

# Written Statement of Action

## SEND Improvement Board

18 June 2019

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## Initials and designation

Initials	Name	Designation	Organisation
SF	Steven Forbes	Strategic Director for Social Care and Education	Leicester City Council
CW	Chris West	Director of Nursing and Quality	Clinical Commissioning Group
PT	Paul Tinsley	Director of Learning and Inclusion	Leicester City Council.
CT	Caroline Tote	Director of Children's Social Care and Early Help	Leicester City Council.
TR	Tracie Rees	Director of Adult Social Care and Commissioning	Leicester City Council.
JD	Joe Dawson	Head of Service, SEND & Principal Education Psychologist	Local Area Nominated Officer Leicester City Council
SL	Sam Little	Lead Commissioner Children and Families	Clinical Commissioning Group
SR	Cllr Sarah Russell	Deputy Mayor and Lead Member for Children's Services	Leicester City Council
SW	Sue Welford	Head of Service Transformation, Commissioning & Intervention Mgt	Leicester City Council
PCF	Parent Carers Forum		
MT	Mel Thwaites	Associate Director (Children and Young people),	Clinical Commissioning Group
RS	Rebecca Small	Head of Service, Children in Need	Leicester City Council
JDi	Jackie Difolco	Head of Service, Early Help	Leicester City Council
JC	Julia Conlon	Interim Head of Service, Learning Inclusion	Leicester City Council
TB	Teo Bott	Interim Head of Service, Safeguarding	Leicester City Council
SRO	Sandra Roberts	Interim Lead – Education Performance	Leicester City Council
DCO	Paula Vyze	Designated Clinical Officer	Clinical Commissioning Group
SENDIB	SEND Improvement Board		

## Introduction

The Leicester City joint Ofsted and Care Quality Commission (CQC) local area SEND inspection took place between 30 April 2018 and 4 May 2018, to judge the effectiveness and implementation of the special educational needs and disability reforms as set out in the Children and Families Act 2014. The findings were published on 26th June 2018.

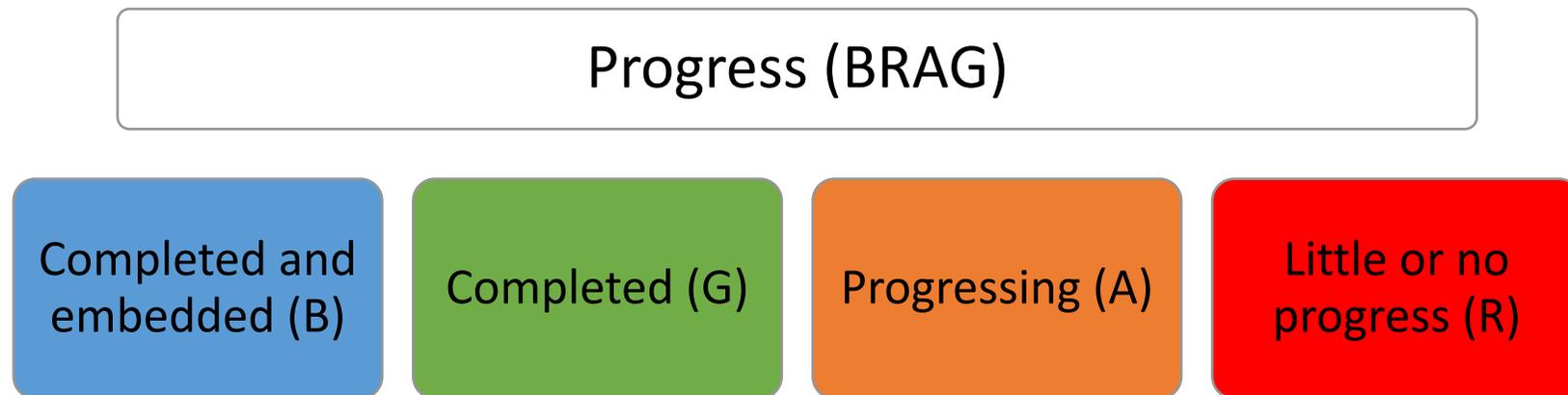
The inspection was led by one of Her Majesty's Inspectors from Ofsted and the inspectors considered three key lines of enquiry

- identifying children and young people's special education needs and/ or disabilities
- meeting the needs of those children and young people with special educational needs and / or disabilities
- improving outcomes for children and young people with special educational needs and / or disabilities

In each category, inspectors identified strengths and areas for development, concluding that there were significant areas of weakness in the local area's practice and therefore requiring Leicester City Council and the Clinical Commissioning Group to jointly prepare and submit a joint Written Statement of Action.

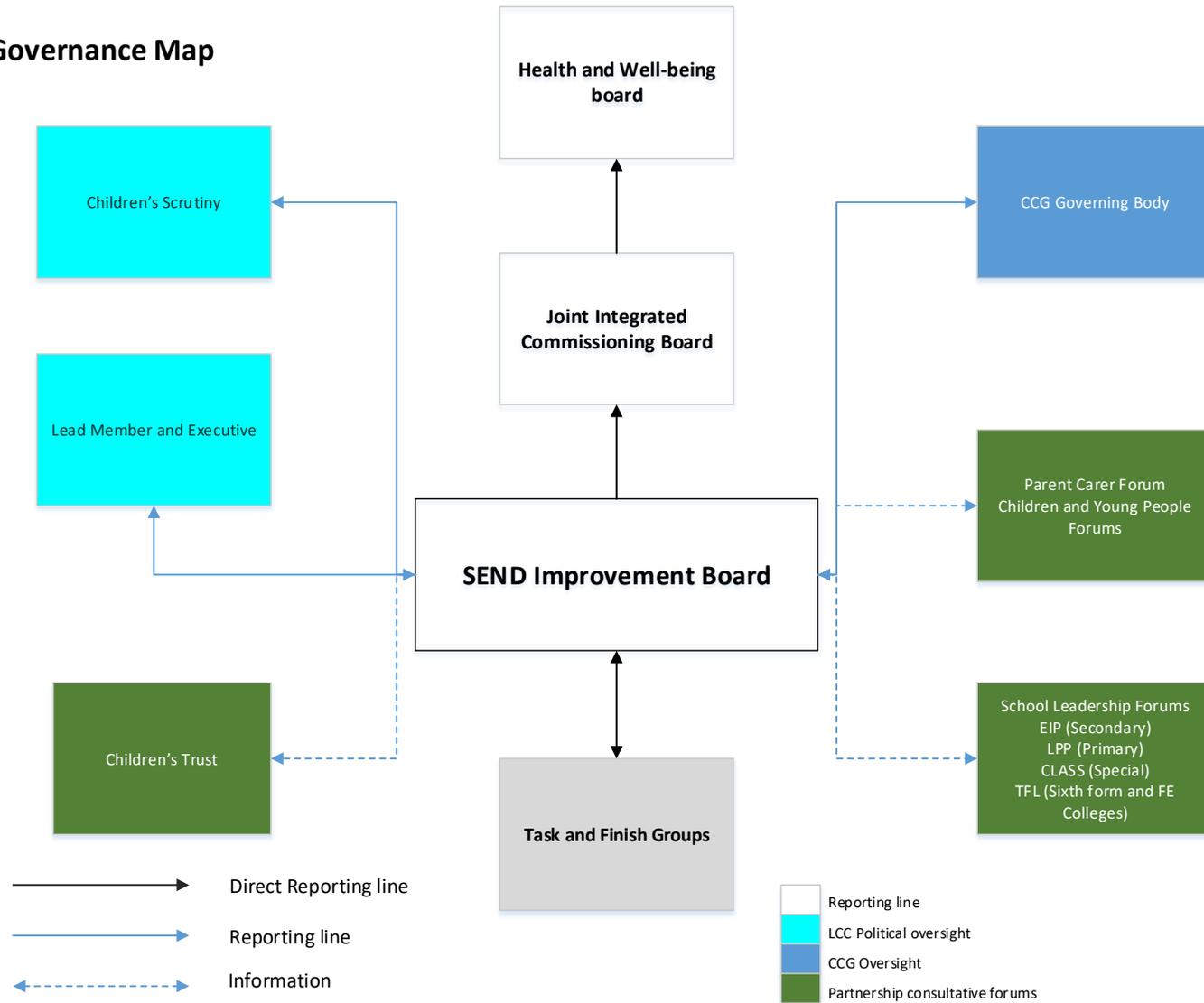
The Leicester City Written Statement of Action sets out how local partners will the address the areas of weakness identified and how these will be demonstrated. This work will align to the additional focused work in the local SEND Strategy and delivery will be overseen by SEND Improvement Board.

