**NOTICE OF MEETING**

# HEALTH AND WELLBEING BOARD

## Wednesday, 12th June, 2019, 2.00 pm - Civic Centre, High Road, Wood Green, N22 8LE

**Members**: Please see attached list.

### 1. FILMING AT MEETINGS

Please note this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual, or may lead to the breach of a legal obligation by the Council.

### 2. WELCOME AND INTRODUCTIONS (PAGES 1 - 2)

### 3. APOLOGIES

To receive any apologies for absence.

### 4. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at agenda item ).

### 5. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
(ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

**6. QUESTIONS, DEPUTATIONS, PETITIONS**

To consider any requests received in accordance with Part 4, Section B, Paragraph 29 of the Council's Constitution.

**7. MINUTES (PAGES 3 - 10)**

To consider and agree the minutes of the meeting of the Board held on 19th of February 2019.

**8. NORTH CENTRAL LONDON SYSTEM-WIDE PAEDIATRIC ASTHMA PLAN (PAGES 11 - 32)**

**9. IDENTIFYING, MEETING NEEDS AND IMPROVING OUTCOMES IN A LOCAL AREA FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND OR A DISABILITY (PAGES 33 - 74)**

**10. DEVELOPING LOCALITY-BASED CARE IN HARINGEY (PAGES 75 - 88)**

**11. INTER-GREAT - VERBAL UPDATE**

**12. NEW ITEMS OF URGENT BUSINESS**

To consider any new items of urgent business admitted at item 4 above.

**13. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS**

Members of the Board are invited to suggest future agenda items.

The dates of future meetings are as follows:

16th of October 2019
12th February 2020

Philip Slawther, Principal Committee Co-ordinator
Tel – 020 8489 2957
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Bernie Ryan
Assistant Director – Corporate Governance and Monitoring Officer
River Park House, 225 High Road, Wood Green, N22 8HQ

Tuesday, 04 June 2019

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# Agenda Item 2

**Membership of the Health and Wellbeing Board**

* Denotes voting Member of the Board

| Organisation | | Representation | Role | Name |
|---|---|---|---|---|
| **Local Authority** | Elected Representatives | 3 | *Leader of the Council | Cllr Joseph Ejiofor |
| | | | *Cabinet Member for Children and Families | Cllr Zena Brabazon |
| | | | *Cabinet Member for Adults and Health – Chair | Cllr Sarah James |
| | Officers' Representatives | 4 | Director of Adults and Health | Beverly Tarka |
| | | | Director of Children's Services | Ann Graham |
| | | | Interim Director for Public Health | Dr Will Maimaris |
| | | | Chief Executive | Zina Etheridge |
| **NHS** | Haringey Clinical Commissioning Group (CCG) | 4 | *Chair | Dr Peter Christian |
| | | | *Vice Chair | John Rohan |
| | | | Chief Officer | Tony Hoolaghan |
| | | | *Lay Member (confirmed as voting member by Full Council 23/02/15) | Cathy Herman |
| **Patient and Service User Representative** | Healthwatch Haringey | 1 | * Chair | Sharon Grant |
| **Voluntary Sector Representative** | Bridge Renewal Trust | 1 | Chief Executive | Geoffrey Ocen |
| **Haringey Local Safeguarding Board** | | 1 | Interim Independent Chair | David Archibald |

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# MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY, 19TH FEBRUARY, 2019, 4.30 - 6.15 pm

**Present:** Cllr Sarah James (Cabinet Member for Adults and Health – **Chair** – Voting Member), Cllr Elin Weston (Cabinet Member for Children, Education and Families – Voting Member), Tony Hoolaghan (Chief Officer CCG), Cathy Herman (Lay Member CCG – Voting Member), Sharon Grant (Chair Healthwatch Haringey – Voting Member), Geoffrey Ocen (Chief Executive Bridge Renewal Trust), and David Archibald (Interim Independent Chair Haringey Local Safeguarding Board).

**Officers:** Zina Etheridge (Chief Executive of London Borough of Haringey), Beverly Tarka (Director of Adults and Health), Ann Graham (Director of Children's Services), Charlotte Pomery (Assistant Director of Commissioning), Eubert Malcolm (Head of Community Safety and Enforcement), and Hugh Smith (Policy and Equalities Officer).

**Also present**: Siobhan Harrington (Chief Executive of Whittington Health), and Maria Kane (Chief Executive of North Middlesex University Hospital)

## 37. FILMING AT MEETINGS

Noted.

## 38. WELCOME AND INTRODUCTIONS

The Chair welcomed members of the Board and attendees to the meeting.

## 39. APOLOGIES

Apologies for absence were received from Cllr Joseph Ejiofor, Dr Peter Christian, John Rohan, and Rachel Lissauer.

## 40. URGENT BUSINESS

There were no items of urgent business.

## 41. DECLARATIONS OF INTEREST

No declarations of interest were made.

## 42. QUESTIONS, DEPUTATIONS, PETITIONS

There were no questions, deputations or petitions put forward to this meeting.

## 43. YOUNG PEOPLE AT RISK STRATEGY

The Policy and Equalities Officer introduced this report and presentation on the Young People at Risk Strategy (YPRS), which set out the scale and nature of serious youth violence in Haringey, outlined a strategic model to address risk, set the direction and priorities for medium-term activity to tackle serious youth violence, and detailed a set of short-term actions.

The YPRS reflected the Council's overarching aim to reduce and prevent crime amongst young people. Haringey had seen improvements on its knife crime figures but it was accepted too many young people were affected by violent crime within the borough which this strategy sought to address. The YPRS set out how the Council would seek to address such violence and the outcomes it sought to be achieved over a 10-year period. The strategy had been informed by robust evidence, taking into account local and national data, as well as international learning.

The Council had commissioned the Godwin Lawson Foundation to do a piece of research which involved talking to 70 of the most vulnerable young people in Tottenham and getting their views on what they felt the Council could do to assist the problem. There had also been an analysis undertaken of prolific offenders within the Youth Justice System to find out their life experiences and previous dealings with services.

The Council's vision was for young people to grow up in a safe environment, free from violence. The Council was looking to work collaboratively with its partners and the community to achieve this goal.

The Chair thanked Hugh Smith for the thorough presentation and invited questions and comments from the Board members. The following was noted:

- Regarding the reduction in youth violence across the borough, the Head of Community Safety and Enforcement stated this was due to a range of actions the Council had taken, such as working closely with key partners across the community, including Tottenham Hotspur, and utilising available resources. Better statistics were available from across the borough which allowed the Council to better focus resources in targeted areas to have the greatest impact. Such efforts had seen a reduction in the number of stab victims under 25. Initiatives such as 'Litter Sweeps' saw the Council request communities inform it where they suspected young people were storing weapons and then clearing those areas of any weapons. There were projects in place at Northumberland Park that sought to tackle and assist the mental health of young people. The Council maintained a consistent and concise message of working collaboratively with partnered organisations to jointly facilitate the reduction in youth violence to have the furthest reach as possible. Young people were also being consulted on their views regarding matters such as what they felt the best type of intervention the Council was able to provide.

- There was a degree of overlap between Local Area Co-ordinators and Community Safety Advocates, such as in Northumberland Park, but they worked closely together to find the most effective ways to help communities. Where possible, initiatives were joined to ensure a coherent narrative and that different sectors were working together in a collaborative way.
- The Director of Children's Services stated it was important for the different services within the Council to support one another as a whole system approach, across children and adult services. Both services were working together on initiatives described by the Head of Enforcement and Community Safety to ensure the greatest outcome was achieved.
- The Chief Executive of Whittington Health stated the priorities and interventions proposed within the YPRS were sensible. The Board members would also be able to assist with the engagement of children and young people as all were testing different types of engagement at their organisations and could provide feedback on their results. It was important that the various organisations represented at the Health and Wellbeing Board supported their staff in making them aware of the issue of youth violence and informed them of the effective ways in which to tackle them. In response, the Head of Enforcement and Community Safety stated a summary and shortened version of the YPRS could be circulated to all staff members.
- The Chair of Healthwatch Haringey questioned the absence of the arts and culture in the YPRS, noting a cultural strategy should be developed to create effective diversionary activities to keep young people away from violence. The arts and its usage in media was also highlighted as being a key route to getting messages across to young people. The Assistant Director of Commissioning acknowledged the key role arts and culture played in helping to deter young people from violence but noted the YPRS did not include all initiatives. Funding was available to support the arts and music. There was also a commitment within the YPRS to work with groups within the voluntary sector, with some providing arts and music arrangements for young people.
- The Chief Executive of the Bridge Renewal Trust welcomed the emphasis on partnership working but queried whether the YPRS was prioritising and targeting too much. It was also noted the YPRS could borrow from the Borough Plan and the partner work it had put in place. The Chief Executive concurred with the view that increased activities for young people to engage with was a key preventative measure.
- The Director of Adults and Health noted the Council had been encouraged to take a different approach to safeguarding and the YPRS reflected that. The YPRS was a positive change in how the Council approached risk with people who did not necessarily meet the statutory requirements of Council services.

**RESOLVED**

That the Health and Wellbeing Board:

i. Consider the content of the Young People at Risk Strategy

ii. Note the particular relevance of Outcome 2, 'Strong Families and Healthy Relationships' and Outcome 3, 'Positive Mental Health', to members of the Health and Wellbeing Board
iii. Comment on the content, noting the need for health partner input in relation to priorities and interventions to:
    1. Improve young people's mental health,
    2. Improve family functioning,
    3. Help young people form healthy peer relationships,
    4. Meet the needs of young people with SEND
iv. Consider the roles of board members with respect to the overall collective effort to reduce and prevent serious youth violence, in particular:
    1. Early identification of individual or family risk
    2. Interventions to increase safety in healthcare settings
    3. Interventions to address risky behaviours such as substance use
    4. Support for victims of serious youth violence
v. Recommend how the roles of board members, with respect to reducing youth violence, can be articulated in the strategy

## 44. PEOPLE BASED CARE WORK UPDATE

The Director of Adults and Health introduced this report which described progress made since December 2018 with developing Haringey's approach to locality based care in North Tottenham. The report also set out the feedback received through the Collaborate 'deep dive' in North Tottenham, where the Council asked frontline staff for their views on how they could be supported to offer co-ordinated and preventative care.

