the exception of over 65s, see Table 4.

Newbury & District and North and West Reading CCGs achieved the 75% target for patients aged 65 and above, something which was not achieved nationally.

The increased uptake among patients in clinical risk groups observed in 2016-17 was not sustained in 2017-18. Uptake decreased in the majority of CCGs with only South Reading and Windsor, Ascot & Maidenhead improving uptake on the previous year.

Uptake among pregnant women was increased in all CCGs with the exception of Slough where there was a decrease of 4.9%. Nationally, and across Thames Valley, uptake in this group remained similar to the previous season.

Uptake among 2 year olds increased in all Berkshire CCGs with the exception of Slough and Bracknell & Ascot, uptake among 3 year olds increased or was maintained in all CCG areas. For four years olds, uptake increased in all CCGs except Slough.

**Table 4: Flu vaccine uptake among GP registered patient by CCG - Sept 1 2017 to Jan 31 2018 in comparison to 2016-17 time-point.\***

	Risk Group				
	65 and over	Under 65 (at-risk)	All Pregnant Women	2 Years old	3 Years old
NHS BRACKNELL AND ASCOT 2017-18	73.5	53.8	55.8	47.0	51.9
2016-17	70.9	54.0	51.1	49.5	50.5
2016-17 Variation	2.6	-0.2	4.7	-2.5	1.4
NHS NEWBURY AND DISTRICT 2017-18	77.5	55.5	52.1	58.3	55.6
2016-17	74.4	55.7	45.1	53.6	53.9
2016-17 Variation	3.1	-0.2	7	4.7	1.7
NHS N & W READING 2017-18	75.0	50.4	48.1	47.8	49.4
2016-17	74.0	54.1	46.3	42.4	49.1
2016-17 Variation	1	-3.7	1.8	5.4	0.3
NHS SLOUGH 2017-18	69.9	47.5	35.9	26.3	28.1
2016-17	68.2	50.6	40.8	26.7	33.2
2016-17 Variation	1.7	-3.1	-4.9	-0.4	-5.1
NHS SOUTH READING 2017-18	70.4	47.8	43.9	37.1	40.5
2016-17	68.9	46.4	39.3	35.7	39.6
2016-17 Variation	1.5	1.4	4.6	1.4	0.9
NHS WINDSOR, ASCOT & M'HEAD 2017-18	70.8	47.5	49.4	44.1	44.5
2016-17	68.4	47.0	44.5	37.0	44.2
2016-17 Variation	2.4	0.5	4.9	7.1	0.3
NHS WOKINGHAM 2017-18	73.8	48.6	52.6	55.4	54.2
2016-17	72.7	50.7	50.4	48.1	53.5
2016-17 Variation	1.1	-2.1	2.2	7.3	0.7
<b>Thames Valley Total 2017-18</b>	<b>74.0</b>	<b>50.0</b>	<b>50.4</b>	<b>46.8</b>	<b>48.8</b>
2016-17	72.1	50.7	47.2	43.3	47.0
2016-17 Variation	1.9	-0.7	3.2	3.5	1.8
<b>England Total 2017-18</b>	<b>72.6</b>	<b>48.9</b>	<b>47.2</b>	<b>42.8</b>	<b>44.2</b>
2016-17	<b>70.4</b>	<b>48.7</b>	<b>44.8</b>	<b>38.9</b>	<b>41.5</b>
2016-17 Variation	<b>2.2</b>	<b>0.2</b>	<b>2.4</b>	<b>3.9</b>	<b>2.7</b>

Data source: [Seasonal influenza vaccine uptake amongst GP Patients in England. Provisional monthly data for Sept 31 2017 - Jan 2018](#)

\* includes those GP-registered patients who were vaccinated through national community pharmacy scheme or by hospital midwives

**Table 5: Flu vaccine uptake among GP registered patient by LA - Sept 1 2017to Jan 31 2018 in comparison to 2016/17time-point**

	Risk Group				
	65 and over	Under 65 (at-risk)	All Pregnant Women	2 Years old	3 Years old
<b>Bracknell Forest 2017-18</b>	73.5	53.9	57.0	46.3	51.7
2016-17	71.7	54.9	52.5	50.4	50.6
2016-17 Variation	1.8	-1	4.5	-4.1	1.1
<b>Reading 2017-18</b>	72.3	47.0	45.2	38.8	40.9
2016-17	71	48.5	41	35.8	41.6
2016-17 Variation	1.3	-1.5	4.2	3	-0.7
<b>Slough 2017-18</b>	69.9	47.5	35.9	26.3	28.1
2016-17	68.2	50.6	40.8	26.7	33.2
2016-17 Variation	1.7	-3.1	-4.9	-0.4	-5.1
<b>West Berkshire 2017-18</b>	77.6	55.3	52.1	58.1	56.6
2016-17	74.9	56.2	46.9	54.1	54.8
2016-17 Variation	2.7	-0.9	5.2	4	1.8
<b>Windsor and Maidenhead 2017-18</b>	71.6	48.6	49.7	44.4	45.1
2016-17	68.7	47.6	44.7	38	45.8
2016-17 Variation	2.9	1	5	6.4	-0.7
<b>Wokingham 2017-18</b>	73.3	48.6	52.4	58.5	57.7
2016-17	72.3	50.5	50.0	49.8	55
2016-17 Variation	1	-1.9	2.4	8.7	2.7
<b>England Total 2017-18</b>	<b>72.6</b>	<b>48.9</b>	<b>47.2</b>	<b>42.8</b>	<b>44.2</b>
2016-17	<b>70.5</b>	<b>48.6</b>	<b>44.9</b>	<b>38.9</b>	<b>41.5</b>
2016-17 Variation	<b>2.1</b>	<b>0.3</b>	<b>2.3</b>	<b>3.9</b>	<b>2.7</b>

Data source: [Seasonal influenza vaccine uptake amongst GP Patients in England. Provisional monthly data for Sept-31 2017 - Jan 2018](#)

## 11.2. Schools Campaign

In Berkshire, the children's quadrivalent live attenuated intra-nasal vaccine (LAIV) was delivered in primary schools by a team of school immunisation nurses from Berkshire Health Foundation Trust. The team arranged and carried out visits at around 300 schools across Berkshire, including special schools where all year groups were offered vaccine. The BHFT school immunisation team delivered over 40,000 doses of vaccine and succeeded in reaching and exceeding the 40% overall uptake target in every Berkshire LA, see Table 6.

**Table 6: Uptake for school year R, 1, 2, 3 and 4 children<sup>8</sup>, by local authority 2017-18**

		Bracknell Forest	Reading	Slough	West Berks	RBWM	Wokingham	South Central	England
<b>Reception (age 4-5)</b>	Estimated no. eligible children	1,402	1,906	2,164	1,981	1,665	1,974	42,971	656,251
	Estimated no. of children vaccinated	1,110	1,330	1,157	1,575	1,370	1,820	30,923	410,565
	% influenza vaccine uptake	79.2	69.8	53.5	79.5	82.3	92.2	72.0	62.6
<b>Year 1 (age 5-6)</b>	Estimated no. eligible children	1,610	2,094	2,504	2,026	1,944	2,400	45,617	680,602
	Estimated no. of children vaccinated	1,179	1,297	1,132	1,620	1,325	1,799	31,064	414,317
	% influenza vaccine uptake	73.2	62.2	45.2	80.0	68.2	75.0	68.1	60.9
<b>Year 2 (age 6-7)</b>	Estimated no. eligible children	1,557	2,081	2,515	2,098	1,963	2,282	46,019	682,256
	Estimated no. of children vaccinated	1,159	1,314	1,177	1,627	1,309	1,756	31,339	411,375
	% influenza vaccine uptake	74.4	63.1	46.8	77.6	66.7	77.0	68.1	60.3
<b>Year 3 (age 7-8)</b>	Estimated no. eligible children	1,598	2,036	2,495	2,051	1,989	2,373	45,564	674,105
	Estimated no. of children vaccinated	1,093	1,206	1,079	1,539	1,275	1,745	29,335	387,648
	% influenza vaccine uptake	68.4	59.2	43.2	75.0	64.1	73.5	64.4	57.5
<b>Year 4 (age 8-9)</b>	Estimated no. eligible children	1,624	1,995	2,452	2,010	1,975	2,262	44,119	668,153
	Estimated no. of children vaccinated	1,081	1,155	1,031	1,492	1,222	1,606	27,662	371,927
	% influenza vaccine uptake	66.6	57.9	42.0	74.2	61.9	71.0	62.7	55.7

**Data source:** [Seasonal influenza vaccine uptake for children of primary school age, Provisional monthly data for 1 September 2017 to 31 January 2018 by Local Authority](#)

<sup>8</sup> Data is provisional and represents 100% of all Local Authorities (LAs) in England responding to the January 2017 survey. Where a total for England is quoted (e.g. sum of number of patients registered and number vaccinated) this is taken from the 100% of all LAs and is therefore NOT an extrapolated figure for all of England.

### 11.3. Pharmacy Campaign for adults

As in 2015-16, in 2016-17 pharmacies signed up to the National Advanced Service could offer flu vaccine to the following groups;

- People aged 65 and over.
- Pregnant women
- Adults in a clinical risk group

Similarly to 2016-17, national data from the PharmOutcomes Sonar Informatics and Healthi systems indicates that the majority of those receiving a flu vaccine in community pharmacy were aged over 65, with over two thirds of the vaccines provided via this service being given to people over 65 years of age. Nationally, among pharmacies using PharmOutcomes, 66.5% of doses were to people aged 65 or over, 3.6% to carers and 1.4% to pregnant women, with the remainder given to adults in clinical risk groups, people with diabetes accounted for 7.3% of the total doses recorded in PharmOutcomes, this is a very similar pattern to that observed in 2016-17. Further breakdown of the risk groups receiving their vaccine in community pharmacy is given in Table 7.

It should be noted that this data shows the eligibility groups of patients who have been recorded as receiving flu vaccination in community pharmacy (to 5th April 2018). Some Pharmacy contractors are not able to use or have decided not to use electronic systems to record administration of vaccines. Therefore this data does not cover all patients vaccinated in community pharmacy during the 2017/18 flu season.

National data from the Pharmaceutical Services Negotiating Committee<sup>9</sup> shows that at least 1,199,264 doses were delivered in pharmacies as part of the National Advanced Service. This figure is generated from the NHS BSA and so include all those vaccinations claimed for and not just those that use the electronic systems so is likely to be accurate.

Pharmacies in Berkshire provided 37,318 doses of vaccine (Table 8), an increase of 4597 (14%) compared to the number of doses recorded in the previous flu season, the majority of Berkshire pharmacies used the PharmOutcomes system to record the number of vaccines given.

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<sup>9</sup> [Flu vaccination data from PharmOutcomes, Sonar Informatics and Healthi for 2017-18](#)

**Table 7: Flu vaccinations given in Community Pharmacy in England, by risk group**

Vaccination eligibility group	PharmOutcomes	Sonar	Healthi
Aged over 65	66.5%	57.4%	81%
Asplenia/splenic dysfunction	0.2%	0.2%	0.3%
Carer	3.6%	4.1%	1.9%
Chronic heart disease	2.8%	3.8%	3.1%
Chronic kidney disease	0.4%	0.4%	0.6%
Chronic liver disease	0.2%	0.2%	0%
Chronic neurological disease	1.3%	1.2%	1.2%
Chronic respiratory disease	12.8%	13%	5%
Diabetes	7.3%	13%	3.7%
Household contact of immunocompromised individual	0.6%	0.7%	0.6%
Immunosuppression	2.2%	3%	1.9%
Morbid obesity	0.2%	0.1%	0%
Person in long-stay residential or home	0.2%	0.3%	0%
Pregnant woman	1.4%	2.7%	0.6%
Social care workers	0.5%	0.1%	0%

**Data source:** [Flu vaccination data from PharmOutcomes, Sonar Informatics and Healthi for 2017/18](#)

**Table 8: Berkshire Pharmacies and Flu vaccine doses 2017-18 compared with 2016-17**

CCG	Vaccines claimed to March 2017	Vaccines claimed to March 2018
BRACKNELL AND ASCOT CCG	2,023	1,742
NEWBURY AND DISTRICT CCG	1,825	1,441
NORTH & WEST READING CCG	1,060	1,415
SLOUGH CCG	1,492	1,089
SOUTH READING CCG	1,439	2,028
WINDSOR, ASCOT AND MAIDENHEAD CCG	2,767	2,383
WOKINGHAM CCG	2,728	3,208
<b>Berkshire CCGs</b>	<b>13,334</b>	<b>13,306</b>
<b>Thames Valley</b>	<b>32,721</b>	<b>37,318</b>

Data source: PharmOutcomes data, Thames Valley LPC

#### 11.4. Healthcare workers (NHS Flu Fighters)

Nationally uptake of flu vaccine among front line healthcare workers in NHS Trusts is reported by Trusts and uptake among healthcare workers in Primary Care and ISHCP.

Frontline HCWs involved in direct patient care in acute trusts, ambulance trusts, mental health trusts, foundation trusts, primary care, and independent sector health care providers are encouraged to receive seasonal influenza vaccination annually to protect themselves and their patients from influenza. In NHS South Central uptake in 2017-18 was 66.1%. This cannot be compared with previous figures for Thames Valley.

Nationally, uptake among healthcare workers with direct patient care (based on 98.9% of NHS Trusts) was 68.7%, an increase from the 2016-17 figure of 63.4% and 50.8%, 2015-16.

Uptake for frontline healthcare workers in Berkshire overall and by staff group is outlined in Table 9. Uptake in Royal Berkshire Foundation Trust, Frimley Health Foundation Trust and South Central Ambulance Trust improved compared to the previous flu season.. Although Berkshire Healthcare Trust did not increase their percentage uptake, they did maintain a consistent level and managed to vaccinate more healthcare staff this year than in previous years.

It should be noted that for the 2017-18 flu season NHS England published clarification around the requirements for the CQUIN data collection. This included removing leavers, addition of new starters and addition of students, bank, agency and third party organisation staff that have patient contact into the denominator data. This required the denominator data to be updated each month prior to submission to reflect the dynamic nature of the workforce being vaccinated. As a result to percentage uptake each month could go down as well as up as the campaign progressed.

**Table 9: Vaccine uptake among front line healthcare workers**

Organisation	2016-17				2017-18		
	All HCWs in direct patient care	Seasonal flu doses given since 1 Sept 2016	Vaccine uptake (%)		All HCWs in direct patient care	Seasonal flu doses given since 1 Sept 2016	Vaccine uptake (%)
Royal Berkshire NHS Foundation Trust	4,714	2,855	60.6	↑	4,860	3,043	62.6
Berkshire Healthcare Foundation Trust	2,971	2,264	76.2	↓	3,395	2,423	71.4
Frimley Health NHS Foundation Trust*	9,263	3,577	38.7	↑	6,947	5,006	72.1
South Central Ambulance Trust	2,484	1,358	54.7	↑	2,559	1,612	63.3
<b>NHS South Central</b>					<b>60,447</b>	<b>39,981</b>	<b>66.1</b>
<b>England</b>	<b>974,568</b>	<b>618,275</b>	<b>63.4</b>	↑	<b>1,025,547</b>	<b>704,242</b>	<b>68.7</b>

**Source:** [Seasonal influenza vaccine uptake amongst frontline healthcare workers \(HCWs\) in England, February Survey 2017-18](#)

\*Data for Frimley Health includes staff at all hospital sites including Wexham Park and Heatherwood Hospitals in Berkshire and Frimley Hospital in Surrey. Frimley Health figures are not included in the Thames Valley total.

### 11.5. LA Health and Social Care staff and others

Local authorities are responsible for providing flu vaccine for frontline health and social care workers that are directly employed. Local authorities may also provide vaccine to staff members as part of business continuity arrangements.

The majority of residential care provision in Berkshire is through privately run care homes and nursing homes. Employers are responsible for providing flu vaccine to their employees under occupational health arrangements, in addition, NHS England funded flu vaccination for workers employed by a registered residential care/nursing home or registered domiciliary care provider, and be directly involved in the care of vulnerable patients/clients at increased risk from exposure to influenza from December 2018.

There is currently no data available regarding the uptake of this offer as no definitive denominator population data is available. Data on the numbers of doses provided to workers under this scheme in GP practices and pharmacies is expected to become available at a later date.

During the 2017-18 flu season, LAs provided flu vaccine to their directly employed social care workers and to some other groups of staff for business continuity reasons. An outline of how schemes were funded, and delivered together with uptake or doses given is shown in Table 10.

**Table 10: LA Business Continuity and Health and Social Care staff vaccine schemes**

Local Authority	Vaccination scheme description
RBWM	No information provided.
Bracknell Forest	<p>Free flu vaccinations are offered to all staff who fall under the categories of Business Critical, providing personal care or are front line, as well as all members of the departmental management team.</p> <p>A total of 146 vaccinations were given, 65 within Adult Social Care Health &amp; Housing, 55 of which were given to front line staff and / or those providing personal care. Within the Children Young People and Learning directorate, 34 vaccines were given. Forty two doses were given to staff within the resources directorate. A number of those receiving vaccine were both front line and business critical staff.</p>
Slough	<p>Flu vaccine is directly promoted to care workers where they are in charge of vulnerable adults. Other staff are risk assessed based on need for the Flu vaccination. There is a direct link with HR and Internal comms</p> <p>A total of 60 vaccinations were given, this is a 233% increase on the previous year when only 18 staff received a flu vaccine.</p>
Reading	<p>Staff were able to receive a free flu vaccination by presenting a valid RBC Staff ID at participating local pharmacies. Free vaccinations were offered to all staff who worked in services considered essential for business or were frontline working with vulnerable adults/children.</p> <p>Eligible staff were once again identified via RBCs business continuity plan. This approach was supported by all DMT's across the Council. DMT's were provided with an opportunity to provide feedback on this approach, as well as content of planned communications. Once approved, these were sent to key contacts i.e. Heads of Services to disseminate to staff in the most appropriate way for their business.</p> <p>57 staff received a vaccine, this is a 20% increase on the 2017/18 but still markedly lower number than in 2016/17 when vaccinations were delivered onsite at the Civic Centre using the occupational health suite.</p>

<p>West Berkshire</p>	<p>WBC offer a free seasonal flu vaccine to personnel not already eligible for an NHS-provided seasonal flu vaccine, with a view to increasing uptake year-on-year. Vaccine was offered to the following groups through a mixture of vouchers and clinics. Vaccines were offered to front-line staff including adult social care and children and family services staff, early years staff, and staff self-identifying as in need of a flu vaccine</p> <ul style="list-style-type: none"> <li>• business critical staff, eg civil contingency staff</li> <li>• staff in special schools (three out of four special schools' staff in West Berkshire take up the offer)</li> <li>• our partner Third Sector groups, eg Volunteer Centre, Soup Kitchen, Healthwatch, Homestart.</li> <li>• Unpaid carers that are brought to our attention by colleagues/partners who have not been eligible to an NHS flu vaccine, are considered.</li> </ul> <p>309 flu vouchers were given out to staff. In addition, 166 people received a vaccine in a WBC clinic. 410 doses of vaccine were recorded on Pharmoutcomes, suggesting that not all vouchers were redeemed.</p>
<p>Wokingham</p>	<p>The campaign was supported by internal communications to all staff and social media messages.</p> <p>Staff were offered vaccinations at an on-site drop in clinic at various times over a number of days, this was delivered by a local pharmacist. A total of 254 WBC staff took up the offer of the vaccination an increase of 30% on the previous year.</p> <p>On-site staff clinics have been running in Wokingham for a number of years and have become 'part of the norm' with staff enquiring as early as September as to when the flu clinics will be running.</p> <p>Feedback from staff at Induction sessions identified free staff flu clinics as an employee benefit.</p>

## 12. Summary of local flu campaign activities - feedback from LA, CCG and NHS provider partners

### Did you do anything new to promote flu vaccination this year? If so what and how did you measure success?

#### Reading

A new approach in Reading was the change to the RBC Staff Flu Vaccination Programme following feedback from 2016/17 – the aim was remove unnecessary barriers to improve uptake. The 2018/19 was designed so as to remove the need for staff to print vouchers. This was measured by the uptake of the staff offer. There was a 20% increase in uptake – 57 vaccination compared to 47 in 2016/17. As the numbers are so low it is difficult to say that the increase was as a direct result of these changes.

#### West Berkshire

Invested time in trying to persuade LA adult care settings (4), and LA adult care resource settings (3) and family hubs (3) to have on-sight flu clinics, 3 out of the 10 took up this offer. Providing the clinics was expensive through the service level agreement (though within budget) and would consider making an arrangement with pharmacies providing the clinics outside of the SLA next year.

Flu lead had her photo taken having a flu vaccine and posted on social media and invited people to comment on their experience of flu jabs. Pharmacist video clip.

Increased and persistent messages via social media on encouraging people to have a flu vaccine coupled with stay well this winter messages and encouraging people to look out for the welfare of vulnerable neighbours; trying to make the messages varied - eg addressing different vulnerable groups - and arresting and calling to action. In addition, weaving flu vaccine messages into cold winter weather alerts.

End of flu season survey monkey with a view to harnessing greater insight into what persuades people to go ahead and get vaccinated.

#### Bracknell Forest

Engaged with different valuable groups through their leads, using the leads to access their social media forums, for example through the GRT (BF Gypsy, Roma Travellers) forum/Newsletter and Polish Facebook pages via PCSO (BF and Berkshire Wide). Measuring success from the feedbacks from the leads.

#### Slough

The PH team has entered into the digital world with the launch of twitter (@SloughPH) and a monthly e-newsletter. We have also established more formal communication channels with a range of local community groups, providers and businesses to help expand our reach. The flu vaccination promotion featured heavily in all our outward facing promo work from August through to February. This was then expanded on through the normal channels i.e. Council main twitter account and the various other internal departments which have social media.

A variety of paid and unpaid Facebook adverts promoting the vaccine uptake to key groups, as well as producing hard resources (Flyers and posters) with tailored letters to other audiences , some of which involved tailored presentations to their user groups and all of which were followed up on a monthly update with flu progress and vaccination updates

e.g.

- Young Carers
- Social care groups
- Care Homes and domiciliary care providers
- Children Centres
- Libraries
- All GP practices
- Children Services
- Healthwatch
- Home Start Slough
- Family Information services

**Wokingham:**

- The Staff Flu Vaccination Clinics which are generally popular were extended to include other satellite venues rather than just offering them at Shute End. Locations including Children’s Centres and The Forge. However, these were subsequently cancelled due to low numbers. This will be reviewed for 2018/19.
- We promoted campaigns through numerous social media channels, e.g. corporate communications, Children’s Centres, Community Warden and local community group channels to increase the reach and enable targeted messages to be sent to vulnerable groups.
- Our list of key contacts has grown which enabled us to send targeted messages out to key audiences and promote the flu campaign.

**What worked well this year?**

**Reading**

- Wellbeing Officers were contacted in advance of the national and local offer launching. This demonstrates that people are starting to recall the offer and there are individuals who are seeking to proactively protect themselves and those they work with against flu. This is likely linked to the consistency of messaging and the relationships/partnerships that have being built on since 2013 and this should continue.
- There was high interaction on social media information posted which specifically related to catching up on school immunisations – this was for both Facebook and Twitter. This indicated that people in the community are being motivated to interact with this form of messaging.
- A piece of work completed by Reading Learning Disability Partnership which was a collation of case studies from people with learning disabilities about having a flu vaccinations. This provided important insight in the experiences of people with learning disabilities and shared key learning points for people to consider about having vaccinations or supporting someone to decide and have a vaccination.

The Reading Learning Disability Partnership used this in local forums and permitted it to be shared with health and social care colleagues, as well as across other partners in Berkshire

### **West Berkshire**

Paper or electronic flu and stay well this winter materials and messages were sent early in the flu season and at appropriate times throughout the flu season to stakeholders

- Chief Executive and local MP both photographed receiving their flu vaccines from the Leader of the Council, (who is also a pharmacist). Excellent coverage on the news feed of West Berkshire Council; tweeted and Facebooked.
- The clinics were organised early in the season.
- The vouchers were redeemable from opted-in pharmacies in West Berks and Reading and payment was made via Pharmoutcomes.
- Increased uptake flu vaccine figure for the LA offer (the local scheme as outlined in table 10 above), highest since scheme began in 2013-14

### **Bracknell Forest**

Engagements with local partners, internally staff engagement with the Flu programme and colleagues from various directorates supported the engagement activities, for example, School admission team, Social Care, Commissioning and contract teams.

### **Slough**

Gradually expanding on our reach into the community and increasing in our partner base and awareness. Working with Occupational Health to review staff uptake.

### **Wokingham**

- Staff vaccination clinics are now becoming part of the norm and staff were enquiring as early as September as to when the flu vaccination clinics would be running. This year a total of 254 WBC were vaccinated, an increase of 30% on the previous year. Flu vaccination clinics are often cited as an employee benefit at staff induction sessions.
- We improved our social media reach and were able to tailor messages to key vulnerable groups.
- Flu and winter health are now an established seasonal agenda item within key local forums, including Carers, Safeguarding Adults, Provider forums and the local Learning Disability Partnership Board. This helps us deliver key messages to these target groups as well as providing us with information on how to improve future campaigns.

### What was the biggest challenge?

#### Reading

- Limitations to resource will continue to be a challenge to understanding what the local barriers are for individuals/communities. Conflicting pressures within organisations also have an impact on flu promotion work.
- It was recognised that inclusion of KPIs for offering and recording staff and resident flu vaccinations could be a useful tool, but also that this approach has limitations.

#### West Berkshire

- ensuring that staff in clinics where eligible groups go, eg COPD, CKD, etc are giving persistent messages throughout the seasonal flu season to get a flu vaccine
- reaching underserved groups who are eligible and at risk, e.g. homeless people, gypsies and travellers
- making best use of 'Flu Champions'

#### Bracknell Forest

- Promoting Free Social Care staff immunisation, as the national agreement came in later during the flu season.

#### Slough

- Converting promotion and engagement with the local community to actual vaccinations! i.e. potentially related to behaviour change. Following on from feedback from various community groups there is still the belief that:
  - "We don't ACTUALLY need the vaccination"
  - "The vaccination doesn't actually work"
  - "Flu isn't a big deal"
  - "It's a live vaccination so I will catch the flu after the vaccination"
  - "I'm not part of the vulnerable groups, therefore can't get the vaccination"
  - "I can only get the vaccination at my GP"
  - By December – "It's too late now to get the vaccination"
- Being down on certain school vaccinations due to challenges from some Faith schools due to the content of the vaccination i.e. Pork content. Also down in 65+ bracket, which will form imminent review for 2018/2019

#### Wokingham

- Social care staff and providers remain a challenge, this needs to be addressed for 2018/19 as we had a number of outbreaks in local care homes.
- Myths surrounding flu vaccinations remain an issue

## Plans for 2018-19 to address challenges

### Reading

- Shared learning and joining up of resources will continue to be a priority for Reading. We will continue to seek new and innovation ideas and solutions to disseminate key information and messages – particularly to those in clinical risk groups.
- There will be a change to the RBC Staff Programme but local decisions are yet to be ratified with regards to if and how vaccinations will be made available.
- Engaging with the Care Quality Commission around the offer, uptake and recording of flu vaccinations in residential care and nursing home settings at a Berkshire or Regional level during the planning phase.

### West Berkshire

- Provide more flu clinics, if possible, at different locations where staff are based

### Bracknell Forest

- Work with existing partners and new partners and plan for the new activities
- Look for new opportunities internally and externally to further Flu promotional activities

### Slough

- Survey work with top and bottom GP practices to review patients approach/views on vaccinations
- Additional social media campaign work for this coming year – More on Facebook, potentially short videos detailing the importance, which can be used on twitter etc.
- Internal 'flu steering group' to be established within the council to start in Summer 2018. Formed of key stakeholder departments within the council to see how we can better reach the local community with flu information and better provide for the council staff itself

### Wokingham

- Review Staff Flu Vaccination clinics for non-Shute End Staff with a particular focus on social care staff.
- Learn lessons from flu outbreaks in care homes.
- Enhance and strengthen social media opportunities to promote the campaign and dispel myths.

## 13. Use of social media in flu campaigns

### 13.1. Reading Borough Council

Social media formed a large part of the 2017/18 campaign, as it is a quick and easy method to share simple key messages. NHS England produced social media messages which local authorities were asked to use on local forums. Officers are able to gather the analytics behind social media (Facebook and Twitter) however there are limitations to our ability to measure the direct impact this type of health promotion has on local uptake. Reading Borough Council has 20.1k followers on Twitter and 2,671 on Facebook. The social media activity posted by Reading Borough Council throughout the season showed:

#### Twitter

- 12 Tweets (including 2 NHS re-tweets) from the start of November to end of January.
- Average Tweet impressions<sup>10</sup> was just over 1,500 – total was over 18,000.
- Average number of engagements<sup>11</sup> was 10 per tweet – total was 139.

The key messages covered:

- November: Flu Jab for pregnant women, immunisations for children age 2 and 3, Long Term health conditions
- December: immunisations for children age 2 and 3, School immunisation catch up
- January: Long term /Chronic health conditions, School immunisation catch up, Catch it/Kill it / Bin it.

The most popular Tweet was by far the info on the school immunisation catch ups - this had 2,551 impressions and 16 engagements. This appeared in the top ten most popular tweets that month. Information on catch up clinics in January had the most engagement overall, with 21 and it was children related vaccination information that had the most retweets.

Most of the activity on Twitter is replicated on Facebook. Analytics behind Facebook include:

- 8 posts from the start of November to end of January.
- Average reach<sup>12</sup> was just over 700 – total was over 5737.
- The average reach is skewed by the post which related to children missed vaccinations – this recorded nearly 3,000 reaches which is more than half of all Facebook activity.
- Average number of interactions<sup>13</sup> was 5 per post – total was 40.
- The average reach and interactions are skewed by the post about missed school vaccinations catch up clinics – this post alone had more than 50% of all activity (reaches and interactions) on Facebook.

The key messages on Facebook were mostly the same as on Twitter and at the same time.

*Facebook traffic mirrored that on Twitter – with information targeting parents about children's vaccination registering the most interactions.*

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<sup>10</sup> The total number of times that your content is displayed in the news feed of anyone.

<sup>11</sup> Total number of times a user interacted with a Tweet re-tweets, click on tweet, comments, likes etc

<sup>12</sup> Reach represents the number of unique people who saw the content posted.

<sup>13</sup> Total number of times a user interacted with the post through likes, comments or shares.

### **13.2. West Berkshire Council**

24 items promoting flu vaccination were posted on the West Berkshire Public Health Facebook from 4-08-17 to 26-1-2018.

- The total reach was 7137, with an average reach per post of 297
- In total there were 193 clicks or actions, with an average number of 8 per post
- The post with the most reach was: "We recommend that you get your flu vaccine as soon as you can from your pharmacy or your GP! " at a reach of 1200.
- The most clicks/actions were achieved for a post featuring a local MP getting his flu jab (90 clicks or actions following this post)

Twitter was also used by the West Berkshire Team, which is likely to have increased the reach.

### **13.3. Wokingham Borough Council**

Wokingham Borough Council used Twitter to promote flu vaccination.

Children's Centres account

- Flu vaccination - 561 people reached, 2 likes, 4 link clicks
- Catch it. Bin it. Kill it – 409 people reached

Corporate Comms account

- Ask your GP about flu jab – 1 retweet
- Is your child 2-3 – 5 retweets, 1 favourite
- Free nasal flu spray – 127 retweets, 45 favourite
- Flu clinic catch-up – no retweets
- Catch it. Bin it. Kill it – no retweets

### **13.4. Bracknell Forest Council**

Bracknell Forest Public Health Facebook account ran four posts during flu season. These resulted in a total reach of 5,575;

- 1,737 reached (pregnancy)
- 977 reached (Children's Flu )
- 1,552 reached (painless Flu BBC News)
- 1,309 reached (Children need the right vaccine)

Content was also shared with a closed FaceBook group used by the Polish community in Bracknell Forest and resulted in discussion.

### **13.5. Royal Borough of Windsor & Maidenhead**

No data received.

### 13.6. Slough Borough Council

A flu article and local/national update featured in the SBC Public Health monthly e-newsletter in Aug/Sept/Oct/Nov/Dec. Readership is fairly small at present, around 400, but this is aimed at our key partners, organisations and local community groups as oppose to the general public; this achieved;

- 50 click throughs for “More info” from our e-newsletter for NHS choices
- 18 tweets from our PH twitter account with just over 13,000 impressions (720 average impressions per tweet)

Where other proactive twitter accounts were tagged they have been shared and retweeted well. Especially where we have started the tweet with “NEWSFLASH” or “URGENT”

### 13.7. Berkshire East CCG

**Twitter** – data taken from Slough account (all 3 accounts mirror each other so results are very similar):

- 52 posts between November 1<sup>st</sup> and January 31<sup>st</sup>
- Average Tweet impressions 371 total was 19,303
- Average number of engagements 3.17 per tweet total 165

Key messages covered:

- November: long term health conditions, children flu jab information, career flu jab and learning difficulty flu jab information.
- December: flu jab for school age children, Asian star advert regarding flu jabs (children)
- January: catch it bin it kill it

Most popular tweet included information on children of school age flu jabs; this had 1751 impressions with 26 engagements. Overall the communications regarding children’s vaccines got the most retweets with the most being 4.

**Facebook** – one account for all 3 CCG’s

- 48 posts from start of October to end of February
- Average reach was over 300 – total was over 14,428. The post with the most reach was in relation to pregnant women getting the flu jab; this has 4.6K reach with 70 clicks/actions.