The evidence of progress is currently shaded and will be populated when signed off by the SEND Improvement Board and this Written Statement of Action will be updated to reference this evidence. Progress towards actions will be reported and the board will agree on the grading according to the following identifiers.



# SEND Improvement Board Governance Map

## Governance Map



## Area 1: The lack of strategic planning to improve the outcomes for children and young people who have SEN and/or disabilities.

Sub finding	Action to address finding	Lead person	Evidence of success <sup>1</sup>	Target date	Evidence of progress	May 2019
1. No clear strategy for improving outcomes for children and young people with SEND	i. Revise SEND strategy	JD/SL	<p>Strategic Action plan is a standing item on SEND Improvement Board (SENDIB).</p> <p>Revised strategy will be approved by all partners.</p>	<p><del>Dec 2018</del></p> <p>April 2019</p>	<p>Following an initial meeting on 16/10/18 with head teachers and SENCOs, 3 task and finish groups were arranged. One of the groups set up were with school colleagues to revise the aims in the SEND strategy. This group met on 06/12/18 to revise the aims which were then circulated to partners in health, social care and parents and was brought to SENDIB in January. Strategy sent out for consultation on 28/02/19 and will include consultation from children and young people.</p> <p>The reason for the target date change is due to the Local Area agreeing to more time to consult / engage more widely based on feedback from those we initially engaged with (SENCOs / PCF) and we had to re-work pre-consultation draft strategy based on initial feedback.</p> <p>Task and finish group established and met twice. Strategic aims revisited, and new aims established. JD to re-write these aims and bring to SENDIB in Feb 2019. Consultation with parents and children/ young people to be undertaken in Feb 2019. Report to SENDIB in Feb 2019.</p>	

<sup>1</sup> How do we know the action has been completed?

	ii. Review membership and terms of reference for SENDIB	SF/CW	<p>Membership of revised SENDIB is agreed and Board meets and holds responsibility for SEND across the local area.</p> <p>A reduced membership of partners has been agreed and they will meet at the new SENDIB</p>	Aug 2018	Minutes of SENDIB demonstrate standing items discussed and hold task and finish groups to account to ensure delivery	
	iii. Clearly communicate to stakeholders the governance and accountability of the SENDIB.	SF/CW	<p>All members of the SENDIB are clear regarding their responsibilities as strategic leaders that accountable for the delivery of the SEND strategy.</p> <p>There is clarity (understood by all partners) of the lines of accountability between the various boards and partner agencies in line with governance structure.</p>	Aug 2018	<p>The function and Terms of Reference of the SENDIB discussed at the board meeting (Minutes)</p> <p>Strategic leads identified – Steven Forbes LCC, Chris West – CCG.</p>	(G)
	iv. Revised strategy goes out to consultation. Partners will contribute to and co-produce draft versions		Membership of the Board is at a senior level to ensure actions are implemented from all partner agencies.	Oct 2018	<p>Governance arrangements agreed</p> <p>Membership of the SENDIB revised and new board has met on a bi monthly basis since August 2018</p> <p>Revised strategy has been sent out for public consultation after approval by SENDIB in February 2019</p>	(G)
2. SEN action plan does not have SMART targets.	Ensure WSoA has SMART targets and all underlying action plans have SMART targets.	SENDIB	<p>SMART targets confirmed by SENDIB</p> <p>There is clarity (understood by all stakeholders) of the lines of accountability and associated actions between the various boards and partner agencies.</p>	Aug 2018	<p>WSoA SMART targets in place for submission contributing action plans in development</p> <p>Working with partners to develop measurable outcomes</p>	(G)

3. The outcomes for children and young people with SEND are weak.	i. Implement the Strategic School Improvement Fund (SSIF) project.	JD/ SRo	The 12 schools in the initial phase of the SSIF implement their plan for improving outcomes for children with SEND	Oct 2018	Joint outcomes and being collated and agreed between the LA and Health	(G)
			Increased proportion of CY&P with SEND – achieving national expectations KS2 and KS4	Dec 2019	Evaluations from 3 schools have been sent to DFE. They are positive about the input from SEND support services. The DFE have rated the Leicester Project as “green”.	(A)
			24 SLEs (Specialist Leaders of Education) appointed.	Sept 2019	Bid to be made to the Education Endowment Fund seeking funding to continue and expand the SSIF work which ends in March 2019. The LA is part of the Whole School SEND work led by NASEN for the DFE. There will be 8 more SEND reviewers trained on March 19 <sup>th</sup> 2019. This will bring the number to 21 by the end of March 2019.	(G)
	ii. To learn from the SSIF project and use this to inform the actions for all schools to improve outcomes for SEND.	JD/SRo	Plan for rolling out the learning to other schools clearly identifies methodologies for implementation	May 2019	JD to meet with Ashfield Teaching School to seek their support in developing SLEs	(G)
			Interventions used in SSIF project school adopted in other schools.	Sept 2019		(A)
			Increased proportion of CY&P with SEND – achieving national expectations KS2 and KS4 (Above baseline). In non-SSIF project schools.	Dec 2020		(A)