The following was highlighted to the Board:

- Significant progress had been made in the previous 6 months with a number of sign-ups from senior leaders in the Council, the Trust, and the CCG and more.
- The Council had commissioned a piece of work from the Bridge Renewal Trust to conduct interviews and surveys with residents to ensure their voices were heard. Resident feedback noted areas in need of improvement, such as long waits for appointments, long waits for therapy services, lack of proper care for the elderly and vulnerable. The residents also felt the services were not working in an integrated way and were suffering as a result.
- Officers were concerned that residents were not aware of the services that could be provided by the adults social service. Efforts were being made to redress this by exploring how the public could be better informed of this service, which included simplifying the technical terminology associated with it and ensured services were more accessible.
- The Council had conducted 'deep dive' one on one interviews and focus groups with multi-agency staff within North Tottenham.
- For the programme to succeed, it was accepted that there would need to be a structural change in how the multi-agencies operated together.

- There was to be a more efficient joined-up governance of strategy and spend with the Council and NHS, so that they were jointly deploying available resources to achieve the most impact.
- The Assistant Director of Commissioning informed that there had been a productive workshop with all partners represented at the Board regarding how the locality-based care in North Tottenham could be developed. There was a great deal of enthusiasm at the community level for this approach to locality-based care but it was important to get the balance right with making sure the governance structure worked and provided the right results.
- Housing had been a proactive partner in workshops held by the Council, and it was noted Homes for Haringey managed approximately 5,000 tenancies and had developed wellbeing hubs. It was important that such initiatives and projects undertaken (which might previously have not been known to fellow organisations) were publicised to ensure their impact was widespread. This highlighted the need to join up resources to ensure there was no overlap between services and that available resources were being utilised to their fullest potential.

The Chair next invited questions and comments from the Board members. The following was noted:

- The Cabinet Member for Children, Education and Schools suggested changing at page 37 “Co-ordinate children’s services” to “Services for Children” as the former could be misconstrued to mean just the Council children’s services whereas this was a number of different services brought together. The Cabinet Member was pleased to see children and young people mentioned within the report but felt their role could have a greater focus throughout. The Cabinet Member also wished to see a greater level of feedback sought from children, not just 16/17 year olds. The Assistant Director of Commissioning replied it was not the intention for children and young people to be marginalised in any way and that family was an integral part of the locality-based care.
- The Lay Member for the Clinical Commissioning Group (CCG) felt the work of the local area coordinators from community first should not be hampered by the locality-based care and that the good work they had already begun in building relationships and trust amongst the community should be allowed to continue.
- The Chief Officer of the CCG highlighted his support for the project and its emphasis on function over form in the delivery of frontline services. He also informed the Board of the change to the GP contract, which enabled them to formally work in primary care networks.
- The Chief Executive of Whittington Health suggested rewording the sentence on page 29 - “*Ambition is to turn the community into a self-sufficient village”* - as it was unclear. Additionally, there was a risk the change to the GP contract did not support the integrated system and this had to be carefully managed. The Chief Executive also noted there was an opportunity missed in not addressing recruitment and looking at how a joint recruitment process could be developed.

- The Chief Executive of the London Borough of Haringey commended the piece of work but noted there was the potential risk it could develop into a list of action plans. The Board, as system leaders, should be conscious of what it could do to enable the locality-based care to succeed, identifying the risks such as the change to the GP contract, what barriers could be removed and what enablers could be put in place to assist its development.
- The Chief Executive of the Bridge Renewal Trust welcomed the report and suggested 'community first' on page 37 should include an additional commitment to put customers first and ensuring people were treated as individuals rather than a number. Show that you care for what we are doing. The Assistant Director of Commissioning responded by saying the primary focus would be on a community led approach and acting on what was being said.
- The Head of Community Safety and Enforcement highlighted the significant work done by the Local Area Co-ordinators in helping to improve confidence within the borough at a community level.

The Director of Adults and Health confirmed a report detailing updates on locality-based care in North Tottenham would be provided to the Board at a future meeting.

**RESOLVED**

That Health and Wellbeing Board note and support the development of Haringey's locality based care.

## 45. PEOPLE PRIORITY UPDATE

The Director of Adults and Health introduced this presentation on the Borough Plan – People Priority. The Board was informed the locality-based care plan discussed in the previous item and the Borough Plan complemented one another with many of the key principles that underpinned the Borough Plan linking with the strategic outcome sought from the locality-based care in North Tottenham. For example, a key principle of the borough plan was addressing fairness and inequalities to reduce the gap in outcomes for different residents and it was noted North Tottenham had been specifically chosen for the locality-based care due to the significant inequalities within that area.

The following was highlighted to the Board:

- The purpose of the locality-based care plan for North Tottenham was for this to form a prototype locality-based care approach that could be applied across the borough.
- There had been work done on Key Performance Indicators (KPIs) and outcomes that the Council and its partners would like to be achieved from the Borough Plan.
- There had been a partnership workshop in early January 2019. The Council had taken into account feedback provided on the need for more of a

partnership based focus in outcomes identified, not just statutory KPIS. The Council needed to engage and listen more to children and residents.
- The Council needed to be clear what was Council led initiatives and initiatives that were jointly led with partners.

The Cabinet Member for Children, Education and Families welcomed the report and the proposed governance structure. It was useful to have a clear distinction between what was Council led and what was to be jointly led. The Cabinet Member highlighted the Youth at Risk Strategy as demonstrating how valuable collaboration with partners was in achieving the best outcomes achievable.

## 46. INTEGRATED CARE SYSTEMS :THE NHS LONG TERM PLAN

The Chief Officer for Haringey Clinical Commissioning Group (CCG) introduced the presentation on the NHS Long-Term plan. The Board were informed of the background to the plan and an overview of its contents.

The following was highlighted to the Board:

- The CCG was still processing the information contained within the NHS Long-Term Plan.
- There was an emphasis on prevention and reducing health inequalities.
- There was an emphasis on saving on costs. This included preventing duplication and working at scale to utilise and make better use of available resources.
- As a borough, the CCG was satisfied that Haringey had already been practicing a large volume of the work proposed within the NHS Long-Term Plan, such as a focus on prevention. There was no major surprises contained within the Plan.
- Ambulance services were beginning to deliver a wider range of services to prevent the level of hospital admissions, where possible.
- There needed to be a fully integrated care system in operation by 2021, with a non-executive independent chair. There had been a great deal of work between all partners on how to integrate existing services and this would continue.

The Chair next invited questions and comments from the Board members. The following was noted:

- There was a lack of detail surrounding workforce arrangements. It was again raised that the Board could play a key role in removing barriers to ensure an efficient integrated system.
- It was felt the NHS Long-Term Plan had a degree of flexibility for CCG's to apply.
- The Plan needed to be effectively communicated with the public so that they were aware of the direction services would be taking. If there was to be a change in how services were operated, then this needed to be relayed to the public so that their expectations of the proposed integrated system were

managed before it became fully operational. The Board encouraged dialogue with the public.

- The Board considered resources to be a key issue moving into an integrated system and ensuring that frontline staff had all they required to carry out their duties.
- Ensuring that the budget was appropriately managed would be a key focus in enacting the NHS Long-Term Plan to ensure no money was wasted.
- The Board questioned how the ICS might be developed and what role the local authority would play in its creation. The Chief Officer of the CCG confirmed there would be active engagement with all partners represented at the Board, including the local authority, otherwise the integrated system would fail.
- The Board considered it appropriate to invite a member of the mental health trust to future meetings, given the topics covered would inevitably affect mental health issues (**Action: Clerk**).

**47. MINUTES**

The minutes of the 24th July 2018 Health and Wellbeing Board meeting was approved as a correct record.

**48. NEW ITEMS OF URGENT BUSINESS**

None.

**49. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS**

22nd May 2019 – 2pm

17th July 2019 – 2pm

30th October 2019 – 2pm

12th February 2020 – 2pm

CHAIR:

Signed by Chair ……..

Date ……

**Report for:** Haringey Health and Wellbeing Board

**Title:** North Central London System-Wide Paediatric Asthma Plan

**Report Authorised by:** Charlotte Pomery, Assistant Director of Commissioning

**Lead Officer:** Charlotte Pomery, Assistant Director of Commissioning, Haringey Council and SRO for the CYP Workstream within NCL STP

**Report Author:** Samantha Rostom, Programme Director CYP, North Central London STP

## 1. Describe the issue under consideration

Asthma is the most common long-term medical condition among children in the UK affecting three children in every classroom. There are currently 5,780 children (and their families) living with asthma in Haringey. Asthma is the most common cause of emergency hospital admissions for children and young people, with a significant proportion (up to 75%) thought to be avoidable if care and support was provided earlier and as part of a more integrated approach.

In 2016, 13 children under 14 years old died from asthma in the UK, which has the third highest risk of childhood asthma amongst developed nations. Within North Central London, there have been a number of recent child deaths related to asthma leading the partnership to agree for asthma to be a priority across the North Central London's Sustainability and Transformation Partnership (STP).

The recently published NHS Long Term Plan has also committed to focus increasingly on respiratory illness and acknowledged the complexity of issues related to asthma, including the effective use of medicine, the impact of air pollution and the risk associated with smoking, amongst other factors.

This report outlines our approach to improving the health and care of children and young people in Haringey who suffer from asthma and how Haringey's plan contributes and is in line with the North Central London approach.