The average number of interactions was over 7 per post – total was 356

## 14. Recommendations for 2018-19 flu season

### Systems leadership

- Those in leadership roles should ensure Flu planning and in-season flu monitoring within Berkshire brings together both immunisation and outbreak response planning
- NHS England, Local authorities and CCGs should work together to ensure public messaging and communication to partners around flu is aligned

### Communication and engagement

- Local authorities and CCGs should seek to upskill key community and voluntary sector champions and organisations to enable them to disseminate key messages.
- Local partners should consider holding local winter-themed workshop(s) specifically for community and voluntary groups to help embed flu vaccination and other health protection information into community group/s 'communication' plans/local forums and support them to directly access resources to support the groups they work with
- Local partners should develop an effective social media promotional plan via different media targeting priority groups locally
- Public communication and engagement should continue to focus on "myth busting" approach to the flu vaccinations, taking action to understand and act on key local barriers and enablers
- Organisational Senior managers and leaders should support staff flu vaccination by demonstrating their commitment and emphasising the importance of vaccination, where these do not already exist, supporting the development of internal Flu Teams has the potential to drive the campaign forward

### Commissioning

- Commissioners should consider taking steps to improve access to flu vaccination for people in eligible groups who receive care for their conditions in hospital
- Residential, nursing care and domiciliary care commissioners should seek to include provision of staff flu vaccine within quality metrics

### Vaccine delivery

- Practice staff should ensure all eligible groups are actively invited to take up their flu vaccine, using reminders is shown to be effective in increasing uptake
- All local partners should seek to improve links between medical specialties providing care for people in clinical risk groups to provide advocacy and improve signposting to primary care
- Local partners should work in partnership to support effective response to flu outbreaks in closed settings such as care homes, nursing homes
- Local partners should work in partnership to enable residents of care / nursing homes and those receiving domiciliary care to take up their offer of a flu vaccine
- Local Authority flu leads should work with internal partners to more effectively estimate offer and uptake of staff vaccination within different staff groups

### Flu outbreak response (key recommendations from the Thames Valley workshop)

- Communication between organisations should be effective: directed at the appropriate person, timely and clear
- Local partners should continue to have meetings which build on the learning from this meeting to plan and manage future flu seasons
- Flu leads to consider if plans, models and learning could effectively be shared across organisation
- Commissioning organisations should have robust and resilient plans in place for an effective response to flu outbreaks in all settings including closed communities both in and out of season

- All organisations should review and consider the suggested actions for prevention, response and recovery of flu outbreaks taking forward as appropriate for their organisation
- All organisations should work in partnership to improve flu vaccination uptake for all and particularly increase flu vaccination rates for care home staff
- Local partners should provide support to care homes in preparing for, managing and recovering from flu outbreaks
- Commissioning organisations should have assurances from their commissioned services that they have systems in place for managing future flu seasons

Jo Jefferies, Public Health Services for Berkshire  
May 2018

# Berkshire Flu Planning Workshop 2018

**Open Learning Centre, Bracknell**

8<sup>th</sup> June 2018

## Introduction and aims

The workshop was organised by Berkshire Shared Public Health Team and attended by >40 stakeholders from a range of organisations; CCG, local authority (public health and social care), primary care, PHE, NHS Trusts, Berkshire Care Home Association and Involve (Voluntary Sector).

The aims of the workshop were to;

- Review flu activity and impact of flu in 17-18
- Hear commissioning intentions for 18-19 vaccination campaign
- Learn from each other about what works and where challenges remain
- Identify real actions that we can take forward over the summer and into flu season

A full attendee list is attached as Appendix 1

A full slide set from the event is attached as Appendix 2

## Flu Activity and impact in Berkshire Winter 2017-18

**Rachel Mearkle, CCDC, Thames Valley Health Protection Team, PHE South East**

National

- Moderate to high levels of influenza activity were observed in the UK with co-circulation of influenza B and influenza A(H3), which is different to 2016-17 where H3N2 predominated. Indicators for GP consultation for flu-like illness in and out of hours and for NHS 111 calls were at higher levels than in 2016-17, patterns of activity were similar peaking in week 52. Peak admissions rates of influenza to hospital and intensive care were higher than seen in the previous 6 seasons.
- There were 51 outbreaks of influenza-like illness (ILI) reported in the Thames Valley between 1st September 2017 and 31st March 2018, of these 43 were in care, residential and nursing home settings. This a larger number than observed in last two seasons
- In Berkshire most outbreaks were in Berkshire West, Wokingham had the highest number of outbreaks reported (8), Berkshire East reported much lower numbers – this is consistent with recent years but it is unclear what underlying reasons for differences are.

Challenges for PHE Health Protection Team were;

- Rates of flu higher than last year
- Ensuring a resilient and timely response
- Identifying levels of vaccine uptake in staff and residents
- Communication - improved through the season with new relationships being developed with CCG and providers of outbreak response services
- Operational issues: pressures on commissioned services, access to antivirals and medical records
- Commissioning arrangements – at start of flu season these were not in place

**Berkshire review & planning**

**Harpal Aujla, NHSE Screening and Immunisation team**

**2017/18 Performance**

Nationally and locally there was an increase in vaccination uptake in most groups, however in Thames Valley a decrease in uptake among under 65's in clinical risk groups was observed.

In Slough CCG, uptake in all groups except those aged over 65s was lower than last year, this was despite increased communication and engagement with practices and the public throughout the season.

Uptake in WAM CCG improved in 2017/18 for all groups compared to the previous season, the ambition to immunise 75% of over 65s and 55% in other groups was not met.

In Bracknell & Ascot CCG, uptake in under 65s at risk fell slightly as did uptake in 2 year olds. Ambition was met in pregnant women, with 55.8% of women in this group vaccinated.

Newbury and District CCG, achieved the highest uptake among over 65s within Berkshire with 77.5% being vaccinated, uptake was also increased in all other groups with the exception of under 65s at risk. A similar pattern was observed in both Wokingham and Newbury & District CCGs.

In South Reading, uptake was higher than the previous year in all groups although ambition to vaccinate 75% of over 65s and 55% in risk groups was not met.

Uptake of vaccine delivered through the school-aged flu programme was up on last year with the target uptake of 40% overall exceeded in all local authority areas. Uptake tended to be lower in older children with uptake decreasing with each year group; this is in line with national data. More than 61,000 children received their vaccines through this programme delivered by the BHFT school immunisation team who engaged with 400 schools and also ran several mop-up clinics across Berkshire.

15,462 doses were delivered through community pharmacy and 200 doses to pregnant women in maternity services. Numbers of pregnant women vaccinated in Wexham Park Hospital were significantly reduced compared to 2016-17, when a different delivery model based on a single lead midwife was in operation. In 2017-18 the model was for more midwives to be able to vaccinate, however this loss of "ownership" within a busy service has resulted in less women being vaccinated. This is being reviewed for 2018-19.

It was noted that groups with the highest relative risk of mortality from flu have the lowest uptake (kidney, neuro, immunosuppressed, chronic liver disease). These should be the highest priority groups. It was discussed that many of these patients may receive most of their care in the hospital setting rather than at GP and that working with hospital specialties to increase staff awareness of the eligible patient groups and the ability / time / confidence of these staff in signposting and supporting patients to attend GP or pharmacy for their vaccine was an area of work that could be taken forward on a more systematic basis

It was also discussed that people with learning disabilities are eligible for flu vaccine as part of the neurological conditions risk group. See 'learning from local areas' for more discussion.

**2018/19 Commissioning Intentions**

The commissioning intentions are very similar to last year. Key changes are that school year 5 children are added to the school-aged programme, with an uptake ambition of 40 to 65%.

Community pharmacy will again be commissioned nationally to provide vaccine to all eligible adult groups. It is expected that the PGD will be published in August to support this.

In Oxfordshire and Buckinghamshire renal units have been commissioned to provide flu vaccine to eligible CKD patients attending for dialysis. Discussions regarding rolling this out in Berkshire are currently under way.

### **Flu vaccine recommendations and availability**

The higher burden of H3N2 among elderly people together with the lower VE of vaccines against this sub-type support the need for more effective interventions<sup>1</sup> and the UK Joint Committee on Vaccination and Immunisation has advised that use of adjuvanted trivalent inactivated vaccines (TIV) in those aged 65 years and older would be both more effective and cost-effective than the non-adjuvanted trivalent or quadrivalent vaccines currently in use<sup>2</sup>.

In February 2018, NHS England wrote to GP Practice and Community Pharmacies advising that they should offer;

- adjuvanted trivalent vaccine (aTIV) for all 65s and over
- quadrivalent vaccine (QIV) for those age 18 to 64 at risk

LAIV nasal vaccine should continue to be offered to healthy children aged 2 and above

It was raised that in previous years, community pharmacies have received their vaccine stocks before general practice which has led to dissatisfaction among practices that are then left with vaccines.

Q: *Would this happen again this year?*

A: *As there is a single supplier of the adjuvanted vaccine stocks will be made available to both practices and pharmacies in three phases 40%/20%/40% in Sept/Oct/Nov), therefore these issues are less likely to impact on practices in the same way this year.*

### **ACTION:**

**HA to escalate to National Flu team and feed back**

This phased approach may mean that practices may need to change the way they deliver vaccine.

### **RECOMMENDATION:**

**Practices should consider adopting a mixed approach to clinics, rather than >65 clinics only. Clinics will need to be spread out through September, October and November in order to offer adjuvanted vaccine to over 65s.**

### **NHS England next steps**

July

- Renal Flu implementation in Berkshire
- NHS England South East (Thames Valley) Action plan and timelines

<sup>1</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/641162/Influenza\\_vaccine\\_effectiveness\\_in\\_primary\\_care\\_1617\\_final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641162/Influenza_vaccine_effectiveness_in_primary_care_1617_final.pdf)

<sup>2</sup> <https://www.gov.uk/government/publications/flu-vaccination-supporting-data-for-adult-vaccines/summary-of-data-to-support-the-choice-of-influenza-vaccination-for-adults-in-primary-care>

August

- Thames Valley Comms Plan developed
- GP briefing, LPC Meeting & final provider checks

September

- Start of Seasonal Flu Season
- Seasonal Flu training Workshops- OVG hosted
- First Fortnightly stakeholder teleconference

It was raised that it would be useful to have a timeline of when leaflets, PGDs, etc will be available to share with all stakeholders as part of the NHS England South East (Thames Valley) Action plan

**ACTION:**

**Harpal to take this request back to the team in NHSE and let local flu leads know**

**Key learning from local areas, LA / CCG Flu leads**

**East of Berkshire CCG - Jo Greengrass**

- Monthly meeting useful – to discuss how the flu season is going, review data to identify practices that might need support – particularly in Slough, encourage learning from one another
- Hoping to do a flu survey of patients in Slough to understand why they aren't having the vaccine
- Improvements in RBWM with better care fund money to work with the practices to give advice about how they can improve uptake
- RBH – increase in number vaccinated

**Berkshire West CCG – Victoria Farley**

- Lots of changes in landscape – emerging alliances can support each other increase in vaccine uptake in reading
- Plans now in place in the CCG

**Bracknell Forest PH team – Annie Yau-Karim**

- There have been internal issues with HR to identify the numbers working for them that require vaccine
- Working with community groups to promote vaccine including Polish, GRT, NCT – e.g. Polish group through a closed Facebook Group used by polish mums
- **RBWM PH team – Sian Smith**
- Workforce – social care outsourced so struggled to get staff – took time to identify number of staff they had
- They also had difficulty sourcing vaccine – more costly to organise directly than to pay e.g. Lloyds to do
- Discussed the possibility of several groups working together to order vaccine in bulk which could reduce the individual cost

**ACTION: JJ to coordinate a meeting of LA flu leads to enable discussion and agreement on this can take place ASAP**

**Slough PH team - Tim Howells**

- Targeting Comms – work with local groups to get messages out challenges Polish

and Roma community

- Using the NCMP as inspiration they plan to use personalised letter for school to tell them how they can improve – so this year schools will get personalised letter with the number of pupils vaccinated – aim to dispel myths
- ACTION discuss that will try to roll out across all Berks these individual letters for schools
- Also discussed the possibility of approaching governors as well as heads
- Internal issues with not knowing frontline staff – there will be a working group set up to assess vaccine for council staff

#### **Reading PH team - Suzie Watt**

- Key issues are relationship, social media, community groups
- Working with LA colleagues year on year to embed the staff flu vaccination offer, although budget reductions may mean that this is at risk for 2018-19 – **see above action**

#### **West Berks PH team - Maria White**

- Social media using content of local system leaders CEO and local GP being vaccinated to underpin importance of vaccination - has proved engaging as shown by analytics
- Have encouraged key council staff to promote vaccine within directorates Flu champions have come forward as a result of survey last season
- Laminated winter readiness pack with summary has been helpful

#### **Wokingham PH team - Carol-Anne Bidwell**

- Staff vaccination clinics – went well, mentioned as staff benefit for new starters at the council
- Key areas such as community mental health, children centres were cancelled due to lack of demand – this requires further thinking about which sites and venues offer best accessibility for staff
- Care home staff are a top priority for next year

#### **Berkshire Care Homes Association**

- Care home staff vaccination letter came very late last year, discussed that the letter would be helpful earlier
- Would be helpful to have a coordinated communications approach about vaccination for care staff with emails spread out over time with gentle reminders rather than all at once.
- Also need to have clear message about where staff can access their vaccine – GP/Pharmacy and what evidence might be required

#### **ACTIONS:**

- **HA to seek further clarity from national team / NHSE regarding care workers vaccination offer**
- **HA to ensure that comms plan includes messages, channels and time frame that these will go out to this group**
- **JJ to liaise with local flu leads in LAs and CCGs to ensure care homes and domiciliary care do not get bombarded with information**

#### **Berkshire Healthcare Foundation Trust**

- Issues with staff for prophylaxis – difficulty if Occupational Health outsourced, consultants don't work full time etc. Clarified that provision of prophylaxis for exposed staff is an occupational health responsibility for community trust

#### **ACTION:**

**DGi to share documentation on OH responsibility with BHFT**

**Royal Berkshire Foundation Trust**

- Staff vaccination programme – offering clinics at different times to meet working patterns of staff
- Developing internal posters using images of staff members with the “I got a flu vaccine because...” content went down well
- Awarding wards / offices a basket of fruit for highest uptake was a low cost incentive

**Involve Bracknell on behalf of Voluntary organisations**

- Involve asked why voluntary workers providing support to vulnerable groups are not offered a flu vaccination and who would be responsible for providing / funding this. The work of these agencies helps to keep people out of hospital so is there a moral obligation to offer vaccine to volunteers in order to protect clients and ensure service can continue over winter when flu is circulating.

JJ agreed there is a need to think about how this can be discussed/addressed.

**ACTION:**

**JJ to discuss scope of LA flu vaccine offer with LA and CCG flu leads**

Specific discussion followed around how to better reach people in the clinical risk groups with higher relative risk such as neurological conditions, immunosuppression and kidney and liver disease and also specific actions that could be taken to ensure that people with LD receive information in a way that is appropriate and useful and enables them to make more informed choices on flu vaccine

**Neurological/Liver/Renal Patients**

- Consider also how inpatients/patients seen by HCWs e.g. neurology patients are also a vulnerable group
- In neuro/liver/renal patients prioritise message about protecting patients as well
- Text messaging patients in risk groups is useful particularly for those who are not regularly engaging with GPs/Pharmacy etc. – this seems to happen in lots of areas across the patch already but does not seem to result in the level of uptake we would like to see

**People with Learning difficulties**

- DGa – highlighted that people with learning difficulties are a priority group. SW said that TalkBack UK had co-produced a useful resource last year and that this had been shared across Berkshire
- Discussed that deaths in people with learning difficulties are now being reviewed formally
- DGi said that OH at RBH have produced video for people with learning difficulties that could be circulated
- Discussed if something similar be done on video with other priority groups

**ACTION:**

**SW to confirm with Talkback UK that resources can be shared to**

**<https://www.healthresourceberkshire.org/>**

**DGi to share the link to the LD video**

**NHS staff**

**Increasing uptake**

- Catherine Greaves reported sending individual email in December which prompted

stragglers to be vaccinated (about 100)

- Using lost days of work/school (+cost of this) can be powerful

**Actions that will be taken as a result of the workshop – to be included and expanded upon within individual organisational flu action plans**

<b>Category</b>	<b>Action</b>	<b>Owner</b>	<b>Due date</b>
<b>Communication &amp; Engagement</b>	Share NHSE Thames Valley Flu Action Plan with dates, ensuring comms plan activities are included in the plan	<b>NHS England (Harpal / Oasis)</b>	Jul-18
<b>Communication &amp; Engagement</b>	Arrange Berkshire LA Flu leads meeting to follow up on actions from this workshop	<b>JJ</b>	complete
<b>Communication &amp; Engagement</b>	Arrange follow up meeting to agree on LA staff vaccination plans	<b>JJ</b>	Jul-18
<b>Communication &amp; Engagement</b>	Agree timeline of communications from LAs and CCGs to ensure this aligns with NHSE and delivers a steady stream of information throughout flu season	<b>CCG and LA flu leads, providers</b>	Dependent on NHS England flu plan
<b>Communication &amp; Engagement</b>	Work with clinicians in Out-Patients to promote vaccine to <65 in risk groups -	<b>CCG Flu leads</b>	Aug-18
<b>Communication &amp; Engagement</b>	Promote adjuvant flu as there is widespread knowledge now that the non- adjuvant vaccine is not effective in >65s	<b>CCG and LA flu leads, providers</b>	
<b>Communication &amp; Engagement</b>	Localise posters / social media content using real staff members "I had a flu jab because...."	<b>NHS OH leads, LA flu leads</b>	
<b>Communication &amp; Engagement</b>	Discussion with nursing and care home commissioners providers explore possibility of including a minimum uptake for flu uptake of staff into contract	<b>LA commissioners</b>	
<b>Communication &amp; Engagement</b>	Promoting hand and respiratory hygiene as part of seasonal flu actions	<b>LA public health, CCG comms</b>	
<b>Communication &amp; Engagement</b>	Communication across organisations – awareness raising of LA in schools, work with school governors	<b>LA public health</b>	
<b>Communication &amp; Engagement</b>	Add to letters for school about student/staff absences and time lost – evidence from pilot that vaccine in students can reduce absence in teachers	<b>LA public health / LA education/PHE</b>	
<b>Communication &amp; Engagement</b>	Identify LA champions within each LA to engage Directorates in "keeping well this winter" – use expertise and make fun	<b>LA Public Health</b>	

Category	Action	Owner	Due date
Communication & Engagement	Community clinics more accessible – add one in Maidenhead	?? SS to find out if BCF action	
Communication & Engagement	Share flu stories / myth-busting facts that have proved effective	BHFT Flu lead	Jul-18
Communication & Engagement	Working with RBFRS to promote flu vaccine to residents during home visits	JJ / LA flu leads	Jul-18
Communication & Engagement	Share resources to help people with LD to access flu vaccine with LD teams and local community groups – upload these to Berkshire health resource website PHE, NHSE resources, powerpoint	LA flu leads	
Communication & Engagement	Check ok to share Talkback UK resource via <a href="http://www.healthresourceberkshire.org/">www.healthresourceberkshire.org/</a>	SW (RBC Flu lead)	
Communication & Engagement	Ask new portfolio holder to get involved in the flu campaign in some way	MW (West Berkshire Flu lead)	
Communication & Engagement	Write to clerks of school governors to ask them to support imms teams	Public Health Berkshire	Jul-18
Communication & Engagement	Obtain PDF of leaflet for NHS stall to advocate vax to their at-risk patients and update / recirculate	Public Health Berkshire	Jul-18
Communication & Engagement	Social media – to share timetable and clinics with LA social media	BHFT	
Communication & Engagement	Identify how best to contact CQC to advocate for flu vaccine status to be part of inspections	JJ / LA flu leads	
Communication & Engagement	Update schools with PH about data sharing – importance of flu	BHFT School Imms Team	
Communication & Engagement	Communicate - Positive messages about vaccine efficacy	All flu leads	
Communication & Engagement	Children's Centres / schools, HV checks (ASQ), personalised letters to schools with CCG/LA logo. Dispel myths about viral shedding	LA / CCG flu leads BHFT School Imms Team	
Communication & Engagement	Engage – outpatient departments, online resources BHFT for children.	BHFT / CCG flu leads	

<b>Category</b>	<b>Action</b>	<b>Owner</b>	<b>Due date</b>
<b>Communication &amp; Engagement</b>	Provide clear messaging about new vaccine for older people to public and to primary care	<b>NHSE Flu leads / comms, LA flu leads</b>	
<b>Communication &amp; Engagement</b>	Ensure winter flu prep packs go to all schools and care homes before flu season starts	<b>PHE</b>	
<b>Communication &amp; Engagement</b>	Meet target for immunisation in locality and ensure integrated service staff have equal opportunities to have flu immunisation	<b>BHFT / LAs</b>	
<b>Communication &amp; engagement</b>	Develop and deliver Pharmacy Flu campaign	<b>NHSE / LPC / community pharmacies</b>	
<b>Communication &amp; engagement</b>	Share stories that can be used to counter peoples reasons for NOT having a vaccine with other flu leads	<b>Catherine Greaves, BHFT</b>	
<b>Communication &amp; engagement</b>	Create local posters with real staff members featured “I had my flu vaccine because .....	<b>Trust/LAs/CCG</b>	
<b>Communication &amp; engagement</b>	Link up comms more in order that messages can be pushed further with the voluntary and community sector	<b>Phil Cook, Involve Community Services / BF</b>	
<b>Communication &amp; engagement</b>	Communicate uptake to give out something, i.e. fruit bowl to winning uptake wards	<b>BHFT/ RBHFT/ FHFT</b>	
<b>Communication and engagement</b>	Have a flu champions meeting – harness what they can do to keep flu vaccines and keeping well in winter among staff and their families and communities	<b>LA flu leads</b>	
<b>Communication and engagement</b>	Raise awareness of importance of hand & respiratory hygiene in nurseries primary schools by developing and delivering through a train the trainer model of delivery	<b>LA / CCG / PHE</b>	
<b>Communication and engagement</b>	Hand hygiene awareness of Children’s Centres/nurseries – staff and children	<b>LA / CCG / PHE</b>	
<b>Communication and engagement</b>	Develop a targeted campaign and action plan specifically for care workers / care homes	<b>LA / CCG flu leads with care home representatives</b>	July - August 2018

Category	Action	Owner	Due date
Communication and engagement	Keep staff flu vaccinations and flu messaging on the agenda and advocate for their importance in the system	LA	July - August 2018
Communication and engagement	Take 2017-18 flu report and 2018-19 flu plan to HWBoards	JJ and LA flu leads	Sept-Nov 2018
Communication and engagement	Develop and share letter for schools to inform them of last years uptake and advocate for 2018-19	TH (SBC Flu lead) / BHFT school Imms Team / PHE	complete
Communication and engagement	Local adaption and cascade school letter to primary schools end of summer / start of new term	LA flu leads via Education teams	Sep-18
Communication and engagement	Set up LA-wide flu task group to develop LA flu action plan	TH (SBC Flu lead)	
Communication and engagement	Work with to HealthWatch to strengthen links with 'seldom heard' groups	LA / CCG flu leads	
Communication and engagement	Hold a Care Home Forum, to include presentation and discussion on flu prevention, containment and staff cover by the end of September	Berkshire Care Home Association	
Implementation	Implement flu vaccine to renal units in Berkshire	NHS England	
Implementation	Move to digital systems – improved data flow to GPs	BHFT - CC	
Implementation	Investigate cost and feasibility for contracting large pharmacies to visit premises to deliver to staff	LA flu leads	
Implementation	Share cost and feasibility for contracting large pharmacies to visit premises to deliver to staff with Care Home managers / commissioners	LA flu leads	
Implementation	Send survey to schools immediately after the flu session to get more timely feedback	BHFT School Imms Team	
Implementation	Provide guidance to practices and community pharmacy on three phases of availability for the adjuvanted vaccine for >65s	NHS England (Harpal / Oasis)	ASAP
Implementation	Request further information on vaccine for care home / nursing home staff from national team	NHS England (Harpal / Oasis)	ASAP

<b>Category</b>	<b>Action</b>	<b>Owner</b>	<b>Due date</b>
<b>Implementation</b>	Rewards / incentives for high uptake among staff	<b>NHS OH leads, LA flu leads</b>	
<b>Implementation</b>	Clarify commissioning arrangements and encourage HV to remind parents about flu vaccine for older children at 2 week check	<b>LA flu leads</b>	
<b>Implementation</b>	Flexible vaccine offer for staff vaccinations staff work 24/7 - make it easy for them to get their vaccine	<b>NHS OH / Flu leads</b>	
<b>Implementation</b>	Explore potential for joint commissioning flu vaccines for LA staff to deliver better value	<b>LA flu leads</b>	Jul-18
<b>Implementation</b>	Discussion with nursing and care home commissioners providers explore possibility of including a minimum uptake for flu uptake of staff into contract	<b>LA commissioners</b>	
<b>Implementation</b>	Share practice level uptake and numbers of unvaccinated patients in each risk group with practices	<b>NHS England (Harpal / Oasis) and CCG flu leads</b>	
<b>Implementation</b>	Support practices to offer clinics evening and weekends or through extended hours services	<b>CCG flu leads</b>	
<b>Implementation</b>	Work with RBFRS to explore possibility of enabling the BHFT school nurse team to offer mop-up sessions in the RBFRS outreach vehicle	<b>JJ / LA flu leads</b>	Jul-18
<b>Implementation</b>	Provide hand hygiene details to all schools via winter pack	<b>PHE/JJ/SD</b>	Oct-18
<b>Implementation</b>	Explore whether community midwives can be commissioned as flu vaccinators by CCGs?	<b>JG / VF to discuss with NHS England</b>	ASAP
<b>Implementation</b>	Try to arrange Maidenhead mop up for flu	<b>BHFT School Imms / RBWM Flu lead</b>	
<b>Implementation</b>	Flexible clinic times weekends / nights within Acute settings	<b>RBHFT / FHFT</b>	
<b>Implementation</b>	Explore possibility for GP flu clinics as part of Extended Hours services in Berkshire East	<b>East Berkshire CCG</b>	
<b>Implementation</b>	Explore possibility for GP flu clinics as part of Enhanced Access Services in Berkshire West	<b>Berkshire West CCG</b>	

<b>Category</b>	<b>Action</b>	<b>Owner</b>	<b>Due date</b>
<b>Implementation</b>	Help to increase child flu uptake within GP practice – promote flu vaccine in child imms clinics and at point of contact when booking an appointment for patients in risk groups	<b>CCG flu leads / NHSE commissioners</b>	
<b>Implementation</b>	Digital development. – electronic consent form	<b>BHFT School Imms Team</b>	Autumn
<b>Implementation</b>	Write flu uptake targets as a quality indicator in contracts with care providers	<b>LA and CCG care commissioners</b>	
<b>Implementation</b>	Share practice level uptake data with practices monthly to encourage uptake		
<b>Implementation</b>	Provide clarity on phased approach for adjuvanted vaccine delivery to GPs and Pharmacies	<b>NHS England</b>	
<b>Implementation</b>	Support practices to plan for mixed clinic approach spread out through September, October and November in order to offer adjuvanted vaccine to over 65s.	<b>CCG flu leads</b>	
<b>Implementation</b>	Set up and share dates for East Berkshire Flu Action Group	<b>JG</b>	complete
<b>Monitoring &amp; Evaluation</b>	Agree what aims are for flu vaccine awareness campaigns – what does success look like, how will we measure it - social media engagement, surveys etc	<b>All Flu leads with comms teams</b>	Aug-18
<b>Monitoring &amp; Evaluation</b>	Set out ambitions for LA staff flu uptake and gather denominator data before implmenting	<b>LA flu leads</b>	Jul-18
<b>Monitoring &amp; Evaluation</b>	Share findings from flu survey in Berkshire East	<b>JG / TH</b>	Jul-18
<b>Monitoring &amp; Evaluation</b>	Set up and share dates for Berkshire West Flu Action Group	<b>JJ</b>	Jul-18
<b>Monitoring &amp; Evaluation</b>	Set up and share dates for Fortnightly NHSE teleconferences	<b>NHS England</b>	Aug-18
<b>Secondary prevention</b>	Ensure that outbreak response is discussed on fortnightly flu calls and as part of Berkshire Flu Action Groups	<b>NHS England / CCG /JJ</b>	From September 2018
<b>Secondary prevention</b>	Share guidance on occupational health responsibilities around antivirals for staff exposed to flu	<b>DGi</b>	ASAP
<b>Secondary prevention</b>	Get the antivirals commissioning arrangements in place by the beginning of the flu season	<b>CCG flu leads</b>	Aug-18

Category	Action	Owner	Due date
Secondary prevention	Clarify process for prophylaxis for exposed staff within BHFT	BHFT flu leads / IPC leads	
Secondary prevention	Find out about RDTs and bringing these into use locally	CCG flu leads	
	Get a job. Give a job (pledge to donate to 3 <sup>rd</sup> world vaccine programme)	All	

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## The West Berkshire SEND Strategy (2018-2023)

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<b>Report being considered by:</b>	Health and Wellbeing Board
<b>On:</b>	04 October 2018
<b>Report Author:</b>	Nina Bhakri
<b>Item for:</b>	Information

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### Purpose of the Report

This report presents the West Berkshire strategy for improving outcomes for children and young people with Special Educational Needs and Disabilities aged 0-25 years.

This strategy has been jointly produced with parents, carers, West Berkshire Clinical Commissioning Group, public health, NHS specialist services, early year's settings, schools and further education providers and sets out a shared strategic vision for SEND provision in West Berkshire for the next five years:

*“for all children and young people with special education needs and disabilities to have the right support and opportunities at the right time so that they become resilient, happy adults.”*

The strategy outlines collective partnership commitments and anticipated outcomes that will emerge as a result of the work delivered around the following five strategic objectives:

1. Improving inclusion and education outcomes for children with SEND in early years settings and mainstream schools
2. Developing a continuum of local provision to meet the needs of children with SEND (including Autistic Spectrum Disorder (ASD) and Social Emotional Mental Health (SEMH))
3. Enabling young people to enjoy good physical and mental health and wellbeing
4. Improving Post 16, education, learning, employment and training
5. Improving positive transitions for young people with SEND to enable them to prepare for adulthood

The draft SEND Strategy was consulted on widely through a public consultation exercise for six weeks from 11 June 2018 to 20 July 2018. This involved an online survey, alongside a series of public engagement events to seek views from a wide range of key stakeholders and to enable people to share their thoughts and ideas to help shape the final version of the document.

Analysis of the consultation feedback is presented in Appendix 1. Appendix 2, presents the final strategy, updated in response to the consultation findings.

The West Berkshire SEND Strategy will be formally determined through an Individual Executive Member Decision.

## Recommendations

The Health and Wellbeing Board is recommended to:

- Note the vision and priorities of the Strategy in relation to HWB priorities
- Note the new West Berkshire SEND Strategy

## How the Health and Wellbeing Board can help

To ensure that SEND issues are embedded effectively throughout relevant plans and in the delivery of the Health and Wellbeing Strategy, the Health and Wellbeing Board has agreed that the:

- Children’s Delivery Group should provide the strategic drive, co-ordination and oversight by receiving regular performance and outcome indicator reports on progress against objectives, while partners grouped under thematic priorities will be the delivery vehicle for implementation of the strategy.
- Health and Wellbeing Board should receive reports against progress through the Children’s Delivery Group.

<b>Will the recommendation require the matter to be referred to the Executive for final determination?</b>	Yes: <input type="checkbox"/>	No: X
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## Introduction/Background

The Children and Families Act 2014, introduced the most significant reforms to the Special Education Needs system in almost thirty years.

The reforms place new statutory duties on local authorities to plan for SEND provision in their area, these include:

- Putting children and parents at the heart of the system,
- Extending provision from birth to 25 years
- Introducing and extending rights and protection to young people by introducing new education, health and care plans.
- Applying a “whole area” approach that includes the local authority, clinical commissioning groups (CCGs), public health, NHS England for specialist services, early year’s settings, schools and further education providers.
- A requirement for local authorities to keep special education provision under review

The number of children with education, health and care plans has increased by 14% since 2013 as a result of the age range increasing to include young people up to the age of 25.

There has also been an increase in the population of children with EHC Plans who attend special as opposed to mainstream schools, with associated financial pressures.

Additionally, the Government has introduced a new national funding formula for schools which will require even more effort to target our resources effectively and achieve even better value for money in the investment we make to improve pupil outcomes.

It is against this context that West Berkshire has undertaken a review of its provision for children and young people with SEN and disabilities with the aim to agree with children, young people and parents and partners across health, education and social care a joint overarching vision for SEND in West Berkshire for the next five years.

The review process led to the outcome of a new five year SEND Strategic Plan for West Berkshire for 2018-2023 and a public consultation to shape its final format.

This report presents;

1. The key points from the public consultation (a detailed report of the consultation findings is presented in Appendix 1).
2. The changes made to the draft SEND Strategy in response to the public consultation.
3. The West Berkshire SEND Strategy in its final form (Appendix 2)

## Supporting Information

Key findings from the consultation:

The overall response was a positive welcome that West Berkshire and its partners are committed to work together to champion the long term wellbeing of children and young people with SEND.

### *The vision, principles and intended outcomes strategic objectives and actions*

Before submitting comments, respondents were asked to indicate their broad support or disagreement with the core elements of the draft SEND Strategy, the proposed vision, principles, intended outcomes and each of the five strategic objectives for development. Overall, there was strong support for the proposed vision, with 80% of respondents either strongly agreeing or agreeing with the vision statement. 72% of respondents either strongly agreed or agreed with the underlying principles. 75% of respondents agreed with the intended outcomes.

Comments submitted that corroborate the welcome given to the strategy include:

*I like the 'quality first' approach that is being proposed. Your wants and wishes are clear and there is clarity over the need to ensure this is not just one agency's responsibility but that championing our young people will only work with a multi agency directive.*

*I feel you have them right, including person centred, early help, and greater independence, choice and control given to them and their families*

*If it even comes to fruition it could be good*

*Themes prompting several comments and / or discussion at consultative meetings*

Workforce training and development and the need to raise wider awareness and understanding of SEND

Inclusion – The need to understand and respond appropriately to the different sets of behaviours presented by children with SEND in order to support their inclusion rather than exclusion

The need for clearer and accessible information to support children’s transition to adult services

The need to review support currently provided for parents and carers with children who have SEND and for young carers

The need for greater clarity on pathways of care and support for children and young people with Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder (ADHD)

Supporting children and young people with learning disabilities who also have emotional health and wellbeing needs

Opportunities post 16 and post 19 – There is strong support for an increasing focus on young people with SEND post 16 and post 19, both to maintain improvements in learning and wellbeing achieved at school and to orientate school and care better to equip young people with the skills to become as independent as possible.

Early intervention and early years – Several respondents to the on-line survey and those taking part in the public consultation events highlighted the importance of maintaining and improving support for young children so that needs can be identified early. The importance of early intervention for groups such as those with ASD, learning difficulties and impairments was cited and the evidence that this results in better lifelong outcomes for the child. Ensuring more effective reaching of all families with young children with additional needs to be emphasised, with an emphasis on support rather than extensive assessments.