	iii. Through data analysis identify those areas where Leicester City is doing well (level with national or better) and analyse why.	SW	Analysis brought to SENDIB identifies groups of children with EHCP and SEND who are performing as well or better than national levels.	Sept 2018	Presented at October SENDIB – Varied picture across national performance measures. Strengths for SEN support but significant concerns for those on EHCP against national comparators.	(G)
	iv. Task and Finish group established to develop and deliver action plan to review and address findings of data analysis.	JD/SW	Terms of reference and action plan of task and finish group shared with and agreed with board and head teachers.	<del>Dec 2018</del> April 2019	Shared priorities agreed and identified  Date changed to April 2019 to enable analysis of validated published characteristic data to inform priorities  Meeting has been arranged and ToR drawn up	(A)
	v. Task and Finish group to oversee the delivery of action plan to share good practice.	JD	Plan implemented and monitoring shows that outcomes have improved (link to action 3ii)	<del>April 2019</del> April 2020	This Date should have been April 2020 when we submitted the plan for Ofsted approval in September 2018	(A)
4. No or limited shared vision of SEND for Children's Services	i. Develop a single vision with children and young people and their families that can be reflected across all children and young people's strategies.	SF	Vision developed with children, young people, their families and partners.  Vision is published on school's extranet and Local Offer, City Council website and shared with Local Area staff  Vision is embedded in other relevant strategies.	<del>Oct 2018</del> Feb 2019	Draft departmental vision with Strategic Director for Social care and education. Departmental vision  – once agreed to be shared with partners, including children young people and parents and agreed version. This vision will be linked to the SEND strategy  The target date was changed because the vision is linked to the strategy, and work around the strategy and ensuring it was as collaborative a process as possible - resulting in the pushing back of this date.	(G)

	<p>ii. Undertake a consultation on the vision with range of stakeholders including children, young people and their parent carers</p>	TB	Children and parents/carers have been consulted on the vision and understand and agree it.	<p><del>Oct 2018</del></p> <p>April 2019</p>	<p>Meeting booked with PCF in March 2019 to present the vision.</p> <p>Date change amended due to agreed revision to consultation and final drafting of strategy</p>	(A)
	<p>iii. Develop and deliver a communication plan to ensure that the vision is shared and known across the local area.</p> <p>This will include:</p> <ul style="list-style-type: none"> <li>• SENCO network</li> <li>• Education Improvement Partnership</li> <li>• Leicester Primary Partnership</li> <li>• City of Leicester Association of Special Schools</li> <li>• Tertiary Federation of Leicester</li> <li>• FACE article</li> <li>• Extranet</li> </ul>	JD	Communication plan is developed and delivered so that staff across the local area are able to articulate the vision.	Dec 2018	<p>A regular SEND newsletter has been established (two editions sent thus far). This will be a route to disseminate the information about SEND to heads and SENCOs.</p> <p>Monthly meetings between Director Learning and Inclusion, secondary heads rep, primary heads rep and special heads rep set up. Two meetings already</p>	(B)
5. Local Offer not accessible.	i. Engage communication leads in statutory partners to develop and implement a	JD	Communication strategy is shared and agreed with all partners through SENDIB	<del>Dec 2018</del>	Preparing for Adulthood (PfA) Officer in post to complete this work. Report on this has been presented at SENDIB in April 2019	(G)

	communication plan to improve knowledge of the Local Offer		Statutory partners are signed up to and publicise the Local Offer on their websites.	April 2019	Date changed as PfA officer was appointed in Dec 2018 and is reporting on PfA, Local Offer and communication strategy to the SENDIB in April 2019. A LOL and PfA action plan have been created.  A communication plan has been created for the LO.	
	ii. Audit accessibility of website. Identify developments and implement.	SW	Local Offer Website accessible to SEND users	<del>Oct 2018</del> April 2019	Work on this being completed – content and site structure being continually revised in the light of reviews and feedback	(G)
	iii. PCF to carry out an annual survey of parent/carers to measure awareness and views of the Local Offer website	PCF	Survey carried out and demonstrates and assures an acceptable awareness of Local offer existence	Oct 2018	Survey has been widely issued to parent/carers. The survey link was circulated via email, local carer newsletters and through several city focussed Parent Carer specific social media pages.  Hard copies were available at the PCF and SEND events for those who may not have access to the internet.	(G)
6. Local Offer Live not known about	i. Parent carer Forum to take over the running of Local Offer Live – PCF “own” and so promote more effectively with parents/carers	PCF	Action plan for Local Offer Live developed by PCF and agreed by SENDIB	Oct 2018	Information about the Local Offer Live has been shared extensively with the use of posters, emails and flyers. Emails have been sent out to School and Health leads to further share	(B)

	ii. Develop and deliver Local Offer Live 2019. Include clear communication plan and advertising strategy.	PCF	<p>Communication plan for Local Offer Live developed by PCF to be shared by December 2018.</p> <p>Parent/carer attendance increases for the event.</p>		<p>Local Offer Live to be held on 23rd January 2019</p> <p>PCF emails reached 218 Parent Carers plus 116 LA, Health and SENCo contacts. A small number of our Parent Carers also forward the PCF information to the disability and community support networks they use.</p> <p>Both the survey and the save the date have been re-emailed and re-posted and subsequently re-shared from each page several times since their first post</p> <p>DCO arranging dates for Local Offer audit &amp; gaps in Health information is being addressed</p> <p>Health providers to participate in Local Offer Live event</p> <p>Will elicit feedback on Health Offer from parents and carers</p>	(B)
7. The proportion of children and young people in special schools in Leicester is much higher than the national average	i. Develop an inclusion strategy to improve the percentage of children and young people who remain/return to mainstream settings.	PT	Inclusion strategy and action plan co-produced by all stakeholders with regular reports/updates on engagement with the plan to SENDIB	Jan 2019	Inclusion strategy has been revised and actions drawn up following inclusion meeting with heads and SENCOs. Task and finish group for greater inclusion has proposed the professional development pilot and the year 6-7 transition pilot work to improve inclusion. This project has begun and will report in June 2019	(G)
			The proportion of children and Young people with EHCP receiving	June 2020	New EHCPs issued in 2019 indicate a greater % of children and young people	(A)

		education in mainstream settings in line or better than national.		with EHCPs are placed in mainstream (59% - 1 <sup>st</sup> Statistical release).	
ii. Communication plan to share the benefit of mainstream education.	JD	Local Offer website clearly communicates new processes and the value of mainstream education.	Feb 2019  June 2019	<p>Feedback from pilot will be disseminated</p> <p>Following meetings on 16/10/2018, 12/11/2018 and 10/12/2018, decided to set up task and finish inclusion group with schools. Task and finish groups produced 2 pilot projects focusing on inclusion:</p> <p>1 – Focussing on transfer of children with SEND from primary to secondary school</p> <p>2 – Focussing on CPD for school staff</p> <p>Project briefs have been drawn up, costed and approved by SENDIB in Feb 2019. The date has changed due to work around the creation and meeting times of the task and finish groups, and projects briefs being created and approved by SENDIB.</p> <p>Learning from this project will help to improve inclusion in the Local Area, and learning from these pilots will be shared via the Local Offer site</p>	(A)
iii. SENDIB will review the outcomes of children with SEND and those with ECHP against their EHCP targets and national benchmarks to ensure	SF/CW	Regular analysis, auditing and reporting demonstrate an improving trend of outcomes for children and young people	First report in Jan 2019	First QA process on sample EHC plans completed - Report to February 2019 SENDIB	(G)

	value and impact for the individual					
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## Area 2: The poor quality of EHC Plans