## 2. Recommendations

That Haringey Health and Wellbeing Board:

- Endorse the approach being taken across Haringey to improving outcomes for children with asthma and their families and the strategic outcomes this work is seeking to deliver
- Support the development and delivery of complementary north central London and local system-wide asthma plans focused on these common strategic outcomes

## 3. Background

Asthma is a local, regional and national priority. The causes of asthma are often complex and interrelated but there is significant acknowledgement of the links and 'triggers' for asthma and the impact of wider determinants of health, such as housing and air quality.

As a co-ordinated, multi-agency approach to tackling asthma across Haringey is being taken – with a focus on both local needs-led and borough-based integrated solutions – it is appropriate that the plan in endorsed by the Health and Wellbeing Board.

In May 2018 North Central London STP's Children & Young People Programme Board agreed that, in order to fundamentally improve outcomes for children and families living with asthma, a holistic whole-system response was required. In developing this approach, a co-ordinated, multi-agency approach has been taken with partners across North Central London – with a focus on developing needs-led and borough-based integrated solutions at the local, borough level, as well as developing a shared or common approach across NCL, where it makes sense to do so.

A diverse range of professionals and organisations from across NCL came together at the end of last year to develop and agree a set of shared strategic outcomes and objectives, which have informed and guided the development of local and NCL-level plans (see appendix 1).

1. Young People & Families informed and empowered to manage the condition more effectively into adulthood
2. Enable healthy environments, which support children and young people with asthma to remain as well as possible
3. Enable all children to have access to a full education and activities unhindered by asthma
4. All children have access to high quality asthma care
5. Earlier identification of children at risk of life threatening asthma attack or those with poor control.

These strategic outcomes and associated objectives have been shared and tested with a number of key stakeholder groups across North Central London including local authority services and teams (including public health, housing, air quality, school health and wellbeing teams), tertiary, secondary, primary and community services, all of whom have supported our aspirations and approach.

We are also passionate about ensuring the plan is meaningful to and informed by the children, young people and families we serve. Across February and March we commenced engagement work with children, young people and families through workshops and questionnaires to ensure their views are at the heart of our plan and inform the way it is delivered.

In Haringey, it is recognised that significant work has already been undertaken and is underway to support children and young people with asthma. This good practice has been incorporated into the local system plan in Haringey, as well as helping shape and inform the approach and work in other areas of the NCL geography.

In January, staff drawn from across the Haringey system (health visiting, school nursing, GP clinical leads, pharmacy, family services, public health, education and housing) worked together to further develop and refine both the local asthma plan as well as the plan for NCL level delivery, building on local strengths and with a particular focus upon the local population needs.

This process, which has been replicated across all five NCL boroughs, has in itself been incredibly helpful for local systems, enabling a greater understanding of the relationships across the local system and has generated further insight into how organisations can work more effectively together.

Work to develop and refine the NCL and local level asthma plans continues, but from these local workshops and action planning sessions, it has clearly emerged that, whilst there are some things that make sense to deliver “once” across NCL, much of the whole-system action needed is best progressed at borough level.

Whilst the integration and refinement of the plan across the five boroughs is still underway (due for completion by April 2019), it is clear that whilst there are a number of pieces of work that can be delivered across NCL, there are others that are better placed to be progressed at borough level. Although Haringey is part of the STP NCL plan, local support is needed to tackle wider determinants of health such as housing conditions and air quality.

It is right that whilst the strategic outcomes and objectives have been developed and agreed at an NCL level, it is local systems that are best placed to understand the needs of their populations and the delivery mechanisms in place to improve outcomes. Local systems will retain their decision making functions in relation to the activities within the plan, whilst working towards a shared agenda.

Local work is detailed within the plan (appended) and includes a range of intervention initiatives across Haringey which include;

- Integrating care and support across health, social care and education

- Enhancing the community offer
- Upskilling staff
- Empowering young people and families
- Supporting population health
- Prevention approach
- Links with school superzone pilot

Engagement with partners in Haringey and across NCL has confirmed that there is also value in delivering some elements of the strategic work at a North Central London level, including:

- A shared approach to training and development of key staff groups in relation to asthma
- A networked learning approach across the system to support continuous improvement in outcomes for children and young people with asthma
- A consistent approach to engaging with and communicating to children, young people and families in relation to asthma awareness and education
- A system-wide asthma dashboard to monitor progress towards our shared outcomes across the partnership
- An NCL-wide understanding about the links with asthma and the wider social and environmental triggers, such as air pollution, smoking, poor housing.

The plan will be monitored through the North Central London Asthma Network which meets on a quarterly basis and also through the CYP Programme Board as part of the NCL STP. Locally, the plan will be overseen and delivered via oversight from Public Health and the CCG, bringing colleagues together as necessary.

## 4. Contribution to strategic outcomes

Our integrated approach to developing the system-wide asthma plan will deliver five outcomes (outlined in section 1) and are aligned to the following strategic outcomes within the Joint Strategic Needs Analysis:

- Child health
- Chronic conditions
- Lifestyles and risk factors: seasonal health
- Vulnerable Groups: vulnerable children
- Social, economic and environmental determinants: Education and attainment, social housing, air quality

## 5. Statutory Officer Comments (Legal and Finance)

Legal

There are no legal implications arising from recommendations.

Chief Finance Officer

Asthma has a significant impact on NHS spending; it was estimated to cost the NHS £1 billion in 2004. Based on findings from a study by Healthy London Partners[1], the potential savings from a 60% reduction in emergency admissions per 100,000 (0-18 years) could be as much as £197k (£72k and £125k).

There are no financial implications for Haringey Council.

## 6. Environmental Implications

There are no significant environmental impacts expected from this plan.

## 7. Resident and Equalities Implications

The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between people who share those protected characteristics and people who do not;
- Foster good relations between people who share those characteristics and people who do not.

The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

This approach will have a positive impact on children and young people, and in particular those who are likely to develop asthma. There are no other equalities concerns relating to the delivery of this plan.

## 8. Use of Appendices

Appendix A: Designing and delivering system-wide asthma improvement in Haringey – PowerPoint presentation. This paper contains the outcomes and objectives of the overall NCL Paediatric Asthma Plan This paper contains the outcomes and objectives of the overall NCL Paediatric Asthma Plan which are being delivered in Haringey

## 9. Background Papers

- NHS Long Terms Plan
- Joint Strategic Needs Assessments

[1] Source: Health and Social Care Information Centre (February 2016, based on number of patients registered at a GP Practice and 2014/15 Hospital Episode Statistics

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NORTH LONDON PARTNERS in health and care

North Central London's sustainability and transformation partnership

NHS

# Whole System Asthma Plan Development & Implementation

## Designing and delivering system-wide asthma improvements in North Central London

**Haringey**

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

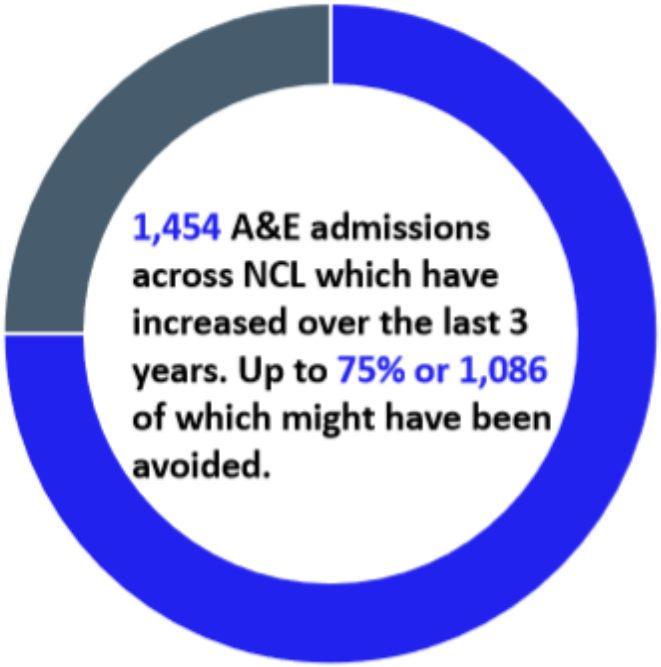
# Contents

NORTH LONDON PARTNERS in health and care

North Central London's sustainability and transformation partnership

# Scale of the challenge in London

Proportion of potential avoidable admissions (17/18)

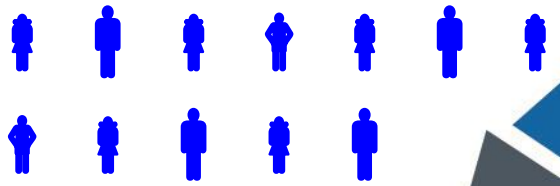



**Poorer children 2.5 times more likely to be admitted.**

**3 in every classroom, or 10% have asthma**


Children living in damp, mouldy accommodation are between one and a half and three times more likely to suffer symptoms of respiratory illness than those in dry homes

**12 London children die every year from asthma**



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# NCL Vision for Asthma

*'Right care, right place, right time'. Transformed health and social care services which are equitable, accessible, efficient and deliver improved outcomes for children, young people and families. Enabling high quality and responsive services for children, young people and their families, delivered locally where possible, with a shared focus on promoting wellbeing, reducing health inequalities and improving health and social outcomes.*

To support children, young people and their families with asthma to receive the appropriate treatment, at the right time and right place and enable them to remain as well as possible