#### Revisions to the SEND Strategy:

As highlighted above, strong support was given by respondents for the draft SEND Strategy. The draft SEND Strategy was presented to the SEND Strategic Partnership Board who agreed the final strategy should be based on the draft, with the following changes:

Page 20: Objective 1: Proposed actions:

- 4.17 Promote secondments between mainstream and specialist schools
- 4.13 Develop Social Emotional Mental Health guidance and a resource bank, including guidance on behaviour and disciplinary policies and anti bullying policies
- 4.14 Review SEND training for Newly Qualified Teachers
- 4.15 Promote disability awareness training in schools
- 4.16 Promote duty of schools to publish an access plan

Page 24: Objective 3: Actions:

2.7 Develop support for young people to set up their own businesses

Page 27: Objective 4: Actions:

4.3 Produce with families, an information and guidance pack (including a young persons friendly version) detailing the criteria for accessing services, transition processes and providing guidance on support and services

Page 29: Objective 5:

Priority 1: Empower young people with SEND and their parents and carers to understand their health and wellbeing needs

Priority 2.4 Review support which is available for parents on issues such as eating, sleeping, toileting and behaviour

Priority 3.4 Ensure that ASD, ADHD and anxiety pathways are transparent and understood by all agencies

Priority 3.5 Review access to emotional health and wellbeing support for children with learning disabilities

Priority 3.6 Raise the profile of the deaf CAMHS service and the ASC Disability Health Team

### Options for Consideration

The Children and Families Act (2014), requires local authorities to keep the provision for children and young people with SEND under review through a local strategic review and planning for future SEND provision. This statutory obligation, alongside future challenges posed by increasing demand for High Needs Funding and further financial restrictions resulting from the new financial funding formula for schools mean that it is imperative to target resources effectively and achieve even better value for money in our investments through strategic planning.

### Proposals - Governance and accountability of the renewed SEND system

The delivery of our strategy is not the responsibility of a single agency. It requires a partnership approach, owned by all stakeholders working with children, young people and families. These include health, education, social care, schools and voluntary and community organisations. Consequently, governance for this strategy will be provided by the West Berkshire SEND Strategic Partnership Board.

The Health and Wellbeing Board is requested to agree that the West Berkshire Children's Delivery Group should provide the strategic drive, co-ordination and oversight by receiving regular performance and outcome indicator reports on progress against objectives, while partners grouped under thematic priorities will be the delivery vehicle for implementation of the strategy.

The West Berkshire Health and Wellbeing Board is also requested to agree that it should receive reports against progress through the Children's Delivery Group. This will ensure

that SEND issues are embedded effectively throughout relevant plans and in the delivery of the Health and Wellbeing Strategy.

## Conclusion

This report presents;

- The West Berkshire SEND Strategy (2018-2023)
- A report of analysis of the public consultation held to shape the final strategy

The Health and Wellbeing Board is requested to:

- Note the new West Berkshire SEND Strategy
- Note the governance and accountability arrangements for the new strategy

## Consultation and Engagement

The development of the SEND Strategy was overseen by the West Berkshire SEND Strategic Partnership Board, a multi agency partnership, with parents and carers at its core and comprising stakeholders across education, NHS, West Berkshire Clinical Commissioning Group, Public Health, social care, voluntary and community sector partners and the West Berkshire Lead Member and Executive Portfolio Holder for Children, Education and Young People.

The draft SEND Strategy was consulted on more widely through a public consultation exercise for six weeks from 11 June 2018 to 20 July 2018. This comprised an online survey, alongside a series of public engagement events to seek views from a wide range of key stakeholders and to enable people to share their thoughts and ideas to help shape the final version of the document.

## Appendices

Appendix A – Data Protection Impact Assessment

Appendix B - The West Berkshire SEND Strategy 2018 -23

Appendix C – a report on the consultation for the West Berkshire SEND Strategy

Appendix D – Equalities Impact Assessment

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### Background Papers:

Special educational needs and disability, (SEND)

<https://www.gov.uk/topic/schools-colleges-childrens-services/special-educational-needs-disabilities>

Special Educational Needs and Disabilities Code of practice 0-25 years; Department for Education and Department for Health, 2015

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/398815/SEND\\_Code\\_of\\_Practice\\_January\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf)

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### Health and Wellbeing Priorities 2018/19 Supported:

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- 
- Promote positive mental health and wellbeing for adults.
  - Improve opportunities for vulnerable people to access education, employment, training and volunteering.

**Health and Wellbeing Strategic Aims Supported:**

The proposals will help achieve the following Health and Wellbeing Strategy aims:

- Give every child the best start in life
  - Support mental health and wellbeing throughout life
- 

**Officer details:**

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## Appendix A

### Data Protection Impact Assessment – Stage One

The General Data Protection Regulations require a Data Protection Impact Assessment (DPIA) for certain projects that have a significant impact on the rights of data subjects.

Should you require additional guidance in completing this assessment, please refer to the Information Management Officer via [dp@westberks.gov.uk](mailto:dp@westberks.gov.uk)

Directorate:	Communities
Service:	Education
Team:	SEN and Disabled Children’s Team
Lead Officer:	Nina Bhakiri
Title of Project/System:	<p>“From birth to adulthood”</p> <p>Our strategy for improving outcomes achieved by children and young people aged 0-25 with special educational needs and / or disabilities 2018 - 2023</p>
Date of Assessment:	21 September 2018

**Do you need to do a Data Protection Impact Assessment (DPIA)?**

	Yes	No
<p><b>Will you be processing SENSITIVE or “special category” personal data?</b></p> <p>Note – sensitive personal data is described as “<i>data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person’s sex life or sexual orientation</i>”</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><b>Will you be processing data on a large scale?</b></p> <p>Note – Large scale might apply to the number of individuals affected OR the volume of data you are processing OR both</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><b>Will your project or system have a “social media” dimension?</b></p> <p>Note – will it have an interactive element which allows users to communicate directly with one another?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Will any decisions be automated?</b></p> <p>Note – does your system or process involve circumstances where an individual’s input is “scored” or assessed without intervention/review/checking by a human being? Will there be any “profiling” of data subjects?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Will your project/system involve CCTV or monitoring of an area accessible to the public?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Will you be using the data you collect to match or cross-reference against another existing set of data?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Will you be using any novel, or technologically advanced systems or processes?</b></p> <p>Note – this could include biometrics, “internet of things” connectivity or anything that is currently not widely utilised</p>	<input type="checkbox"/>	<input type="checkbox"/>

**If you answer “Yes” to any of the above, you will probably need to complete [Data Protection Impact Assessment - Stage Two](#). If you are unsure, please consult with the Information Management Officer before proceeding.**

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West Berkshire  
Council

# “From birth to young adulthood”

Our strategy for improving  
outcomes achieved by children  
and young people with special  
education needs and / or  
disabilities 2018 - 2023



WestBerkshire  
COUNCIL



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# 1. Executive Summary

West Berkshire's strategy for improving the outcomes achieved by children and young people aged 0-25 with special educational needs and/or disabilities (SEND) 2018-2023 outlines the vision and key priorities for supporting West Berkshire's children and young people with SEND.

Our vision for all children and young people with special educational needs and disabilities is that they have the right support and opportunities at the right time so that they become resilient, happy adults.

To achieve our ambitions for children and young people with SEND, we will continue to focus on taking actions to reduce inequalities and closing the gap between those who already do well and those who may need extra support to thrive.

Where possible we believe that every West Berkshire child and young person should be able to access the support they need in the community near where they live.

Through strong leadership and cohesive approaches we want to ensure that all children and young people with SEND are seen, heard, helped and safeguarded across the whole SEND system and that as professionals we are alert to their risks and respond effectively before escalation of needs

This strategy is our shared plan setting out our vision and plans for improving the outcomes for every West Berkshire child and young person with SEND. Our plan is to achieve our objectives and to meet the requirements of the Children and Families Act in a way that is ambitious, inclusive and realistic in a challenging financial context.

Our effective implementation of the Government's SEND reforms will continue to require a cultural shift across education, health and care agencies in both children's and adult services and partner agencies. This will require a shared focus on the outcomes for children and young people with SEND.

Our strategy has been shaped through the views of parents and carers and children and young people represented in every stage of the development cycle, from inception through to final consultation. Parents and carers children and young people will also be central to implementing our strategy and its evaluation phase.

## Our five broad priority areas/outcomes are to:

- Support early years settings and mainstream schools to improve inclusion and educational outcomes for children with SEND
- Develop a continuum of local provision to meet the needs of children with SEND (including autistic spectrum disorder (ASD) and social, emotional and mental, health difficulties (SEMH))
- Enable children and young people with SEND to enjoy good physical and mental health and wellbeing
- Improve post 16, education, learning, employment and training
- Develop positive transitions for young people with SEND to enable them to prepare for adulthood



## 2. Introduction

The Children and Families Act 2014 introduced one of the biggest changes to SEN in a generation; a new statutory duty on the local authority to ensure that the views, wishes and feelings of children, young people and their parents are at the centre of decision making and they are given the right support and information to ensure they are able to participate in decisions which help them to achieve good outcomes.

Now in 2018, we have completed a review of our progress in delivering the requirements of the Children and Families Act 2014; this document is our shared vision and our next steps for improving the outcomes for every West Berkshire child and young person with SEND.

This strategy aims to meet the requirements of the Children and Families Act in a way that is ambitious, inclusive and realistic in a challenging financial context. It forms the Council's policy for SEND and was developed with stakeholders responsible for implementing changes and with parents and carers at the core.

Real progress has already been made. We have continued to improve and expand our provision by establishing new primary and secondary ASD resources at Fir Tree and Trinity Schools. We have developed our Emotional Health Academy to help children, young people and families find support for emotional well-being earlier, faster and more easily. We have also developed a new supported employment service for young people aged 16-25 years. Through the Government's High Needs Funding, we have supported greater capacity in the system. We have seen steady improvements in progress and outcomes for children and young people with special education needs and disabilities. At the same time we have successfully implemented the reforms, introduced the new Education Health and Care Plans and developed our local offer.

By the end of 2017, 3000 West Berkshire children were benefitting from the new arrangements. West Berkshire continues to have many reasons to be proud of its services and its specialist provision. The number of SEND places has increased and we have delivered good value for money. We propose to develop more provision and we will continue to focus on improving both the outcomes and rates of progress for children and young people with SEND.

The Government described the reforms as the most transformational change in SEN for thirty years and

acknowledged that the Act would require significant cultural and procedural changes and time to embed these. To achieve this, West Berkshire set out a four year transition period to March 2018 to implement the national changes. All statements of special education need were successfully converted to Education Health and Care Plans by the statutory March 2018 deadline.

Going forward we recognise that there is still much to do, to keep pace with demand, to improve the quality of provision further and to ensure that more children and young people can have the identified support they need in local schools and early years settings.

Children and young people with SEND in West Berkshire are making better progress, yet the gap between their attainment and that of other learners has remained wider than we would like and in some cases it is increasing.

One of the biggest challenges for this strategy is to ensure that we can improve support for children with autism and social, emotional and mental health difficulties (SEMH) across all schools and that we improve our joint commissioning with our health partners to ensure health inequalities and access to key services is addressed.

The Government will introduce a new national funding formula for schools in 2018 -19 and in relation to High Needs, based on current proposals, we will not have any increases in the High Needs Funding that West Berkshire receives over the period of 2018-2023. This will require even more effort to target our resources effectively and achieve even better value for money in the investments we make to improve pupil outcomes. We must deliver this strategy in a way that is affordable and provides value for money, whilst recognising the unprecedented increase in the number of pupils supported by high needs funding and the corresponding increase in pressure on broader health and social care services.



### 3. Our vision for SEND support in West Berkshire

*Our vision for all children and young people with special education needs and disabilities is that they have the right support and opportunities at the right time so that they become resilient, happy adults.*

We want to be aspirational and ambitious for all our children and young people with SEND.

To achieve our ambitions for children and young people with SEND, we will continue to focus on taking actions to reduce inequalities and closing the gap between those who already do well and those who may need extra support to thrive. Where possible we believe that every West Berkshire child and young person should be supported in the community where they live.

We will achieve this through access to good quality local early years provision, schools and further education settings. In addition to the right learning opportunities, children with SEND should be offered access to appropriate health and care support in response to their diagnosed needs. Underpinning this vision is a focus on individual assets and understanding of children, young people and families' skills and knowledge, resilience, finances, social networks and involvement in community activities.

West Berkshire is committed to early intervention and prevention, providing early help in a timely way so that the needs of local children and young people do not increase. Making sure that we identify needs early and provide the right support, is key to improving outcomes for children and young people with SEND. We will continue to focus on a 'Quality First' approach in our universal settings (in early years, schools and colleges) so that more children learn and make good progress without the need for additional support.

We are committed to safeguarding and protecting all our children and young people with SEND. Everyone who comes into contact with children and young people with SEND and their families has a role to play in:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes

We want to provide a well-planned continuum of provision from birth to age 25. This means high quality and well integrated services across education, health and social care, which work closely with young people, their parents and carers and where individual needs are met without unnecessary bureaucracy or delay. We aim to meet the needs of children and young people in universal and mainstream settings wherever possible and where more specialist help is needed, we will aim to provide it in West Berkshire wherever possible.

We want the journey from childhood to adolescence and through to adulthood to be a good experience for every child and young person. We want them to be getting the right information, advice and guidance in the right places at the right time depending on their needs. We want young people's experience of adolescence to be one where taking informed risks, making choices, being challenged and challenging boundaries is about the growing up journey.

The term "special education needs" does not mean the child/young person's needs will only be educational. Whilst educational progress is fundamental to the SEND Code of Practice, ensuring that children and young people with SEND have access to good opportunities to make educational progress requires a broader approach which includes family and health needs.



**In essence, our vision is underpinned in our strategic principles:**

- All our plans, services and policies are coproduced with families
- Children and young people with SEND feel safe and protected from harm. They are seen, heard and helped, effectively safeguarded, properly supported and their lives improved by everyone working together.
- A person centred approach to service delivery
- A focus on inclusive practices, removing barriers to learning and high quality teaching
- Systematic, proactive and appropriate early identification and early help and provision made available locally within supportive communities
- Children, young people and their parents are enabled to plan and make choices about their support as much as possible in decision making
- Greater independence, choice and control for young people and their families over support
- Successful preparation for adulthood, including supporting independence, independent living and training and employment
- Partnership – Education, Health and Social Care services working well together, supported by voluntary and independent organisations and sharing accurate information in the best interests of the child and family
- Integrated, evidence based, high quality services, interventions and approaches – local as far as possible
- Funding and support is allocated fairly and openly

## 4. Outcomes

The Joint Strategic Needs Assessment (JSNA) updated in 2018, highlights four main areas where children with SEND face barriers to achieving the outcomes their peers can expect. These outcome area are:

- Good education attainment
- Employment opportunities
- Good health
- Good mental health

### Education / attainment

In 2017, 8% of SEN pupils with statements / EHCPs achieved the expected standard in reading, writing and maths at KS2 compared to 6% the year before; this represents a gap with the non-SEND population of 63% and is in line with national averages. At KS4, 5% of pupils with Statements / EHCPs achieved 5 GCSEs Grade A\* to C. This was below the national average of 10.5%.

Children at SEN support were achieving above the national average in Phonics in 2015, but since then performance has fallen with 42% achieving the expected level in 2017, compared to 47% nationally. Performance of children with SEND at Key Stage 2 has also been variable and has not been consistently above the national average.

Educational attainment is the foundation for opening future opportunities for all children with SEND, however, resilience, social networks and involvement in community activities are also key factors for a fulfilling and independent life.

### Employment opportunities

Young people with special education needs and disabilities often struggle to get paid work when they leave education. This could be due to a lack of work experience opportunities, through to the sometime negative attitudes of employers and a lack of accessible information. In England only 5.7% of working age (aged 18 - 64 years) service users who received long term support during the year with a primary support reason of learning disability support were in paid employment. In West Berkshire, this was 6.0% (2016-17).

In West Berkshire, the percentage of 17 year olds at SEN Support who are in Education, Employment or Training is higher than the national average, 94% compared to 88%

Yet, the overwhelming majority of young people are capable of sustainable paid employment with the right preparation and support. Both the Children and Families Act 2014 and the Care Act 2014, strongly endorse participation in work as a desired and fulfilling outcome. The SEND reforms and the introduction of EHC Plans from year 9 and extended to 25 year olds requires local authorities to give greater consideration to the support a young person might need after school.

In West Berkshire, different pathways for gaining employment are being set up. These include supported employment approaches in schools, supported internships and better access to apprenticeships.

### Good health outcomes

Young people with disabilities may experience greater vulnerability to secondary conditions, co-morbid conditions including for example age related conditions or illnesses. Barriers to good physical and mental health can include for example, a lack of availability and access to leisure and cultural and other public facilities and transport. They may be less likely to be able to access leisure, cultural, public facilities and transport that will enable them to stay physically and mentally healthy.

People with learning disabilities are three times more likely to die early compared to the general population. Men with learning disabilities live, on average, 13 less years than men in the general population. Life expectancy for women with learning disabilities is 20 years less than the general female population.

In West Berkshire, through the Berkshire Transforming Care Joint Health and Social Care Plan[1] we are driving forward system wide change to improve services for people with learning disabilities and / or autism, who display behaviour that challenges.



## Good mental health

Social and mental health issues are more prevalent in those with SEND. Children and young people with SEND are more likely to experience anxiety disorders, Social Emotional and Mental Health issues and behaviour that challenges. Research suggests that children with a learning disability are over twice as likely to experience anxiety disorders and approximately six times as likely to experience conduct disorders. In particular, there is a high incidence of comorbid SEMH difficulties in children and young people with neurodevelopmental issues such as Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).

The Emotional Health Academy is West Berkshire's support for mild to moderate mental health in children and young people. Its goal is to help children and young people as early as possible and to stop emotional health problems from getting worse. A service evaluation has evidenced improvements in waiting times due to increasing access to briefer and more cost effective interventions.

### **The Council and West Berkshire Clinical Commissioning Group's goals for the next five years, are designed to:**

- Improve the transition between Child and Adolescent Mental Health services and adult mental health services.
- Improve whole system working so that diagnosis is not seen as the only route to right support at the right time. This relates in particular to children and young people who are waiting for assessments for ASD and ADHD. For example, Autism Berkshire and Parenting Special Children have been commissioned to provide pre and post assessment support; there is also an on-line peer support system called "Young SHaRON"
- Reduce waiting times for diagnosis and treatment, including for ASD.

## 5. Achieving our vision and outcomes

### –The key enablers



The key enablers to take this strategy forward and to realise our vision:

#### 1. Processes

- A well planned continuum of provision from birth to 25 years that meets the needs of children and young people with SEND and their families. This means **integrated services across education, health and social care which work closely with parents and carers** and ensures that individual needs are met without unnecessary bureaucracy and delay.
- **Ensuring local SEND services are inclusive of and integrated with high quality NHS and voluntary and community services** so that the experience of families accessing services is positive and children and young people's learning, development, safety, wellbeing and health outcomes are well promoted alongside their educational progress and achievements.
- Our strategy requires a robust system of **early identification** of children and young people's needs. It has been developed on the principle of evidence based, targeted interventions delivered by trained staff to ensure families have their needs met early and they do not experience the level of challenge and difficulty in their lives that require statutory interventions.
- A coherent SEND system designed with the child's need at the centre
- The success of our strategy is reliant on a **whole school/team approach** rather than a stand-alone and therefore fragmented "silo" approach to children and young people with SEND.

#### 2. Infrastructure and resources

- Strong strategic leadership by the Council, the education sector, Health and Social Care, across the SEND system in West Berkshire
- **Local education, training and support:** a place in a good or outstanding school or provision, mainstream where appropriate, as close to home as possible with health and social care support for children and their families, where needed
- **Improving provision and increasing parental choice:** working in partnership with providers in the voluntary, community and independent sectors who share our values and vision.
- As we continue to see our High Needs expenditure increase, indications are that the National Funding Formula will cap this. **Partnership working with schools** will be fundamental to developing more effective and innovative ways to use high needs funding in mainstream schools

### 3. People

- **Early years settings, schools, colleges and care support services to have the capacity, skills and confidence to deliver high quality provision for children and young people with SEND** in order to improve their educational, health and care outcomes and their access to wider social development and opportunities to participate in their local community.
- The importance of providing **good training for all staff, whichever setting they are working in**. To achieve this aim we need to use the best expertise and knowledge in educational establishments and other services, to increase capacity throughout the area by sharing best practice and by promoting a model of collaborative working and shared responsibility.
- A commitment to achieve the best possible outcomes for children and young people, which support inclusion, **developing independence and successful preparation for adulthood**.

### 4. Joint strategic leadership and management:

- **Strong governance, accountability and challenge** through the West Berkshire SEND Strategic Partnership Board and the West Berkshire Health and Wellbeing Board
- The vision for SEND is a golden thread weaving through all provider services, including schools, through a **clear commitment from senior leaders** including school governing boards
- **Robust pace and delivery** of our plans through joint working with the range of support, provision and services across a child or young person's life from birth through to young adulthood
- **All teams and services working towards our strategy** through team plans, individual performance and development targets
- Budgets aligned to our strategic priorities

## 6. How the strategy was developed –The SEND Review



The review of SEND was overseen by the West Berkshire SEND Strategic Partnership Board, a multi agency partnership, with parents and carers at its core and comprising stakeholders across education, health, public health, social care partners, voluntary and community sector partners and the West Berkshire Lead Member and Executive Portfolio Holder for Children, Education and Young People. Our review comprised:

Phase 1: Data and evidence gathering and analysis to answer:

### In West Berkshire:

1. Is our pattern of provision for children and young people with SEND suitable to meet changing needs?
2. Do parents and young people find it attractive?
3. Will it be affordable within future financial allocations?

### We gathered and analysed:

- Data on the range of SEN in the area, recent trends and likely changes in the future
- Evidence on how effectively the current pattern of special educational provision meets needs in the area
- Evidence for how effectively the current pattern of special educational provision prepares children and young people for adult life
- The range of special education needs that would generally be met by mainstream providers
- The range of SEN and disabilities which would generally be met by specialist providers
- The range of SEN and disabilities which would generally be met by highly specialised providers

A core element was to gather evidence about what works well across the current system, areas for improvement and SEND provision mapping for the future across the whole life cycle from birth through to young adulthood:



### Phase 2: Analysis and shaping of emerging themes

Our analysis identified a number of common issues, falling into five overarching strategic themes. These themes were agreed by the SEND Strategic Partnership Board as the five strategic themes needed to strengthen and improve current arrangements for SEND across West Berkshire and the basis for the SEND Strategy:

**Improving inclusion and education outcomes for children with SEND in Early Years settings and mainstream schools**

**Developing a continuum of local provision to meet the needs of children with SEND (including ASD and SEMH)**

**Good physical and mental health and wellbeing**

**Improving Post 16, education, learning, employment and training**

**Positive transitions for young people with SEND to enable them to prepare for adulthood**

Five strategic multi agency working groups were established under each strategic theme. These groups met during a period of three months from February 2018 to May 2018, to develop recommendations on the key priorities to be included in a new strategic approach for SEND in West Berkshire, under each of the five strategic themes.

Parents and carers were involved in all strategic group discussions. Building on this work, through a series of visioning events a joint vision statement was developed.

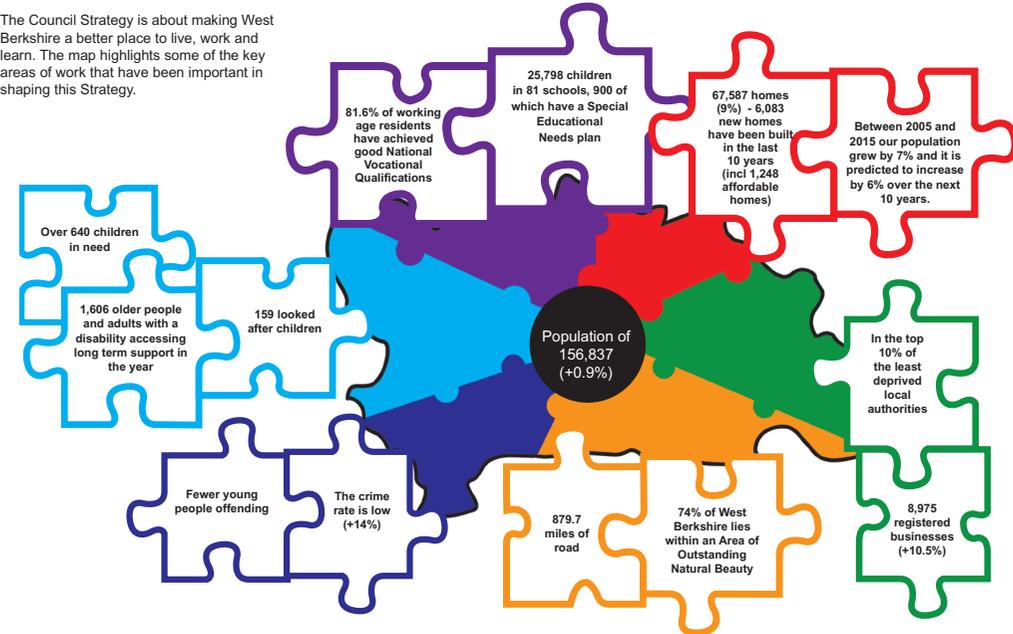
### Phase 3: Public Consultation

The SEND Strategic Partnership Board has given agreement for the vision and priorities to be consulted on more widely through a public consultation exercise to run for six weeks from 11 June 2018 to 20 July 2018. This will involve an online survey, alongside a series of public engagement events to seek views from a wide range of key stakeholders and to enable people to share their thoughts and ideas to help shape the final version of the document.

# 7. Population: some key facts

## West Berkshire – The Place and its People

The Council Strategy is about making West Berkshire a better place to live, work and learn. The map highlights some of the key areas of work that have been important in shaping this Strategy.



*\*(figure in brackets represents the % change between 2015 and 2017)*

West Berkshire makes up over half of the geographical area of the county of Berkshire - covering an area of 272 square miles. It lies on the western fringe of the South East region, centrally located, at a crossroads where the South East meets the South West and where the south coast comes up to meet the southern Midlands.

Nearly three quarters of West Berkshire is classified as part of the North Wessex Downs Area of Outstanding Natural Beauty (AONB), a landscape of the highest national importance. Within the AONB the diversity and mix of landscapes ranges from the high large scale rolling chalk downland with its intensive arable farming, to small hamlets clustered along fast chalk streams, and floodplain with lush wetland vegetation associated with the River Kennet.

West Berkshire has one of the most dispersed populations in the South East with 2.2 people per hectare (ONS Mid-year estimate 2014.)

The proportion of people in the working age group (35-64)

is higher than the national average and we have a marginally smaller proportion of people aged over 65, compared to the South East.

Wards with 20% (1 in 5) of its population of retirement age are Aldermaston, Speen and Westwood.

The youngest Wards in West Berkshire are Chieveley, Clay Hill, Greenham and Thatcham South and Crookham, with an average age of less than 38 years. Those Wards with the highest percentage of 0-9 year olds (15-16%) are Greenham, Sulhamsted and Thatcham South and Crookham.

The significant amount of rural areas within West Berkshire has considerable implications for the commissioning of services for its residents. Access to services will be a challenge in very rural wards, requiring outreach or transport solutions, as people who do not have access to cars will rely on public transport.



**In terms of SEND we know:**

- Numbers at SEN Support decreased steadily from 2011-2016 but began to rise again in 2017 and are just under national average
- WBC had 897 Statements / EHCPs in 2017, 1.9% of 0-25 population (which compares to 1.6% nationally)
- Number of Statements / EHCPs has increased by 14% since 2011
- Main growth is in the 16 to 25 age group
- Children with ASD form by far the largest % of the Statemented / EHCP cohort at 39%
- The number of children with a Statement / EHCP with a primary need of ASD has risen from 246 in 2011 to 345 in 2017
- The next largest groups of children with a Statement / EHCP are those with a primary need of Moderate Learning Difficulties and Social, Emotional and Mental Health Difficulties
- Numbers attending The Castle and Brookfields Special Schools, maintained by WBC, have increased by 23% since 2011
- The increase in placements is mainly accounted for by children with Moderate Learning Difficulties moving from mainstream schools
- Numbers attending Free Special Schools and special schools maintained by other Local Authorities have increased by 20%
- Numbers in independent and non-maintained special schools have not risen, but costs have increased, and an increase in numbers is expected in 2018-19
- The increase in special school placements is mainly accounted for by children with ASD and SEMH
- There is an increase in both numbers and cost of young people with Statements / EHCPs in FE Colleges
- The budget which funds all EHCPs in mainstream, resourced & special schools and FE Colleges, plus most SEN support services, is called the High Needs Block Budget and is allocated by central Government to LAs
- WBC's HNB budget has been in deficit since 2016-17. This could have an impact on funding of other SEN services
- Generally strong performance of children with SEND at Early Years Foundation Stage
- Performance of children with SEND in Phonics tests is lower than national average for SEND children and the gap between the SEND and non-SEND populations is wider than it is nationally
- Performance of children with SEND at Key Stage 2 & GCSE is variable
- Number of children classified as persistent absentees within the SEND population was lower than national average and decreasing
- % of school sessions missed by children with SEND was lower than national average and decreasing
- Fixed term exclusions of children with SEND lower than national average, though proportion with an identified SEND is increasing
- No permanent exclusions of children with Statements / EHCPs
- Rising number of children at SEN Support being permanently excluded
- % of young people with SEND achieving Level 2 qualification by age 19 years better than national average
- Higher % of young people with SEND aged 17 years are in education, employment or training (EET) than nationally
- However, only 6% of adults with learning disabilities are in employment in WBC (6.3% nationally)

## 8. The Policy context

Our priorities for children with SEND are shaped by the Children and Families Act 2014. The Act sets out the responsibility to improve services, life chances and choices for vulnerable children and to support families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background. The Act extends the SEND system from birth to 25, where appropriate, giving children, young people and their parents/carers greater control and choice in decisions and ensuring needs are properly met.

### **The new approach to special educational needs and disability makes provision for:**

- children and young people and their families to be at the heart of the system
- close cooperation between all the services that support children and their families through the joint planning and commissioning of services
- early identification of children and young people with SEN and/ or disabilities (SEND)
- a clear and easy to understand 'local offer' of education, health and social care support to children and young people with SEND and their families
- support provided in mainstream settings where possible for children with more complex needs
- a coordinated assessment of needs and a new Education, Health and Care plan (EHC plan) from the age of 0 to 25 years, for the first time giving new rights and protection to 16-25 year olds in further education and training comparable to those in school
- a clear focus on outcomes for children and young people with EHC plans, anticipating the education, health and care support they will need and planning for a clear pathway through education into adulthood, including finding paid employment
- a focus on living independently and participating in their community
- increased choice, opportunity and control for parents and young people including a greater range of specialist educational provision, mainstream schools and colleges for which Parents, carers and young people to be able to express a preference and the offer of a personal budget for those children and young people who have an EHC plan.

### **The Local Policy context**

The West Berkshire Health and Wellbeing strategy sets out a clear aim to give every child the best start in life. Its strategic objectives are:

- To give every child the very best start in life
- Support mental health and wellbeing throughout life

The SEND reforms are an important cornerstone for the work of West Berkshire SEND Strategic Partnership Board and a key aspect of the West Berkshire Children's Delivery Group.

The Berkshire West Clinical Commissioning Group Local Transformation Plan for Children and Young People's Mental Health and Wellbeing, covers the whole spectrum of services for children and young people's emotional and mental health and wellbeing. It has a vision "to ensure that every child or young person gets the help they need when and where they need it. Its mission is that "by 2020 support will be individually tailored to the needs of the child, family and community – delivering significant improvements in children and young people's mental health and wellbeing".

### **This new SEND Strategy aims to ensure that:**

- there is a shared, inclusive vision for effective planning for children and young people from 0 to 25
- we will have an effective needs analysis evidence base to help us plan and decide how to best use our resources
- we listen to the views, aspirations and ambitions of children and young people and their parents and carers when we develop and commission person centred services
- resources are used where they will make the biggest difference, supporting integrated working through evidence based practice and early identification
- there are clear and well publicised pathways for children and young people and their families, with swift and easy access to support and effective planning in preparation for adulthood
- we have high quality, effective and accessible provision across universal and specialist support
- we have speedy resolution of problems and disagreements.