Sub finding	Action to address finding	Lead person	Evidence of success <sup>2</sup>	Target date	Evidence of progress	May 2019
1. The local area's quality assurance of EHC plans is weak	i. Local area to further develop the existing prototype model Quality Assurance process and implement	SL/JD	<p>Process for quality assurance process developed &amp; agreed</p> <p>Quality Assurance report for SENDIB and collated data clearly identifies strengths and areas that require improvements</p>	Oct 2018	<p>Q&amp;A process agreed and will have first Q&amp;A group meets in January</p> <p>AUDIT tool from Mott Macdonald will be used for a multiagency audit of quality of all Advice including that of Health</p> <p>Plans to be signed off by DCO before they're finalised to ensure Health provision is clearly identified and outcome focussed at RAP panel</p>	
	ii. Establish an EHCP Sub group of SENDIB (including SENCOs) to review the effectiveness and outcomes of the QA of EHCPS	JD	<p>Consistency and quality of EHCP reported to SENDIB and corrective actions identified and implemented</p>	Feb 2019	<p>January group meeting will produce an action plan and report for SENDIB</p> <p>Survey completed with special schools as part of EHCP-EHA pilot re: effectiveness of EHCP's has been fed back to VU – JDi to present this to SENDIB in Feb 2019</p>	
2. EHCPs do not accurately identify children's needs	<p>i. Engage with C&amp;YP and families to understand how needs are identified and expressed in their EHCP</p> <p>Review EHCP process to ensure needs and aspirations are reflected in the plan and verified</p>	JD/DCO	<p>Audit of EHCPs to rate the identified and described needs against the view of C&amp;YP &amp; their families.</p> <p>Quality audits complete and results monitored by SENDIB</p> <p>SENCOs report that the EHCP accurately reflects the needs of the young person leading to appropriate placement.</p>	Jan 2019	<p>Parent and carer views re Health section in EHC plans to be elicited at parent and carer forum which DCO or Health rep attends. Engagement at RAP panel with parent carer rep with DCO.</p> <p>Currently this clashes with RAP panel clinicians are now sent EHC plans to agree accuracy of Health advice and provision. SEND lead now appointed in</p>	

<sup>2</sup> How do we know the action has been completed?

	through the quality assurance process				Health provider LPT to ensure quality of advice is robust  Health information will always be included on EHC plans within statutory timescales – QA process to ensure this is happening in place.	
	<p>ii. Review EHCP process so that:</p> <p>a) New Plans involve clearer identification of need – shared by all</p> <p>b) Draft plans are always available so that any advice given can review the draft plan</p> <p>c) Plans include advice from relevant all professional groups</p> <p>d) Revised plans include identification of need as detailed by school and others at Annual Review (including parents/carers)</p>	JD/ DCO	All plans clearly identify the needs of children across Education, Health and Care. EHCP are built around the child and the parents' views and aspirations and are coherent and explicit in the outcomes expected and the provision to meet needs.	Jan 2019	<p>PCF will be part of the Q&amp;A process and will report on this aspect. New process in place where Health advice is now being sent to DCO for additional quality check and oversight and chasing if incomplete or not of sufficient Quality. UHL mailbox currently being set up and advice now forthcoming from the Alliance and UHL. Michael Clayton safeguarding lead taking this forward in collaboration with DCO.</p> <p>New process now in place</p> <p>Quality of Health advice in plans has improved as DCO works with Caseworkers to address issues and checks quality of advice coming in from LPT and addresses gaps in Health advice.</p> <p>Draft plans are now added to Systemone in Health so that they're included on medical records for CYP.</p>	(G)
	iii. Regular (termly) advice givers workshops set up and run by Special Education Service, DCO and City Psychology Service	JD/ DCO	<p>All advice givers have access to the revised (draft) plan and can reword their views regarding EHCP.</p> <p>Quality of EHCP advice has improved as measured through QA process</p>	Feb 2019	<p>NHS team will add draft plan to SystemOne in order that Health advice givers can amend where necessary this is now green</p> <p>SES have checked procedure for sending out draft plans. Professional Portal will address this directly. LPT SEN admin will</p>	(G)

					need a portal test before the pilot is launched	
3. Health professional contributions are not always included in EHCPs.	i. Jointly review process for receipt and inclusion of health information	JD/ DCO	Revised and joint process agreed.  All health advice is submitted via the agreed process method and shown via audit to be reflected in the EHCP	Oct 2018	Health information will always be included on EHC plans within statutory timescales  Health providers to actively engage in EHC reviews by provision of information all Education providers and schools have been sent the contact details of NHS SEND team in LPT to obtain updated advice for annual reviews	(G)
	ii. Agree, build and implement a robust escalation process when professional contributions to an ECHP are not available within timescales	PT/ CT/ MT	Process is implemented and evidence shows successful outcome of escalation	Jan 2019	Health representation on task and finish group for JICB  Clear escalation processes are in place for when Health advice isn't forthcoming within timescales or not of sufficient quality via the DCO. Caseworkers contact DCO	(G)
4. Health professionals, do not receive the draft EHC plans	i. Agree and implement process to ensure health professionals receive draft and final copy of plan.	JD/ DCO	Audit demonstrates that health professionals receive and comment on draft EHC plans	Sept 2018	Following audit of EHCP process it became clear where the issue of health professionals not receiving the draft EHCP. Action was taken to address this by Sept 2018.	(G)
				June 2019	It was determined further action was needed to improve the whole process (Link to electronic EHCP). The new date June 2019 refers to when electronic EHCP pilot will have come to an end. The electronic EHCP process will have resolved any remaining issues with all advice givers being able to see their advice and draft plan through the portal.  Health providers to actively engage in EHC reviews. Health professionals are	