*NCL Asthma Vision*

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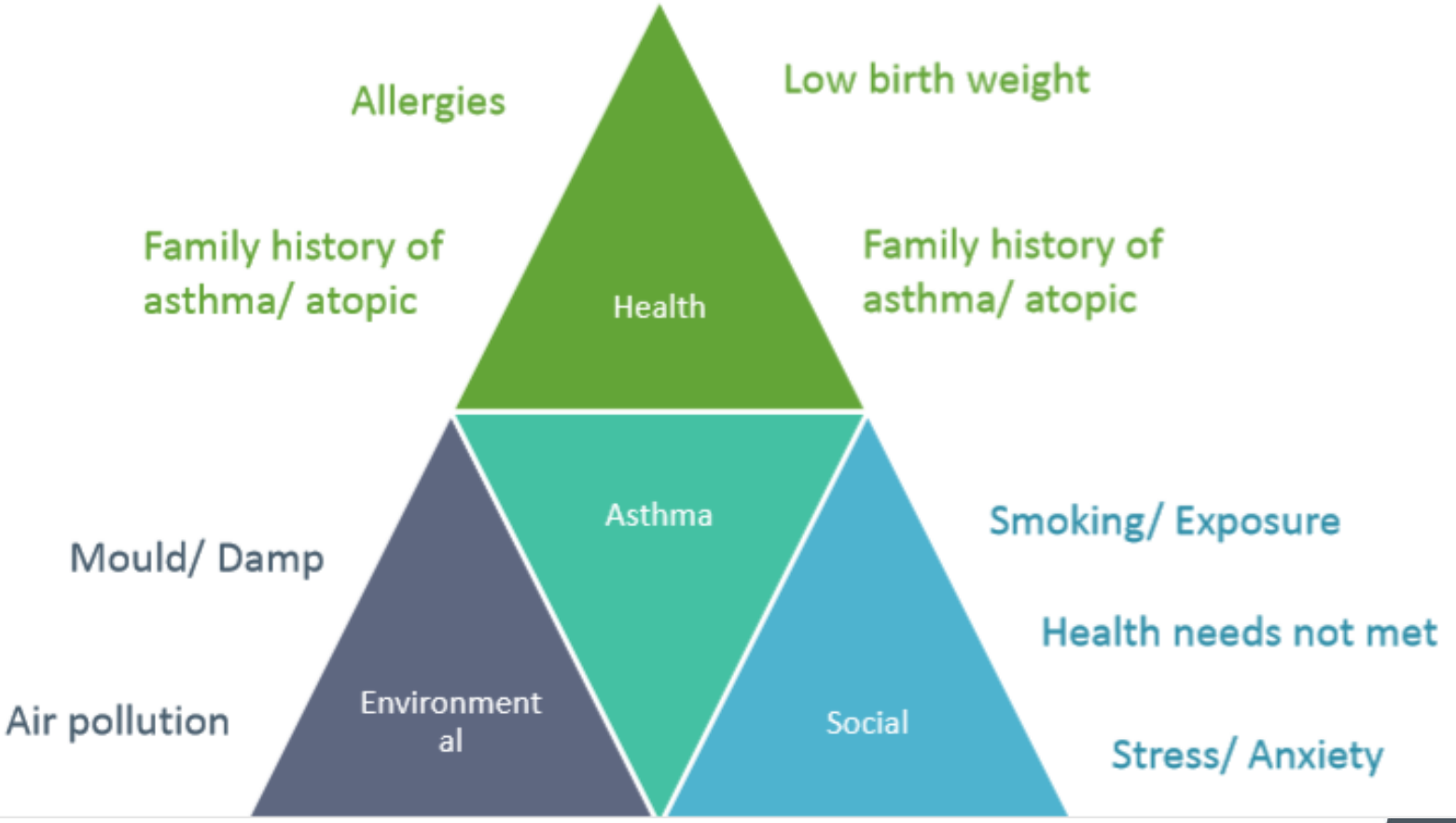
# Why we need a system response

Asthma is a long term condition that affects the airways, causing difficulty in air reaching the lungs. Whilst the causes of asthma are not clear, there is significant research around both the links and 'triggers' of asthma, which can be understood across a system of health, social and environmental agencies.



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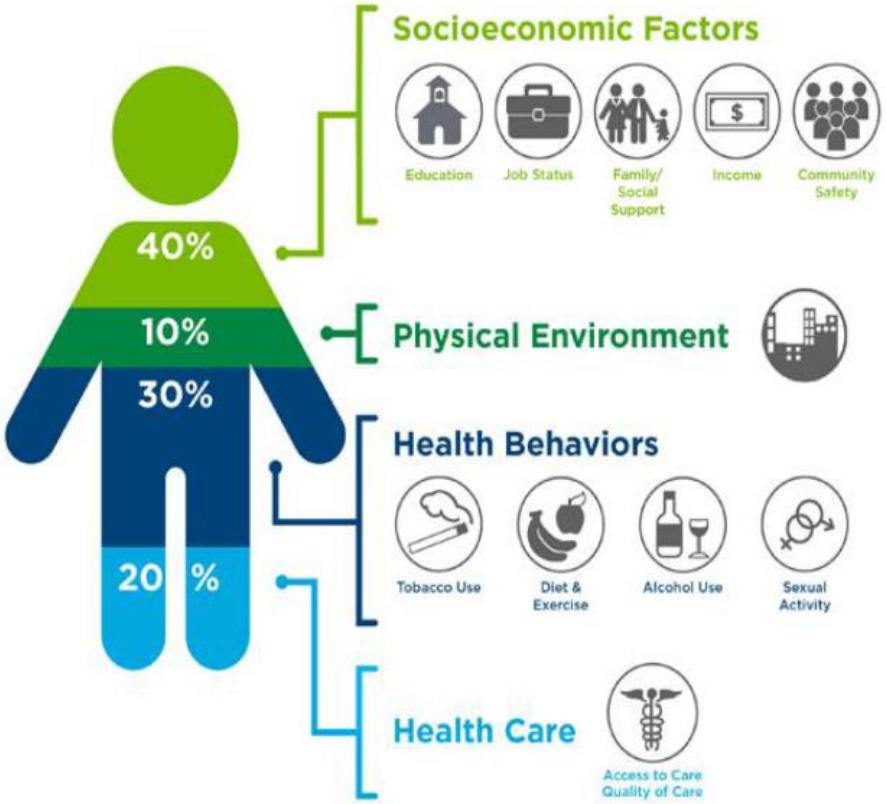
# Why we need a system response

It is clear that asthma is a complex and multi-faceted challenge, affected and impacted by a number of challenges across a wide system of agencies. It follows that a system response is required, which is able to take a holistic approach that addresses 'the causes of the causes'.




*Robert Wood Johnson Foundation, Standford Social Innovation Review 2014

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# Overarching Outcomes

## What we want to achieve for children, young people and families in North Central London

1. Young People & Families informed and empowered to manage the condition more effectively into adulthood
2. Enable healthy environments, which support children and young people with asthma to remain as well as possible
3. Enable all children to have access to a full education and activities, unhindered by asthma
4. All children have access to high quality asthma care
5. Earlier identification of children at risk of life threatening asthma attack or those with poor control.

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# Outcomes and objectives

**1. Young People & Families informed and empowered to manage the condition more effectively into adulthood CYP & Families are able to take care of themselves and remain well**

1. **Raise awareness about the risks of asthma for Children, young people and families**
2. **Focus on positively influencing behaviours which trigger asthma (i.e. smoking cessation)**
3. **Reduce the stigma associated with asthma for young people to support them in accessing and receiving appropriate care (Inc. links to mental health)**
4. **Empower young people and families by providing a clear and understandable care and support offer across NCL**
5. **Utilise technology solutions to enable greater patient empowerment**
6. **Ensure that young people are enabled to manage their asthma effectively into adulthood and referred to services seamlessly where appropriate**

**2. Enable healthy environments, which support children and young people with asthma to remain as well as possible**
Reduction in CYP exposed to pollutants

1. **Improve the health of young people by reducing the number who smoke themselves and those exposed to second-hand smoke in the home**
2. **Empower families to prevent or reduce damp, mould and other environmental triggers in the home and know how to access advice and support when needed, across all tenure types**
3. **Increase awareness in the housing workforce of the impact of poor housing conditions on asthma in children and young people, and increase awareness amongst health professionals of the advice and support available to residents to prevent or mitigate environmental triggers in the home**
4. **Support action to improve air quality**

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# Outcomes and Objectives

**3. Enable all children to have access to a full education and activities, unhindered by asthma**
Increase percentage of time that CYP are able to attend school and time spent participating in recreation and sport

1. **Reduce the number of school days missed due to asthma**
2. **Improve the awareness of professionals working within an education setting the risks and impact of CYP with asthma (Inc. links to Safeguarding)**
3. **More effectively target and engage YP with asthma in sports and recreation**

**4. All children have access to high quality asthma care**
CYP will be seen in the right place at right time

1. **Implement a more consistent pathway across North Central London for CYP asthma**
2. **Develop a mechanism which enables continued learning and improvement across asthma work in NCL**
3. **Improve the consistency of training/education for staff working in front line services**
4. **Agree consistent tools and methods for delivering asthma care across NCL**
5. **Develop a clear and cohesive offer for asthma care for CYP which includes the role of Community, Pharmacy, Primary and Secondary across NCL**
6. **Services are accessible and effectively address health inequalities**

**5. Earlier identification of children at risk of life threatening asthma attack or those with poor control.**
*"Asthma Sentinel: Keeping children with Asthma safe"*

1. **Ensure that all staff working with children and families are aware of the risks of asthma and the support available to signpost/refer**
2. **Develop digital solution which supports earlier identification of those at risk by sharing intelligence across the partnership and utilising a risk management tool**
3. **Deliver care and preventative interventions to CYP and families before needs become acute**
4. **Effectively target population groups and reduce health inequalities**
5. **Ensure that professionals understand their safeguarding responsibilities in relation to health management and know how to refer to safeguarding services where there are concerns about a child.**

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# Plan Development

Whilst common strategic outcomes and objectives have been developed and agreed at an NCL level, it is recognised that local systems are best placed to understand the needs of their populations and the landscape of local responsibilities, decision making and delivery mechanisms in place to improve outcomes.