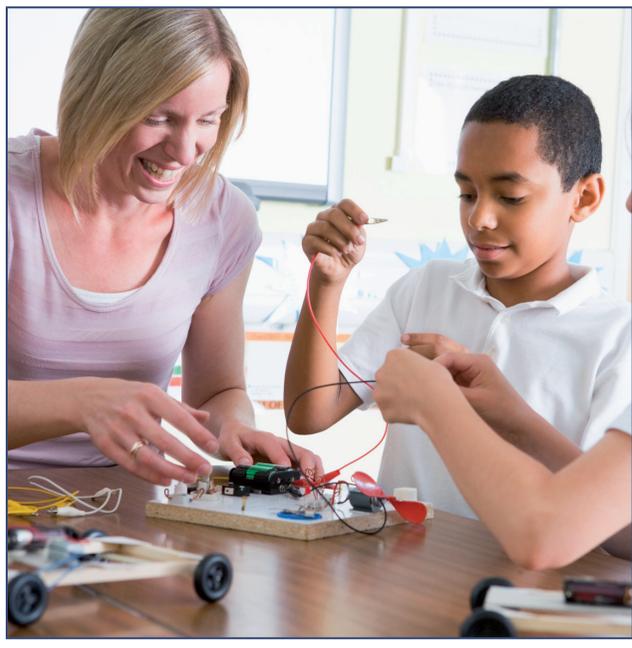
## 9. What we have achieved 2013-18



### Our achievements since 2013 include:

- Development and implementation of a person centred Education, Health and Care assessment and planning process which has received positive feedback from parents. One parent said: *"The EHC is far superior to the Statement. Its focus is my child and is so much more direct with regards to what must be put in place to help him achieve. I thought that it was just another paper exercise but am pleasantly surprised by how it has helped me already in assuring that my son is supported adequately in his further education"*
  - Very good performance on meeting the 20 week timescale for completion of Education, Health and Care assessments
  - Development of Local Offer website, annual Local Offer events for parents and practitioners and outreach support
  - Strong strategic co production of services with parents and developing strategic engagement with young people with SEND through the SEND Youth Forum
  - Generally good outcomes for children with SEND, with particularly strong outcomes in the Early Years
- Foundation Stage, good performance of children with EHCPs in Phonics and very good performance of children at SEN Support at GCSE
- A significant reduction in the number of children with SEND being excluded from school, as a result of a successful Exclusion Reduction Strategy
  - Evidence from the 2017 SEND Parent Survey of reasonable levels of satisfaction with SEN provision in schools and high levels in relation to some schools. One parent said: *"X School has a fantastic SEN Department, they communicate well with me and are wonderful with my son and understand his needs"*
  - A good range of SEN Support services to assist with identification and assessment
  - Increased young people with SEND accessing paid employment, some with support from the recently commissioned Supported Employment Service for 16 to 25 year olds with SEND
  - Jointly commissioned Emotional Health Academy which provides prompt access to support for children with SEMH difficulties and has reduced CAMHS referrals

## 10. Our challenges and opportunities



### We continue to face a number of challenges, many of which reflect the national position:

- The quality of SEND provision is variable across our schools. Between 14% and 22% of parents who responded to the 2017 Parent SEND Survey expressed dissatisfaction in relation to 12 different aspects of SEND provision in schools.
- Attainment of children with SEND is good in some areas but less consistent in others, for example at Key Stage 2 (the end of primary phase).
- Provision for children with SEND, particularly children with ASD and SEMH, is not yet good enough in some of our schools. Some parents report a lack of understanding of ASD in particular in some schools. One parent said:  
*"My son is autistic and a lot of staff forget that especially cover staff and dinner ladies. Because my son is quiet they think he's ok but sometimes he's not"*
- There is a significant increase in the number of children being diagnosed with ASD. This is putting pressure on all services. The number of children with ASD moving to specialist placements is increasing. The waiting list for ASD assessment by CAMHS is not getting shorter in spite of additional investment by the CCG.
- The percentage of children with Education, Health and Care Plans who are educated in mainstream schools has reduced from 49.7% in 2013 to 33% in 2017. In addition to ASD placements, increasing numbers of children with SEMH and MLD (Moderate Learning Difficulties) are moving from mainstream

### We can also take advantage of the following opportunities:

- We have very strong support from local parents who are working with us proactively to assist in the redesign of services. We also have increasing opportunities to involve young people with SEND in service developments through the SEND Youth Forum
- There a very strong working relationships between the Council, the CCG, the Berkshire Healthcare Foundation Trust and the Royal Berkshire Hospital

to specialist placements. Our local special schools are reaching the limits of building development which can take place on their sites. The increase in specialist placements is also putting a lot of strain on the High Needs Budget which has consistently overspent over a number of years. Reductions have had to be made to some preventative SEND services in order to support the increasing cost of specialist placements.

- There is a need for clearer outcomes data for young people with SEND who attend FE Colleges, and for that data to inform commissioning. For some young people and parents the part time nature of FE College provision is a challenge
- Whilst access to employment is increasing, there is a need to spread good supported employment practice across all our Post 16 Providers and increase access to supported internships and apprenticeships
- Transition from Children's Social Care to Adult Social Care has been problematic in the past. It is improving but there is further work to do to secure timely and smooth transitions in all cases
- There is also a need to clarify pathways from some paediatric health services to adult health services, including therapies and mental health services
- Some children and families would benefit from accessing Social Care support for their disabled child earlier than they currently do. Children who do not meet the threshold for Children's Social Care can sometimes lack support to access social activities and develop friendships and self confidence

Trust. We have a shared vision for children with SEND and a strong commitment to joint working and joint commissioning

- We have good engagement of local service providers, including schools, who are also keen to be part of our improvement journey for children with SEND
- The creation of more local services and reduction in external placements would allow us over time to invest in more preventative and early intervention services for children with SEND

# 11. Our strategic priorities for SEND in West Berkshire (2018-2023) and high level action plans



# Strategic Objective 1

We want to support early years providers and mainstream schools to improve inclusion and educational outcomes for children with SEND

Research tells us conclusively that high quality care and learning experiences in the early years have a significant impact on outcomes for children and lay the foundations for better life chances. There is no group for whom this is more important than children with SEN and Disabilities.

We are committed to ensuring inclusive education of children and young people and the removal of barriers to learning. There is an expectation that all educational settings will work to enable all children and young people to develop, learn, participate and achieve their best possible educational and other outcomes.

We want every child's needs to be met, as far as possible, in their local community, by local early years providers and mainstream schools.

We expect every early years provider and mainstream school to make effective provision for children with SEND, so that they make good progress in their learning and can move on easily to the next stage of their education and later into employment and independent adult life.

## What outcomes do we want to see?

- The percentage of children with SEND assessed in Early Years Foundation Stage as achieving a Good Level of Development to increase year on year. These children are better able to engage with the national curriculum and more likely to reach their full potential at school.
- Children and young people with SEND achieve well at every stage of their learning, including in Phonics, at Key Stages 1 and 2, at GCSE and post 16.
- All children and young people with SEND make good progress relative to their starting points and needs.
- The overall gap between attainment of children with SEND and all children to reduce.
- The number of children with SEND being excluded from school to reduce.

- Good attendance of children with SEND
- Children with SEND to make clear, evidence based progress against their EHC Plan outcomes.
- The percentage of children with Education, Health and Care Plans who are being educated in mainstream as opposed to special schools to increase
- Parents report increasing confidence in the ability of mainstream schools to meet their child's needs

## Why is this important?

Parents and carers have told us that it is their most important priority for their children to get the help and support they need at the earliest opportunity. Early identification and intervention is essential to prevent underachievement and improve outcomes and improve children's life chances.

It is particularly important in the early years that there is prompt identification and support for any special educational needs a child may have. Delay at this stage can give rise to further learning difficulties and subsequently to a loss of self-esteem, frustration in learning and possibly to behaviour difficulties.

Children with SEND need to have good quality support in their mainstream schools so that they can achieve their academic potential and maintain their self-esteem and confidence. Schools should have in place robust systems for identifying and assessing need and making provision to meet needs, both for children with SEND who do not have an Education, Health and Care Plan (children at "SEN Support") and for children who have EHCPs. Provision should be person centred so that both the child and the family are involved in decisions about how they will be supported.

If this high quality provision is not in place, children will not reach their potential and may become disaffected, suffer loss of self-esteem and potentially develop emotional or behavioural difficulties.

Most schools in West Berkshire make good provision for children with SEND. However, the performance of children with SEND is not yet as consistently good as we would like it to be and there are too many children with SEND being excluded from school. Some parents report dissatisfaction with SEND provision made by their child's mainstream school.

Most children with SEND should be able to have their needs met in their local mainstream school, with the right support. There will always be some children who will be best placed in special schools. However, we need to ensure that when children move to special schools it is because their needs cannot be met in a mainstream school environment, and not because their school did not have the right knowledge and skills to support them.

## What do we need to have in place to achieve our outcomes?

In order to achieve our vision of high quality SEND provision in all early years settings and mainstream schools, we need to have the following in place:

- Integrated reviews for all two year olds in early years provision, to support the early identification of SEND.
- Professionals who work with very young children, including Health Visitors, identifying children with SEND early and making appropriate onward referrals
- Funding arrangements which support children in the early years to be able to access the right support at the right time as part of the graduated approach
- Robust arrangements in early years settings and mainstream schools to identify, assess and support children with SEND, following the graduated approach set out in the SEND Code of Practice ("assess, plan, do, review")
- A knowledgeable and well trained workforce with sufficient skills to support children with SEND effectively in early years settings and schools
- Access for families and schools to a range of support services to assist with identification and assessment
- Good quality information, advice and guidance to assist early years settings and schools to meet the needs of children with SEND
- Commitment to person centred approaches across all education settings and services so that children and families are equal partners in decisions which are made about how their needs will be met
- NHS providers work in a formal partnership arrangement with the Local Authority to provide a joined up approach for children with SEND.

## What are our priorities?

Working with partners, including families, the following priorities have been identified:

1. Timely identification and assessment, across education, health and social care, that leads to earlier intervention
2. Development of joined up services and approaches
3. Improve attainment and progress of children with SEND
4. Increase expertise and confidence of staff in mainstream settings to meet the needs of children with SEND

## Key Actions.

**A detailed implementation plan, project plan, risk log and outcome performance dashboard sit below the strategy. The key actions which are proposed are outlined below.**

### **PRIORITY 1: Timely identification and assessment, across education, health and social care that leads to earlier intervention**

- 1.1 Ensure that the two year checks are integrated and are effective in identifying children with SEND and making the necessary onward referrals
- 1.2 Develop and pilot an identification tool for all early years settings to use to support identification of SEND
- 1.3 Develop a training module for mainstream schools on early identification of SEND; all SENCOs to be trained as trainers so that they can disseminate the training within their schools and to feeder early years settings. This will include identification of specific literacy difficulties
- 1.4 Clarify referral processes and pathways to different support services so that early years settings and schools are clear about services which are available and how to refer
- 1.5 Screen children who are undergoing Education, Health and Care assessments, with parents' consent, to ascertain whether the family would benefit from Social Care support

### **PRIORITY 2: Development of joined up services and approaches**

- 2.1 Review referral processes for speech and language therapy, occupational therapy and physiotherapy, to see if they could be more streamlined and consistent for children with and without EHCPs
- 2.2 Review SEN Support services to consider how they could work together more effectively to provide better support to schools and children
- 2.3 Develop protocols and best practice for transitions from early years settings to schools and between schools

### **PRIORITY 3: Improve the attainment and progress of children with SEND**

- 3.1 Provide targeted support to schools with higher percentages of pupils with SEND not reaching expected standards, or with higher numbers of children with SEND who are being excluded
- 3.2 Identify schools which have best practice in getting children with SEND to the expected standard and share their good practice
- 3.3 Deliver a programme to improve the performance of all children in Phonics, including children with SEND
- 3.4 Deliver a programme to improve the performance of all children in Mathematics at primary level, including children with SEND

### **PRIORITY 4: Increase the expertise and confidence of staff in mainstream settings to meet the needs of children with SEND**

- 4.1 Develop and promote the role of SENCO in early years settings
- 4.2 Support implementation of the new job description and competency framework for SENCOs in early years settings
- 4.3 Encourage take up by early years settings and schools of SEND Early Years training offered by local specialist services, including Dingley's Promise, a local specialist early years provider
- 4.4 Identify examples of good practice in SEND in mainstream settings and disseminate through best practice sessions at SENCO networks and Heads' Forum meetings
- 4.5 Increase the reach of training opportunities by, for example, offering within school training in schools where specific areas for development have been identified
- 4.6 Develop an on line forum for SENCOs
- 4.7 Deliver to schools and other professionals a new training module on Autistic Spectrum Disorder
- 4.8 Extend awareness of PPEP care training modules and their delivery in schools (see glossary)
- 4.9 Develop a West Berkshire ASD Pack for schools
- 4.10 Increase access to training in ADHD
- 4.11 Increase access to training on attachment difficulties
- 4.12 Establish behaviour and attendance leads in secondary schools and some targeted primary schools and offer a professional development programme
- 4.13 Develop SEMH guidance and resource bank, including guidance on behaviour and disciplinary policies and anti bullying policies.
- 4.14 Review SEND training for NQTs
- 4.15 Promote disability awareness training in schools.
- 4.16 Promote duty of schools to publish an access plan
- 4.17 Promote secondments between mainstream and special schools

# Strategic Objective 2

We want to develop a continuum of local provision to meet the needs of children with SEND, including MLD, ASD and SEMH

West Berkshire Council maintains a range of provision for children with special educational needs. Most children with SEND will have their needs met in their local mainstream schools. All schools have delegated SEN budgets to help them to support children who have SEND but who do not have an Education, Health and Care Plan, that is, children who are at "SEN Support". In the case of children with Education, Health and Care Plans, the school's resources will be supplemented by additional funding provided by the Local Authority.

Where children with EHCPs cannot have their needs met in their local school, they may attend a West Berkshire mainstream school with a resourced unit attached to it, or a West Berkshire maintained special school.

## West Berkshire maintains 11 resourced units in mainstream schools:

- The Winchcombe Primary School – speech and language difficulties
- Speenhamland Primary School – physical disabilities
- Westwood Farm Infant and Junior Schools – hearing impairment
- Theale Primary School – ASD
- Fir Tree Primary School - ASD
- Kennet School – hearing impairment
- Kennet School – physical disability
- Trinity School – ASD
- Theale Green School – ASD
- Trinity School – specific learning difficulties

In addition, West Berkshire has two maintained special schools, The Castle School and Brookfields School, which both cater for children aged 3 to 19 with learning difficulties who may have other associated difficulties such as physical disability, ASD or sensory impairment. We have also developed local provision for children with SEMH – Engaging Potential.

Children whose needs cannot be met in a West Berkshire resourced unit or special school may attend a non- West Berkshire special school. This could include special schools maintained by other Local Authorities, Free Schools and independent and non- maintained special schools.

West Berkshire Council has developed its provision over time to meet changing needs. However, there is now a high level of pressure for places in our local special schools which needs to be addressed, as well as increasing numbers of children transferring to non- West Berkshire special schools.

As a small unitary Local Authority, West Berkshire will never be entirely self- sufficient in being able to meet the needs of all children with SEND locally. However, there is scope to develop more local provision so that more children are able to have their needs met in local schools and within their own communities.

## What outcomes do we want to see?

- Most children with EHCPs attend and achieve well in high quality local provision and are able to remain with their families and in their local communities
- Children remain in contact with local services, as a result of remaining within local education services, and so have continuity of support
- There is an enhanced range of local specialist provision and reduced reliance on external specialist placements

## Why is this important?

Most parents / carers of children with SEND tell us that they would prefer their children to be educated locally, provided that suitable high quality provision is available. Where children have to be placed in non- West Berkshire special schools, these can sometimes be some distance away, which makes contact between home and school more difficult, disrupts the young person's local friendships and can affect access to support services. Where children need to be placed in residential schools, this can make reintegration to the local community and to local learning and employment opportunities more difficult when the young person reaches adulthood.

In addition, the cost of specialist placements outside of West Berkshire is rising to a significant extent; the rate at which these costs are rising is not sustainable in the long term and could lead to a reduction in local SEND support services in order to move resources in to specialist placements.

It is fully acknowledged that there will always be some young people who require very specialist provision which cannot be provided within West Berkshire. However, if we can create additional local provision to meet the needs of some of these young people, this will have benefits for those young people and their families and will also enable us to contain costs of specialist placements and protect local SEND support services.

## What do we need to have in place to achieve our outcomes?

In order to achieve our vision of an increased range of local high quality SEND provision, we will need to have the following in place:

- Agreement of local schools to host new provision, where the provision is going to be linked to an existing mainstream or special school
- Support from other local agencies, including Health, to develop new facilities in partnership
- Support from local parents to co-design the new provision and ensure it meets parents' requirements
- Capital funding where necessary from the Education Capital Programme
- Agreement from the Schools Forum to allocate resources to meet the set up and running costs of new specialist provision

## What are our priorities?

Working with partners, including families, the following priorities have been identified:

1. Develop more local provision for children with ASD who are broadly in the average range of cognitive ability
2. Develop more local provision for children with SEMH difficulties
3. Develop more local provision for children with moderate learning difficulties
4. Improve multi agency intervention for children with learning difficulties who display very challenging behaviours

### Key Actions.

**A detailed implementation plan, project plan, risk log and outcome performance dashboard sit below the strategy. The key actions which are proposed are outlined below.**

### **PRIORITY 1: Develop more local provision for children with ASD who are broadly in the average range of cognitive ability**

- 1.1 Consider feasibility of setting up new primary provision for children with ASD linked to a mainstream primary school, but which offers the opportunity for children to access the full curriculum in the provision if they are unable to access mainstream lessons
- 1.2 Consider feasibility of setting up new secondary provision for children with ASD linked to a mainstream secondary school, but possibly on a different site, and which offers the opportunity for young people to access the full curriculum in the provision if they are unable to access mainstream lessons. The provision will include post 16.
- 1.3 Make a case to the Schools Forum to consider enhancing the existing ASD Advisory Team to include trained teaching assistants, working under the supervision of ASD teachers, who can be deployed in schools to support children with ASD

### **PRIORITY 2: Develop more local provision for children with SEMH difficulties**

- 2.1 Consider the establishment of nurture groups in targeted mainstream schools
- 2.2 Develop an ADHD Advisory Service, or a broader neuro developmental advisory service for ASD and ADHD
- 2.3 Consider models of good practice for reducing exclusions at Key Stage Three (12 to 14 year olds) and develop proposals for new KS3 provision, possibly linked to the PRU Service
- 2.4 Review provision of therapies in PRUs
- 2.5 Develop new secondary SEMH provision, linked to a mainstream school but possibly on a different site
- 2.6 Consider whether there is a demand for a new SEMH resource for highly anxious students
- 2.7 Create links between the Emotional Health Academy and the Anxiety and Depression Clinic and develop new SEMH provision in partnership with these and other relevant services

### **PRIORITY 3: Develop more local provision for children with moderate learning difficulties**

- 3.1 Profile the children with MLD who are transferring from mainstream to special schools to establish the nature of their learning needs, additional difficulties and age profile to determine feasibility of catering for more of these pupils in MLD resourced units in mainstream schools
- 3.2 Subject to the above, develop resourced units for children with moderate learning difficulties in primary and secondary schools for children whose needs cannot be met in their local school but who would benefit from some continued access to a mainstream school environment

### **PRIORITY 4: Improve multi agency intervention for children with learning difficulties who display very challenging behaviours**

- 4.1 Review the multi-agency support which is available for children with learning disabilities who display extremely challenging behaviours to establish whether better multi agency intervention in these cases would enable more children to remain in the local area
- 4.2 Use case studies of children with highly challenging behaviours who have moved to specialist placements to identify any gaps in services and opportunities for better joint working and commission services accordingly

# Strategic Objective 3

We want to improve post 16, education, learning, employment and training

We want all young people with SEND in West Berkshire to fulfil their potential and, as far as possible, meet their aspirations; so that they lead happy, healthy lives and are able to make positive contributions as members of their communities.

We want to support this vision through high quality provision in education, training, work experience, apprenticeships and study programmes that support young people into engagement or employment and provide them with skills for independent or supported living.

## What outcomes do we want to see?

- Provision available to all young people with SEND aged 16-25 to access purposeful activities (including education, work experience, supported employment, supported internships, apprenticeships, training including voluntary and community projects as appropriate)
- All young people with SEND have a clear destination pathway and they are able to make appropriate progress, whatever their starting point.
- All young people with SEND post 16 and their parents and carers have access to high quality impartial careers advice and guidance which prepares them for their next steps in life
- All young people have access to work related learning activities, as appropriate to their level of ability, to enable them to work towards paid employment wherever possible
- Through partnership working and joint commissioning arrangements for post 16 SEND services are delivered in a coordinated way
- All young people have access to a range of SEND post 16 services and support to provide increased choice and control

## Why is this important?

Young people and young adults, as well as their parents / carers sometimes express their frustration at the lack of information and planning for when young people leave school (year 11 or year 13/14) and college. The number of young people with SEND who currently access apprenticeships, supported internships, supported employment, and ultimately paid employment, needs to increase. On occasions, learners with SEND repeat courses, which do not offer progression or adequate preparation for adulthood.

Although progress has been made in a number of areas of the post 16 curriculum in recent years, both professionals and parents recognise that post 16 SEND provision can be fragmented, lacking in coherence and does not prepare young people with SEND for work or independence as well as it could. Whilst the number of young people with SEND who are NEET (Not in Education, Employment or Training) compares well to national averages, there are still too many young people with SEND who are not engaged in education, training and or employment after leaving school or college. There is a lack of reliable data on the number of young people with EHC Plans who become NEET after they leave College.

## What do we need to have in place to achieve our outcomes?

We need a clearly defined multi agency 16-25 pathway for all young people with SEND and young adults that enables participation in appropriate learning opportunities which enable young people to reach their potential and achieve as much independence in life as they can, including paid employment wherever possible. There is no automatic entitlement for young people with an EHCP to remain in education until the age of 25, and for some young people there will be more appropriate pathways to adult life. However, our vision of SEND post 16 recognises that some young people with SEND will require longer to achieve their education or training outcomes to enable them to prepare for adulthood in a meaningful way.

## Therefore, our SEND post 16 vision is about having in place:

- High quality provision for education, work experience, supported internships and employment
- Jointly commissioned arrangements and agreed protocols between the West Berkshire SEND Strategic Partnership Board, its partners and its providers for agreed standards of provision
- Increased options and appropriate pathways post 16 with West Berkshire and its neighbouring Local Authorities through development of joint provision where appropriate
- Strengthened collaborative partnership working between Education, Children's and Adult Social Care services and Health to enhance local provision for young people with significant needs

## What are our priorities?

With reference to the Ofsted Moving Forward Report (March 2016) and in capturing the discussions from West Berkshire stakeholders, including parents, carers and young people, the following priorities have been identified:

1. Develop the range and choice of local post 16 SEND provision
2. Develop pathways to sustainable employment
3. Improve the quality and accessibility of information about post 16 options for young people with SEND and develop training and guidance for families, providers and employers
4. Develop systems for collecting and monitoring outcomes data from post 16 education providers

### Key Actions.

**A detailed implementation plan, project plan, risk log and outcome performance dashboard sit below the strategy. The sections below summarise the key actions which are proposed.**

### Priority 1: Develop the range and choice of local post 16 SEND provision

- 1.1 Map existing post 16 provision, placement patterns, outcomes, future needs and gaps and produce recommendations for future commissioning
- 1.2 Create more joined up packages of support around young people whose college placements are part time
- 1.3 Provide better access to speech and language therapy, occupational therapy and physiotherapy in local FE colleges
- 1.4 Extend the model of post 16 Education providers running social enterprises to provide real work experience for students
- 1.5 Support mainstream secondary schools to develop their post 16 offer for young people with SEND, offering greater choice and flexibility and using models of good practice
- 1.6 Develop a new post 16 GCSE programme at Newbury College for learners with additional needs, who may need to take fewer subjects or need more time to complete courses
- 1.7 Develop new local post 19 provision for young people who are capable of progressing to employment, but who may be vulnerable in a large college environment, focusing on life skills and employment

### Priority 2: Develop pathways to sustainable employment with partner agencies

- 2.1 Work with local employers, through the Local Enterprise Partnership, to make the business case for employing young people with SEND and encourage alternative means of recruitment, eg. work trials and apprenticeships.
- 2.2 Create locally agreed standards and definitions for work experience and supported internships
- 2.3 Promote the use and understanding of supported employment practice across all Education providers, through guidance and training
- 2.4 Increase the number of qualified job coaches across all post 16 Education providers
- 2.5 Develop the Council's role as an employer of young people with SEND
- 2.6 Develop more supported internship opportunities through schools, FE Colleges and other providers, which lead to paid employment
- 2.7 Develop support for young people to set up their own businesses

**Priority 3: Improve the quality and accessibility of information about post 16 options for young people with SEND and develop training and guidance for families, providers and employers**

- 3.1 Review and improve the content of the Local Offer in relation to FE and employment
- 3.2 Create information leaflets on pathways which are made available to parents by schools, early in the transition planning process
- 3.3 Disseminate information and best practice guidance to parents, practitioners and employers from the British Association for Supported Employment, including within school / College training
- 3.4 Identify young ambassadors to promote the range of post 16 options including supported internships and employment
- 3.5 Run an annual SEND employment conference for families and providers
- 3.6 Create a SEND Careers pack for mainstream schools
- 3.7 Work with the local SEN & Disability Information Advice and Support Service (which provides independent advice for parents and young people) to develop their role in offering information and advice on post 16 options

**Priority 4: Develop systems for collating and monitoring outcomes data from post 16 education providers**

- 4.1 Agree with local providers a standardised system for reporting on outcomes / destinations from courses undertaken by young people with SEND
- 4.2 Incorporate clearer outcome data requirements in to the commissioning expectations for education providers where the Local Authority is funding placements
- 4.3 Outcomes data from post 16 education providers to be routinely used to inform commissioning, including progression to HE
- 4.4 Collate outcomes data on the numbers of young people with SEND going to university

# Strategic Objective 4

We want to develop positive transitions for young people with SEND to enable them to prepare for adulthood

All young people with SEND and their carers should experience the transition to adulthood as a positive time. We want to prepare disabled children and young people for adult life as early as possible in order to allow them to develop the skills and knowledge they will need to have choice and control over their lives.

## We want to achieve our vision by:

- Supporting young people with SEND to reach their potential as adults by developing the skills they need in order to be able to make informed decisions about the future
- Ensuring the transition process is driven by the needs, views and wishes of the young person and their family
- Supporting young people with SEND and their families to understand their rights and the options available to them

## What outcomes do we want to see?

The outcomes that form the focus of this objective are written from the young person's perspective and are:

- I will be able to live as independently as possible
- I am receiving the services I need, when I need them.
- I understand what is planned and when things will happen, I am not surprised or worried about what is happening as I have the information I need.
- I am able to voice my views, wishes and opinions and they are listened to.
- I know who to ask for help if I am not sure of something and they respond to me in a timely way.
- My family and I understand what will happen to my funding as I transition to adulthood.
- I will be helped to make choices about my future, including where I will live and where I will go to school, college or work.
- I can access an advocate to support me and to make sure my views are heard and responded to.

## Why is this important?

Parents and carers identify preparation for adulthood as one of their greatest areas of concern, particularly the transfer from Children's to Adult Social Care Services, including support with independent living, and from paediatric to adult Health Services. We know from research that it has traditionally been the case that disabled children are likely to have poorer outcomes across a range of indicators compared to their non-disabled peers, including lower educational attainment, less access to health services and therefore poorer employment outcomes.

For any young person, the journey from childhood to adulthood involves consolidating their individual identity, achieving independence, establishing adult relationships and finding meaningful occupation. For those who have long term conditions and or disabilities this passage brings additional concern about whether, how and where their on-going educational, health and social care needs will be met.

Additionally, in many cases the health needs of these young people will have been met by the same people who have looked after them for as long as they can remember. So, one of the changes as they reach adulthood is the transfer to an adult environment, where they may need to consult several different health teams, therapy teams and adult social care services. This transition is a major milestone and a period where a young person's health and social needs should be regularly reviewed and assessed. It is a time that is recognised as one of increased risk. Young people move from the "safe" environment of paediatric teams, who generally coordinate all their health service environments, to a very different adult environment where they may need to consult several different health teams, therapy teams and adult social care services.

At the same time these young people are experiencing all the other changes that take place as they approach adulthood, including the need to establish their own identity, have friendships and feel part of their community. Many of them are dependent on their parents, carers and health services for some or all of their health and personal needs. These young people and their families face continuous challenge in their everyday life.

Poorly managed transitions can lead to poor health and long term life outcomes. Effective preparation for adulthood, on the other hand, can have a very positive effect in ensuring continuity of support and promoting independence.

Research and evidence show that preparing young people with disability for adulthood can be challenging. Planning for the changes adulthood brings needs to start early and needs to fully involve young people and their families. Young people and their families need access to personalised advice and guidance and understand early, the type of support that might be available to them as adults, so that they have plenty of time to prepare for any possible changes. Young people need to be given the chance to develop new skills that will maximise their chances of being able to live as independently as they can and being able to enter paid employment where possible.

Whilst a lot of work has been done locally to improve the process of transition to adulthood, both in Health and Social Care (including the appointment of a Transitions Manager), it is recognised that there is more work to be done to achieve smooth transitions between services and provide the correct support to enable young people to be well prepared for adulthood.

## What do we need to have in place to achieve our outcomes?

### Our vision for preparation of young people with SEND for adulthood will require us to have in place:

- A clearly understood transition process which sets out who should be involved and what is expected of professionals and within what timescales, so that parents can hold services to account
- Clear and timely plans to support young people's transition
- Assessment processes which fully involve the young person and their family
- Good quality information about what to expect and support available
- Access to advocacy support for young people if needed

## What are our priorities?

1. Professionals and services are working together jointly and effectively
2. Development of more personalised services for young people moving in to adulthood
3. Children and young people with SEND have appropriate assessments and plans at the right time
4. Clear, accessible and up to date information is available

## Key Actions.

A detailed implementation plan, project plan, risk log and outcome performance dashboard sit below the strategy. The key actions which are proposed are outlined below:

### **Priority 1: Professionals and services are working together jointly and effectively**

- 1.1 Review processes for transition from Children's Therapy Services to Adult Therapy Services and from the Child and Adolescent Mental Health Service to adult mental health services
- 1.2 Ensure that the existing Multi Agency Transition Protocol is embedded in practice and develop systems for monitoring implementation
- 1.3 Increase joint commissioning of services between agencies, eg. supported employment services provided by Children's Services and by Adult Social Care
- 1.4 Make better joint use of data to identify future needs and inform future commissioning, eg. of supported living arrangements

### **Priority 2: Development of more personalised services for young people moving in to adulthood**

- 2.1 Increase the personalisation of individual service packages through increased use of Direct Payments in Adult Social Care
- 2.2 Review ways in which Adult Day Services can provide more personalised support for individual young people

### **Priority 3: Children and young people with SEND have the appropriate assessments and plans at the right time**

- 3.1 Ensure that agreed processes for early referral from Children's Social Care to Adult Social Care are embedded in practice and improve monitoring of implementation
- 3.2 Ensure that Education, Health and Care Plans for young people aged 18 to 25 include appropriate outcomes and provision related to Adult Social Care and Health Services, and that they are consistent with ASC Care and Support Plans and the young person's Health Plan, where one exists
- 3.3 Agree protocols and processes to share and access Health Plans with appropriate professionals, subject to the consent of the young person and their family
- 3.4 Introduce a "person centred test" to apply throughout the whole transition assessment and planning process
- 3.5 Collect feedback from families on their experience of transition and use this to develop practice

### **Priority 4: Clear, accessible and up to date information is available**

- 4.1 Introduce a transitions awareness element within the annual Local Offer event
- 4.2 Ensure staff and professionals are fully aware of the transitions processes of all relevant agencies and are able to clearly communicate this to young people and their families
- 4.3 Produce, with families, an information and guidance pack (including a young person friendly version) detailing the criteria for accessing services, transition processes and providing guidance on support and services

## Strategic objective 5:

We want children and young people with SEND to enjoy good physical and mental health and wellbeing

We know that healthy, happy children perform well at school, and we know how significant an impact a child's physical and emotional health has on their access to education and their long term life chances.

We will work together in partnership with children and young people and their carers to improve access to the support they need in order to have good health, from both universal and specialised services.

### What outcomes do we want to see?

The outcomes that form the focus of this objective are written from the young person's perspective and are:

- I have information about my health provision clearly explained to me
- I am learning how to manage my own health and wellbeing.
- I can use universal services that understand and accommodate my needs.
- I am satisfied with the quality of services I am offered to meet my needs and have confidence in the professionals working with me.
- I feel I am involved in planning and decision making about my health
- My family has the support they need to help them to support me
- I have effective support networks, with friends and family and in my school
- My care is coordinated and connected so people understand my needs and jointly meet them so that I don't have to keep telling my story

### Why is this important?

We know that a healthy start in life and good early child development, healthy lifestyle and good emotional health help children to overcome the challenges they may face from time to time. Most children and young people who do not need specialist care and support will access local universal services (for example, GPs, health visitors, school nurses). They should be also able to use and enjoy leisure, play and youth facilities, as these social opportunities are important for good emotional health.

We want to ensure that children with SEND have access to universal services appropriate to their needs, and to any specialist health support they may require.

Where children, young people and families need extra or specialist support, we also know that local education, care and health services delivered in an integrated way leads to better outcomes.

### What do we need to have in place to achieve our outcomes?

In order to achieve our vision for the health and well being of children with SEND, we will need to have in place:

- Universal health services which have the appropriate training and support to meet the needs of children with SEND
- Specialist health services which can be accessed in as timely a way as possible, and support made available for families if they do need to wait to access services
- All providers offering person centred services which put the child at the centre
- Good coordination between services
- Support systems for parents and carers of children with SEND
- Help for young people with SEND to develop self confidence and resilience

## What are our priorities?

- 1: Empower young people with SEND and their parents/carers to understand their health and wellbeing needs
- 2: Support carers and families to enable them to meet their own and their child's needs
- 3: Improve access to local community based universal services and specialist services
- 4: Develop care that is more connected and coordinated
- 5: Promote awareness of and access to services that support families with children who are awaiting assessments by the Child and Adolescent Mental Health Services (CAMHS)

### Key Actions.

**A detailed implementation plan, project plan, risk log and outcome performance dashboard sit below the strategy. The key actions which are proposed are outlined below.**

### Priority 1: Empower young people with SEND and their parents/carers to understand their health and wellbeing needs

- 1.1 Review health and wellbeing training and support for schools and young people with SEND to ensure that tailored support is available for children and young people with additional needs

### Priority 2: Support carers and families to enable them to meet their own and their child's needs

- 2.1 Improve professionals' awareness and understanding of the mental and physical health and wellbeing needs of carers and how to support them
- 2.2 Map and promote existing resources and services which are available to support parents and carers of children with SEND
- 2.3 Further develop, support and increase carer support networks and seek to strengthen their links with schools
- 2.4 Review support which is available for parents on issues such as eating, sleeping, toileting and behaviour.
- 2.5 Promote awareness and support for young carers.

### Priority 3: Improve access to local community based universal services and specialist services

- 3.1 Support universal services, including GPs, school nurses and health visitors, to help them to identify children or young people with SEND, make appropriate referrals and provide support to the family
- 3.2 Scope gaps in therapy advice and provision, including post 16
- 3.3 Consider how it may be possible to remodel services / redistribute resources in order to reduce waiting times for CAMHS
- 3.4 Ensure that ASD, ADHD and anxiety pathways are transparent and understood by all agencies.
- 3.5 Review access to emotional health and wellbeing support for children with learning disabilities
- 3.6 Raise the profile of the deaf CAMHS Service and the Adult Social Care Learning Disabilities Health Team

### Priority 4: Develop care that is more connected and coordinated

- 4.1 Develop more joined up information systems across Health and the Local Authority
- 4.2 Investigate opportunities to improve joint working for SEND through the Connected Care Programme
- 4.3 Develop more joint or aligned commissioning of services between the Local Authority and the CCG, informed by better data analysis

### Priority 5: Promote awareness of and access to services that support families with children who are awaiting assessments by the Child and Adolescent Mental Health Services (CAMHS)

- 5.1 Consider further development and promotion of the "Young Sharon" on line support service for families of children who are awaiting ASD assessment and review its impact
- 5.2 Review the impact of the workshops which have been offered for families of children who are awaiting ASD diagnosis
- 5.3 Ensure that all SEND training for schools emphasises the need for schools to respond to a child's presenting needs and provide support regardless of diagnosis.