					<p>receiving a copy of the draft plan on system one unit in Health. DCO /SEND lead in LPT are checking all advice for EHC plans for quality of Health input into sections C and G of EHC plans.</p> <p>Process needs to be agreed to ensure health are approached by schools. Schools now have contact details for NHS SEND advice team for annual reviews. This is the SEND contract for LPT</p>	
	ii. Establish use of local electronic health system where all community SEND information is held.	MT	SystemOne (Health system) SEND module used consistently storing and managing relevant SEND and EHCP information.	June 2018	<p>Now in place</p> <p>The SEND Template (phase 1) went live in June 2018, phase 2-4 are awaiting construction. Phase 1 went live June 18, Phase 2 includes annual review processes. This is now in the SEND contract for LPT</p> <p>LPT systems are being configured to receive this information. There will be further changes in process. LPT would like a dedicated annual review inbox. In the meantime, LPT are expected to respond to requests from schools for updated Health advice for annual review as per the SEND contract.</p> <p>Work underway to ensure UHL and Alliance now on board and advice is now forthcoming from these Leicester NHS services also.</p>	
5. The poor quality of EHCP	i. Develop and implement new process for managing the EHCP delivery and review	SW/ JD	<p>Quality Assurance process agreed</p> <p>Quality Audit programme agreed</p>	Dec 2018	Capita has carried out a one-day audit of use for ONE. Report has been produced	(G)

	through maximising the use of the ONE system		Quality of EHCP reported to SENDIB, shows improvement  Parent, staff and professional feedback shows that there is a consistency and accuracy in the EHCP developed.		and SES are implementing the required changes.  A new SES manager is in place and has been tasked with ensuring reformed process is followed.	
	<p>ii. Commission a portal (from Capital ONE) to allow: -</p> <p>a) Access to EHCP and associated advice by all advice givers and those delivering education, health and care to a child</p> <p>b) Children, young people and parents/carers to “own” their plan;</p> <p>c) Allow storage of pictures and sound files showing development and improvement against the identified outcomes;</p> <p>d) All to submit advice and comment on draft plan electronically</p>	D/ SW	<p>Children (and parents/carers) and professionals are able to see the progress of the plan, contribute electronically and submit evidence of progress.</p> <p>Children (and parents/carers) are able to share their plan with those involved with their care.</p>	June 2019	<p>Best Value Review (BVR) highlighted ways to improve EHCP process. This is a precursor to use of portal. Recommendations from BVR to be implemented</p> <p>Discussions with Capita ongoing – Portal has been purchased</p>	(A)
	iii. Develop and ensure that the Integrated Assessment Meetings are informed by the advice received from relevant professionals and attended by relevant	JD	All plans clearly identify the needs of children across Education, Health and Care. EHCPs are built around the child and the parents’ views and aspirations and are coherent and	June 2019	<p>There is a regular schedule of surveys established.</p> <p>DCO taking part in City EHC plan audit</p>	(A)

	professionals from education, health and social care.		explicit in the outcomes expected and the provision to meet needs				
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### Area 3: The assessment of children and young people’s social care needs

Sub finding	Action to address finding	Lead person	Evidence of success <sup>3</sup>	Target date	Evidence of progress	May 2019
1. Parents feel their views are not always reflected in reports by social care workers	i. Recurrently audit all social care advice submitted using information from Jan 2018 to benchmark.	RS	Regular report to SENDIB identifies compliance and strengths and weakness in quality	Oct 2018	DIP sample of EHCP done – Report prepared with actions	
	ii. Develop and implement practice guidance for social worker attendance at IAMS  EHC plans will not be signed off unless the social workers for the child is present at the IAMS to co-produce the plan. Escalation process instigated if social workers not present.	CT	Report to SENDIB of professionals’ attendance at IAMS demonstrates compliance with organisational requirements	Oct 2018	Information of attendees recorded at meetings. This information will be recorded on the ONE system	
	iii. Develop and disseminate practice guidance for social care and Early Help workers to undertake social care assessment element of EHCP or EHCP review	CT	Quality Assurance of EHCP identifies that social care assessments have been carried out and clearly identify care needs, outcomes and provision to support the child or young person’s progress	Oct 2018	Guidance is live from 29 <sup>th</sup> October 2018  Every young person undergoing statutory assessment will have either a single assessment or an Early Help assessment	

<sup>3</sup> How do we know the action has been completed?

	iv. Engage parents to take feedback that their views have been taken into account in the reports from social workers	JD	Parent survey shows that social workers advice reflects their views.	Oct 2018	Parent survey feedback available for reporting	(G)
2. High turnover of social workers disrupts the care provision for children and young people	This is addressed by the wider recruitment and retention plan for Social Workers in LCC.	CT	Social Care and Education Leadership team receives feedback regularly on progress	Aug 2018	All Social Care workers in Disabled Children's Service are permanent	(G)
3. There is very little evidence of social care support in EHC plans	i. See actions for sub finding 1.  Where Early Help is leading the social care input we will develop a process to ensure there is a single plan produced combining Early Help plan and EHCP.	JD/JDi	Regular reports to Strategic Director and Divisional Director demonstrate compliance with EHCP requirements by Social Work and Early Help teams  Reviewed findings inform new practice guidance and learning disseminated to all schools	Oct 2018	EHCP - EHA pilot live and ongoing, first report due Jan 19 which has been reviewed at SEND Board and EH Strategic Partnership Board.  Reviewed findings inform new practice guidance and learning disseminated to all schools	(G)
	ii. Develop a process to ensure that when Children's social care and Early Help identify a child or young person with a disability this triggers an action route to SEND services	JD	Process developed and monitoring shows that disabilities have been identified and shared.	June 2019		(A)

## Area 4: The lack of joint commissioning of services to support young people’s health needs post 19

Sub finding	Action to address finding	Lead person	Evidence of success <sup>4</sup>	Target date	Evidence of progress	May 2019
1. Lack of Joint Commissioning	i. Review local area joint commissioning strategy and action plan ensuring links to SEND and transition strategies	SW/ MT	Joint commissioning strategy and governance structure agreed by local area.	<del>Oct 2018</del> Mar 2019	<ul style="list-style-type: none"> <li>Review of Joint commissioning strategy complete and establishment of senior leaders, meeting across LLR.</li> <li>Alignment of key joint deliverables including SEND, TCP, FIM and complex care</li> <li>Development of multiagency needs/ commissioning assessment process agreed but still required imbedding</li> <li>Local Authority fully engaged in the CETR process. CYP are sometimes picked up by RAP panel</li> <li>Young people’s needs that can’t be met through core health services are escalated through to complex needs panel to consider a joint package of care. This is currently virtual panel in the City.</li> </ul> <p>Agreement to strategically consider commissioning of children’s health and social care provision across the local area in its widest sense.</p> <p>Detailed review of children’s commissioning in LA was undertaken in autumn term. Internal commissioning will now be aligned a single commissioning</p>	

<sup>4</sup> How do we know the action has been completed?

					<p>function – and this is across Adults – Children’s Education.</p> <p>This enable more effective commissioning across SEND. Placement transitions. Now reviewing with health to develop joint commissioning arrangements.</p>	
	ii. Establish a task and finish group to identify mechanism for delivering the strategy through JICB	SW/ MT	<p>Terms of reference of task and finish group established</p> <p>Mechanism for delivering strategy and agreed by JICB.</p>	<p>Dec 2018</p> <p>Jun 2019</p>	<p>Draft for initial ToR has been established</p> <p>CURRENT SITUATION - Young people needs which cannot be met by core provision are can be escalated by via a joint commissioning process (complex healthcare) where agencies get together to identify what joint package is required. This is recently been supplemented by a multiagency process where YP whose needs do not need CCC Will be reviewed at a joint solutions panel (this is currently virtual in the City) There is the local TCP process in place for any young people that may fall through the net.</p>	(A)
2.Young people experience delays in accessing services when they become a young adult	i. Implement the transition strategy	SF/ CW	Local Area transition pathway mapped, developed and agreed by SENDIB.	Apr 2019	<p>Transition plan has been drafted and has been sent to consultation in Jan 2019. The public consultation on the Transitions Strategy closed in February. Of the 120 responses received the majority were overwhelmingly positive and in support of the draft documents. Minor amendments were made in response to the feedback received before the documents were finalised and signed off. The strategy was formally launched in March at partnership events that brought together key stakeholders from across health, social care and education and initiated</p>	(G)