To reflect this, the approach to developing the plan has been based on local borough-based workshops to map, design and develop the asthma plan. This process, which has been replicated across all five NCL boroughs, has in itself been incredibly helpful for local systems, enabling a greater understanding of the relationships across the local system and has generated further insight into how organisations can work more effectively together

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Delivering Together across NCL

To date, the elements of our strategic work to improve asthma outcomes in north central London that have emerged as best done at the NCL level include:-

- **A shared approach to training and development of key staff groups in relation to asthma**
- **A networked learning approach across the system to support continuous improvement in outcomes for children and young people with asthma**
- **A consistent approach to engaging with and communicating to children, young people and families in relation to asthma awareness and education**
- **A system-wide asthma dashboard to monitor progress towards our shared outcomes across the partnership**
- **An NCL-wide understanding about the links with asthma and the wider social and environmental triggers, such as air pollution, smoking, poor housing.**

# NCL Asthma plan development and approval process

Borough led governance

STP led governance

**Identify** | **Develop outcomes** | **Detailed planning** | **Approve**

| Stage 1 | Stage 2 | Stage 3 | Stage 4 | Stage 5 | Stage 6 | Stage 7 | Stage 8 |
|---|---|---|---|---|---|---|---|
| Approval of 2018/19 plan | NCL Logic Model Workshop | Stakeholder engagement:<br>- HCCH Board<br>- ESRG<br>- DCSs<br>- CYP Board | Local integrated planning workshops | Mapping local and sector initiatives | Approval by:<br>- CYP Board<br>- CCGs SMT<br>- STP Board<br>- H&W Boards | Official launch of plan | Public launch – World Asthma Day |
| • Opportunities identified | • Outcomes developed | • Outcomes socialised | • Project briefs signed off<br>• Finance & Modelling ready to share | | • Implementation plan signed off | | |

**20 Sept 2018**

What are the key outcomes our plan should enable?

**Key inputs:**
- Information pack

**Key output:**
- List of 5 agreed outcomes and objectives for the plan

**Stakeholder engagement:**
- # of people at the workshop and organisations represented

**26 Sep – 22 Nov 2018**

Are these the outcomes we can work together as a system to achieve?

**Key inputs:**
- Information pack
- Agreed outcomes
- Initial (broad) initiatives and measures

**Key outputs:**
- Outcomes reviewed to achieve internal and external buy-in

**Stakeholder engagement:**
- # of people at the workshop and organisations represented

**17 Jan – 6 Feb 2019** **6 – 22 Feb 2019**

During this stage, the plan is developed into NCL-wide and local initiatives. Some NCL-wide initiatives are carried out at local level for the whole sector, some use different methods to achieve the required outcome. Individual plans are then reconciled and shared for final agreement.

**Key inputs:**
- Information pack
- Agreed outcomes
- Initial (broad) initiatives and measures

**Key outputs:**
- Emergent draft plan
- Agreed plan

**Stakeholder engagement:**
- # of people at the workshops and organisations represented

**04 Mar – 17 Apr 2019**

During this stage, the full plan, alongside key milestones and KPIs, will be submitted to key governance meetings across health and social care in the five boroughs for formal signoff. The plan will then be launched with public awareness events planned to coincide with world asthma day on 7th May.

**Key inputs:**
- Completed finance and activity section
- Completed implementation section
- Data registry
- Project brief
- Agreed plan

**Key outputs:**
- Completed and assured project brief
- Detailed finance and activity modelling approved
- Implementation section approved

**Stakeholder engagement:**
- # of people at the workshop and organisations represented

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# Delivery mechanism

NCL-Wide Initiatives

**Local initiatives and delivery at borough level**

Improvement network

NCL Asthma Network

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# Plan approval

- NCL Health and Care Cabinet
- Camden Children's Trust
- NCL Directors of Children's Services
- NCL Directors of Public Health
- STP Programme Delivery Board
- NCL CCG's Senior Management Team
- NCL Asthma Network
- Barnet HWBB
- Camden HWBB
- Haringey HWBB
- Islington HWBB
- CYP Programme Board

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# Engagement

These strategic outcomes and associated objectives have been shared and tested with a number of key stakeholder groups across North Central London including local authority services and teams (including public health, housing, air quality, school health and wellbeing teams), tertiary, secondary, primary and community services, all of whom have supported our aspirations and approach.

We are also passionate about ensuring the plan is meaningful to and informed by the children, young people and families we serve. Across February and March we commenced engagement work with children, young people and families through workshops and questionnaires to ensure their views are at the heart of our plan and inform the way it is delivered.

*"I would feel that if we had better healthcare in schools that exceed first aid"*

*"It would also help if doctors could tell us about our medications and our conditions more directly rather than telling our parents*

*"Self-check in, because sometimes young people feel really confronted by people at reception, sometimes they prompt and they don't know what to say."*

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**Report for:** Health and Wellbeing Board – 12th June 2019

**Title:** Identifying, Meeting Needs and Improving Outcomes in a Local Area for Children with Special Educational Needs and or a Disability

**Report Authorised by:** Vikki Monk-Meyer Head of Service SEND

**Lead Officer:** **Bev Hendricks, Interim Assistant Director, Safeguarding and Social Care & Eveleen Riordan, Assistant Director, Schools and Learning**

## 1. Describe the issue under consideration

1.1 The Children and Families Act 2014 fundamentally reformed the approach by statutory partners to meeting the needs of children and young people with special educational needs and or a disability (SEND). The wide-ranging reforms set out in the Act, supported by statutory guidance, sought to address the consistently poor outcomes achieved for children and for young people growing into adulthood and the lack of a uniform approach nationally. The Care Act, which came into being at about the same time, offered a similarly fundamental reform of the approach to adults with social care needs and together these Acts represent a step change in how society considers and responds to disability and need.

1.2 The reforms created a strong presumption of closer joint working and commissioning between education, health and care agencies on the basis that these areas represent core outcomes to be achieved by and with children and young people with SEND. Key principles of the reforms included:

- A 0-25 approach which included a focus on preparation for adulthood for people with SEND
- Personalisation, involvement, collaboration and choice with families and children and young people themselves
- The Local Offer developed and promoted at both school and Local Authority level
- The replacement for children aged 0- 25 years of statements and learning difficulty assessments with a co-ordinated Education, Health and Care Plan
- Focus on timely production of the Education Health and Care plans with a 20 week statutory timescale
- Enhanced duties in Youth Offending services to identify and meet need
- Personal budgets to facilitate a more joined up approach to meeting health, education and social care outcomes
- Independent support and mediation

- Joint commissioning and integration across health, education and social care to enable the above reforms to be enacted

1.3 This paper sets out the scope of these reforms, the response by partners in Haringey and the key next steps to continuing to improve outcomes for children and young people with special educational needs and or a disability. In addition, this paper notes that all local authority areas are inspected by Ofsted and the Care Quality Commission and identifies the likely themes for such an inspection.

## 2. Recommendations

The Health and Wellbeing Board is asked to:

2.1 Endorse the emphasis on partnership working needed to underpin the effective implementation of the SEND reforms

2.2 Support the new governance arrangements recently put in place through the SEND Board to ensure improved outcomes for children and young people

2.3 Agree to receiving an updated Self Evaluation Framework on an annual basis

## 3. Background Information and Context

3.1 As noted above, the SEND reforms within the Children and Families Act 2014 focus on how well a Local Area prepares children and young people with special educational needs and disabilities for adulthood by identifying, meeting needs and improving outcomes. Whilst the local authority is a key partner in the Local Area, the Act and the supporting guidance, emphasise that effective partnership working across education, health and care are critical to implementing the reforms and effectively transforming previous outcomes and that no one agency alone can deliver the transformation required.

3.2 Key to identifying and meeting the needs of children with special educational needs is therefore effective joint planning, commissioning and working across health, education and social care partners. This requires a range of interventions and approaches to be available which can be called upon to meet need and address identified outcomes. Examples include good access to public health initiatives such as the Healthy Child Programme, to ensure children are referred to relevant services at the earliest opportunity, the availability and effectiveness of local therapy services, support for parents and carers where needed, timely access to emotional and mental health and wellbeing support, personalised support in education settings to support learning for all children and young people, local services to meet the needs of children with continuing health care needs and GP health checks for adolescents with learning disabilities.

3.3 In terms of Haringey's response to the SEND reforms, partners believe that whilst progress has been made, there are a number of areas where more work is required. Partners know from feedback from parents and carers for example, that

timely access to therapies, particularly speech and language therapy and to services to address emotional and mental health and wellbeing, as well as transition into adulthood including support for young people with mental health needs, housing and access to support into paid employment, remain key areas for improvement. There are established programmes of work to address these, including a Therapies Review which will be making recommendations for change over the coming months, informed by parental views and feedback, the CAMHS Trailblazer which is piloting a new approach to support for emotional and mental health and wellbeing in schools and a Transitions Steering Group which equally engages with parent carers to ensure a focus on all outcomes for young people entering adulthood, not just their social care needs. In addition, there is more work to do to ensure that locally delivered services and interventions are available for children and young people including education in a socially, emotionally and mentally healthy environment where there are gaps in local provision. This can mean that children and young people may need to travel to access the services and joined up responses they need. A recently concluded SEN School Place Planning review has identified gaps and key commissioning next steps. The model for parental engagement is itself the subject of a dedicated programme of work, which is just now getting underway guided by a small task and finish group of officers and parents.

3.4 There are strengths in Haringey's landscape for children and families affected by SEND. Although relatively new, Haringey now has a universal healthy child programme, rather than the targeted programme previously in place. From this programme 65-73% of families take up their 12 month review and 61% take up their 30 month review. The increasing uptake of these reviews has led to a higher volume of early referrals to Speech and Language Therapy – whilst this is positive and to be welcomed as early intervention is likely to be more effective and reduce demand for more expensive and interventionist services further down the line, it has to be noted that this has initially increased waiting times. There has been focused and joined up work to reduce these to 16 weeks for the under 5's where there has been the biggest pressure.

3.5 There are well established support services in early years and in schools to meet needs across health education and social care. There are multi-disciplinary teams to meet children's needs based onsite at the local special schools and therapy and support services for children with complex needs are jointly commissioned. Haringey special schools offer a range of interventions to support learning for the most disabled and complex children and young people and are operating at capacity.