## 12. What will success for children and young people with SEND look like in 2023?



### The strategy will be deemed successful if:

- There are clear processes to identify children's needs early and partners communicate and coordinate services well, working together to meet these needs
- Early preventative services help parents to provide appropriate physical and emotional care to their children
- We rely less on statutory assessment of children's special educational needs (SEN) and more on getting the right level of support when it is needed
- Reviews are thorough and lead to improvements in outcomes for the child or young person
- Children and young people with SEND can take part fully in all aspects of education, community and fun activities
- We meet children's needs in mainstream settings wherever possible, and when more specialist help is needed, we are able to provide this in West Berkshire wherever possible
- We use appropriate evidence based interventions so all children and young people with SEND make good progress with their learning and social and emotional development over time
- There is well-coordinated transition for children and young people at all key points through to adulthood, and children, young people and families are positive about their experiences
- Children and young people with SEND have high aspirations, and we support them to be independent, and well prepared for adult life
- We know that provision is improving outcomes; that aspirational yet realistic targets are agreed and progress towards them monitored, and that children and young people with SEND, and their parents and carers, have been involved in setting and reviewing goals
- We give young people with SEND and their parents/ carers the right information and advice about the services they can use, at the right time
- Practitioners in education settings feel confident about providing for children with a broad range of SEN and working closely with their parents to provide effective evidence based approaches across the setting
- Children and young people with SEND and their families regularly have a say in designing and evaluating services
- The families of children and young people with SEND tell us that they are satisfied with services and that their needs have been met appropriately
- Our workforce has the right skills and competencies to meet the needs of children and young people with SEND
- Children and young people with complex and additional needs have more choice in services based in the community.

## 13. Taking the SEND strategy forward - Governance, Monitoring and Review

The delivery of our strategy is not the responsibility of a single agency. It requires a partnership approach, owned by all stakeholders working with children, young people and families. These include health, education, social care, schools and voluntary and community organisations.

Consequently, governance for this strategy will be provided by the West Berkshire SEND Strategic Partnership Board.

We will ensure that work undertaken to achieve our vision and priorities in this Plan is monitored and challenged through the SEND Strategic Partnership Board.

The Board will bring together the local plans, partnerships and initiatives to enable public, private, community and voluntary sectors to work effectively together to deliver on the priorities set out in our Strategy.

The West Berkshire Children's Delivery Group will provide the strategic drive, co-ordination and oversight by receiving regular performance and outcome indicator reports on progress against objectives, while partners grouped under thematic priorities will be the delivery vehicle for implementation of the strategy.

The Children's Delivery Group will be responsible for reporting our progress to the West Berkshire Health and Wellbeing Board which is accountable for enabling integration across all areas of health and social care. The Health and Wellbeing Board are the local system leaders and will be responsible for ensuring that SEND issues are embedded effectively throughout relevant plans and in the delivery of the Health and Wellbeing Strategy.



# Appendices



## Appendix 1 - Definition of Disability; Definition of Special Education Needs (SEN)

Children have special educational needs if they have a learning difficulty which calls for special educational provision to be made for them.

### Children of compulsory school age or a young person have a learning difficulty or disability if they:

- a) Have a significantly greater difficulty in learning than the majority of children of the same age; or
- b) Have a disability which prevents or hinders them from making use of educational facilities of any kind generally provided for children of the same age in mainstream schools or mainstream post 16 institutions within the Local Education Authority area
- c) Are under compulsory school age and fall within the definition at a) or b) above or would so do if special educational provision was not made for them.

For children aged two or over, special educational provision is educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers.

For a child under two years of age, special educational provision means educational provision of any kind.

### Children and young people with SEND

We know that children with SEND will often have more than one type of need. These children and their families may require additional support for them to help achieve their full potential. Many of these children receive multi-agency input from health services, early years and education and social care, who work closely with families to maximise outcomes for these children and support the families.

Collecting data on children with special educational needs and disabilities is complex because there are a number of definitions, cohort sizes and methodologies in use. There are two main statutory sources of data for children with SEND in schools:

- Information collected by all the maintained schools in West Berkshire as part of the annual school census on all pupils (aged 4) irrespective of where they live
- The SEN2 return is the annual data survey that collects information on all SEN statements and EHC plans of West Berkshire's children and young people.

The DfE refer to four broad areas of need and we adopt this national terminology in order to reliably benchmark our management information systems (data) with national data.

### These categories are:

**Communication and interaction** (incorporating autism and speech, language & communication needs)

**Cognition and learning** (incorporating specific learning difficulties; moderate learning difficulties; severe learning difficulties and profound & multiple learning difficulties)

**Social, emotional and mental health** (this has changed from behaviour, emotional & social difficulties in order to separate conduct issues from SEN, with an expectation that underlying causes for 'behaviour' should be fully investigated and not assumed to be child level need)

**Sensory and/or physical** (incorporating hearing impairment, visual impairment, multi-sensory impairment and physical disabilities)

## Appendix 2 - The difference between “children” and “young people”

The Code of Practice paragraph 1.8 sets out the implications of the difference between ‘child’ and ‘young person’ in law. The Children and Families Act 2014 gives significant new rights directly to young people once they reach the end of compulsory school age (the end of the academic year in which they turn 16).

When a young person reaches the end of compulsory school age, local authorities and other agencies should normally engage directly with the young person rather than their parent, ensuring that as part of the planning process they identify the relevant people who should be involved and how to involve them. A person is no longer of compulsory school age after the last day of the summer term during the year in which they become 16.

This distinction is important because once a child becomes a young person they are entitled to take decisions in relation to the Act on their own behalf, rather than having their parents take the decisions for them. This is subject to a young person ‘having capacity’ to take a decision under the Mental Capacity Act 2005.

## Appendix 3 - The legal requirements underpinning this strategy

In relation to special educational needs and disabilities (SEND), all statutory services are currently bound by three pieces of legislation and the associated statutory guidance:

1. The Children and Families Act 2014, The Carers Act 2014 and the Equality Act 2010.

The Carers Act mirrors the Children and Families Act in relation to SEND as this legislation applies to young people with SEND from the age of 18, and wholly so from the age of 25. In The Children and Families Act 2014 (Part 3 relates to SEN) and the SEND Code of Practice set out the following:

- The strategic planning duties apply to all disabled children and young people and those with SEN;
- The individual duties generally apply to children and young people with special educational needs and disabilities. Individual duties related to children and young people with a disability are also contained in the Equality Act 2010.

2. The Equality Act 2010 brought together a range of existing equality duties and requirements within one piece of legislation. The Act introduced a single Public Sector Equality Duty (PSED) or 'general duty'; this applies to public bodies, including maintained schools and academies; free schools etc. It covers all protected characteristics - race, disability, sex, age, religion or belief, sexual orientation, pregnancy and maternity and gender reassignment. This combined equality duty came into effect in April 2011.

The duty has three main parts. In carrying out their functions, public bodies (including educational settings) are required to have due regard to the need to:

1. Eliminate discrimination and other conduct that is prohibited by the Act,
2. Advance equality of opportunity between people who share a protected characteristic and people, who do not share it,
3. Foster good relations across all characteristics - between people who share a protected characteristic and people who do not share it.

All settings: early years providers, schools/academies, FE colleges, sixth form colleges, 16-19 academies and independent special schools approved under Section 41 of the Children and Families Act 2014 have duties under the Equality Act 2010.

All publicly funded early years providers must promote equality of opportunity for disabled children. Schools, academies and colleges have wider duties to prevent discrimination, to promote equality of opportunity and to foster good relations.

Local authorities are required to put in place an Accessibility Strategy as specified in schedule 10 of the Act: Accessibility for disabled pupils.

All schools/academies are required to put in place an Accessibility Plan, covering the same responsibilities (see schedule 10). They are also responsible for the provision of auxiliary aids and services for individual pupils. All schools/academies must make reasonable adjustments to meet the

individual needs of children and young people with SEND; this will address the needs of the majority. More specific local guidance about schools' responsibilities is available on the local offer website

### Schedule 10 says:

An accessibility strategy is a strategy for, over a prescribed period:

- (a) Increasing the extent to which disabled pupils can participate in the schools' curriculum
- (b) Improving the physical environment of the schools for the purpose of increasing the extent to which disabled pupils are able to take advantage of education and benefits, facilities or services provided or offered by the schools;
- (c) Improving the delivery to disabled pupils of information, which is readily accessible to pupils who are not disabled.

### The delivery of information in (c) must be:

- Within a reasonable time;
- In ways which are determined after taking account of the pupils' disabilities and any preferences expressed by them or their parents.

## Appendix 4: Support and Services

The range of support available to children and young people with SEND from the age of 0 up to the age of 25 as appropriate, is set out on the West Berkshire SEND Local Offer website which was launched in September 2014. Since then, in order to continue to meet the requirements of the SEND reforms, and as a result of feedback and involvement by young people, parents, carers and practitioners the Local Offer has been further developed to make the information and range of support more accessible and relevant.

The Local Offer website includes information about the services and support available to children and young people, and their parents and carers. It ranges from information about universal support to targeted and specialist services. It can be filtered by age group (infants & young children, school age children & young people and preparing for adult life) as well as geographic location.

The services and support are currently categorised under the following broad themes:

- Care and Support
- Childcare and Short Breaks
- Leisure and Recreation
- Education and Learning
- Health and Wellbeing
- Preparing for Adulthood
- Travel and Transport

The Local Offer is intended to be a live resource, responsive to local needs with feedback from young people, parents, carers, practitioners and other stakeholders key to its continuous development. The Local Offer is therefore updated on an ongoing basis to ensure it correctly and accurately reflects the area wide local SEND offer.

The West Berkshire local offer can be accessed via:

<http://fis.westberks.gov.uk/kb5/westberkshire/fsd/localoffer.page>

## Appendix 5: A glossary of terms used in the strategy

**Academy schools** are state-funded schools in England which are directly funded by the Department for Education and independent of local authority control. The terms of the arrangements are set out in individual Academy Funding Agreements.[1] Most academies are secondary schools (and most secondary schools are academies).

**Autism Spectrum Disorder (ASD)** ASD is a developmental disorder that affects a person's social interaction, communication, interests and behaviour.

**Attention Deficit Hyperactivity Disorder (ADHD)** Attention deficit hyperactivity disorder (ADHD) is a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness

**Assessment** A process that identifies the strengths and needs across all areas of a child or young person life. An assessment usually involves parents and professionals working with the child or young person to identify any support that is needed.

**Assessment coordinator** This person is the main point of contact for parents and carers and manages the Education, Health and Care Plan assessment and planning process for children and young people with SEND.

**CAMHS** Children and Adolescent Mental Health Service.

**CCGs** Clinical Commissioning Groups were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

**Developmental delay** A developmental delay is when a child is not meeting their milestones and usually refers to young children.

**Direct payments** Payments made to a parent or carer (or if appropriate the young person) on behalf of their child or young person so that they can buy services themselves based on their assessed needs.

**Early Years Provider/Provision** A setting that provides care and education for any children from age 0-5 years old. This could include a pre-school, day nursery, childminder or before/after school provision. Early Years providers may be privately owned, run by voluntary committees or independent (Independent Schools), or maintained by the Local Authority.

**Education, Health and Care Plan (EHCP)** If you have significant special educational needs, this is a single document, to be used from birth to 25 years of age that sets out your needs and the outcomes you want to achieve.

**Emotional Health Academy** The Emotional Health Academy is West Berkshire's early intervention emotional health service. The service opened in April 2016 and works alongside services in the public and voluntary sector, including GPs and schools, to strengthen wellbeing and resilience in West Berkshire children, young people and families. The Academy draws on funding from the Local Authority, CCG, Public Health and schools. The goal of the Academy is to support children and young people as early as possible and to stop emotional health problems from getting worse.

**Eligibility criteria** These are requirements that a child or a young person and family may have to meet to receive a specific service.

**Free School** in England is a type of academy, a non-profit-making, independent, state-funded school which is free to attend but which is not wholly controlled by a local authority.

**Independent Special School** Under the Children and Families Act 2014, an independent special school (sometimes called an independent specialist school) is an independent school that is 'specially organised to make special educational provision ('SEP') for students with special educational needs'.

**Keyworker** Someone who coordinates the assessment and planning process for the child or young person and their family. This person helps to maintain relationships between the family and practitioners and helps the family through the process.

**Learning disability** A learning disability affects the way someone learns, communicates or does some everyday things. There are many different types of learning disability. They can be described as mild, moderate, severe or profound.

**Maintained schools** These are state schools funded by public money. They provide education free of charge. Most of this type of school in West Berkshire offer mainstream education, although there are also two maintained special schools.

**Non maintained special school** A non-maintained special school ('NMS') is a school that is not maintained by a local authority and is specially organised to make Special Educational Provision for children and young people with SEN. The majority of their funding comes via tuition fees.

**Nurture groups** Nurture Groups are a specialist form of provision for pupils with social, emotional and mental health difficulties. They provide a bridge to reintegration in to mainstream classrooms.

**Occupational therapists (OT)** Occupational Therapists promote children and young people's health and wellbeing through their everyday activities. An occupational therapist can identify problem areas that children and young people may have in their everyday lives, such as dressing or feeding and will help them to work out solutions.

**Paediatrician** A doctor specialising in the health needs of babies, children and young people.

**Personal assistant** A personal assistant is a person employed to provide someone with support in a way that is right for them.

**Personal budgets** A personal budget is a sum of money made available for children and young people who require additional support over and above what is available to most children through universal services.

**Personalisation** The principle of a person and family centred support, designed around the individual and family, rather than a one-size fits all approach.

**Physiotherapist** Assesses and treats children and young people who have difficulties related to movement.

**PPEP**, Psychological Perspectives in Education and Primary Care

**Public Health** Public health aims to improve the quality of life through prevention and treatment of disease, including mental health. This is done through the surveillance of cases and health indicators, and through the promotion of healthy behaviors. Common public health initiatives include promoting handwashing and breastfeeding, delivery of vaccinations, suicide prevention and distribution of condoms to control the spread of sexually transmitted diseases.

**Safeguarding** Safeguarding is a process of making sure vulnerable children and young people are protected from being abused, neglected or exploited. If you are concerned, call

**SEMH** Social, emotional and mental health needs.

**SEND** Special educational need and/or disability.

**SENCO** The teacher at the school who is responsible for helping and supporting children and young people with special educational needs and disabilities.

**SENDIASS** Special Educational Needs and Disabilities Information, Advice and Support Service.  
A service providing impartial information, advice and support to parent carers of children with special educational needs or disabilities and children and young people aged 16-25, about education, health and social care.

**Short breaks** Services that support families by giving them a break from their caring responsibilities. Short Breaks also enable disabled children and young people to take part in enjoyable, positive activities.

**Special schools** A school catering only for pupils and students who have special educational needs and disabilities due to severe learning difficulties, physical disabilities or behavioural problems. Most children with special needs are educated in mainstream schools.

**Speech and Language therapist (SLT)** A professional who helps children and young people who have language difficulties or speech problems.

**Transition** the journey from being a child to being an adult. Also known as preparing for adulthood.

**Universal services** Services that are for everyone. For example, schools, health visitors, GPs and leisure activities.



We are committed to being accessible to everyone. If you require this document in an alternative format or translation, please call Jaime Johnson on Telephone 01635 503646.

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# West Berkshire Council (Draft) SEND Strategy 2018-2023

## Consultation findings

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WestBerkshire  
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## Introduction

The (draft) West Berkshire SEND Strategy was consulted on through a public consultation exercise for six weeks, from 11 June 2018 to 20 July 2018.

The consultation was widely publicised through public press releases and information made available at community venues through the West Berkshire Parent Carer Forum.

The consultation was designed to seek views from the widest range of internal and external stakeholders and to enable people to share their thoughts and ideas to help shape the final version of the document.

### **Consultation with external stakeholders** involved:

- An online survey (also made available in alternative formats)
- A series of four public engagement events in the west and east areas of the Local Authority were held, to seek views from a wide range of key stakeholders and to enable people to share their thoughts and ideas to help shape the final version of the document.
- Focus group consultations with:
  - West Berkshire Parent and Carer Forum
  - Teachers and pupils of Resourced Units
  - Secondary Heads Forum
  - Primary Heads Forum

### **Internal consultations** included briefing the:

- West Berkshire Health and Wellbeing Board, thus, widening engagement to the council's local governance and political decision making processes.
- West Berkshire Special Educational and Disabled Children's Teams to include the views of practitioners.

**The views of children and young people with SEND**, spanning a range of ages, conditions and levels of ability were gathered through specially designed methods and in different types of provision including:

- *Resourced units*
- *The Castle special school*
- *The Castlegate short breaks centre*

**Section 1 of this report details findings from the on line consultation.**

**Section 2 of this report details the findings from the public and internal (West Berkshire Council) consultations.**

# **SECTION 1: CONSULTATION RESPONSES FROM THE ON LINE SURVEY**

# 1. PROFILE OF ONLINE SURVEY RESPONDENTS

## 1.1 Types of Respondents (Figure 1)

*(Respondents could identify themselves as being in more than 1 category)*

58 people responded to the on line survey, 30 (51.2%) of respondents were parent / carers and 16 (27.6%) were teachers or school employees and 3 (5.2%) were school governors. 6 (10.3%) were West Berkshire Council (non school) employees and 6 (10.3%) categorised as “other”. The lowest number and percentage of responses were received from Early years providers (1 response - 1.7%), Post 16 (1 response - 1.7%) and private or voluntary sector (2 responses - 3.4%).

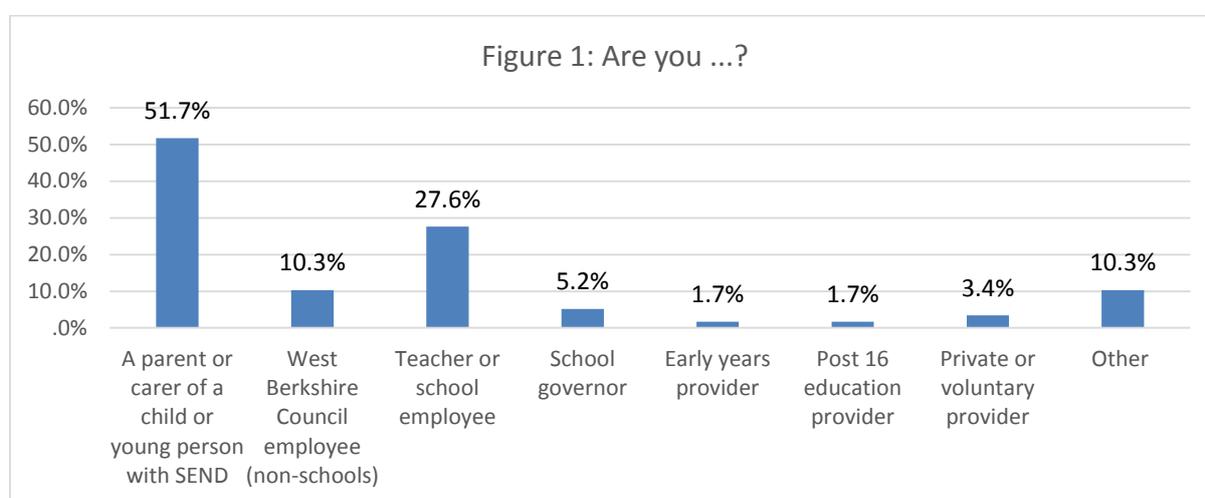


Figure 1: types of respondents

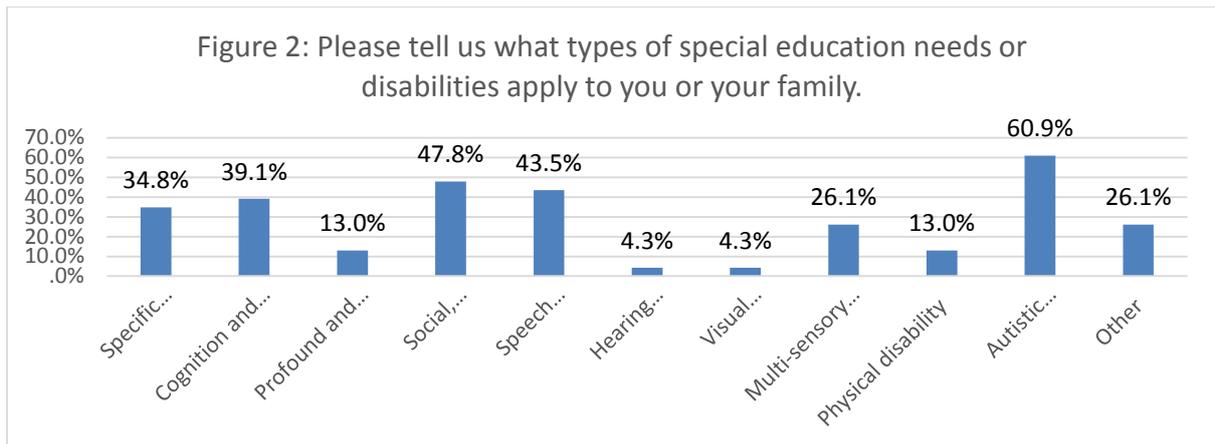
## 1.2 Type of SEND (Figure 2)

Responses from parents with children with Autistic Spectrum Disorder (14 – 60.9%), Social Emotional Mental Health Difficulties (SEMH) (11 – 47.8%), Speech, Language and Communication Needs (10 – 43.5%) Cognition and Learning Difficulties (9 – 39.1%) and Specific Learning Difficulties (8- 34.8%) represented the five highest categories of SEND.

Parents whose children have a multi sensory impairment (6 - 26.1%) and parents who categorised their child’s condition as “other” (6- 26.1%) formed the second highest category.

3 (13.0%) parents who responded have children presenting physical disabilities.

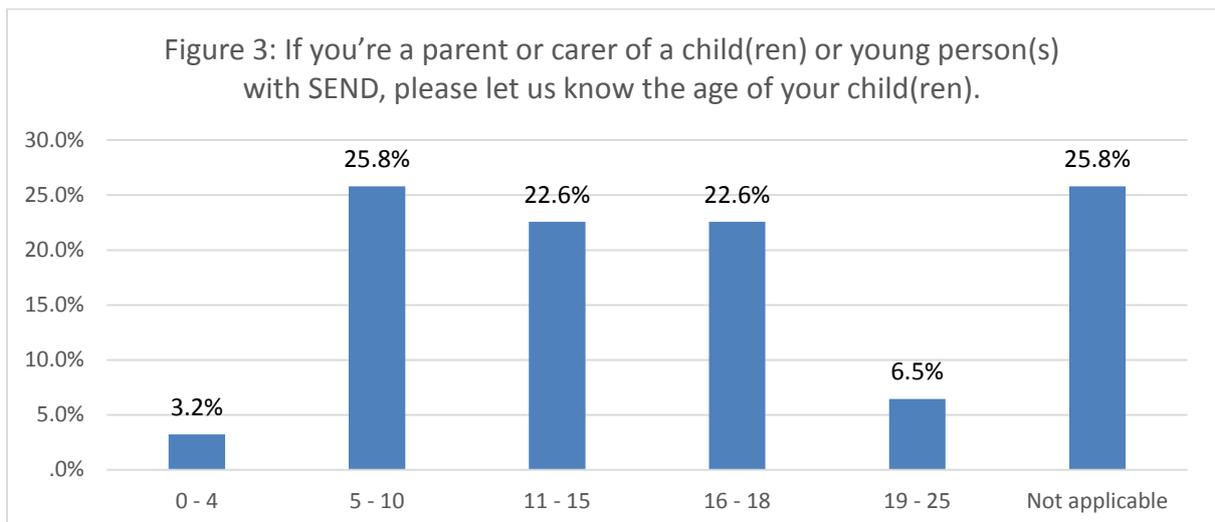
The lowest number and percentage of responses were received from parents whose children have a hearing impairment (1- 4.3%), Visual Impairment (- 4.3%)



### 1.3 Age of Child / young person (figure 3)

22 (66.7%) of parents who responded had children aged between 5-18 years.

The lowest category of responses was received from parents whose children are aged between 0-4 years (1 – 3.2%) and 19-25 years (2- 6.5%).



### 1.4 Response rates

*Parent carers not completing any questions beyond question 1:*

18 (60%) parent carers did not complete any survey questions after question 1 (Are you?...).

*Low response rate amongst Early Years Providers and parents whose children are aged between 0-4 years of age:*

A key objective of the SEND Strategy is to support early years settings and mainstream schools to improve inclusion and educational outcomes for children with SEND schools. However, only one Early Years Provider completed the survey and one parent whose child is between 1-4 years of age completed the survey.

*Low response rates from parents with children who have physical disabilities:*  
Only 3 (13.1%) of parents who have children with physical disabilities completed the survey.

### **1.5 Conclusion and recommendations**

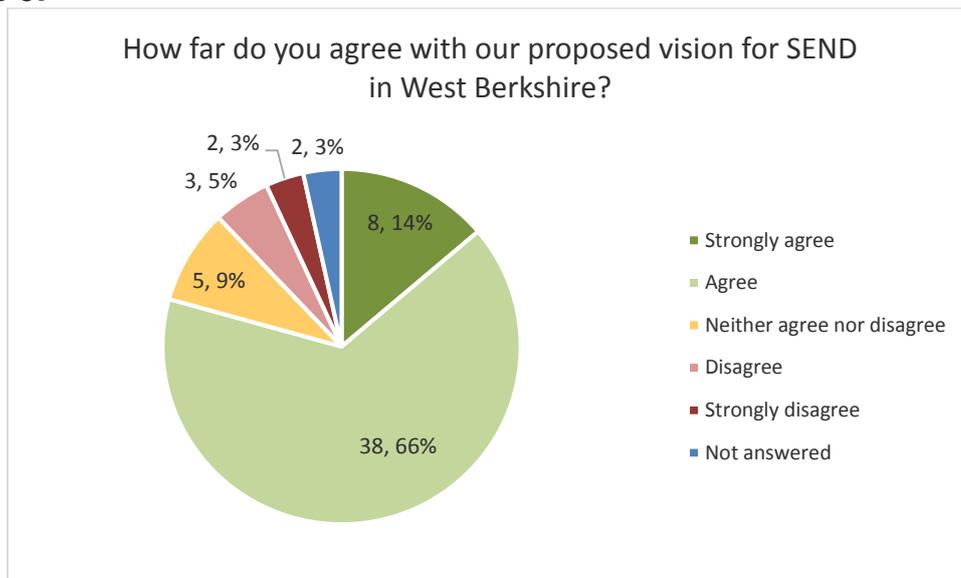
- The reasons for the low (completion) response rate amongst parents and carers should be investigated further to help ascertain if for example, in future, more support should be provided to help parents/ carers understand the survey questions or strategy, or if alternative approaches will be more appropriate to increase response rates amongst this group.
- The low response rates amongst early year providers and parents with children in the 1- 4 year age group should also be investigated. There may be a need to increase awareness of SEND issues amongst early years providers to garner their support. There could also be a need to promote awareness of the Strategy amongst parents and carers with children in the 1-4 years age group.
- There may be a need to promote awareness amongst parents whose children have a physical disability and to further understand their needs in order to compile a more representative picture of this group.

## 2. THE VISION

***Our vision for all children and young people with special education needs and disabilities is that they have the right support and opportunities at the right time so that they become resilient, happy adults.***

### 2.1 Overall endorsement for the vision

Figure 5:



80% (46) of respondents either strongly agreed or agreed with the West Berkshire vision for SEND.

There was also strong endorsement for the vision from the health and wellbeing board and for the underlying life course approach which goes beyond just education.

*The Health and Wellbeing Board supports the life course approach to the vision for SEND*

### 2.3 Partnership working

There was strong endorsement for the multi agency approach to working and achieving success and the focus on “quality first”.

*I like the 'quality first' approach that is being proposed. Your wants and wishes are clear and there is clarity over the need to ensure this is not just one agency's responsibility but that championing our young people will only work with a multi agency directive.*

## 2.4 Realising the vision

Whilst agreeing with the vision, many respondents also questioned how this vision will be realised and be translated into reality, particularly under the forecasted climate of financial constraints and demand challenges.

*I agree with your vision, (who wouldn't?) but it is not my experience of what happens*

*Intentions are good and well thought out. The key will be ensuring that the practise (sic) lives up to the theory*

*I strongly agree but these are just words and you need to back it up with your actions.*

*The council are cutting so much resources for SEN children.*

*However, as a parent it is hard to know what this will mean in reality for our child.*

*The idea is good but I fear that this approach will be limited by money and resources. Early intervention is all well and good but when it takes eighteen months to two years to get an assessment of ASD the intervention does not then become that early*

## 2.5 Making inclusion happen

There were comments about the need for a change in culture and practice to make the vision for inclusion happen and for other factors such as bullying to also be addressed.

*I support the principles of mainstream/inclusive education, and aiming for children and young people with SEND to be supported locally. However for this to work in practice will require a big investment not only in bricks and mortar and staff but also in training for staff in schools and clinical positions (eg speech therapy), and a desire to make inclusion work for students with SEND. I am afraid I have come across a lot of negativity, prejudice and inability to see my child's perspective from both medical and educational professionals over the years.*

*"...With regard to 'maltreatment' does that include bullying for ALL age groups as it can be subjective and doesn't have to be physical it can be lack of inclusion. I also think that education of staff in health care settings, the community, schools, dentists, hospitals and peer groups should be addressed."*

*Improved training for staff in school, plans to support children as they present rather than focus on diagnosis*

*I believe children that do not have a EHCP fall under the radar and do not get the support and guidance that children that do have a EHCP. My son is 17 with severe dyslexia and have struggled for the last 9 Years. He still cannot read and spell and has no self confidence, we are currently at a loss as to what direction he should go in with regards to his career path.*

## 2.6 Need for stronger focus on other conditions and groups

Comment was made that although the direction was good, the emphasis appeared to be for those with ASD and SEMH. It is felt that is a need to also incorporate a clearer and stronger focus for:

- Children with SPLD.
- Children with SEN who are high functioning and have the ability to exceed expectations of their peers

The need for specialist help available in West Berkshire and through a graded response was also highlighted.

A point was raised that children with literacy access issues can be said to have a disability as defined by the definition of special educational needs in appendix.

*The key for me is the opportunities available to children with SEND, these should be available to all and a wide range*

*Good direction but mainly aimed at ASD /SEMH. What about Spld which is what most class teachers have to deal with in their classrooms? Children with literacy access issues can be said to have a disability as defined by your definition of special educational needs: point a) in your Appendix 1. Also, under section 12 of your draft, you say you will be successful : "when more specialist help is needed, we are able to provide this in West Berkshire wherever possible." Will you provide specialist help / Resource in W. Berkshire. Will there be a graded response to provision ie not just occasional outside advice?*

*Agree but one thing that is missing is that some children with SEN are high functioning and have the ability to exceed expectations of their peers and should have the opportunity to do so. That is not included and non SEN children have access to 'gifted and talented schemes' so can we strive for that with our SEN children who have that ability. It seems to concentrate on bringing them up to the levels of their peers but not exceeding when they are capable but have needs that require support..."*

## 2.7 The role of families and communities in the vision

Reference was made to ensure opportunities for parents to also contribute to achieving the vision.

*I agree with all the goals detailed, and appreciate there will be opportunity for parental input.*

## 2.8 Disagreement with the vision: Vocabulary - “happiness” and achieving potential

A very small number and percentage of people disagreed (3 - 5.2%) or strongly disagreed (2- 3.4%) with the vision

Use of the word “happy” was commented by three respondents. Two respondents also saw being able to fulfil potential as important.

*I don't like the use of the word 'happy'.*

*I am concerned about the idea of 'happiness'. Happiness is relative to any situation and not sustained. I think the idea of fulfilment is more appropriate*

*Happy and resilient are very important issues*

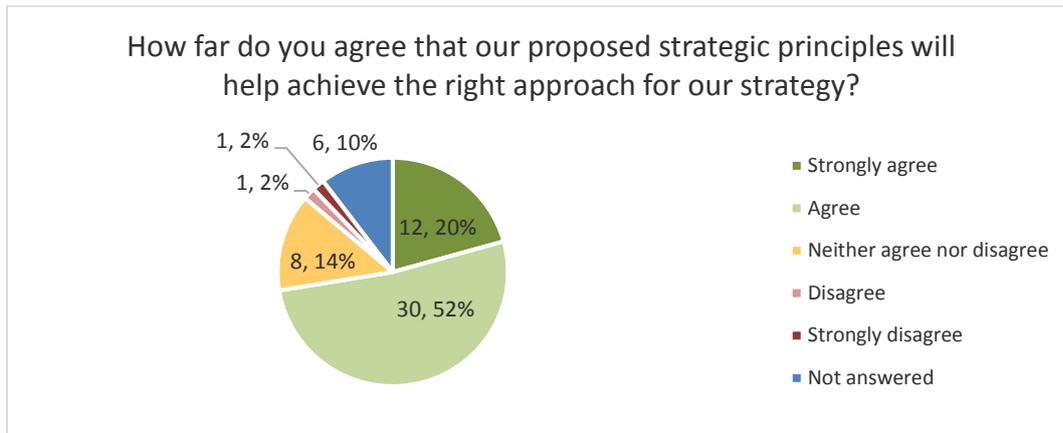
*Yes the vision and the strategic aims are all ones that we would support. The summary encompasses it very well. I would also include achieving their full potential.*

*Not sure it's just about being resilient and happy. It's also about making sure they maximize their full potential.*

### 3. PRINCIPLES

- All our plans, services and policies are coproduced with families
- Children and young people with SEND feel safe and protected from harm. They are seen, heard and helped, effectively safeguarded, properly supported and their lives improved by everyone working together
- A person centred approach to service delivery
- A focus on inclusive practices, removing barriers to learning and high quality teaching
- Systematic, proactive and appropriate early identification and early help and provision made available locally within supportive communities
- Children, young people and their parents are enabled to plan and make choices about their support as much as possible in decision making
- Greater independence, choice and control for young people and their families over support
- Successful preparation for adulthood, including supporting independence, independent living and training and employment
- Partnership – Education, Health and Social Care services working well together, supported by voluntary and independent organisations and sharing accurate information in the best interests of the child and family
- Integrated, evidence based, high quality services, interventions and approaches – local as far as possible
- Funding and support is allocated fairly and openly

**Figure 6:**



### 3.1 Overall support for principles

72% (42) respondents either strongly agreed or agreed with the principles underlying the strategy. Also, although agreeing with the principles, the importance of implementing person centred planning was felt to be important.