					<p>conversations around better joint working as well as ensuring those who need to be are aware of the strategy.</p> <p>The three workstreams identified in the delivery plan have been established and have begun to meet to deliver against a clear plan of desired outcomes (aligned to the delivery plan). All workstream meetings are outcomes focused with a clear drive for action. To support this work the Transitions Board has been revisited and membership and ToR updated and is due to meet for the first time in June to scrutinise the work of the workstreams to date and ensure work is on track to deliver as per the strategy</p>	
ii. Identify executive leads in each organisation to champion transition	SF/ CW	Executive leads known and communicated	Dec 2018	Executive lead has been identified at senior level within Health	(G)	
iii. Streamline the pathway for young people with EHC plans who will require adult health services to reduce the delay in accessing appropriate provision	PT/ DCO	Pathway to adult services is clearly defined and understood leading to less delay in young people accessing adult health services as a result of clearer handover	Oct 2019	<ul style="list-style-type: none"> <li>Transition statement now in service specifications and SEND contract to ensure this is recognised and understood as a statutory responsibility for Health providers contracts and places the emphasis on transition planning from aged 14 for CYP with long term conditions and disabilities.</li> <li>Pathways for health transition in development CAMHS in place and we have a staged implementation plan for others</li> <li>SEND statement now added to at contracts around Health statutory</li> </ul>	(A)	

				<p>responsibilities towards CYP with SEND.</p> <p>Pathways for individual Health services are being developed and mapped to reduce delays and create a seamless transition without gaps starting at age 14. GPs are now undertaking annual health checks for over 14s with LD</p> <p>Preparation for Adulthood statement will be included in all NHS service specifications and contracts for Children. We need to roll this out for Adults service specs to include the 19-25 age range also</p>	
iv. Each organisation to review and implement internal processes for supporting transition to adult and link to partners	TR/ MT	New policies and procedures are published and used	Dec 2018	<ul style="list-style-type: none"> <li>• Pathways for health transition in development CAMHS in place and we have a staged implementation plan for others</li> <li>• SEND statement now added to at contracts around Health statutory responsibilities towards CYP with SEND.</li> </ul> <p>New policies and procedures are being developed for Health services around Transition and preparing for Adulthood</p>	(A)
v. Establish a clear procedure which enables health professionals to forward plan the provision to respond to and meet the developing and changing needs of young people as they transition into adulthood.	MT/ CW	<p>Procedures agreed and in place with health providers overseen by health commissioners.</p> <p>Young people and families report that they are able to access appropriate ongoing health support and treatment</p>	Mar 2019	<ul style="list-style-type: none"> <li>• Joint transitions strategy developed</li> <li>• Health LLR Transition strategy developed which dovetails into the overarching one but focused on key health actions</li> <li>• Pathways for health transition in development CAMHS in place and we</li> </ul>	(A)

				<p>have a staged implementation plan for others</p> <p>Work on this has commenced and have developed a scope for this work which will initially focus on LPT pathways and review of the current transitions post. We have reviewed the current pathways and have started with a very strong CAMHS pathway in place. Existing pathways in other services need to be formalised and do not match the standard of the CAMHS exemplar. Providers have been tasked to develop a plan of action for other NHS provider services. We are focussing on Therapies and Paediatrics in the initial instance. Meeting is scheduled 11<sup>th</sup> April to pull together an action plan to ensure completion by the end of June.</p>	
vi. Update health transition policies and associated Procedures.	CW	Policy and procedures updated	Dec 2018	<ul style="list-style-type: none"> <li>Health LLR Transition strategy developed which dovetails into the overarching one but focused on key health actions</li> </ul> <p>New policies and procedures are being developed for Health services around Transition and preparing for Adulthood LPT held a “Preparing for Adulthood and Transition planning in Leicestershire Partnership Trust” this was adopted in Aug 2017. The policy is due for review this will be completed end of April 19.</p> <p>LPT John Edwards team are developing the All Age Transformational plan to update the way LD and mental health care is developed. All Age transformation pathways will focus on assessing the right service at the right time. Pathways will be transparent and will support</p>	(G)

					<p>service users, health professionals and LA partners to understand:</p> <ol style="list-style-type: none"> <li>1. How to access services</li> <li>2. How needs are assessed</li> <li>3. How individuals get treatment and;</li> <li>4. How they transition out of services.</li> </ol> <p>Health provisions will continue to be needs led.</p> <p>Changes to commence end of 2019</p>	
3. There are no clear pathways for young people to access support, which delays their treatment during this transition	i. NHS commissioners and providers to agree and clarify the transitions processes in treatment services	JD/ DCO	<p>Clear processes are described and published</p> <p>NHS commissioners and providers have in place an audit process to ensure compliance.</p>	June 2019	<ul style="list-style-type: none"> <li>• Health LLR Transition strategy developed which dovetails into the overarching one but focused on key health actions</li> <li>• Transition statement now in service specifications and SEND contract to ensure this is recognised and understood as a statutory responsibility for Health providers contracts and places the emphasis on transition planning from aged 14 for CYP with long term conditions and disabilities.</li> <li>• Pathways for health transition in development CAMHS in place and we have a staged implementation plan for others</li> <li>• SEND statement now added to at contracts around Health statutory</li> </ul>	(A)

					<p>responsibilities towards CYP with SEND.</p> <ul style="list-style-type: none"> <li>• LPT contributing Health advice for annual reviews.</li> <li>• Training for schools and FE colleges around CYP with medical needs -LPT staff are addressing this via their core offer.</li> <li>• Care navigators working to support families with transitions within Health services.</li> </ul> <p>Draft Transitions strategy and action plan out for consultation</p> <p>Health Providers have been contacted to identify their proposals for transitioning CYP into Adult hood There have been some HR issues in LPT with their Transitions post. We are in discussions with them about how to progress this</p>	
ii. Engage young people and families to understand what support and information they require as they prepare to move from children services to adult services	CW/ DCO	Consultation outcome clearly identifies useful support and information.	Dec 2018	Consultation with parent carer forums and learning to be elicited from complaints, comments and mediation and tribunals to inform future commissioning for Health services for Younger Adults	(G)	
iii. Develop and implement a joint plan to improve support and information available to support transition	CW/ DCO	Improved information available which supports children's transition to adult services	Mar 2019	Part of the Transitions pathways work will include information for parents and carers to be included on the Local Offer website for each Health service	(A)	