3.6 Waiting times for diagnostic and therapy services are high but reducing – partners acknowledge the impact this has on children and families and that whilst it is comforting to know that wait times in Haringey are below the London average, and reducing, they are still long particularly in the life of a child with additional needs.

3.7 Haringey has recently commissioned a detailed drill down into the needs of children with SEND in the borough as part of the overall Joint Strategic Needs Assessment (JSNA). Initial – and still draft – findings are that Haringey has very

slightly higher than average levels of children diagnosed with autism although levels of children with an Education, Health and Care Plan are higher than local averages. There are also more young people with educational health and care plans in education over the age of 16 years than in neighbouring boroughs. Children tend to start school in Haringey with lower than average levels of language skills, however they make better progress than statistical neighbours once in school.

3.8 It is of concern that there are fewer young disabled people employed as they move into adulthood than in other boroughs as this can be a key route to greater independence and to improved outcomes for many young disabled people. The Transitions Steering Group is picking up this issue and there is a pilot underway, jointly developed with the Department for Work and Pensions, to address the support needed to make the transition into employment.

3.9 There is strong evidence of the links between exclusions and poor outcomes later in life and this is particularly acute for child with a special educational need or disability, which may not have been successfully identified and supported. Whilst locally, the recent Exclusions Review and the Alternative Provision Review, currently underway, have demonstrated that there are not disproportionate numbers of SEND children affected by exclusion, it remains critical that all partners focus on addressing need in the first instance – rather than addressing behaviour alone, for example.

3.10 A successful bid to NHS England for funding to become one of the country's trailblazers for a different approach to supporting the emotional and mental health and wellbeing needs of children and young people has led to an exciting programme of work across Haringey schools, focusing in Tottenham where needs are higher. This work is being jointly led across education, health and care with a real focus on earlier intervention and the importance of all those working with children and young people to work together effectively to address need.

3.11 The effectiveness of the wide range of interventions required to implement the reforms is judged in a number of ways, including by improved clinical outcomes and parental and child satisfaction with services, for example accessibility and the impact of advice and interventions. In addition, all local authority areas are subject to inspection, jointly by Ofsted and the Care Quality Commission, to understand how well the reforms have been implemented and embedded. An inspection in Haringey is likely in the next three to six months given the inspection cycle.

3.12 There is a strong alignment between the different ways of assessing effectiveness as any inspection will be guided by areas raised by children and families and evidence of outcomes poorer than would be anticipated. This means, for example, that waiting times for diagnosis and post diagnostic support are often themes in inspections of local areas, because they are raised directly by parents and also figure in the data. Particular examples include lengths of waits for speech and language therapy and autism diagnosis which are challenging for children and families – even where local waits are significantly shorter than comparator boroughs, as is the case in Haringey.

3.13 The inspection – which is anticipated in Haringey in the next 3 – 6 months – will draw on both health data and jointly held information on meeting the needs of young people with complex health needs e.g. those diagnosed with autism, physical and learning disabilities or those with continuing care needs, and how those needs are met both at home and in education. This may include equipment provision as well as support packages in the pre-school, school aged, and post 16 cohort.

3.14 The way that services are commissioned is likely to be explored, as well as how decisions are made across senior leaders and key quality assurance roles including the designated clinical or medical officer.

3.15 The impact of multiagency delivery will be key, and areas with high levels of integrated delivery have tended to be judged stronger than those where services work in parallel.

3.16 The Local Authority and the Clinical Commissioning Group have recently established a SEND Board to oversee the progress of successful implementation of the reforms. The board is working closely with other authorities and with a London wide Director's group, to draw on good practice and to provide leadership, support and challenge in order to drive improvement.

3.17 The Board recognises that the areas of strength and challenge need to be clearly expressed as part of the self-assessment, with a focus on co-production with parents and hearing the child's voice, both for those with complex needs and those with more short-term additional needs.

3.18 The SEND Joint Executive Board is holding a workshop, planned for July 2019. The workshop will enable partners to develop a shared understanding of our work and its impact. This information will be used to inform our self-evaluation that must be an accurate reflection of the impact and outcomes of our work and support with our SEND population and their parents. It will also be used to set priorities and a work plan for the next 2 years.

## 4. Contribution to strategic outcomes

4.1 The Borough Plan is Haringey's approach to improving outcomes for all residents, including children and families affected by SEND. As a partnership document, it reflects and endorses the joined up and targeted work needed to implement the SEND reforms and to ensure that the inequalities faced by many disabled children and young people are addressed and eradicated. In this respect, there are many parts of the Borough Plan which can be mobilised to support children and families with SEND to improve their quality of life and maximise their potential for the future.

## 5. Statutory Officer Comments (Legal and Finance)

5.1 <u>Legal</u>

The Health and Wellbeing Board's function include to encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together. The Board is also required to collaborate with and involve local stakeholders to secure better health outcomes, quality of services, a more focussed use of resources and value for money for the local population.

Section 20 Children Act 2004 and The Children Act 2004 (Joint Area Reviews) Regulations 2015 enables Ofsted and Care Quality Commission to undertake joint inspection of responsibilities for children and young people with special educational needs and/or disabilities in each local area.

The Ofsted and CQC Framework for the Inspection of Local Areas provides that *"Inspectors will consider how effectively the local area identifies, meets the needs of and improves the outcomes of the wide range of different groups of children and young people who have special educational needs and/or disabilities.." "The inspection will focus on the contribution of education, social care and health services.."* (Paragraphs 24 and 25).

5.2 Finance

The change and reforms in the Children's Act 2004 promote working integration, joint commissioning and collaboration between agencies and service. Any approach should include looking at ensuring value for money and striving to address needs within budget, despite the increased duties, and based on the financial resources available.

The report advocates greater multi partnership working which lead to better outcomes, and may lead to efficiency savings long term through collaboration and integration.

At this stage the report does not cover integration and joint commissioning and therefore there are no financial implications at this stage for consideration.

## 6. Environmental Implications

6.1 Not applicable

## 7. Resident and Equalities Implications

7.1 Not applicable

## 8. Use of Appendices

8.1 Self Evaluation presentation

## 9. Background Papers

9.1 Self evaluation narrative

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# Identifying, Meeting Needs and Improving Outcomes in a Local Area for Children with SEND

Health and Wellbeing Board Update

May 2019

Vikki Monk-Meyer

Kathryn Collins

# 2014 – Delivering the SEND Reforms

- A new Code of Practice, the *Special educational needs and disability code of practice: 0 to 25 years*. Key Principles:
- Personalisation, involvement and collaboration and choice with families – outcome focus
- The Local Offer at school and Local Authority level - paper, website and links to schools SEN offer
- 0- 25 Education, Heath and Care Plans replace statements and Learning Difficulty Assessments
- Duties in Youth Offending to identify and meet needs
- Production of EHC in 20 week timescale
- Personal budgets for health, education and social care services
- Independent support and mediation – IASS Service (Markfield)
- Above reforms enabled by joint commissioning and integration Health/Education/Social Care
- SEND Ofsted/CQC framework – joint area review

# Inspection Framework CQC/Ofsted Key Themes

| | |
|---|---|
| Identification | • How effectively the local area **identifies** disabled children and young people and those who have special educational needs |
| Meeting Needs | • How effectively the local area **meets the needs of** disabled children and young people and those who have special educational needs |
| Improving Outcomes | • Evidencing how **all partners contribute to** improving outcomes<br>• What is the impact on a Local Area?<br>• Evidence how the **area is improving** outcomes **as a whole – beyond attainment**<br>• Evidence is data, including softer measures |

# Inspection format – what to expect

- Call to Director of CYPS
- Nominated lead in SEND informs relevant leads in health services, education settings and parent groups
- Individual and focus group meeting – key lines of enquiry
- Visits to 12 providers from pre school to college age
- Webinar for parents
- Visit to Parent groups and forums
- Parent representatives will need to be at all meetings
- Ofsted would like to see variety of groups and people
- Feedback in the form of a letter to CCG and Director Lead
- Ofsted will look at information pre inspection including:
- Outcomes for children and young people with special educational needs and/or disabilities in national assessments
- Inspection reports for the local area, its services and providers
- The published local offer and The local authority short break statement
- schools' and nurseries' published special educational needs information reports
- the joint strategic needs assessment (JSNA) and the joint health and well-being strategy
- complaints to Ofsted and CQC
- any relevant serious case reviews and their outcomes
- performance information published by the DfE and DoH

# Data Requested as Evidence Pre Inspection

- **Education**
- Data relating to the identification of special educational needs at special educational needs support and education, health and care (EHC) plan levels (timescales)
- Destinations after leaving school, including about young people not in education, employment or training (NEET)
- attendance and exclusion information
- **Health**
- Healthy child programme (previous 12 months)
- School nursing service (previous 12 months)
- Neonatal screening programme, child and adolescent mental health services (CAMHS), speech and language therapy, occupational therapy, physiotherapy (to include commissioned care pathways and specialist arrangements for children with SEND).
- The lead HMI and CQC inspector should also **review additional information** such as:
- Evaluation from service users and how these have influenced commissioning and changes to service delivery
- Involvement from Elected Members
- data about initial and health review assessments for children looked after who have or who may have special educational needs and/or disabilities
- pathways for referrals to health services for assessment, including CAMHS, therapies, child development centres and associated performance data
- statistics on health attendance and input into EHC assessment and review meetings
- specifications for local area services, including those for young people aged between 16 to 25
- **Social Care**
- CIN/child Protection plan Numbers and LAC and also known to Youth Justice for those with an EHCP