*I feel you have them right, including person centred, early help, and greater independence, choice and control given to them and their families*

*If it even comes to fruition it could be good*

*I agree with every point stated, and can't think of anything else to add.*

*Bases seem to be covered. Difficult to satisfy everyone with a global approach but this is unavoidable. Some adaptability to individual situations/cases should be flagged up*

*In the main they seem to be OK and I like the bit about agencies working together and it being person centred but again will this come down to lack of resources?*

The Health and Wellbeing Board, also endorsed the principles commenting that it supports the principles of coproduction, reducing inequalities and partnership working.

### Funding

Although agreeing with the strategic principles, respondents questioned if there was enough funding and resources available for these principles to be realised. The financial challenges facing the voluntary sector and impacting on the provision of community based support was raised.

*The strategic principles are all valuable, noble and good to aim for but they are general statements and we would question if the local authority have got the funding to be able to match these statements and uphold them all as the authority plan their approach. For example, in practice, it isn't always possible to quickly sort out appropriate support and so a family or individual who feels that they haven't got the support that they want might well question why they haven't got the support when they look at these strategies. Of course there is always the situation where the type and level of support that the family want or perceive that they need does not agree with the type and level of support that professionals believe is needed.*

*Again, I strongly agree but this is easy to say and much harder to put into practice. Our experience is that your officials say the right things but, in the end, it all comes down to money and the needs of the child come second to that.*

*I believe you have got them correct but....the last point about funding and support is a huge point in a very short sentence and I wonder if this needs to be separated*

*In the main they seem to be OK and I like the bit about agencies working together and it being person centred but again will this come down to lack of resources?*

*It will only work if you have a) enough people to deliver it and b) the right people to deliver it, both of which depend on having appropriate funding.*

### **Identifying needs and delivering support early**

The importance of early identification and support was highlighted by one respondent:

*One of the issues I have as a Governor and a parent is the issue of identifying a child's SEND in the first place. If you don't achieve that then you can't use the other principles.*

### **Lack of trust and confidence – communication between agencies and partnership working**

Difficulties about partnership working were raised and there was agreement that this is needed at all levels of service provision. Respondents commented on the need for holistic approaches and support for parents having to deal with the impact on children and young people when different agencies don't share information and or apply coherent treatment and referral pathways.

*Person centred planning needs to ensure a holistic approach, please consider allocating key workers to support parents who deal with many different agencies who appear to operate entirely unaware of what other agencies are doing.*

*Agree but monitoring of progress with clear and measurable outcomes and accountability to the appropriate service when 'things go wrong' with an emphasis on reporting on services which 'pass on' children/adults to avoid referring back to services...*

## **The right and the need for specialist education to be available if appropriate**

Comments were made that specialist education still needs to be recognised as important for some children and young people.

*I think that inclusion and choice is good, but if a child is better served in a special school this should be both encouraged and supported*

## **Accountability, reporting and measuring outcomes**

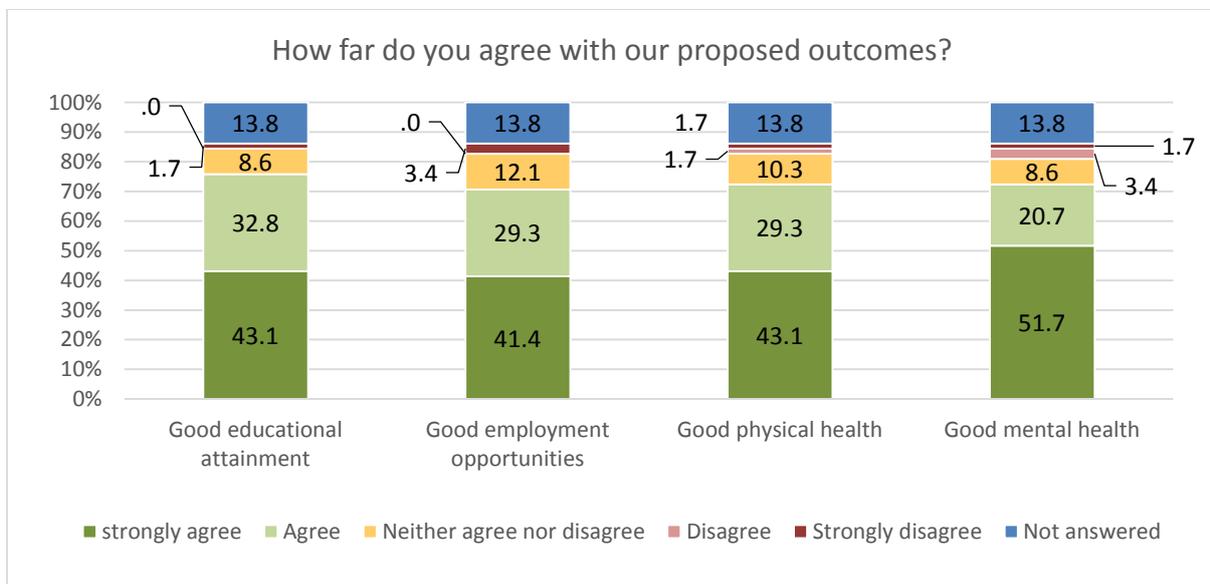
There were comments about how agencies and services will be held accountable for identifying need and delivering support.

*Agree but monitoring of progress with clear and measurable outcomes and accountability to the appropriate service when 'things go wrong' with an emphasis on reporting on services which 'pass on' children/adults to avoid referring back to services.*

## 4. OUTCOMES

**Good education attainment**  
**Employment opportunities**  
**Good health**  
**Good mental health**

### 4.1 Overall support for the proposed outcomes



	Strongly agree (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Strongly disagree (%)	Not answered (%)
Good educational attainment	43.1	32.8	8.6	.0	1.7	13.8
Good employment opportunities	41.4	29.3	12.1	.0	3.4	13.8
Good physical health	43.1	29.3	10.3	1.7	1.7	13.8
Good mental health	51.7	20.7	8.6	3.4	1.7	13.8

13.8% of respondents chose not to answer this question.

72%– 75% of respondents who answered this question, either strongly agreed or agreed with the proposed four outcomes.

The West Berkshire health and wellbeing board also endorsed the proposed four outcomes and their interlinks to overall wellbeing:

*“The Health and Wellbeing Board recognises the interplay of each of the four outcomes in overall wellbeing”.*

## **Mental health**

The majority of comments placed significant importance on good mental health and barriers to achieving this.

### *Mental health – the basis of progress and development*

The importance of good mental health is seen as the fundamental and underpinning basis of overall academic, social and psychological progress, development and success.

### *Multi agency working*

Comments pointed to the importance for agencies across for example, health, social care to work together to develop and implement effective, joint, cohesive approaches.

*Good mental health is key to children and young people achieving academically, socially and emotionally. It is an area where it is essential that education, health and social care need to work together.*

*You are very dependent on a range of agencies. Education and employment support may take longer over a young person's life, but if you can get the physical & mental support right the others may follow.*

### *Looking after the mental health and wellbeing of parents and carers*

The importance of supporting parents and carers to look after their mental health and wellbeing through respite and counselling was also underlined as a high priority.

*GP surgeries and health care are unaware of who are carers and offer no support or understanding how difficult it is attending with a child with additional needs, never make any steps to make attending more accessible and lack awareness of how ASD affects communication. Training sorely needed*

*Good mental health is probably the number one for me as this underpins success at all the other things. In addition I think looking after the mental health of the parents/carers is high priority as without this there is much less success of the child/YP succeeding in any of the above, as they need to be supported by parents who have strong mental health themselves, who can help implement correct strategies for the child/yp and help them access educational, life and employment opportunities, fight the battles that need to be fought along the way and so on. This includes appropriate respite and counselling, coaching and other support for parent carers.*

### *Mental health support and services*

The waiting and response times for young people needing access to therapy and support was highlighted as an important factor leading to a worsening of existing conditions, particularly for those who are too ill to attend school.

*I think you have them right but there is a gap in current NHS provision for mental health support for YP especially. Waiting times for therapy via Camhs are too long and are only exacerbating the illnesses. Especially for those who are out of school due to physical or mental health conditions. Also CBT isn't always an effective approach for a neuro-diverse young person. Maybe access to trained counsellors in schools could work*

*Addressing the mental health and wellbeing of those who have learning difficulties or complex needs*

Comments pointed to the lack of professional expertise and capacity to understand and support people with severe learning difficulties.

*Improvements in the way that young people with mental wellbeing issues are supported are absolutely vital but I fear that for young people with severe learning difficulties there is still not the expertise and capacity to support them. For example my child's case (he has SLD, autism, anxiety and some mental health challenges) is "too complex" for the EHA and he has not been able to access any therapeutic support which he desperately needs - I cannot see anything in your plan that would suggest that this is an area that will be invested in.*

### **Correct, early diagnosis and intervention**

The need for greater professional understanding, knowledge and expertise to correctly diagnose conditions and offer effective interventions is seen as key to progress and development.

*Good educational attainment will be aided by the education professionals being made more aware of certain conditions. ASD is a classic example, on many occasions my child has been labelled naughty when in fact he was struggling to express his emotions!*

*If the right interventions are in place early then it would significantly reduce mental health conditions developing which impact on every area of their lives and affect future employment opportunities.*

### **Alternative employment, training and qualification options and support for those who will not achieve academic success**

Some respondents commented that young people who are not able to achieve formal academic qualifications still need to be acknowledged and be enabled to achieve success and recognition within their own abilities. This could be through identifying and recognising non academic strengths, skills and abilities and encouraging and enabling personal development through alternative routes to academic qualifications and widening alternative options to employment.

*I agree less with the educational attainment as this is not always an achievable area and also not necessarily crucial to their future and success for a resilient and happy adult!*

*There also needs to be more focus on those with severe learning difficulties who may never have meaningful employment but still need to do meaningful activities with their peers. The necessity of continuing education for these young adults, post 19, is also crucial, as they are still learning and developing everyday albeit in very small steps. To suddenly stop this progress at a particular age, related to the general population, seems wrong.*

*These are good aspirations but whilst they need to achieve as best they can at school, not everyone is on a level playing field. For example my son will never do GCSE's or probably obtain any qualifications. You don't want to put too much pressure on them.*

*My daughter is 16 and the chance for future employment is worrying.*

### **Stigma and discrimination**

Respondents pointed to young people with SEN being marginalised and mistreated through for example bullying, particularly through social media.

*Does this cover discrimination?*

*If children do not have good physical and mental health they have barriers to learning. Add to that the SEN as well and they have been marginalised before they have even started. Employment opportunities are achievable for people on the spectrum as family members in my family have been talented engineers, have doctorates and education up to professor level. However that is because their families have worked hard to help them achieve this and there hasn't been help from anywhere else. Mental health is crucial to well being and the system of children and adults going into crisis before they get help has to change as teenage lives are now being lost. Peer groups also need to be educated on the effect that their behaviour can have on SEN individuals and maltreatment needs to include that of social media and 24/7 bullying.*

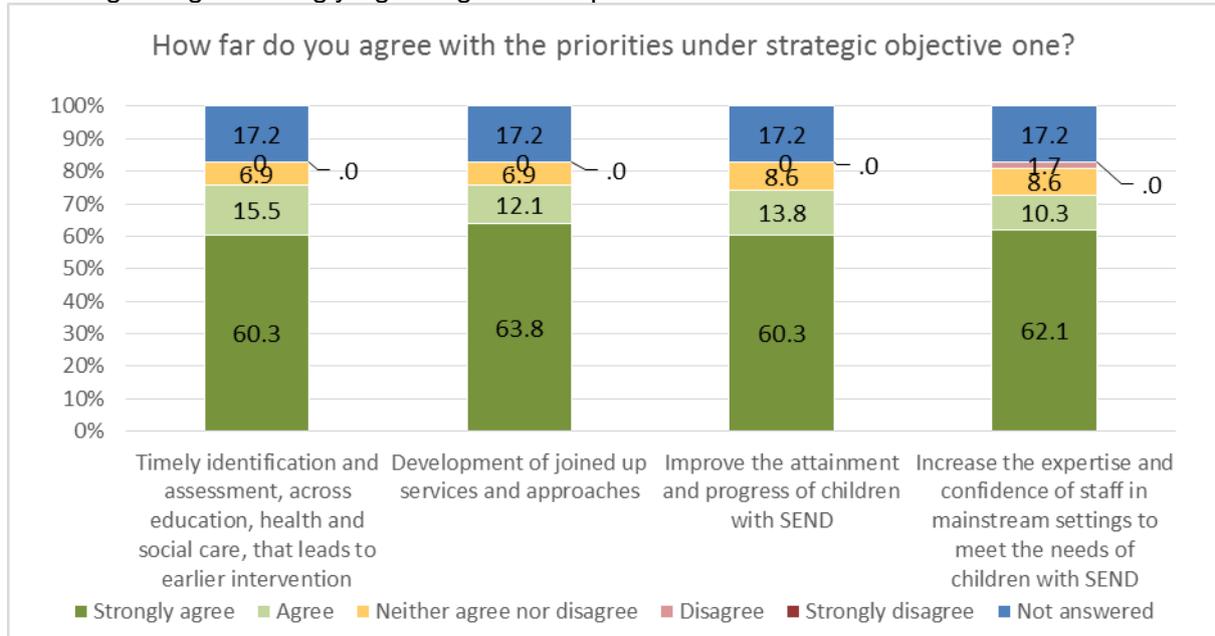
*Although I agree with all of the above, Also inclusive citizenship should be a proposed outcome.*

## 5. OBJECTIVE 1

### WE WANT TO SUPPORT EARLY YEARS PROVIDERS AND MAINSTREAM SCHOOLS TO IMPROVE INCLUSION AND EDUCATIONAL OUTCOMES FOR CHILDREN WITH SEND

#### 5.1 Overall support for priorities under objective 1

There is strong support for the priorities under objective 1, with between 72.4% - 75.9% either agreeing or strongly agreeing with the priorities.



#### 5.2 Workforce development

*It's how it is going to be implemented as teaching staff do not always have the knowledge to meet the child's needs. I was told in primary that my sons needs were not great enough to be assessed. He is now refusing school with lots of diagnosis (paid for by myself) and has just been awarded an EHCP.*

*Educating the educators is crucial. Early careers guidance needs to be stepped up for teenagers well before GCSEs.*

##### Workforce development – the challenges

Whilst the need for more trained teachers with specialist knowledge, understanding and expertise is acknowledged, respondents felt that the practical constraints and challenges of financing training and releasing staff to train was an important factor in making this a reality, particularly when schools are struggling with a shortage of qualified teaching staff.

*We have good expertise and confidence but not enough workforce. More expertise is always useful however but attaining this expertise costs money in releasing a member of staff as well as the training itself. The objective itself is laudible.*

*Early years settings - gaps in improving provision and support for transition from nursery to reception class*

The need for more specialist support and provision in years settings was raised alongside a need for assessment places in maintained settings including maintained nursery schools.

It was also noted that early years training should be targeted at schools which have foundation stage 1 and 2 as well as early years settings.

*We think that there should be more training for early years settings and classes specifically targeted at young children. We also think there should be assessment places for children in maintained settings (eg maintained nursery schools) so that EHCPs are completed at an appropriate time for transition to reception class. There are so many services that do not cover early years – eg BIT and there are resultant gaps in provision/support.*

Modules need to be included as part of teacher training and staff monitored on how effectively they apply what they have learnt.

*This sounds very good on paper but training staff in mainstream does not reflect the attitude that can filter through educational settings. Leadership in schools need to have robust training and knowledge with regard to SEN but unfortunately it does not change the culture that a Head can develop through their own attitude to SEN which can affect staff morale and tolerance. Training is available to schools but they do not always access it because of cost, budget/time constraints and staff may not want to undertake it. Resources need to be put into teacher training to encourage a positive attitude to SEN before a teacher qualifies. SENCO's often teach as well so asking them to role out training is not always viable and in the case of my child the SENCO was ignored by staff. Ticking a box does not mean that staff will implement the training even when they have received it so open and frank follow ups need to be put in place and progress monitored to ensure it doesn't get 'watered down'...*

### **5.3 Early identification**

The importance of identifying needs early to develop and implement the right interventions was underlined. This was especially important in cases when children mask their difficulties and parental skills are questioned instead and the behaviours worsen and become entrenched.

*These are right and very important. Early identification is paramount in employing the right strategies and approach and increasing the child's long term chances of success. Delayed identification of needs leads to compounded layers of difficulties building up with poor self esteem, negative image and behavioural patterns that are harder to undo and rewrite the longer they are allowed to develop and become established. Incorrect strategies and handling of a child all contribute to this. Children with an SEN who 'mask' their difficulties are particularly affected by this and more awareness needs to be given to this common problem and spotting the children who mask, believing the parents if challenging behaviour is not seen within school and not just assuming its always a case of poor parenting and that a parenting course is what is required.*

*Agree with priorities - we did not have a good experience with a mainstream school in another county and have had persistent late or no identification of problems which make it very difficult to intervene properly. The ideal is great but the practice in reality?*

## 5.4 Mainstream and specialist provision specialist post 19 provision

Respondents commented that options to be educated in mainstream or specialised settings should always be available depending on need.

Specialised post 19 training opportunities also need to be developed.

*It is important that where possible, children with SEND are able to be in a mainstream setting. I believe this helps them develop and integrate much better. I realise this is not possible for all children with SEND and so they must then have provision in a special school.*

*Inclusion can only work well if the Schools are given the resources and specialist training to support SEN children. However not all SEN children can manage in mainstream schools, so more specialist schools are needed.*

## 5.5 Assessment referral and diagnosis

Delays for accessing CAHMS services is a recurring concern

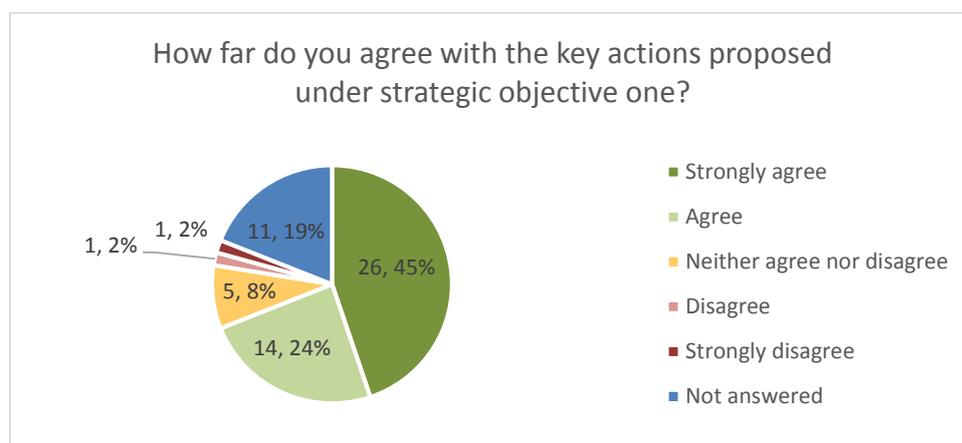
*what about waitlist timescales eg camhs*

*The waiting lists and extreme waiting time for those in real need tend to be in an issue in my opinion.*

## 5.6 OBJECTIVE 1: ACTIONS

### Overall support for actions proposed under objective 1;

69% respondents either strongly agree or agree to the actions proposed under objective 1. A small number and percentage (2 – 4%) either disagree or strongly disagree.



69% (40) respondents agreed or strongly agreed with the actions proposed under Objective one. 19% (11) did not answer. 2 respondents either disagreed or strongly disagreed

## Early identification

Respondents pointed out that whilst early identification and response was important and that parents and teachers should be supported to identify needs early, in some cases, children have developed more complex conditions with increasing age. Therefore, early diagnosis should be followed with regular assessments.

Not receiving an early diagnosis can result in children being placed in inappropriate settings without the correct support.

The stigma that parents face and feel when told their child has SEND was also highlighted. Wider publicity on SEND statistics could help to raise awareness and “normalise” SEND.

*Parents and teachers need help in identifying if a child has a SEND. Parents need to be educated too as identification and referral can be hindered by a parent's shock or embarrassment at being told their child may have a SEND. Publicise the percentage of children that have SEND so that it normalises it for parents (both SEND and non SEND parents).*

*Early identification and intervention are essential for the best outcome to be achieved.*

*Being correctly diagnosed at a very young age is useful but the full extent of the child's complex disability is not always clear at such an early stage. They must be reassessed at least every six months so appropriate intervention can be organised. It's only as the child gets older that some of their complex disabilities are acknowledged by their parents and the professionals.*

## Workforce development training and support

Some respondents commented that developing the confidence and expertise of staff in mainstream schools whilst important also needs additional time and financial resources.

The proposal to identify and target support for schools with comparatively poorer SEND pupil attainment rates through for example sharing best practice was acknowledged, but, with this should take into account that school and learning environments vary and children develop at different rates and present individual concerns.

Raising awareness of SEND and support approaches should also be incorporated into initial teacher training.

Priority 4 - was seen as “far reaching”. SENCOs being able to access on line support is seen as potentially valuable.

Training for ASD is felt to be particularly needed and also that there is an emerging need for attachment training.

The role and purpose of behaviour and attendance leads in schools should be developed jointly with schools and SENCOs with good practice being shared widely.

The training and development resources already available should be promoted and utilised more effectively. Respondents also commented that the impact of training should be monitored.

*As well as increasing the expertise/confidence of mainstream staff there also needs to be time and resources given to these staff in order to allow them to better support all children. The ideas of targeting support at those schools who have a lower percentage of SEND children meeting age related expectations in and of sharing good practice from within the schools who have a higher percentage is a good idea but will need to be approached with sensitivity because all children are different and one approach will not fit all.*

*In addition I believe some input into initial teacher training needs to be referenced in the full document.*

*Priority 4 is very far reaching and if this can be achieved then it could be transformational for pupils with SEND in WB. An on line forum for SENCo's would be incredibly useful so this key member of any school team can access support and advice. Training for the increasing and dominating category of ASD would be most welcome. The need for attachment training is becoming more necessary with more children presenting as struggling with attachment. Really intrigued by the behaviour and attendance leads in schools - schools should be consulted on how this role could support SENCo/SEND. Sharing good practice as part of this role would be really useful.*

### **Transforming culture, attitudes and behaviours**

Whilst training and development are key to improving outcomes, the foremost underlying factor that will change practice and outcomes is the willingness to transparently apply inclusive practices and approaches across the whole learning environment. Strong commitment at a leadership level and translated into culture and policy that is robustly implemented and monitored is key.

*Inclusion can only work if staff in mainstream schools - from senior leadership down - actively WANT to include students with SEND (including SLD) - it is firstly an attitudinal thing. Then training, outreach support, involvement of all teaching staff are necessary to make it work. With regard to joined-up services it is important that provision (eg SALT, OT) is there to meet identified need otherwise parents/children end up going round and round in circles.*

### **Provision to meet health needs and referral processes**

The gap in provision for specific health services was highlighted, for example, not all children have had a health visiting check. There is a need to increase take up of two year health checks.

There is a need for “joined up” services, approaches and greater clarity in referral processes, particularly between for example, Speech Language Therapies and Occupational Therapy.

GPs are seen as a crucial link in early diagnosis, referral to appropriate support. However, poor links and communications between GPs and other health services (for example Health Visitors and GPs and Early years settings) can result in ineffective and incoherent referral routes, processes and communications.

In addition to “Dingley’s Promise”, there is a need to raise awareness of other community and voluntary providers who also deliver training and support (for example, maintained nursery schools).

*especially the development of joined up services and making the referral process for certain services clearer*

*...With regard to joined-up services it is important that provision (eg SALT, OT) is there to meet identified need otherwise parents/children end up going round and round in circles*

*There are gaps in the service... There is a gap between GPs and HVs. There is no formal communication route between EY settings and GPs – there needs to be one as we depend on GPs for many referral routes. There needs to be a robust identification of where SEND children are in the authority. In point 4.3, why is one particular setting (Dingley) mentioned? Maintained Nursery Schools are able to (and do) provide training and support to other settings.*

### **SPLD**

The need to also address Spld is highlighted

*You cant access education if all barriers are not removed. Spld is the most common one and the draft SEND strategy does not address this large (and growing) area.*

### **Measurable, achievable, realistic and resourced plans and intentions**

Respondents questioned how realistic the plans and intentions were and how they would be implemented and resourced without placing additional burdens on staff and existing resources.

The particular financial and resource challenges facing smaller schools also needs to be addressed.

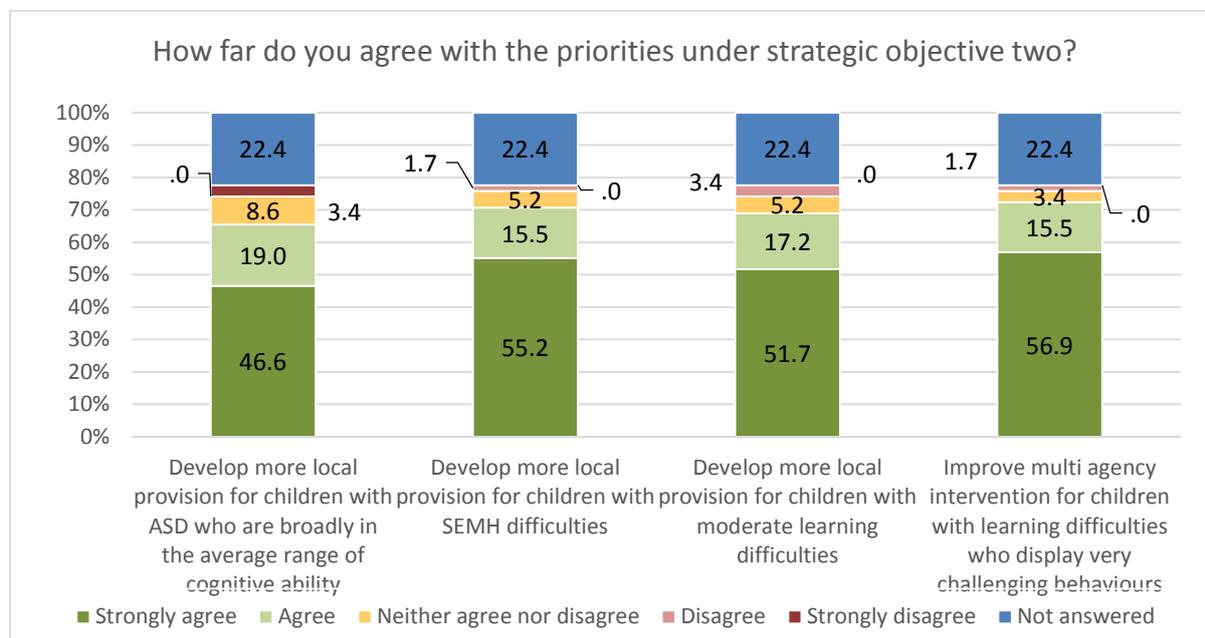
*List of actions, no timeframes or definition of exactly HOW you will achieve them*

*Funding for smaller schools is a huge issue and they are disproportionately disadvantaged vs the larger when it comes to provision for SEN children who don't have an EHCP. Can extra funding be made available to those schools who are able to prove they are 'getting it right' for SEND children, to act as an incentive for all schools to make sure staff go on the training and implement the best practice??*

## 6. OBJECTIVE 2

*We want to develop a continuum of local provision to meet the needs of children with SEND, including MLD, ASD and SEMH*

### 6.1 Overall support for the priorities proposed under objective 2



Overall, support for all four priorities under objective two ranged from between 65.5% - 72.4%. Improving multi agency interventions for children with learning difficulties who display very challenging behaviours was the highest (56.9%).

### Additional provision

#### *Local provision vs out of county placements*

Opinions on the location of provision varied, with one respondent stating that the right provision is more important than its location and another highlighting the impact on both the child and family of being separated through an out of county placement.

*Local provision might not always be the best provision for a child, it is more important they are in the right setting for them, regardless of locality.*

*I agree with this because it is traumatic for any child to be separated from their families. Local provision will make separation less likely.*

#### *Specialist resource vs mainstream provision for specific conditions (ASD, SLD, MLD)*

One respondent supported the need for specialised provision to meet specific needs as it was felt mainstream provision was not equipped to support particular conditions.

The need to include SLD in mainstream schools was also raised

*There are separate strands here and W Berks LA needs to be very sure that staff are trained outstandingly well to cope with issues thrown up by ASD / SEN students and young people*

*What about inclusion of students with SLD in mainstream schools?*

#### *ASD provision*

There was a call for more ASD resources and specialised ASD teaching assistants to be trained and attached to mainstream provision. One example could be an ASD resource different to that provided by Theale and Trinity. This could be structured so that students are taught by specialist teaching staff in a special unit within a mainstream school.

*Definitely more ASD resources attached to mainstream required, training ASD teaching assistants to support in schools where needed for children awaiting EHC would be good.*

*There needs to be an ASD resource which operates differently from Theale and Trinity where the students are joined to a mainstream school but not expected to go out into lessons instead the staff come and teach in the resource.*

#### **Support for families who have children with complex needs and behaviours**

The major impact on families with children who exhibit violent and challenging behaviours was raised. A respondent stated that this type of behaviour made the parent “*feel like victims of abuse at the hands of their own child*” and “*parents who are suffering VCB can’t ... get out of a crisis situation just to survive*”. Support for parents in these cases was essential.

Another respondent called for support via a network of trained and experienced professionals, for parents who have children with complex needs, and that this support should also be available for the children themselves.

*Challenging behaviours are a major problem for families and especially violent behaviour in the home setting. VCB (violent and challenging behaviour) severely compromises the ability for parent carers to be able to support their child effectively, because when they are feeling like victims of abuse at the hands of their own child their number one priority is safety and survival. More support for parents in this situation is ESSENTIAL. There may as well be no point in having any other SEND services available for a child if this problem is not addressed, as parents who are suffering VCB can't even get off the first rung of the ladder out of a crisis situation just to survive, let alone access other support services or opportunities on behalf of their SEND child. These parents need help.*

*For children with complex needs such as these its imperative that staff and families and ultimately children feel well supported by a well-informed and available network of professionals*

## Multi agency approaches

One respondent commented that those children presenting complex conditions and requiring interventions spanning across different agencies will be the most challenging as effective joint working across different sectors and different services within the same sector needs to be further developed.

Whilst one respondent applauded joint working and approaches, another respondent questioned if multi agency approaches were in effect a route to providing the cheapest service options.

*I strongly believe that you will struggle most with the children & young people who need a multi-agency approach. Ever since Every Child Matters, it's been clear that getting agencies to work effectively together is one of the main barriers to success. I'd like to hear more about how you will achieve this...*

*Some of the problems children have can be helped much quicker if agencies talk to each other more frequently and work together to help children develop and grow.*

## Gaps in provision

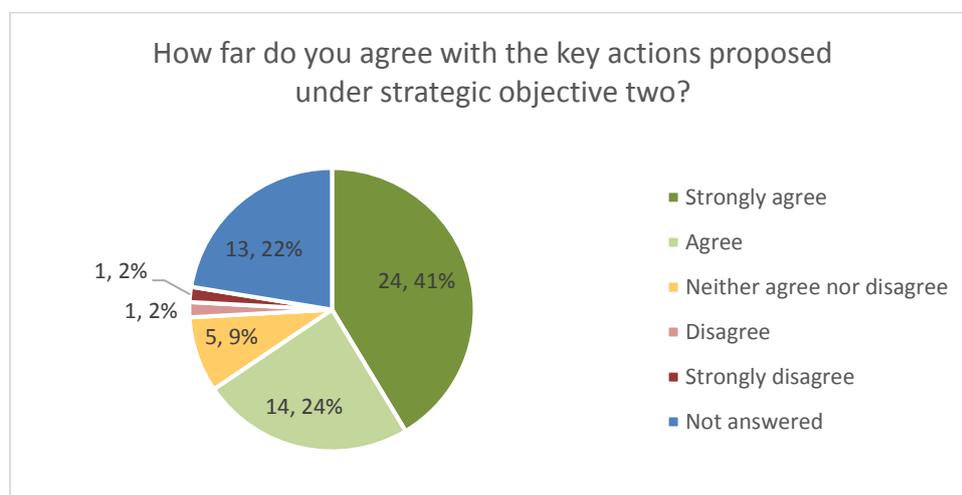
### Children waiting for an EHCP

One respondent pointed to the need for additional funding for children waiting for an EHCP or who are pre- diagnosis. These are the children who are also most at risk of exclusion and their conditions being left untreated.

### High functioning children

The gap in provision for those children who are high functioning and with conditions such as Aspergers was highlighted. Their predicament is further exacerbated, if they are awaiting diagnosis. This cohort of children should be recognised in the same way that neuro- typical highly gifted children are recognised

## 6.2 OBJECTIVE 2: ACTIONS



## **Overall support for actions proposed under Objective 2**

Overall, 65% of respondents supported the actions proposed under objective 2. 22% did not answer.

### **SPLD**

The need to support and address the needs of children with SPLD was highlighted. These children represent 24.1% of the total West Berkshire school population with 5-10% presenting severe difficulties. Children entering secondary school unable to read will be further affected by poorer academic performance and developmental delays.

#### *Support and preventative measures for children with SPLD*

LAL also needs to be included in the list of resources alongside preventative measures and the importance of emotional health support for children diagnosed with this condition.

*There is no mention of SpLD despite the fact that this population of children represents 24.1% of the WB school population. We know that these difficulties strongly impact upon life chances and mental health of our young people. Within this group will be typically around 5-10% of children with severe difficulties - it is this group particularly who should be represented more clearly in the strategy. These children are extremely vulnerable. Children who enter secondary school unable to read will be further disadvantaged and research suggests they are likely to fall further behind their peers in all aspects of their development as a result. The LAL resources are not mentioned in the list of resources on page 21. The risk of losing preventive measures needs to be more clearly emphasised as this will have implications down the line for children and their families.*

*Provision of emotional health support/intervention for students with SLD is currently lacking.*

## **Support for professionals and families who have children with challenging behaviours**

There is a need for effective support structures and networks for professional and families who have children with SEND and in particular children with violent and challenging behaviours.

*Its not just about supporting the needs of the children/YP with SEND. Its as much if not more about supporting the needs of the parents, carers (and teaching staff / other professionals working with demanding children / families), and especially the parents who are suffering violent and challenging behaviour who are being severely hampered in their efforts to do right by the child or access basic things in everyday life such as the right to work, as a result.*

## **Out of county specialist provision and the creation of new ASD provision**

Some respondents felt that being placed out of county increases stress and anxiety for children and their families.