<p>4. Colleges do not get appropriate support from health or social care to support the transition process</p>	<p>i. Health and social care senior lead officers to engage with colleges and schools via the Tertiary Federation to understand what support and information they require to prepare young people with identified health needs for transition, at the EHC plan review in the year prior to a move to college</p>	<p>PT/ MT</p>	<p>SENDIB informed about how many young people require and receive review and updated EHCP in year prior to move to college</p> <p>EHCP quality of content assessed (see 2.1ii)</p> <p>Health transition information is consistently reflected in EHC plans and informs commissioning and evidence of value impact on the young person's life.</p>	<p>Dec 2018</p> <p><del>June 2018</del></p> <p>June 2019</p>	<p>DCO now in post and Health to reach out to schools and colleges during transitions stage with appropriate contacts</p> <p>First meeting of school to FE liaison group has met on 1<sup>st</sup> March 2019 and an action plan is being drawn up which includes health</p> <p>Date was changed due to typing error</p>	<p>(G)</p>
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## Area 5: The disjointed approach to the preparation for adulthood

Sub finding	Action to address finding	Lead person	Evidence of success <sup>5</sup>	Target date	Evidence of progress	May 2019
1. Proportion of young people with SEND and not in education, employment or training is higher than the national average	i. Review available data and information to inform planning on how to reduce the number who are NEET. This activity to include interviewing young people	JD/JC	Local Area plan to improve EET of young people with SEND has clear actions.	Jan 2019	Meeting being set up with Ellen Atkinson, our regional PfA lead, who can support us with the preparation for adulthood- this could include advice on setting up a Supported Internship forum January 2019	
			Minimise the proportion of young people with SEND who are NEET	Dec 2019	JC has met with the data team to discuss the parameters for the NEET research this will utilise a number of databases to gather information. Baseline report to be available by end Dec 2018, research scheduled January 2019.	
	ii. Map local opportunities for education, training and employment, post 18, for young people with SEND and publish on local offer	JC	Opportunities publicised widely through local offer, schools, colleges and social media	April 2019	Mapping of local opportunities to include in the local offer underway.	
	iii. Work with employers and education providers to develop new opportunities for young people post 18 with SEND.	PT	Plans developed for sustaining, enhancing and extending future opportunities.	June 2019	New Supported Internships being explored in LCC, forum meeting January 2019 to progress the offer, working across children and adult services in LCC and then expanding the forum to the wider partnership:	

<sup>5</sup> How do we know the action has been completed?

				<ul style="list-style-type: none"> <li>• Have been working with LCC officers responsible for the Social Value Charter to seek to enhance opportunities for young people with SEND to access work experience and apprenticeships with employers commissioned by LCC</li> <li>• Have further analysed attainment data for young people with SEND. It is believed that the SSIF work around supporting attainment for young people with SEND will improve the percentage of SEND young people classed as EET. In addition, the LCC inclusion strategy will focus on increasing the number of young people with SEND being entered for examinations at KS4 and improving opportunities to access FE/HE</li> </ul> <p>We are refreshing our Annual Operating Plan and have a strategic group across social care and education looking at the objective to ensure:</p> <ul style="list-style-type: none"> <li>• Young people with additional care and support needs are enabled to fulfil their aspirations in adulthood</li> </ul> <p>Under delivery of key processes we currently have:</p> <ul style="list-style-type: none"> <li>• Publish a comprehensive Care Leaver offer signposting young people and networks to resources including employment and education opportunities</li> <li>• Review of whole life disability approach</li> </ul>
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	iv. SENDIB to assure that a robust process is in place for every child from the age of 14 which addresses their future aspirations for EET.	JD	Relate to 2.2i and wider aspirations for adulthood and the QA for EHCP (as set out).	April 2019	Pathways for individual Health services are being developed and mapped to reduce delays and create a seamless transition without gaps starting at age 14	(G)
2. Colleges do not get appropriate support from health or from social care to support the transition process.	i. Clarify what health support colleges require to enable effective transition.	SL	Information available on how to access health information in relation to transition.	Dec 2018	Local Area Transition pathway has been mapped and agreed by SENDIB with senior Health partners	(G)
	ii. Transition lead to work with colleges to enable access to support which reflect health needs as outlined in the EHCP	MT	Colleges report a better understanding of health needs and how to access support and information and this has led to improved access to college places.	June 2019	<ul style="list-style-type: none"> <li>Schools/colleges now have the contact for Health if they require advice around SEND Training for schools and FE colleges around CYP with medical needs -LPT staff are addressing this via their core offer.</li> <li>Care navigators working to support families with transitions within Health services.</li> </ul> <p>New policies and procedures are being developed for Health services around Transition and preparing for Adulthood</p>	(A)
	iii. Health training and development is offered to colleges to meet the needs of the young person.	SL	Evidence indicates that health training is consistently accessed by colleges	Sept 2019	<p>Schools/colleges now have the contact for Health if they require advice around SEND Training for schools and FE colleges around CYP with medical needs -LPT staff are addressing this via their core offer.</p> <p>Health providers to liaise with Colleges to support them with Transition process and</p>	(A)

					to actively participate in reviews and advice giving in post 16 establishments.	
3. A lack of transitional work between schools and colleges.	<ul style="list-style-type: none"> <li>i. Establish a working group of SENCOs across schools and colleges to agree protocols</li> <li>ii. Develop an action plan</li> <li>iii. Implement action plan</li> </ul>	JD	Better co-operation between schools, colleges and young people will have their health and care needs met quicker	Feb 2019	<p>Contact made with Further Education (FE). Working group on transitions to FE set up. March 18<sup>th</sup> meeting</p> <p>Transitions lead identified and setting up a series of Task and Finish groups</p> <p>Transitions strategy SEND workstream has met and is producing SEND pathways</p> <p>PfA priorities paper and PfA transitions paper produced. Action plans to deliver smoother transition to adulthood for SEND and to ensure a more coordinated PFA offer. This has been presented to SENDIB in April 2019</p>	(A)
4. The transition plan focuses too much on the operation of services and not enough on helping young people prepare for adulthood	i. Using the information from the work with young people establish a series of workshops of college or employment scenarios and one to one sessions for young persons to enable them to express what they want to do as adults	JD	Workshops delivered, and attendance monitored to inform future planning.	Oct 2018	Initial consultation with young persons completed. Further consultation is planned for the new year from January onwards.	(G)
					Further Workshops to be developed. Young people's input to be more formally gathered. To be coordinated by FE transitions group and SEND Transitions Strategy Workstream	(A)

					Children's participation is now coordinated across Children's Services	(G)
	ii. Implementation of the transition plan focuses work across the local area on preparing young people for adulthood	TR	Transition plan outcomes are delivered	June 2020	Transitions strategy and action plan out for consultation	(A)