# Excerpts from the Ofsted annual report 2017-2018 – is this true of Haringey?

- "In the second year of our local area SEND inspections …….critically, the gap in performance and outcomes for children with SEND is widening between the best and the worst local areas."
- "Frontline workers are clearly dedicated and professional, but improvement in many local areas is often slow and inconsistent. In particular, in the areas we visited, we are seeing:
- a continuing trend of rising exclusions among children and young people who have SEND
- mental health needs not being supported
- children and young people who have autism waiting up to two years to be diagnosed; some were not being educated at all during this time
- a continuing lack of coordinated 0–25 strategies and poor post-19 provision, which means some young people just doing the same things for six years more after age 19 and not moving into employment"
- "Education, health and care (EHC) plans are now in place. However, the quality of these plans is far too variable…… and contributions from care services to EHC plans are weak. The areas that have successfully implemented the government's reforms are jointly commissioning services that support parents and lead to good outcomes for young people. "
- "But many EHC plans have not been successfully implemented……. Identification of SEND is weak and those who do not quite meet the threshold for an EHC plan have poor outcomes. Understandably, this leads to many parents feeling that to do the best for their children, they need to go to extreme lengths to secure an EHC plan, which of course not every child will need. "
- There is a statement that Ofsted inspections will have an increasing focus on mainstream schools delivery of outcomes for those with SEND
- **Overall, although many of the above could apply, we know that children with SEND do well in their educational outcomes in Haringey and transition planning is significantly improving**


# The Strengths in Haringey's offer

- Our children with SEND do better than national average at school
- 99% of mainstream and special schools are good and outstanding, and new schools are opening
- The advisory teacher services are well respected and also provide services to other boroughs
- The educational psychology services are knowledgeable and schools want to buy them, they also feature on the national autistic society training videos
- The early years services are well established and get good outcomes
- Haringey has a good local offer website
- Parents are engaged through Haringey Involve and a range of parent groups
- Children are engaged through the Youth Council and direct work in schools and Youth Centres
- There is an effective SEND Information, Advice and Support Service for families and Children
- We have strong education providers in borough to support families

# Local Offer Event Feedback Positives – what parents have said


- EHC assessment process- thorough, high quality plans, content is good and it makes a difference
- Therapies – progress seen, good advice to school and home, the summer scheme is excellent
- Transport – transport buddies, like the escorts and the drivers
- Transition from children's to adults - education transition goes well, choice of colleges good
- Respite and support – having Direct payments gives you more control and you can trust the workers.

# Parent Feedback – Areas for development


- EHC assessment process – timescales, understanding of the process, information pre EHCP, understanding how to choose special vs mainstream
- Schools exclude children too often temporarily
- Therapies – consistency, amount of OT, therapies in college, liaison with home
- Transport – communication, pick up points - what chosen and how, delays in setting up, timing of pick ups
- Transition from children's to adults - social care assessment process, internships, making sure colleges deliver outcomes, EHC services to be more joined up post 16.
- Respite and support – process of direct payments, choice of respite, communication about reviews and appeals, use of cash payments
- Autism Pathway – what about children with less learning difficulties
- Borough accessibility plan – getting out and about for leisure

# Projects to develop local services, and meet children and families needs

- Review of exclusions and alternative provisions – Corporate Development Unit
- Transforming CAMH Services to reduce waiting times and increasing access. Haringey is a National Trailblazer for Mental Health in Schools and is piloting the national 4 week CAMHS access target. Clinical Commissioning Group, BEHMHT, Tavistock and Portman, voluntary organisations and Local Authority.
- Therapies Review for Speech and Language Services and Occupational Therapy – Local Authority SEND and Clinical Commissioning Group
- Re-commissioning of respite and support for children with Disabilities - Local Authority SEND and Commissioning
- Review of the Autism Pathway - new Therapies led assessment service for under 5s. Clinical Commissioning Group, Whittington Health and the Tavistock
- Transforming Care (preventing hospital admissions and residential care for children with autism and challenging behaviour) - Local Authority SEND, CAMHS and Clinical Commissioning Group
- Improving EHCP quality and timeliness - Local Authority SEND, schools and Haringey Involve
- Improving transitions for people with disabilities – 'Moving On' co-production transitions group, Local Authority SEND and Adult Services

# Identification of Children with SEND Pre School

- Children with complex needs are identified from birth - referrals are made to the health visitors from hospital and the Child Development Centre at St Ann's. These children may have significant genetic, physical or developmental disorders
- The Child Development Centre at St Ann's has consultant paediatricians, therapists and specialist health visitors. The CDC will refer children to the local authority services via the Integrated Additional Services Panel (IASP) if needed
- For children with developmental delays not apparent from birth, their needs may be identified through the healthy child programme checks and referrals made to speech and language, occupational therapy, physiotherapy or the CDC at this point.
- The commonest expression of a child's developmental difficulties is late sitting, walking and delayed speech and language development. Of these delayed speech and language development is the most common.

# What happens after pre school children are identified to assess their needs?

- Referrals are made to local therapies:
- There are 95 children referred to SLT per month
- There are 49 children referred to Physiotherapy
- There are 22 children referred to Occupational Therapy
- There are 40 referrals to the child development centre per month for children requiring a developmental check to identify more long terms difficulties
- Children who are Deaf or visually impaired are referred to advisory teachers directly following assessment by health services
- Children may be referred to the Integrated Additional Services panel (IAS). This is a multiagency panel of health, education and social care. The types of services allocated are:
- Portage Home intervention Service, Short breaks (respite), educational psychology assessment, specialist nursery places, Support from the Area Inclusion Officers in nursery or nursery inclusion top up (additional money for nurseries to meet children's needs)
- There are approximately 10 notifications per month to the IAS panel of child who may have developmental needs requiring long term intervention
- These 121 referrals to IAS panel resulted in the following services: 31 children had Portage, 31 children had educational psychology, 59 children had additional payments for support in nursery

# Meeting SEND needs in Nursery and at Home Pre School

- Therapies and educational psychologists see children at nursery and at home.
- Nurseries are trained and supported to identify needs by the Area Sencos (EY Inclusion officers) and therapies, there are also early years improvement officers. There is an Early Years Senco Forum and training package to meet needs
- Some nurseries have specialist places called Early Support places – 54 (15 hour) places across 8 nurseries, others can apply for inclusion top up. There are currently 99 children supported through the top up and all the Early Support Places are full at this point.
- If not in nursery, complex children are seen at home and community clinics by Portage Services, and therapies. There is an home visiting service run by the Speech and Language Therapy service for the most complex children and a range of specialist interventions for children with severe language needs e.g. chatterpillars language group.
- The above helps us identify children who need and Education health and care plan to be ready for transfer to school in reception

# What have parents and professionals told us about how needs are identified and met?

- We know that the health visitors have increased their referrals to SLT for children who are 2 years old with language delay - this is positive, but has increased the waiting time which is approx. 16 weeks to first appointment. A Speech and Language Therapy Review is underway, led by the CCG. Parents have contributed their views about what they would like from this.
- Parents tell us that there is not enough Occupational Therapy so the LA have commissioned an additional post. Waiting times are also approx. 18 weeks for this service, and is still longer than ideal.
- There are some nurseries who do not refer children for support, Early Years Inclusion Team are carrying out targeted visits to review their arrangements for identification and support of children with SEND
- We know that the take up of two years places for children in the borough is lower than it could be, so we are setting up a joint clinic based at the CDC so that parents can explore the child care arrangements most appropriate for their needs when they come for a developmental check
- There are 41 children with an EHCP initiated each year pre school. Pre school referrals are not refused if the children meet early support criteria (complex needs) and those referred are often known to need an EHCP as they have high top up from the inclusion budget. Those with Inclusion top up to a moderate level may not need an EHCP at this stage – their needs are usually language and behaviour

# Identification of Needs of School Aged Children

There is an active school SENCo forum and training offer run by the advisory teachers to support schools to identify and meet the needs of children with SEND. 65 of the 72 sencos attend the forum and we have set up a targeted secondary senco forum this year.

Schools may screen children for difficulties and then refer children to therapies, particularly SLT, child development centre and have drop in advice from educational psychology. Advisory teachers and clinical psychology service provide a service following a diagnosis. Educational Psychology services are traded interventions so schools need to buy this in. Assessment for an EHCP is not traded.

58 of the 72 schools buy in their Ed Psych services from Haringey and some from other boroughs

On average 50 young people are accepted by CAMHS for a service per month due to emotional disorders expressed as anxiety or depression or in their behavior.

Referrals to services may be due to language delay affecting curriculum access, behaviour, anxiety, difficulties with socialisation, poor progress in accessing the curriculum or physical access difficulties not otherwise covered.

All services seek to meet needs at school, although CAMHS offers appointments at St Ann's. In the East of Haringey, some schools will have the first National Mental Health Teams in Schools.

# Meeting Needs School Aged

- Schools have to publish on their website an “SEND information Offer” which outlines how they meet need needs for children with SEND. These have been audited once by SEN Inclusions lead and school improvement but should be re-audited again.
- Schools use their devolved budget to meet SEND needs. Included in the devolved budget is money to meet the needs of children with additional needs as a result of a deprivation index. Of this, up to £6,000 should be spent on children who are at SEN support and forms the first £6,000 per child of an EHCP. This money comes from the high needs block.
- In Haringey we also provide schools with additional money to meet the needs at SEND support if the schools have high numbers of children with EHCP’s. (SEN contingency)  This is 1.3 million across the 72 schools.
- There are 5,135 children at SEND support in Haringey Schools which is in line with national average. The majority of needs are language and behaviour
- There are approximately 40 referrals for EHCP assessments per month to the local authority, of these approximately 78% are agreed to progress as an assessment. If not agreed, the children are supported at SEND support in school
- Threshold’s for the EHCP were set as a multi agency working party in 2014, including parents, and then reviewed and lowered in 2018 following reconvening the above panel as thresholds were considered too high. EHCP assessment is dependent on educational impact of difficulties not diagnosis
- Parents are informed if there is agreement to progress to an EHCP assessment in 6 weeks in 96% of cases
- The numbers of children in Haringey with an EHCP is 1928 which is 3.0% of the local population. National average is 3.0-3.1%
- EHCP finalised within 20 weeks has improved from 30% last year to 63% this year
- There is a broad range of training for parents and schools on a termly basis from OT, SLT, advisory teachers. These are national courses to develop communication skills e.g. ‘Elklan’ which are run locally.