### *ASD specialist provision*

One respondent agreed that placing children with ASD in a mainstream setting will escalate their distress and thus lead to disruptive behaviours and being placed in a separate unit. However, more detail is needed on the type of specialist ASD provision being planned.

*Children having to travel out of county can increase stress as well as costs. Stress can increase anxiety, anxiety affects the ability to function as well as learning so there is an emotional as well as financial cost...*

*The ASD student will struggle in a large mainstream classroom and may show inappropriate behaviors due to stress caused by the situation, which will be disruptive, so they will end up in a separate unit. More detail is needed of what the new separate unit will provide, will it have large open space for exercise? which a lot of ASD students need.*

### **Measurable, resourced plans with clear timeframes**

The absence of clear timeframes and evidence of resources to fund the plans and intentions is mentioned

*In principle, there is nothing to argue against, but it ignores the reality of the funding situation and further ignores the wishes and expertise of the staff expected to deliver these items.*

*List of actions, no timeframes or definition of exactly HOW you will achieve them*

### **Comments on existing actions**

One respondent proposed the following revisions:

*2.2.2 - an SEMH Advisory Service would be better than an ADHD Advisory Service.*

*2.4 Enhancement of PRU provision needs more consideration.*

*The PRUs are a huge undertaking and 2.4 should read more along the lines of ensuring young people with SEND have access to therapeutic support wherever their educational placement may be? Placing the 'PRU' word in feels too emotive.*

*2.5 SEMH provision – more in depth consultation is needed in this area*

*2.6 - Anxiety is becoming more and more common and schools are having to provide for this growing number of pupils in their settings. An examination of a provision in this area is a very interesting prospect.*

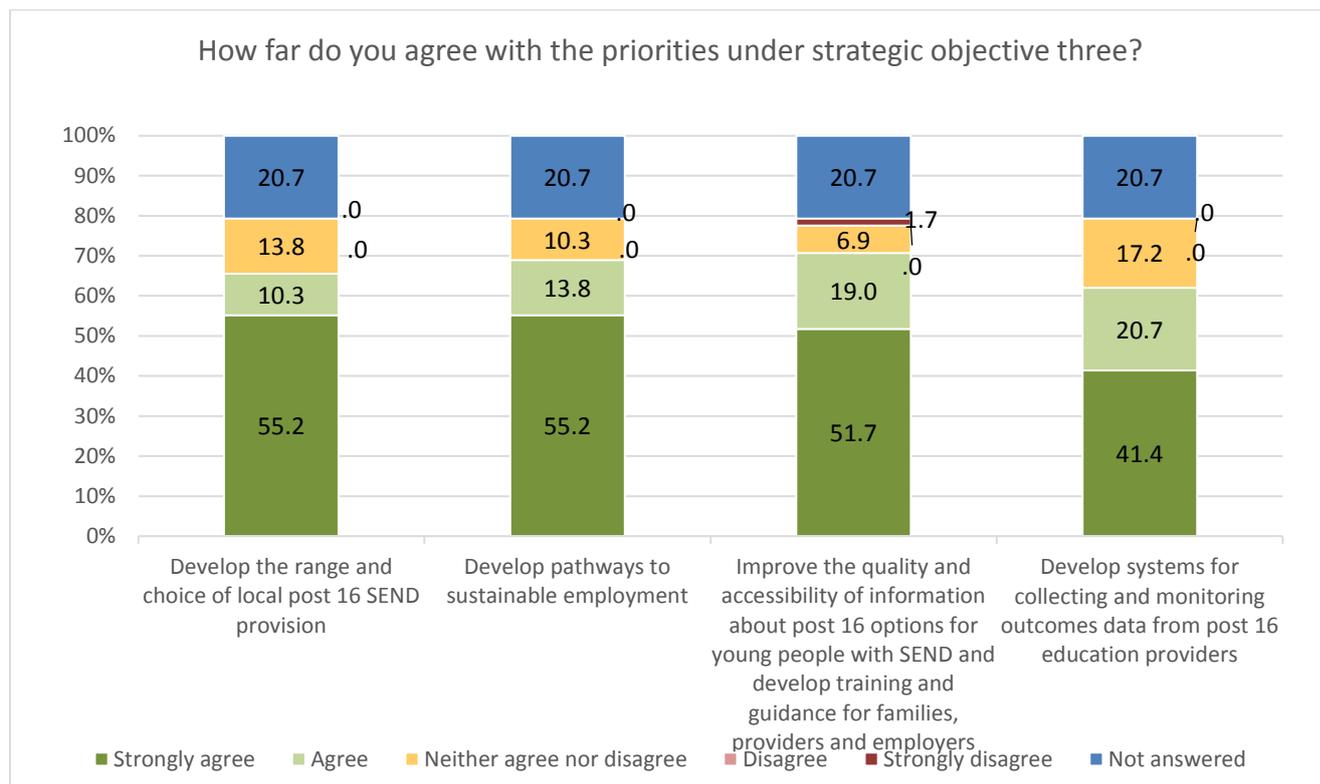
## 7. Objective 3

*We want to improve post 16, education, learning, employment and training*

### 7.1 Overall support for the priorities proposed under objective 3

Support for the priorities proposed under objective 3 ranged from 62.1% - 70.7%.

This category received the highest percentage of non responses (20.7%) and the highest percentage of neutral responses (neither agree or disagree 6.9% - 17.2%). Responses from Parent/ carers and teachers/ school employees comprised both these categories of responses.



	Strongly agree (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Strongly disagree (%)	Not answered (%)
Develop the range and choice of local post 16 SEND provision	55.2	10.3	13.8	.0	.0	20.7
Develop pathways to sustainable employment	55.2	13.8	10.3	.0	.0	20.7
Improve the quality and accessibility of information about post 16 options for young people with SEND and develop training and guidance for families, providers and employers	51.7	19.0	6.9	.0	1.7	20.7
Develop systems for collecting and monitoring outcomes data from post 16 education providers	41.4	20.7	17.2	.0	.0	20.7

### Employment

*Widening options and more support for those who will not be able to obtain and maintain formal paid employment*

Respondents pointed to the need to support those SEND young people who will not be able to gain or sustain formal, paid employment and to help them in identifying and accessing alternatives to formal paid employment. Respondents highlighted that many young people with SEND have the potential to make a valuable contribution to society and not necessarily through paid employment. So, there is a need to recognise their abilities and skills through

enabling them to access other options, for example access to voluntary work.. It was important however, not to place people in positions where they would be exploited and undervalued.

*...Sustainable employment is not always possible for someone with SLD but I welcome the principle that all members of society have something to contribute and that there is dignity and self-worth in productive use of one's time - this might be in employment but also in creative, meaningful activity.*

*Yes it is appropriate but please look carefully at the needs of each individual with a person centred approach. One size does not fit all and there is no mention of voluntary placements. For some people a working life may not be something that they can attain but they can still provide much needed help to a voluntary sector with a placement that is appropriate. The voluntary sector does it for mental health, providers can be contracted to provide the service for preparing for work with interview skills, buddying as it is provided for other vulnerable groups*

*However, none of the actual priorities even mention apprenticeships, despite it being mentioned previously in the blurb.*

#### *Making employers aware of the value of employing young people with SEND*

The need to make employers aware of the potential of SEND young people and supporting employers to recruit and retain SEND young people was raised.

*...also future employers need to be made fully aware of the valuable contribution these young people can make.*

*...lots of lip service about "cultural shift" - this needs to be reflected in the attitude of employers too. They shouldn't expect to employ SEN young adults for free.*

#### *Careers guidance and support*

Equal access to high quality, targeted support and guidance on identifying and accessing options for employment and other opportunities was identified, particularly as EHCP annual reviews include a requirement to provide careers guidance.

*SEND children need much more support to be able to find a suitable and fulfilling role in society, in a paid occupation, that provides self respect and independence. SEND children are fiercely proud of their achievements and are capable of achieving well in the workplace with more targeted support and guidance than is currently in place.*

*I would include a more obvious priority relating to careers provision in schools. Annual Reviews ask schools to ensure careers guidance is sought as part of the EHCP so why not highlight this in this objective?*

#### **Widening Post 16 employment and other options**

The difficulties in finding information about opportunities post 16 are highlighted particularly for those who will not be able to obtain or retain formal full time employment or achieve academic qualifications.

*post 16 provision is limited and many YP of this age are struggling to see a path into employment. Agencies such as Ways into Work are great but seem under resourced and slow moving.*

*The information about opportunities post 16 is currently extremely hit and miss. There should also be focus on those who are unlikely to be able to find employment and their continuing education. The ethos of the EHC, bringing all three together, should be mirrored in reality with better accessible therapists etc as proposed.*

*There is very little choice for young people with SEN when they reach 16. This is definitely an area that needs a lot of work.*

*When my son was in Year 11 at secondary school the options for him going onto Year 12 were very limited. There were only 2 courses he could of studied in Year 12 due to all the other courses being aimed at the academic students. And he had no interest in those 2 courses. Therefore he could not stay on at 6th Form due to this which he was very disappointed about.*

### **Option to continue education beyond age 19**

One respondent stressed the importance of young people with SEND being able to continue in education beyond the age of 19 years as it would provide a supportive environment suited to their particular needs rather than open employment where employers may not give individual attention to employees with SEND.

*SEND students need to have their education extended up to and beyond age 19 to give them the best start in life, not dumped them with an employer who has minimal legal responsibilities for their well being and progress.*

### **Transitions into adulthood**

Respondents noted that families and young people should be fully supported to prepare for the young person's transition into adulthood and this should begin as early as possible to enable families and young people the opportunity to explore and prepare for their options.

Good practice at the Castle School was mentioned.

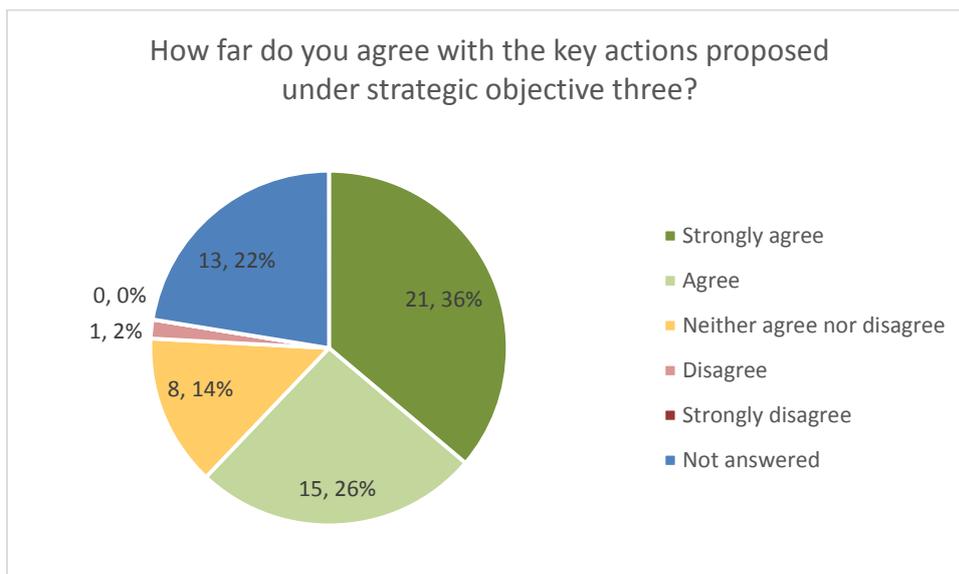
*An unsure future can be really stressful for families. So transition stages should be known as well in advance than is practically possible. i.e. transition from stage 2 to 3; also post 16 options.*

Having seen the Castle School in action, I do feel this "transition" is something we already do manage pretty well.

## **7.2 OBJECTIVE 3: ACTIONS**

### **Overall support for the actions proposed under objective 3:**

62% (36) respondents either strongly agreed or agreed with the actions proposed under objective 3. 22% (13) did not answer.



## Employment

### *Support to find and retain employment*

Respondents note that whilst the importance of employment is acknowledged, the need for young people with SEND to be supported with careers information and guidance is key. Without the latter the prospects of obtaining employment are not realistic for many SEND young people.

*Employment for our young people is really important and without support to access this it is not viable for some.*

### *Earning a salary above the minimum wage*

One respondent cautioned that the focus should also be on ensuring young people are able to engage in paid employment which pays above the minimum wage otherwise there will be a need to supplement income with benefits this could affect the young persons long term wellbeing.

*Encouraging SEND pupils into employment that will provide a minimal salary for minimal hours, may put them in a worse position than remaining on benefits. Possibly a recipe for depression, caused by poor education they may end up in crisis, needing even more complex help from the LA.*

*I also have sincere misgivings about exploiting the labour of SEN young people with "internships" and note the complete absence of any priorities that explicitly mention apprenticeships, which seems bizarre with the onset of the apprenticeship levy.*

### *Widening employment options*

One respondent proposed more supported employment opportunities including for example social enterprises perhaps set up and managed by post 19 providers themselves.

## Post 16 provision

Respondents highlighted that more information is required on what is available and that a conference showcasing opportunities may be an opportunity for families and young people to be informed on options and opportunities.

*currently the choice for post 16 provision is limited so to map what's available will be a useful tool to parents*

*Priority 3 3.5 An annual conference would allow parents to see what provision is available for their children.*

### **Support for young people with SEND at university**

One respondent called for support for young people at university who will have to cope with the demands of academic life and independent living in addition to their condition.

*Agree but please look at the numbers of young people going to university. When I have asked about the EHCP I was told it does not cover university. If a person has made it to that level of education it could be because they have a very supportive family. With the demands of university it does NOT mean that they have the social and life skills for them to cope in that environment. Suicides happen away from home from non SEN students and SEN ones are vulnerable because of the nature of SEN. Academic success does not mean they can cope*

### **Joined up services**

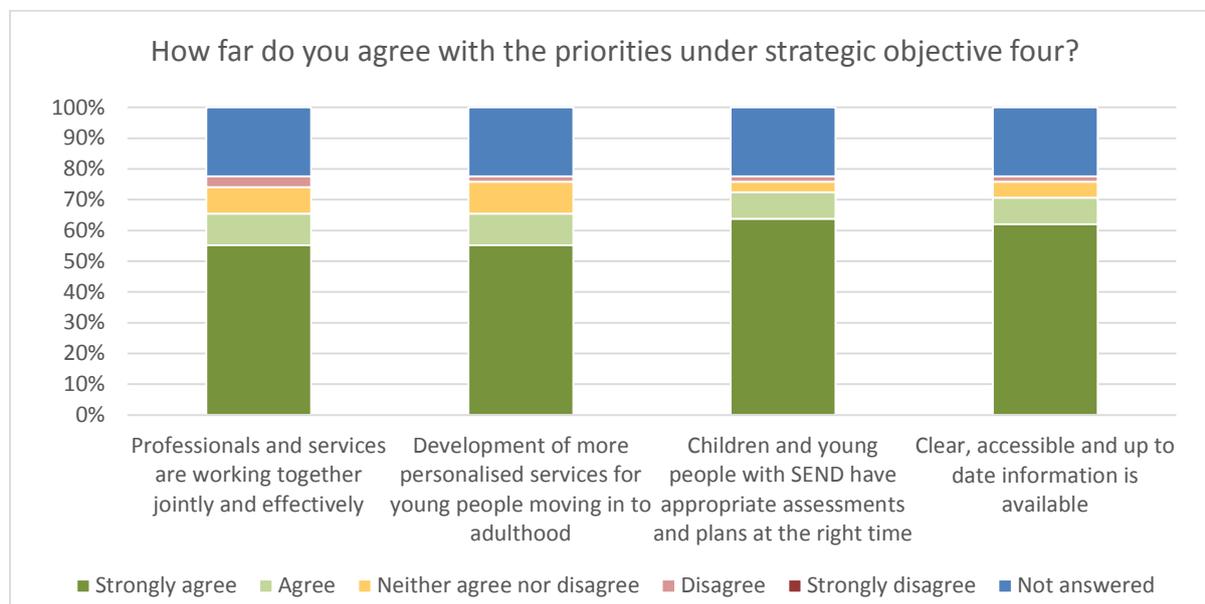
One respondent called for adult and children's services to be joined up for 0-25 year olds as this could help develop and implement streamlined, cohesive approaches.

*I believe that Adult and Children's services should be completely joined up for 0-25 year olds in order to remove the arbitrary cliff face encountered by Young People and their families at the age of 18. Ultimately a lifelong joined up service should be an aspiration of services.*

## 8. Objective 4

**We want to develop positive transitions for young people with SEND to enable them to prepare for adulthood**

### Overall support for the key priorities proposed under Objective 4



	Strongly agree (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Strongly disagree (%)	Not answered (%)
Professionals and services are working together jointly and effectively	55.2	10.3	8.6	3.4	.0	22.4
Development of more personalised services for young people moving in to adulthood	55.2	10.3	10.3	1.7	.0	22.4
Children and young people with SEND have appropriate assessments and plans at the right time	63.8	8.6	3.4	1.7	.0	22.4
Clear, accessible and up to date information is available	62.1	8.6	5.2	1.7	.0	22.4

Support for the priorities proposed under objective 4 ranged from 65.5%- 72.2%. 22.4% did not answer.

### Transitions

*Better joined up processes and clearer communication and information sharing between different agencies involved in the transition process*

Respondents called for transitions processes to be better managed, by clearer and more open communication and joined working and information sharing between different agencies and streamlining application processes for families and young people.

*transition points do present challenges for those working with young people in different services - its key that these are better managed so that unnecessary stress is not caused to young people and their families*

*Professionals still have a long way to go to achieve truly joined up service but as stated above this should be the vision and an aspiration. This view is evidenced by each organisation having their own database instead of a single information point. Young people and their families are constantly bombarded with questions from professionals who have their own set of forms to complete.*

### *Beginning the transition process*

The timing for this should be determined by individual needs.

For example, diagnosis can be confirmed at any age and in many cases if diagnosis is confirmed in the teens applying or receiving an EHCP can take longer.

One respondent referred to the fact that in some cases young people have applied for services as a child, but by the time they receive a service they become adults and then have to go back on to the waiting list.

#### *Time! Waiting lists!*

*This is urgently needed - as with the previous objective, it is very hit and miss with no clear timetable at the moment. At what age the process starts, should be down to the individual. Age 14 was too young for us, with outcomes then unclear and frequently changing. As parents, the future is too worrying to think about at that stage.*

*In a perfect world these objectives sound great. However some conditions with SEND can start to develop and appear in teenage years and provision for diagnosis and identification for this group is different if they have to join or apply for an EHCP as timescales take longer for adults or older children. If provision has been put in place since childhood although the transition services can be patchy the individual is 'known' and so are behaviours and needs. Its different for those accessing the provision for the first time when they are moving from childhood to adulthood. They can be waiting for assistance and by the time they move up a waiting list then can then be classed as an adult and have to join another if there is one at all. Provision needs to capture those who start out as children/teen services and then find themselves considered adult because they have become 18 or post 16. Its not their fault its taken so long.*

One respondent pointed to a need for clear information on available support to be made available

#### *Making known what assistance is on offer should be a priority*

##### *EHCP and young people moving into adulthood*

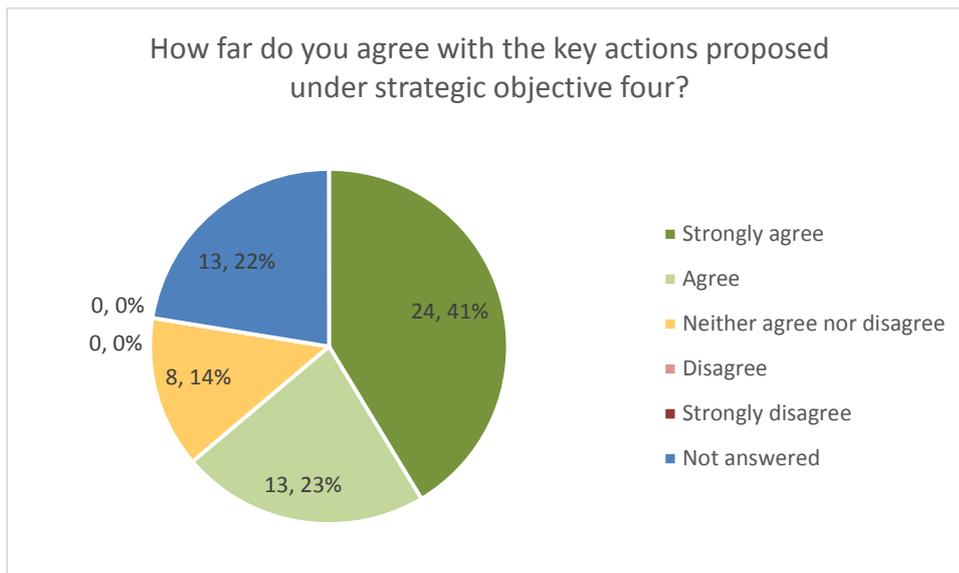
One respondent highlighted that often EHCPs do not reflect the needs of SEND students as they get older

*EHCPs are often out of date and don't reflect the needs of the SEN student as they get older*

## **8.2 OBJECTIVE 4: ACTIONS**

Overall 63.8% (37) respondents either strongly agreed or agreed with the actions proposed under objective 4.

22.4% (13) did not answer.



### Transitions

Children waiting to be transferred on to adult services need to be kept up to date on progress against their case. When a child is approaching 18 years of age he/she could be automatically listed on to the waiting list for adult services.

*Please add that referring between services because someone has become an adult is monitored so they don't fall off waiting lists or are not considered a priority because they have reached adulthood. If they have waited on a list and are approaching 18 then filter them so that they can join the list for adults without having to go to the back of yet another waiting list because they have had a birthday.*

### Data

Better use of data is essential to identify and forecast needs and to inform service planning and commissioning

*better use of data is essential, and will definitely be a strong tool to manage and predict commissioning needs.*

### Workforce training and development

Releasing staff for training and development also requires resources as consideration needs to be given to covering staff whilst they are away.

*Schools need the ability to release staff for training, or funding to cover staff who are training*

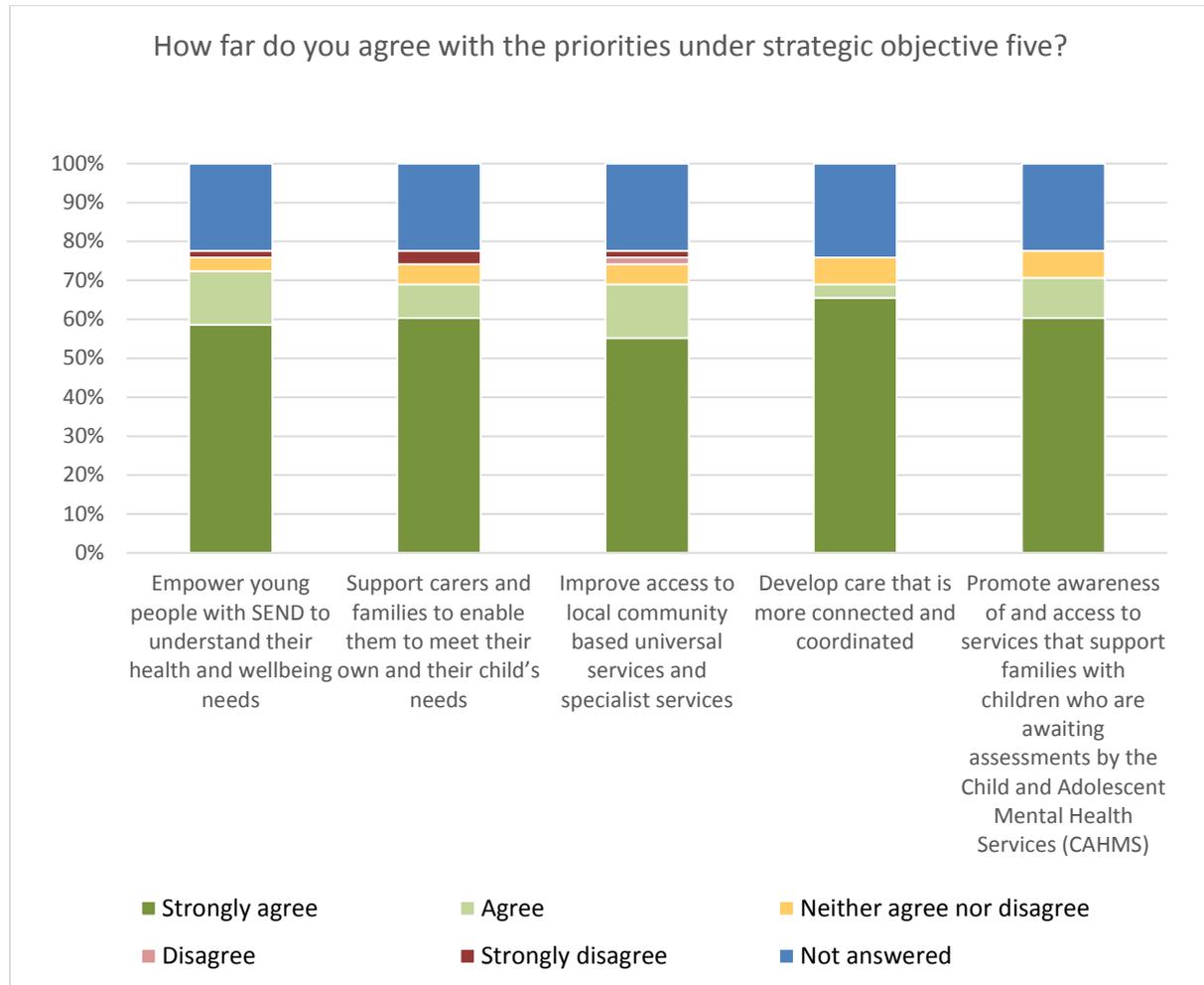
### Realistic achievable time limited and resourced planning

Evidence for how plans will be resourced alongside time frames are needed

*List of actions, no timeframes or definition of exactly HOW you will achieve them*

## 9.0 Objective 5

**We want children and young people with SEND to enjoy good physical and mental health and wellbeing**



	Strongly agree (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Strongly disagree (%)
Empower young people with SEND to understand their health and wellbeing needs	58.6	13.8	3.4	.0	1.7
Support carers and families to enable them to meet their own and their child's needs	60.3	8.6	5.2	.0	3.4
Improve access to local community based universal services and specialist services	55.2	13.8	5.2	1.7	1.7
Develop care that is more connected and coordinated	65.5	3.4	6.9	.0	.0
Promote awareness of and access to services that support families with children who are awaiting assessments by the Child and Adolescent Mental Health Services (CAHMS)	60.3	10.3	6.9	.0	.0

Overall, support for the priorities proposed under Objective 5, ranged from 69% - 72.4% (n agreement or strongly in agreement).

22.4% of respondents did not answer.

## **Child and adolescent Mental Health**

### *Support for mental health wellbeing*

Concern for lengthy waiting times to access support from CAMHS, particularly for ASD assessments, features prominently in responses.

*Mental health issues are all invasive at the moment. The CAMHS team is not sufficiently resourced and waiting times are too long. Good suggestions but where is the money coming from?*

*Currently not much support out there and long waiting lists and SEND children don't feel empowered.*

Respondents called for other sources of support to be made available both for those who are awaiting assessment and to reduce waiting lists.

*CAHMS is such a long wait that support in the meantime would be very valuable.*

The need for more support at a local, community based level is highlighted.

*Support for the family within the local community that is accessible. This removes the pressure on CAMHS.*

## **Supporting the mental health and wellbeing of families who have children with specific disabilities**

Families with children and young people who have specific disabilities for example High functioning Aspergers, do not qualify for support yet these families often care for children with very challenging behaviours which consequently impacts on the families health and wellbeing.

*It is important that all families with SEND feel empowered. Especially some of the harder to reach groups for example those who have had their own negative experience of schools and "the system"*

*Missed the fact that yes you can support families and carers to enable them to meet their own and child's needs but sometimes there is no support because of the nature of their child's disability. High functioning and Aspergers carers with children in mainstream school do not qualify for a carers assessment and yet parents can have challenging behaviour, feel burned out and there is no respite for them.*

## **Private assessments**

Lengthy waiting times for assessments force people to seek and self fund assessments through independent sources. The CAHMS services are supportive of privately funded assessments and diagnosis through this route and private assessments are also recognised in EHCPs.

However, privately funded cases often miss updated information on services and provision.

*There also need to be services available for the many people who go for private assessments as the result of the CAMHS waiting list being so long. A huge number of families who I know have ended up finding the money to go private (often at great sacrifice) in order to help their child get their needs identified rather than wait for the excessive time to be seen by CAMHS as if they did it would compound many of the problems and decrease the likelihood of a successful eventual outcome. But many of these families then get ignored and miss out on vital streams of information about services and support that they or their child are eligible for to help them as they are not 'in the system'. There needs to be a way of including all families and not just those who are on the CAMHS waiting list. And the CAMHS waiting time needs to be reduced dramatically in any case... I haven't seen this on the priorities anywhere and think this should be right at the top!*

*The waiting list for ASD assessments by CAMHS is far too long and it is good that this is recognised. I am also grateful that CAMHS is prepared to endorse private assessments which parents undertake and that this is recognised within the EHCP - a diagnosis/recommendation by a professional is a diagnosis/recommendation by a professional, after all.*

### Information and guidance on referral and assessment processes

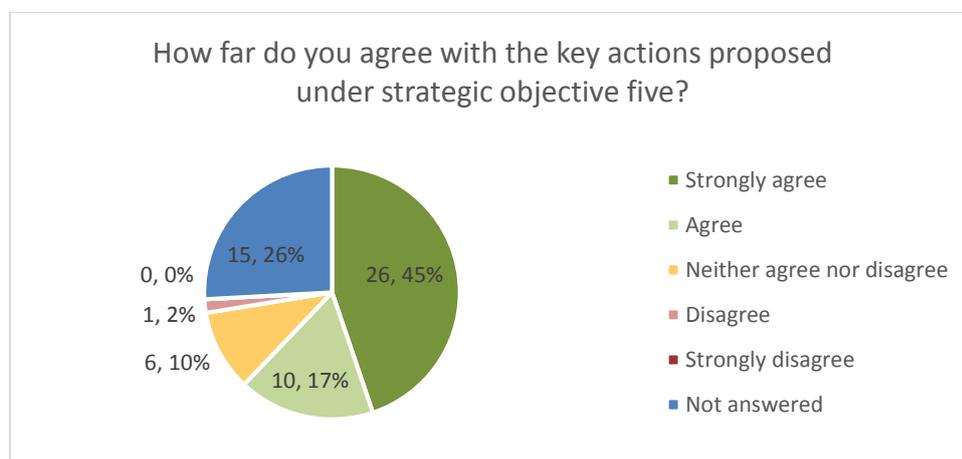
There is a need for more information and personalised communication to encourage people to ask for support and advice.

*Communication is good but needs to be stepped up. Many people will be put off asking for help because of the faceless nature of the council as a whole. More outreach, more personal explanations to those who don't understand the procedure*

## 9.1 Objective 5: ACTIONS

### Overall support for the actions proposed under objective 5

Overall, 62% (36) respondents agreed with the actions proposed under objective 5. 15 (26%) did not answer.



## Knowledge and awareness of provision - generally

Respondents highlighted a need for more information on the types of provision available

*To map all services available to parents would be a very useful tool*

## Access to provision that supports wider health and wellbeing

One respondent pointed to the need for children to access sport and to learn about family values.

Increase access to sport and value of family.

## Knowledge and awareness of provision – for specific conditions and ages and those awaiting diagnosis

Respondents pointed to the need for services for people awaiting diagnosis and where such provision currently exists.

One respondent pointed that young people are most vulnerable during their teenage years and even when they are clearly at risk of self harm, young people do not give their consent for diagnosis so causing further anxiety for families.

Support and services for deaf and hard of hearing children and young people and those with learning disabilities who are approaching transitions to adulthood needs to be more widely promoted. Parents who have children with Dyslexia also need to be recognised and supported to meet their children's needs.

*Increase awareness and use of Deaf CAHMS team for HI children and those children with HI parents.*

*As a parent of a child suffering dyslexia, I struggle to understand his frustrations as I do not have dyslexia. I would of appreciated having guidance from West Berkshire Council regarding how to support him and make him feel better about himself.*

*I believe that the existence of the Learning Disability health team for adults is not well known by parents of children approaching the transition to adulthood, nor even by some professionals (eg head teachers, GPs).*

*yes but you need to go further and have services that can be accessed, that exist, are known to families and can be accessed pre or post diagnosis. Many are for post diagnosis only. Teenage years are a higher risk for suicide and self harming and some teens refuse to give consent for diagnosis and without diagnosis parents cannot access the services mentioned*

## Workforce development and training

Training and educating schools to understand and meet the needs of children young people is seen as important. One teacher also acknowledged the importance of developing schools' capacity to deliver support.