## Appendix 1: Table of conducted joint consultations

Meeting Name	With whom	When
<p><b>SEND Inspection – Reflection and future directions</b></p> <p>This meeting was used to reflect upon the main points of failure in the inspection and what steps need to be taken to address these issues</p>	<p>Steven Forbes Paul Tinsley Sam Little Sue Welford Joe Dawson Azmat Nazim</p>	09/05/2018
<p><b>Review of discussed actions and WSoA explanation</b></p> <p>This meeting was used to review the actions discussed on 09/05/2018, along with Charlie Palmer explaining the process of the WSoA and what happens next</p>	<p>Steven Forbes Chris West Melanie Thwaites Charlie Palmer Sue Welford Joe Dawson Azmat Nazim</p>	18/05/2018
<p><b>Review meeting prior to WSoA</b></p> <p>This meeting was used to consider actions for the SEND Board meeting and what works needs to be done before the lettering of the WSoA begins</p>	<p>Steven Forbes Paul Tinsley Chris West Melanie Thwaites Sue Welford Joe Dawson Azmat Nazim</p>	11/06/2018
<p><b>SEND Accountability Group Meeting</b></p> <p>This meeting was used to set out the agenda for the SEND Board meeting</p>	<p>Joe Dawson Dave Nutting David Thrussell Dawn Kimberly Paul Riddick Azmat Nazim</p>	21/06/2018
<p><b>Start work on WSoA meeting</b></p> <p>This meeting was used to discuss which Board will hold accountability for the WSoA and action plan, and to revise future SEND Board membership</p>	<p>Steven Forbes Paul Tinsley Chris West Melanie Thwaites Sam Little Joe Dawson Sue Welford Vicki Urch Azmat Nazim</p>	12/07/2018
<p><b>Discussion prior to OFSTED and CQC meeting</b></p> <p>This meeting was used to reflect on a first draft of the WSoA/action plan</p>	<p>Chris West Melanie Thwaites Charlie Palmer Joe Dawson Sue Welford Azmat Nazim</p>	24/07/2018
<p><b>OFSTED and CQC Local Area SEND Inspection meeting</b></p> <p>This meeting will be used for Senior Local Authority and CGG officers to discuss with DfE regarding the failures</p>	<p>DfE CCG LCC NHS England</p>	30/07/2018

<b>Meeting Name</b>	<b>With whom</b>	<b>When</b>
pointed out by OFSTED and to review a draft version of the WSOA		
<b>SEND Improvement Board meeting</b>  This meeting will be used to address the new membership regarding the outcome of the CQC meeting and the implications it has on the Board, along with holding the Board accountable for the action plan	SEND Improvement Board	13/08/2018
<b>Consultation meeting with SENCOs</b>	35 SENCOs representing primary, secondary and special	7th September 2018
<b>Consultation meeting with the heads of City of Leicester Association of Special Schools (CLASS), Education Improvement Partnership (EIP) and Leicester Primary Partnership (LPP)</b>	School Heads	Planned for early September 2018
Meeting with Parent Carer Forum (PCF) to discuss the WSoA	Dave Nutting - Secretary of Parent Carer Forum and members of Parent Carer Forum	Planned for early September 2018  (DN – added to PCF agenda for Sept 12 <sup>th</sup> )
<b>Sign off by CCG Governing body</b>	Signed off by CCG	12 <sup>th</sup> September 2018
<b>Review and agreement by Social Care and Education Leadership Team</b>	Signed off by LCC	12 <sup>th</sup> September 2018
<b>Sign off by LCC Executive</b>	Signed off by Executives	13 <sup>th</sup> September 2018

## Appendix 2:

### Draft Terms of Reference and membership of the SEND Improvement Board

<b>Terms of Reference</b>	
Purpose and Remit	<p>The SEND Improvement Board is a multi-agency strategic partnership board aiming to improve, develop and monitor services provided for children and young people with special educational needs and/or disabilities (SEND) and their families. The remit of the Board is to:</p> <ul style="list-style-type: none"> <li>- ensure all partners across the local area contribute to improving the outcomes for children and young people with SEND</li> <li>- ensure resources are committed and deployed, in line with decisions made at the Board</li> <li>- provide oversight and hold partners across the local area to account to ensure the delivery of Leicester's 'Written Statement of Action'</li> </ul> <p>identify and remove any barriers to achieving agreed activity, pace and performance</p>
Governance and Accountability	<p>The SEND Improvement Board will identify areas and work streams that may require short-term task and finish groups to drive work forward. The Chair of any groups formed will report as a standing agenda item to each meeting of the SEND Improvement Board.</p>
Objectives and Tasks	<p>To develop a clear action plan to fulfil the commitments made in Leicester's 'Written Statement of Action' addressing Ofsted/CQC's areas of concern</p> <p>To ensure identified improvement actions are implemented within the timescales stated in the action plan</p> <p>To ensure that all relevant partners contribute to, or produce, regular reports on the progress made on identified and agreed actions</p> <p>To appoint task and finish groups to complete specific pieces of work and report back to the SEND Improvement Board</p> <p>To identify and agree key performance measures including partnership performance indicators - with achievable and measurable targets - which demonstrate impact</p> <p>To identify and agree further or different actions where necessary to accelerate improvement</p> <p>To agree and secure the delivery of the action plan through Board member organisational governance arrangements</p> <p>To facilitate effective communication of responsibilities for, and progress on, the action plan through Board member organisational governance arrangements</p>
Meetings	<p>Six meetings will be convened per year. (Hosting &amp; support to be agreed.) The meetings will be supported (note taking and practical arrangements) by LCC/CCG as appropriate. . Project support will be provided by LCC/CCG as appropriate.</p>

Terms of Reference	
	Agendas will contain standing items and others proposed by members and agreed by the Chair. Task and Finish sub-groups will be convened to undertake specific actions as agreed by the SEND Improvement Board.
Board structures	See Governance Structure for the relationships and reporting lines for boards and groups (hosted by LCC) that relate to the SEND Improvement Board.

## Membership

Role or representing	Name	Title / organisation
Strategic Director, Social Care & Education	Steven Forbes (Chair)	Strategic Director, Social Care & Education
Leicester City Clinical Commissioning Group	Chris West	Head of Nursing & Quality, Leicester City CCG
Director of Public Health	Ruth Tennant	Director of Public Health, LCC
Director, Learning & Inclusion	Paul Tinsley	Director, Learning & Inclusion, LCC
Director, Social Care & Early Help	Caroline Tote	Director, Social Care & Early Help, LCC
Primary Schools rep	Dawn Solla	TBC
Secondary Schools rep	Anna White	TBC
Special Schools Rep	Mark Oldman	TBC
Further Education Rep	Kieran McKee	TBC
Parent Carer Forum	Dave Nutting	TBC
Leicestershire Partnership Trust	Dawn Kimberly (January 2019)	TBC
GP lead	TBC	TBC
University Hospitals Leicester rep	Anna Duke	TBC
LCC Officer Support		
Senior Project Manager	Jane Pierce	Senior Project Manager, Transformation & Commissioning, LCC
Senior Project Manager	Vicki Urch	Senior Project Manager, Transformation & Commissioning, LCC
Project Officer	Azmat Nazim	Project Officer, Transformation & Commissioning, LCC
Head of Service, SEND	Joe Dawson	HoS SEND, LCC
Head of Service, Transformation, Commissioning & Intervention Management	Sue Welford	HoS Transformation, Commissioning & Intervention Management, LCC
Other attendees will be invited as required.		