*Training is key with this objective. As much as schools are able to support many of the SEN's discussed in this strategy the wellbeing of students underpins all that we do and yet training is scarce. Schools are best placed to support, guide and refer but with better training we may even be able to undertake some support of the mild to moderate mental health issues that young people have to deal with.*

*.....what about education for schools, the public to have understanding?*

### **Need for clear timeframes and action planning**

*List of actions, no timeframes or definition of exactly HOW you will achieve them*

## **SECTION 2: CONSULTATION FINDINGS FROM PUBLIC AND FOCUSED CONSULTATION EVENTS**

	Objectives GENERAL COMMENTS	Objective 1 Priorities	Objective 1 Actions	Objective 1 GENERAL COMMENTS
SEND Strategy Focus Groups	<p>Mainstream schools reluctant to accept a child in the first place Peripheral support - children with multiple conditions are not entitled to a blue badge (e.g. ASD and physical disability) Access: -Buildings are not always fully accessible to children with physical disabilities.</p> <p>How do services in pre - schools join networks / communicate/ share information with primary networks?</p> <p>Clearer information and understanding could enable two way cooperation and closer working and links between mainstream and specialist schools - what would happen if special schools reach their capacity?</p>	<p>Streamlining CAMHS Pathways for people with multiple difficulties - possible triage? - P2: TACs becoming the norm for transferring students between key stages - particularly between primary and secondary stages P4: mid-year / SAP reviews should be automatically available to parents without parents having to pursue</p> <p>Inconsistency in practice, procedures and understanding.</p> <p>- Gap between mainstream and special schools.</p> <p>- Lack of consistency in practice and understanding across all schools.</p> <p>- Disciplinary processes are often inconsistently applied (not always applied in the same way for nuerotypical children) - Lack of clarity of processes.</p>	<p>Timescales for the priorities where the action is to "review"</p>	<p><b>Communication</b> - Crucial for professionals to talk to each other - Effective communication with pack with SENCOs and particularly with secondary schools.</p> <p><b>Residents who live on the fringes of west berks</b> Impact on access to services and provision for non-West Berks who live on the fringes of the borough should also be considered</p> <p><b>Workforce development</b> - for early intervention practitioners - for GPs (need to know where to signpost for further support e.g. SENDIASS service) - PSTC Service is valued.</p> <p><b>Coordination and communication between services and professionals</b> - parents feel bounced around when it comes to referrals</p>
SEND Strategy Focus Groups				

	Objectives GENERAL COMMENTS	Objective 1 Priorities	Objective 1 Actions	Objective 1 GENERAL COMMENTS
SEND Strategy Focus Groups		<p>- "Taking all the way through to primary school" Need to train staff. -Schools often don't know the process the parent voice - Parents not always listened to.</p> <p>Workforce training and development - Early intervention and identification throughout all stages and setting's for example, some nurseries are not accepting SEND children.</p> <p>Halfway units should start at reception and early intervention should be standard practice - Sharing learning to develop skills knowledge and understanding - between teachers and other staff who have experience in teaching SEND children - sharing learning between special schools and mainstream schools. What would make it better in mainstream schools? - Clearer information on what is on offer in specialist and mainstream settings.</p>		<p><b>Access to Information, training and Support</b> Early Years settings -Difficult to access support from the Local authority if not signed up to services - often not financially viable for small pre-school settings to buy into training - not knowing who to go to.</p> <p><b>Support at the point of crisis</b> - Need information on the support available for parents and children at the point of crisis.</p> <p><b>Support between school moves</b> - support for parents and children when the child needs to attend specialist provision - Need to improve the process of managing school moves.</p> <p><b>Cultural Change</b> - How does the local authority address the attitude of schools</p> <p><b>Sharing and exchange of best practice and support</b></p>

	Objectives GENERAL COMMENTS	Objective 1 Priorities	Objective 1 Actions	Objective 1 GENERAL COMMENTS
		<ul style="list-style-type: none"> <li>- The right professionals at the right time to assist and guide.</li> <li>- Support for parents.</li> </ul> <p>GPs need to increase their understanding and awareness of SEND</p> <p style="text-align: center;">-</p> <p>Mainstream schools need to have higher aspirations for SEND children</p>		<ul style="list-style-type: none"> <li>- A network of SEND Governors?</li> <li>- Coverage and access to HVS?</li> <li>- there is a need for greater consistency of practice across settings and professions</li> <li>- social care support available for CYP who don't have an EHCP rather than only SEN</li> <li>- If a child is achieving what is expected he/she is not pushed to achieve more</li> <li>- a need for more work experience and guidance on employment, training and development options and how to access</li> </ul>
Primary Heads Forum	SLT – Have a named SLT for early years in an area so	P.1. When is the end date for	- Early intervention / identification is great but	

	Objectives GENERAL COMMENTS	Objective 1 Priorities	Objective 1 Actions	Objective 1 GENERAL COMMENTS
Primary Heads Forum	<p>that there is no reliance on a drop in service. - NQT training on SEND particularly around SEMH</p>	<p>intervention to be completed</p> <ul style="list-style-type: none"> <li>- this needs to be pre - school age</li> <li>- Clarity is needed on the processes and ages for referrals</li> <li>- need to work with GPs so may refer</li> <li>- Training and knowledge for settings</li> <li>- Increase expertise for settings and 1:1 support in schools</li> </ul> <p>P.2. Multi agency working needs to be strong</p> <p>P.3 This is a broad statement for so many with so many different needs. What do we think attainment and progress looks like?</p> <p>P.4 Where is the expertise coming from for this? Services have been cut and we have nowhere to go for support currently. Will the CPD be free? If not, we cannot afford it!</p>	<p>doesn't help us respond to need. If a child needs a special placement, how does identifying their need provide the place they truly need?</p> <p>P.2 Joined up services We would love this but getting services in costs money (that we don't have) and waiting times are huge. Can we not buy in what we need rather than try to get reports to prove what we already know?</p> <p>P.3. We would like to make more of "progress" in a wider sense - not just academic. It would be great if these achievements were documented, celebrated and used to measure school impact. There would be a challenge here for infant / junior schools to ensure consistency. How do we measure?</p> <p>P4 How can we make sure we can recruit/upskill new SENCOs / Who provides leadership for SENCOs in order to share good practice?</p> <p>- 12:12 The emphasis on</p>	

	Objectives GENERAL COMMENTS	Objective 1 Priorities	Objective 1 Actions	Objective 1 GENERAL COMMENTS
			linking social /emotional need to behaviour and to attendance b=needs to be greater.	
SEN Team	see print out			
DCT	Photos do not show images of children with communication aids / equipment / functioning.			
Resource units				
Teachers of resource unit	<b>Specific learning difficulties</b>			

	Objectives GENERAL COMMENTS	Objective 1 Priorities	Objective 1 Actions	Objective 1 GENERAL COMMENTS
	<ul style="list-style-type: none"> <li>- Not enough emphasis</li> <li><b>Workforce training and development.</b></li> <li>- Need for training and support for mainstream staff to help children with specific learning difficulties.</li> <li>- Teaching assistants</li> <li>+ TAs need training in specific learning difficulties</li> <li>Alternative routes to training and development.</li> <li>- Traditional methods of limited use Mainstream teachers could go to LALs or the Trinity School to observe teaching and learning</li> <li>- Teaching could be videoed and used in training.</li> <li>Need for alternatives to academic route.</li> <li>Need for mainstream secondary schools to provide alternatives to GCSEs for those with SEND and who struggle to access and achieve at GCSE level.</li> </ul>			
Pupils in resource unit	Early help support and understanding			

	Objectives GENERAL COMMENTS	Objective 1 Priorities	Objective 1 Actions	Objective 1 GENERAL COMMENTS
	<p>to prevent exclusion transitions to adulthood those who attend special school should be supported to be integrated back into mainstream school</p> <p>Those who struggle in mainstream should be in a specialist setting</p> <p>pupils not in ACE might not have as much support if they had problems.</p>			
Pupils in special schools	Aspirations and interests.			

	Objectives GENERAL COMMENTS	Objective 1 Priorities	Objective 1 Actions	Objective 1 GENERAL COMMENTS
Parent carer forum meetings	<p>1.1 Identification and assessment of SEND</p> <ul style="list-style-type: none"> <li>• Some children mask their difficulties in school and then the stress they are experiencing because of difficulties at school is manifested in behaviours at home. It is important that any assessments by schools or other professionals take in to account what is happening at home.</li> </ul> <p>1.2 Joined up services</p> <ul style="list-style-type: none"> <li>• Some schools do not know how to get an ADHD diagnosis. The referral pathways for all services need to be clear and transparent for schools, other professionals and parents.</li> <li>• When there are changes of staff in services, parents should be kept informed.</li> </ul> <p>1.3 Improve attainment and progress</p> <ul style="list-style-type: none"> <li>• Some schools still need help to differentiate the curriculum for children with SEND</li> <li>• Schools need to be aware of and make use of adaptations for testing and examinations for children</li> </ul>			

	Objectives GENERAL COMMENTS	Objective 1 Priorities	Objective 1 Actions	Objective 1 GENERAL COMMENTS
Parent carer forum meetings	with SEND 1.4 Expertise of staff in mainstream schools • Particular attention needs to be paid to the training needs of newly qualified teachers so that they can identify SEND and provide support; initial teacher training often has little SEND content.			
Individual emails				

	Objectives GENERAL COMMENTS	Objective 2 Priorities	Objective 2 Actions	Objective 2 GENERAL COMMENTS
SEND Strategy Focus Groups	<p>Concern over lack of support for SEMH issues in mainstream schools</p> <p><b>Widening awareness and information access</b></p> <p>The local offer should include a link to information resource units in the area as families do not know that exits or how to access</p> <p>What evidence do we have that a new provision is needed?</p> <ul style="list-style-type: none"> <li>- Need to develop practice and procedures in schools</li> <li>- What is appropriate for your child may be appropriate for others - schools need to consider this</li> </ul>	<p><b>Impact of increasing demand and reducing supply of pupil referral units and places.</b></p> <ul style="list-style-type: none"> <li>- Increasing rates of exclusions many of which can be addressed through specialist support and therapeutic interventions provided by pupil referral units, however places in PRUs are reducing and in some cases units are closing.</li> <li>- mainstream schools are unable to deal with the types of behaviours and conditions that would traditionally be addressed by the PRUs and so increasing numbers of children are being home educated or placed in specialist settings.</li> </ul>	<p><b>Workforce development</b></p> <p>Training for teachers at secondary school level particularly around ASD knowledge and awareness of support and services available.</p> <p><b>- Local Offer</b></p> <p>Parents want to know about the range of options available to them sharing capacity and expertise through for example:</p> <ul style="list-style-type: none"> <li>- Dual placements between mainstream and special schools</li> <li>- Central Hubs could be used to share best practice and training.</li> </ul> <p>Widening training, education and development opportunities.</p> <ul style="list-style-type: none"> <li>- Special schools need to bridge the gap between GCSE's</li> <li>- need for mainstream schools to include life skills and employment related development skills.</li> </ul>	

	Objectives GENERAL COMMENTS	Objective 2 Priorities	Objective 2 Actions	Objective 2 GENERAL COMMENTS
SEND Strategy Focus Groups			<p>Increasing provision</p> <ul style="list-style-type: none"> <li>- access to opportunities available in mainstream schools to be made available for children in special schools</li> <li>- access to opportunities available in specialist schools to be made available for children in mainstream schools</li> </ul> <p>Inclusion and support</p> <ul style="list-style-type: none"> <li>- How do we include rather than isolate?</li> </ul> <p>Additional needs</p> <ul style="list-style-type: none"> <li>- Interventions for children with anxiety and depression. EHA – promote this and encourage referrals?</li> <li>- Children should be supported to remain in a mainstream setting as far as possible.</li> <li>- Practices, ethos, culture and expertise vary between schools</li> </ul> <p>Anxiety</p> <ul style="list-style-type: none"> <li>- need for greater awareness and understanding of children with anxiety.</li> </ul>	

	Objectives GENERAL COMMENTS	Objective 2 Priorities	Objective 2 Actions	Objective 2 GENERAL COMMENTS
SEND Strategy Focus Groups			<ul style="list-style-type: none"> <li>- need to help parents to develop strategies to support their children who have anxiety.</li> <li>-</li> <li>Need to raise awareness and understanding of existing training and support resources (PPEP care, sensory awareness) G6</li> <li>Training and development</li> <li>- Ensure child's perspective is at the centre of planning - (how to address the child balancing wants against needs)</li> <li>- Learning best practice from mainstream schools on what works.</li> <li>- Developing understanding in Secondary schools particularly around. ASD / SEMH</li> <li>Bridging the gap between school and adulthood through.</li> <li>- Developing functional life skills</li> <li>(A parent pointed that her child will have to attend a mainstream school first to prove that he/ she is only</li> </ul>	

	Objectives GENERAL COMMENTS	Objective 2 Priorities	Objective 2 Actions	Objective 2 GENERAL COMMENTS
SEND Strategy Focus Groups			<p>suited to specialist schooling)</p> <p>More choice or measured in a different way for an academic???</p> <p>Preparation for adulthood</p> <ul style="list-style-type: none"> <li>- The EHCP drives the curriculum in a special school, however this will not always open the door to wider opportunities and traditional GCSE and other academic qualifications may not be appropriate</li> </ul> <p>Personal and social skills should be developed</p> <ul style="list-style-type: none"> <li>- These are equally important but not tested under the current system</li> </ul>	
<b>Primary Heads Forum</b>	<p><b>Need an audit of experience across schools</b></p> <ul style="list-style-type: none"> <li>- share good practice training outreach team teaching</li> <li>- need for more specialist training</li> </ul>	<p><b>Priority 1 and 2</b> appear to be the same can they be amalgamated?</p> <p><b>P1.3</b> - This should happen at the earliest time</p>	<p>SEMH needs</p> <ul style="list-style-type: none"> <li>- some children need resource Type? Environment?</li> <li>- How will this be funded?</li> </ul>	

	Objectives GENERAL COMMENTS	Objective 2 Priorities	Objective 2 Actions	Objective 2 GENERAL COMMENTS
<p><b>Primary Heads Forum</b></p>	<ul style="list-style-type: none"> <li>- Need to focus on primary and secondary transitions (transitions teams / specialist teachers FSWs?)</li> <li>- Nurture room time limited and targeted interventions???</li> </ul>	<p><b>P1</b></p> <ul style="list-style-type: none"> <li>- Additional funding needed for CAMHS - Waiting lists means one year wait.- we have to treat as diagnosed without an EHC/ support/ funding</li> <li>- can't recruit any support e.g. TAs - training for</li> <li>- TAs not in place for ASD - Increasing numbers if school is perceived as being "good with SEN" - without funding</li> <li>- High % of SEN pupils in small schools e.g. 10%</li> <li>- Inconsistent responses from CAMHS - paperwork lost! - cost of I college; ED Psych - hampers schools from using</li> </ul> <p><b>P2</b></p> <ul style="list-style-type: none"> <li>- Need more Ks 1/2 this would halt the need for KS3</li> </ul> <p><b>P4</b></p> <ul style="list-style-type: none"> <li>- A review is definitely needed.</li> </ul>	<ul style="list-style-type: none"> <li>Willingness to do this if there is funding</li> <li>Discussion around disincentive (impact of figures) how will this be mitigated? New primary school provision.</li> <li>-Could Theale Green primary school be utilised?</li> <li>- Schools find allocating a budget to Ed Psych etc. Challenging, as budget is set earlier than pupils arriving.</li> <li>- Impact of "hidden children" e.g. home educated</li> <li>- Schools needing a fresh start - refused by local schools - PPP???</li> <li>- Lack of time with ED Psych</li> <li>- Impact of mobility of pupils who need to be seen, but would not have been diagnosed at initial planning meetings with ED Psych Local MLD unit?</li> </ul>	

	Objectives GENERAL COMMENTS	Objective 2 Priorities	Objective 2 Actions	Objective 2 GENERAL COMMENTS
			<ul style="list-style-type: none"> <li>- with appropriate staffing and funding CPD in line with ASD provision schools are happy to be approached Circle of adults.</li> <li>-Great but a long wait EHA Gemma McD</li> <li>- Inconsistent with other practitioners?</li> </ul>	
<b>SEN Team</b>				
<b>DCT</b>		Children with significant health issues are missing PMLD gets lost in comparison to ASD		
<b>Resource units</b>				
<b>Teachers of resource unit</b>				
<b>Pupils in resource unit</b>				

	<b>Objectives GENERAL COMMENTS</b>	<b>Objective 2 Priorities</b>	<b>Objective 2 Actions</b>	<b>Objective 2 GENERAL COMMENTS</b>
<b>Pupils in special schools</b>				
<b>Parent carer forum meetings</b>	The Local Authority, when building or extending provision, should consider building upwards if sites are restricted.			
<b>Individual emails</b>				

	Objectives GENERAL COMMENTS	Objective 3 Priorities	Objective 3 Actions	Objective 3 GENERAL COMMENTS
SEND Strategy Focus Groups	<p>Priority 1.6 - Post 16 GCSE Programme - Could this also include 14-16 years?</p> <p>How can we support yp who need employment related support after finishing HE (e.g. Job coaching, supported employment?) widening career options - Develop and promote apprenticeships as an alternative to HE</p>	<p>Options for further education</p> <ul style="list-style-type: none"> <li>- can schools offer the option for young people to stay on in the sixth form and study for open university courses with school support?</li> <li>- need for more options between GCSE and A level qualifications for those who are able but not able enough to study for A Levels widening career choices</li> <li>- lack of opportunities to study for sport related qualifications or support to pursue sports related careers yet this appears to be a popular interest</li> </ul> <p>Preparation for employment work experience:</p> <ul style="list-style-type: none"> <li>- need to roll out successful work experience models (Brookfield's)</li> <li>- Need to work with employers to widen and access meaningful work experience</li> </ul> <p>Request for short term residential placements for Post 19 yp (2 - 4 weeks long) to develop life skills, independent living skills and</p>	<p>Importance of building capacity for life skills / employment skills 3.5 really good and young ambassadors</p> <p>Information about alternatives to academic qualifications and employment: apprenticeships</p> <ul style="list-style-type: none"> <li>- what is available and how can these be taken up?</li> <li>- availability and support to sustain long term work experience</li> <li>-more options for the more able young people</li> <li>- Information and advice on the range of SEN specific courses</li> </ul> <p>raising awareness and understanding amongst employers</p> <ul style="list-style-type: none"> <li>- Employment policies to increase employment rates e.g. positive discrimination through "job carving"</li> </ul> <p>Pathways to employment- Who will be developing pathways to employment? - What pathways will be</p>	

	Objectives GENERAL COMMENTS	Objective 3 Priorities	Objective 3 Actions	Objective 3 GENERAL COMMENTS
SEND Strategy Focus Groups		<p>preparing for employment (waking up in the morning etc.).</p> <p>Communication and raising awareness                      - employers                      - schools</p> <p>Preparation for employment / post 16 options                      - needs to happen early - access arrangements                      - also need to be identified and met</p> <p>need to widen the range of academic options                      encouraging learning through understanding and responding to different learning styles and different learning abilities                      need to let pupils realise and work towards their own goals and aspirations</p>	<p>explored?                      - How will this be marketed?                      - It should be offered as an option rather than young people being expected to find out about it</p> <p>What works?                      - build, share and apply lessons from a case study portfolio of what works for success in finding and retaining employment</p> <p>Promoting success and good practice                      - Develop a Young Ambassadors initiative</p> <p>Need to include actions to prepare and aspire young people for University</p> <p>Joined services and approaches - front door should have access to information and files + different services checklist for parents???</p> <p>Raising awareness and understanding amongst employers.</p> <p>Post 19 widening the employment offer through:                      Supported internships                      Improving information about</p>	

	Objectives GENERAL COMMENTS	Objective 3 Priorities	Objective 3 Actions	Objective 3 GENERAL COMMENTS
SEND Strategy Focus Groups			<p>post 19 options:</p> <ul style="list-style-type: none"> <li>- Local offer</li> <li>- other communication raising awareness about options amongst employers and professionals Learning from best practice and providing case studies to help people aspire to reach their goals</li> </ul> <p>VIT - Timely meetings???</p> <p>Accessible information support and guidance: -</p> <ul style="list-style-type: none"> <li>- A guidance and information pack available in different formats to suit different needs - Akey support worker to help support families through the system</li> <li>- a transitions champion</li> </ul>	
Primary Heads Forum				
SEN Team				
DCT		P3: Information about Post 19 options		

	Objectives GENERAL COMMENTS	Objective 3 Priorities	Objective 3 Actions	Objective 3 GENERAL COMMENTS
Resource units				
Teachers of resource unit				
Pupils in resource unit				
Pupils in special schools				
Parent carer forum meetings	<p>Improve post 19 provision Support aspirations of YP with SEND making more opportunities. Post 16 still feels like falling off a cliff Preparation for adulthood (PFA) more support needed for parents and young people.</p>			
Individual emails				

	Objectives GENERAL COMMENTS	Objective 4 Priorities	Objective 4 Actions	Objective 4 GENERAL COMMENTS
SEND Strategy Focus Groups	Concern that young people who are in special schools until the age of 19 years and cannot access some services (MENCAP, play schemes, youth clubs, after school clubs etc.) once they turn 18 years of age.	<p>Why does the focus on transition need to start at age 16 -18 years, as many Children and young people with SEND are not mature at that age?</p> <p>Impact of lack of succession planning. Lack of continuity and consistency in care and support when professionals leave leading to [patchy follow up of cases.</p> <p>Stretched services so time gap between reviews increase.</p> <p>Need to focus on developing life skills and preparation for adulthood early. Best practice needs to be shared. Embedding understanding of SEND early in teaching careers</p>	<p>Need an alternative for the word appropriate Using new technology to widen reach and awareness of services and provision through:</p> <ul style="list-style-type: none"> <li>- making the local offer and available as app and on line</li> <li>- making the transitions pack available on line and as an app integrating transitions planning into individual plans through a structured conversation at annual reviews</li> </ul> <p>Information, support and advice for families through for example:</p> <ul style="list-style-type: none"> <li>- a flow chart</li> <li>- a key support worker for parents to refer to</li> <li>- transition Champions who can work across different settings (schools local authority, health</li> <li>- financial advice</li> </ul> <p>Information, support and advice for families through for example:</p> <ul style="list-style-type: none"> <li>- information packs for</li> </ul>	

	Objectives GENERAL COMMENTS	Objective 4 Priorities	Objective 4 Actions	Objective 4 GENERAL COMMENTS
SEND Strategy Focus Groups		<p>- Training for all new teaching staff should include teaching in a special school for at least one term.</p> <p>Understanding the individual concerns of pupils</p> <ul style="list-style-type: none"> <li>- integrating into the school setting</li> <li>- getting a job and being independent - mental health support - exam stress, information and awareness about the different options available</li> <li>- <i>housing, jobs etc.</i> making people aware of different types of conditions through for example an ID card</li> </ul>	<p>families and young people</p> <ul style="list-style-type: none"> <li>- Financial advice</li> </ul> <p>Promoting and raising awareness of the employment potential of young people with SEND:</p> <ul style="list-style-type: none"> <li>- Positive case studies for families, young people and employers</li> <li>- Challenging and supporting employers</li> <li>- High aspirations and clear expectations for young people.</li> </ul> <p>Widening access and opportunities for employment:</p> <ul style="list-style-type: none"> <li>- A broader range of opportunities both in mainstream and specialist settings?</li> </ul> <p>Provision and support.</p> <ul style="list-style-type: none"> <li>- Specialist clubs</li> <li>- Support groups</li> <li>- Clarifying the criteria for respite and short breaks.</li> </ul> <p>We need a list of professionals in the area who can deploy specialist strategies to treat young people with SEND (e.g. Dentists/Opticians etc.)</p>	

	Objectives GENERAL COMMENTS	Objective 4 Priorities	Objective 4 Actions	Objective 4 GENERAL COMMENTS
SEND Strategy Focus Groups			<p>Accessible information in appropriate formats: A transitions pack for: -Young people - Families special schools mainstream schools.</p> <p>Dedicated Support workers assigned to families and yp to support them to navigate their way through different services.</p> <p>Need for: - clarity and common understanding on processes - agreed protocols between agencies and services - joint communications - Widely available and accessible information (financial and other entitlements and rules and regulations etc.) We need positive case studies What about the SAIL programme??</p>	
Primary Heads Forum				
SEN Team				

	Objectives GENERAL COMMENTS	Objective 4 Priorities	Objective 4 Actions	Objective 4 GENERAL COMMENTS
DCT				
Resource units				
Teachers of resource unit				
Pupils in resource unit				
Pupils in special schools				
Parent carer forum meetings	<p>Info packs for YP – what is available/in easy read format            Greater financial advice            Positive case studies for Parents/YP to read            Local Offer live – have a post 16 talk            Develop App/website for young people            Flow charts</p>			
Individual emails				

	Objectives GENERAL COMMENTS	Objective 5 Priorities	Objective 5 Actions	Objective 5 GENERAL COMMENTS
SEND Strategy Focus Groups	<p>Need information on what already exists to support yp (universal therapy, EMHA etc.) Clear eligibility criteria - for example an anxiety based course at St Bartholomew's for year 7 and 8's is actually not open to children who have an EHCP</p> <p>Gap in mental health services for YP with learning difficulties and complex needs - CAHMS and other services are targeted for those with verbal and expressive difficulties e.g. CBT available for young person with ASD and complex needs and parent led CBT not being helpful for young people with complex need.</p>	<p>p2.3 to include community groups</p> <p>Need a balanced approach that also incorporates family's views.</p> <p>- Children do not always say what they really feel as they want to fit in with expectations and also do not always fully understand issues etc. Lack of consistency and of information relating to the services and support available - e.g. the Local Offer needs to be promoted more widely</p> <p>Need to Promotion of existing support and services and support for families whilst they wait for a child's assessment</p> <p>CAHMS -</p> <p>- Communication between families and CAHMS needs to improve</p> <p>- Gap in mental health support for children with learning disabilities and mental health problems</p>	<p>- Advice on maintaining good physical and mental health and wellbeing available on an app</p> <p>- GPs being encouraged to take a whole family approach to meet the needs of families</p> <p>- enabling wider access to community leisure and other facilities through :</p> <p>-raising awareness of discounted rates to access community leisure and other facilities</p> <p>- looking into cross borough agreements to enable families living on the fringes to take up discounted rates to use facilities in West Berkshire.</p> <p>- Need to support parent and carers to maintain good mental health</p> <p>- how can we facilitate good peer to peer support amongst families?</p> <p>- need to develop stronger cross border working</p> <p>SAIL programme- young people/parents?</p> <p>Session on parents?</p> <p>Eating/sleeping?</p>	

	Objectives GENERAL COMMENTS	Objective 5 Priorities	Objective 5 Actions	Objective 5 GENERAL COMMENTS
SEND Strategy Focus Groups		<p>support at home -</p> <ul style="list-style-type: none"> <li>- Need to help families to support both themselves and their children</li> <li>- receiving support at home is important EHCPs</li> <li>- need more involvement from health / CAHMS???</li> </ul> <p>CHILD NEEDS TO BE AT THE CENTRE OF THE EHCP.</p>	<p>Role of the parent carer forum:</p> <ul style="list-style-type: none"> <li>- sharing experiences and advice</li> <li>- supporting parents</li> </ul> <p>Support to families to look after their own wellbeing</p> <p>Increasing Opportunities to participate in mainstream public/ community and leisure activities</p> <ul style="list-style-type: none"> <li>- provide a greater range of clubs and activities that are focused on the activity rather than specific disabilities</li> </ul> <p>Need to support parents to look after themselves and navigate the different types of health services</p> <p>Need for better communication and learning between agencies and neighbouring boroughs</p> <p>need to focus on meaningful outcomes in the EHCP process</p> <p>What is already in existence?</p>	

	Objectives GENERAL COMMENTS	Objective 5 Priorities	Objective 5 Actions	Objective 5 GENERAL COMMENTS
Primary Heads Forum	<p>Action: who will review and by when? - Based on medical model - needs also are socially based e.g. access to wellbeing activities such as swimming/exercise and across the borough boundaries Reading/ Wilts</p> <p>- Not only ASD children who need CAMHS</p> <p>-Need to make our schools fit for 21st century children</p> <p>Sports provision</p> <p>- Need access to sport more promotion of appropriate provision - - Schools do not have the provision or finance</p> <p>Support for families</p> <p>- family time / screen time</p> <p>Children's centres</p> <p>EHA</p> <p>- No reference to EHA</p> <p>What else is available?</p> <p>No reference to PALs and other organisations</p> <p>School ELSA?</p>	<p>P1:</p> <p>Add " and their parents - because much younger children will need support and helping parents choose immunisation / diet etc.</p>	<p>P1</p> <p>Who will lead/review? By when?</p> <p>- significant SEND affects wellbeing - significant "physical" SEND affects wellbeing - need more actions to implement not just "to review" statements (similar to 5.3)</p> <p>P5 - 5.3</p> <p>School budget restrictions</p> <p>- who will deliver training?</p> <p>Capacity building??</p> <p>- Putting this back to schools takes the responsibility and cost away from specialist and experts</p>	
SEN Team				
DCT				

	Objectives GENERAL COMMENTS	Objective 5 Priorities	Objective 5 Actions	Objective 5 GENERAL COMMENTS
Resource units				
Teachers of resource unit				
Pupils in resource unit				
Pupils in special schools				
Parent carer forum meetings	Max Card Coffee mornings with speakers on useful topics Walking groups to encourage healthy living More clubs and activities delivered via the voluntary sector			
Individual emails				

We are committed to being accessible to everyone. If you require this document in an alternative format or translation, please call Jaime Johnson on Telephone 01635 503646.

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## Equality Analysis Template – Stage One

<b>Name of policy, strategy or function:</b>	Draft SEND Strategy 2018-2023
<b>Version and release date of item (if applicable):</b>	
<b>Owner of item being assessed:</b>	Jane Seymour
<b>Name of assessor:</b>	Jane Seymour
<b>Date of assessment:</b>	7 June 2018

<b>Is this a:</b>		<b>Is this:</b>	
<b>Policy</b>		<b>New or proposed</b>	<b>Yes</b>
<b>Strategy</b>	<b>Yes</b>	<b>Already exists and is being reviewed</b>	
<b>Function</b>		<b>Is changing</b>	
<b>Service</b>			

<b>1 What are the main aims, objectives and intended outcomes of the policy, strategy function or service and who is likely to benefit from it?</b>	
<b>Aims:</b>	The aim of the strategy is to improve provision and services for children with Special Educational Needs and or Disabilities (SEND) aged 0 to 25.
<b>Objectives:</b>	<p>The draft SEND Strategy has 3 priority areas.</p> <p>These are:</p> <ol style="list-style-type: none"> <li>1. To increase the capacity of early years and mainstream settings to meet the needs of children with SEND</li> <li>2. To develop the local continuum of provision for children with SEND, including Autistic Spectrum Disorder (ASD), Social, Emotional and Mental Health Difficulties (SEMH) and Moderate</li> </ol>

<p><b>1 What are the main aims, objectives and intended outcomes of the policy, strategy function or service and who is likely to benefit from it?</b></p>	
	<p>Learning Difficulties (MLD)</p> <ol style="list-style-type: none"> <li>3. To improve the range of post 16 SEND provision for young people with SEND and their access to employment</li> <li>4. To develop positive transitions for young people with SEND to prepare them well for adulthood</li> <li>5. To promote the emotional and physical health of young people with SEND</li> </ol>
<p><b>Outcomes:</b></p>	<p>The outcomes we are seeking include the following:</p> <ol style="list-style-type: none"> <li>1. To increase the capacity of early years and mainstream settings to meet the needs of children with SEND <ul style="list-style-type: none"> <li>• Increased levels of skills and confidence amongst staff to meet the needs of children with SEND</li> <li>• Parents reporting good levels of satisfaction with provision made for children with SEND by mainstream schools</li> <li>• A reduction in placements in special schools</li> </ul> </li> <li>2. To develop the local continuum of provision for children with SEND, including ASD and SEMH <ul style="list-style-type: none"> <li>• Additional high quality facilities set up locally for children with Autistic Spectrum Disorder (ASD), Social, Emotional and Mental Health Difficulties (SEMH) and Moderate Learning Difficulties (MLD), which are co designed with families and have the confidence of families</li> <li>• Reduced pressure on our two maintained special schools, The Castle and Brookfields</li> <li>• Reduced reliance on external specialist placements</li> </ul> </li> <li>3. To improve the range of post 16 SEND provision for young people with SEND and their access to employment <ul style="list-style-type: none"> <li>• Additional high quality local provision for post 19 students with SEND which are co designed with families and have the confidence of families.</li> <li>• More local support to access employment including an increase in supported</li> </ul> </li> </ol>

<b>1 What are the main aims, objectives and intended outcomes of the policy, strategy function or service and who is likely to benefit from it?</b>	
	<p>internships</p> <ul style="list-style-type: none"> <li>• Reduced reliance on external specialist post 19 placements</li> <li>• An increase in the number of young people with SEND accessing employment</li> </ul> <p>4. To develop positive transitions for young people with SEND to prepare them well for adulthood</p> <ul style="list-style-type: none"> <li>• Parents and young people report greater satisfaction with transition between services</li> <li>• Young people with SEND transition smoothly from children's to adults' services and feel they have adequate information about processes and services</li> </ul> <p>5. To promote the emotional and physical health of young people with SEND</p> <ul style="list-style-type: none"> <li>• Children with SEND are well supported by universal and specialist health services</li> <li>• There is good support available for children who are waiting for a specialist assessment or service</li> </ul>
<b>Benefits:</b>	<p>Children and young people with SEND and their families will have better provision in mainstream schools and more options to access good quality local specialist provision, allowing children to remain at home and within their local communities. Young people with SEND will have better post 16 and post 19 FE options available to them and increased access to employment. Transition to adulthood will be achieved more smoothly and easily. Young people with SEND will achieve better educational and life outcomes and stress on families with disabled children will be reduced.</p> <p>Financial pressure on the High Needs Block will reduce, as a result of reduced reliance on external placements. This will allow more investment in local SEND services.</p>

**2 Note which groups may be affected by the policy, strategy, function or service. Consider how they may be affected, whether it is positively or negatively and what sources of information have been used to determine this.**

Group Affected	What might be the effect?	Information to support this.
Age	The SEND Strategy covers children and young people aged 0 to 25 years. The maximum age at which young people with SEND can access support through an Education, Health and Care Plan has relatively recently changed from 19 to 25 years. The strategy therefore has a particular focus on developing provision and opportunities for 19 to 25 year olds with SEND, including access to paid employment. This should help to reduce inequalities for young people with SEND in this age group.	
Gender reassignment	No impact	
Marriage and civil partnership	No impact	
Pregnancy or maternity	No impact	
Race, religion or belief	No impact	
Sex and sexual orientation	No impact	
Disability	The SEND Strategy is aimed specifically at children and young people with SEN & Disabilities. It is designed to have, and should have, a positive impact as set out under "Benefits" above. The intention of the strategy is to remove some of the barriers children	

<b>2 Note which groups may be affected by the policy, strategy, function or service. Consider how they may be affected, whether it is positively or negatively and what sources of information have been used to determine this.</b>		
<b>Group Affected</b>	<b>What might be the effect?</b>	<b>Information to support this.</b>
	with SEND face and give them better access to services and support, so it will reduce inequality for this group.	
<b>Further Comments relating to the item:</b>		
The SEND Strategy has been produced in an inclusive way with extensive involvement of parents and carers of children with SEND.		

<b>3 Result</b>	
<b>Are there any aspects of the policy, strategy, function or service, including how it is delivered or accessed, that could contribute to inequality?</b>	<b>No</b>
The strategy will reduce inequalities.	
<b>Will the policy, strategy, function or service have an adverse impact upon the lives of people, including employees and service users?</b>	<b>No</b>

<b>4 Identify next steps as appropriate:</b>	
<b>Stage Two required</b>	
<b>Owner of Stage Two assessment:</b>	
<b>Timescale for Stage Two assessment:</b>	
<b>Stage Two not required:</b>	Stage Two not required

Signed: Jane Seymour

Date: 07/06/2018

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