# Education Health and Care Plans – How we are progressing to 20 weeks 100% of the time

- We know that the standard for issuing an EHCP is 20 weeks, which is a statutory duty. The national average is 65% of plans are issued at 20 weeks. Haringey has only recently reached this target and continues to improve
- The reasons for delays are:
- The increased volumes of assessments requested, and the challenges this has presented to schools and partners in submitting reports
- LA staff writing the plans with families, within the timescales needed to complete the plan in 20 weeks
- To address this we have:
  - changed our processes to increase the involvement of schools in writing some aspects of the plans with families
  - Increased capacity in therapies such as Occupational therapy to support the assessment process
  - Reviewed the structure of our service so that we have fewer handovers between staff and the process is smoother
  - Increased the size of the staff team to support the improved processes
  - The CCG has commissioned addition time from a senior clinician as a designated clinical officer to quality assure and sign off the plans

# What happens if children are excluded? What are we doing about it?

Sometimes children are excluded for a fixed period of time for actions that contravene the schools behaviour code

In this case the school has to show how they will ensure a child's education needs are met, if a child has SEN the school will contact the SEN team for support from the advisory teachers or discussions around additional support if the child has an EHCP.

A team around the child meeting should be called or an emergency annual review.

This may lead to the child attending an alternative provision for a short time.

Sometimes this leads to a change in a school for the child.

If a child is permanently excluded this must be agreed by the school governing body aswell as the school. The family can ask for an SEN expert to be present at a meeting with the school, this ensures that a child is not being excluded for issues related to their disability.

If a permanent exclusion occurs the local authority is responsible for finding the child another school.

For a child with SEND, we try to change a child's school before the child is permanently excluded. This can happen for 5-7 children a year.

There is a review of provisions and approaches to managing children needs who are at risk of exclusion, which is a multi agency group seeking to reduce exclusions and develop services

# Progress toward meeting the areas identified in the Autism Needs Assessment

- **Waiting times for ASD diagnosis** - Waiting times for diagnosis has improved from 24 months to approximately 15 months at the child development centre
- CCG and Whittington health are looking at the waiting times to see how the Multi Disciplinary Team required for the diagnosis can work differently and see children more quickly
- Health services are looking at how families can be given more information about what to expect following a referral which will support a more effective intervention or reduce needs through effective self help
- **Improving transitions** – there is a 'Moving On' parents group looking at transitions. They have worked on:
- Improving information in the Local Offer on transitions
- Designing a 'preparing for adulthood pathway guide' to be given to parents
- **Improving employment opportunities** - the LA have commissioning a service to help people with learning disabilities develop the skills to get a job (run by an organisation called "MyAFK")
- **Improving the education offer for people with high functioning autism -** The LA and Heartlands Community School have opened a Free Special School called The Grove for people with high functioning autism.
- **Improving the education offer post 16** – the LA have opened a new post 16 setting called Riverside learning centre, and increased the places at Haringey 6th form Centre.

# What do we need to do together across Health Education and Social Care?

- Ensure our governance structures are robust to oversea progress
- Share our data across the services to inform on our local areas service development
- Share our feedback about what families think is working well, and where they have concerns e.g. the friends and family test
- Identify if there are services who need more training, advice and support about SEND and their duties under the reforms
- Jointly plan services strategically, for both population needs and individual children with complex needs. We will put in place stronger processes and procedures across health, education and social care to avoid duplication and ensure services work more effectively together. Some of this work has started for the most medically complex children.
- Contribute to the duties in a timely way
- Use and share the local Offer website and let us know it is helpful, and if there are other sites it can be linked to
- Ensure the LSCB is overviewing the safeguarding of vulnerable young people in all settings

Haringey LONDON

# SEND

# Children and Young People with Special Educational Needs and Disability

## Self-Evaluation

## March 2019

## SEND Self Assessment

## Content



### 1. SEND and plans for improvement

Our self assessment focuses on the implementation of the special educational needs and disability (SEND) code of practice in Haringey to fulfil the duties of the Children and Families Act 2014 and improve outcomes for children and young people.

Through the self assessment we can be clear about the strengths in delivering services for SEND in Haringey whilst also having a good understanding of areas for development and the work to do. We are under no illusions about the challenges we face for the future but are confident that our partnerships between agencies and with parents provide a strong foundation for making good progress.

We want to continually improve services and outcomes for children and young people who have special educational needs and/or are living with a disability in Haringey. As a local area we continue to be keen to learn from others. We commissioned an external consultant to carry out a supportive review in March 2018. We participated in the London Council's Sector Led Improvement Activity of peer review for a self assessment , including SEND , in April 2018. We continue the constructive engagement with the Department for Education and reviewed progress towards fully implementing our duties under the reforms for SEND in July 2018. We also met with the education funding agency to outline our progress in delivering high quality education support for children with SEND in October 2018.

Of great importance is our work with parents and with children and young people to ensure that their voice is heard and that this shapes and influences our services and our practice. We are keen to develop services which are shaped and influenced through feedback from children, parents and carers.

In carrying out our self assessment we have opportunity to further our understanding of the needs in the Borough for children in their early years, school aged children and young people who are making the transition to adulthood. We have opportunities to strengthen our relationships with partners , how we progress work on co production with parents , the

commissioning of services and put in place the SEND strategy and plans for action for the next three year period from 2019-2022.

**The 'One year on' Ofsted review of inspections has shown common areas of significant concern nationally. These include:**

- **Leaders and elected members not fully understanding the reforms and therefore not challenging progress**
- **Parents not feeling included in decision making and lack of engagement with families at a leadership level**
- **Lack of focus on impact of actions to improve outcomes**
- **Challenges in implementing joint commissioning, particularly around specialist therapies**

**Locally we feel that leaders and elected members now have a strong understanding of the reforms, are developing in their understanding of what and how to challenge in collaboration with families.**

**As with many areas, parents are vocal about services they feel need to improve, but as an area we are not confident that we are able to hear the views of all families and are working on this. The LA and CCG are collaborating on all those areas that need improve, with some more of a priority e.g. our 20 week timescales for EHCP's.**

**Like many local authorities Joint commissioning remains a challenge, but is on an upward trajectory. There is a good range of specialist services available, with emerging joint commissioning across the LA and Health services around addressing mental health needs. Joint commissioning of services across adults and children's services are emerging.**

## 2. Governance and leadership

In the 2018-19 period we have been working to strengthen arrangements for governance and leadership in delivering services for SEND in Haringey. Leaders and officers have a good understanding of what is working well and what needs attention in their areas of responsibility.

There is a SEND Leadership Board in place which has representatives from the key partner agencies to oversee governance and strategy. A multi-agency SEND Reform Group is well established provides operational leadership in progressing plans for service delivery to meet needs. Activity including minutes of meetings and outcomes are published on our Local Offer website.

Partners are working to an agreed vision and objectives through the SEND strategy and Joint Commissioning Strategy. The Joint Commissioning Strategy for SEND 2017-2019 identifies a suitable set of aspirations to develop a more joined up approach to

commissioning between health and education. Work is underway to review and refresh the Strategies for the next period from April 2019.

SEND is included as a work stream in the programme of service plans and improvement work which is overseen by the Children's Improvement Board and which is chaired by the Director of Children's Services. Services for children, young people and their families , including SEND , benefit from continuity of the involvement from the lead member for children in the Borough. The newly launched Haringey Education Partnership has outcomes for SEND which have been specifically commissioned, however this is a new relationship and it has not yet been established long enough to test effectiveness.

A Transitions project is in place and we have Adult Social Care representation on the SEND Leadership Group. We also report this work into the meeting with joint lead members and is also reported to P1 Board which is attended by the lead member for children's services.

There are Health Service Clinical Commissioning Groups overseeing various aspects of the SEND work agenda and service provision to meet the needs of children and families in the Borough.

The CAMHS Transformation Board provides a good example of joint accountability and working mechanisms. SEND provision is regularly discussed considered at the multi-agency High Needs Block sub-group and actions reported to Schools Forum.

The borough has a thorough self-assessment for Autism but no overarching Autism strategy, this is an area for development in collaboration with parents and children.

The arrangements across the partnership also continue to develop and a Designated Medical Officer is in place for 1.5 days per week whilst there has been investment in a Designated Clinical Officer post for 2.5 days per week to support SEND work. There is strong multi-agency representation at all decision-making panels for SEND from health, education, and social care.

Overall there are stronger links at an operational leadership level across health education and social care than at a strategic level and this is an area for our focus.

## 3. Co production : voice, influence and participation

We have four parent's groups that we consult with regularly and who are integral to the development of strategy and policy, including the SEND commissioning strategy and the accessibility strategy. The groups included 'Haringey Involve' which was the parents group sponsored by Contact, SENDpact, a Charedi Community Group and the 'Moving On' reference group, supported by Health Watch. Haringey Involve is now no longer sponsored by Contact and we are reviewing the models of co-production that will work for Haringey.

All the groups are represented at the SEND reforms operational group. The 'Moving On' reference group is specifically focussed on transitions. Minutes of meetings and actions are published on our Local Offer website. There has been a scrutiny committee review implemented focussing on SEMH and Autism, which seeks to identify what parents feel will support home and schools best to manage their children's needs.

Parents have given their views about the therapy services with a view to revising the service delivery. They were clear that they wanted more continuity, more advice for families in how to intervene at home and use of groups for children where appropriate. They liked the secondary summer groups. They thought GP's and primary care professionals needed more information about language delay, and also that advice liens should be more widely used.

We have a clear commitment to co-production. There are well established relationships with individual smaller parental groups and regular consultation and engagement on a range of issues, although we are aware we do not get active feedback from parents of children at school action, and are working with HEP to address this. A regular newsletter for parents is distributed and made available on the Local Offer website.

Typically, local areas leaders make sure they engage and consult parents about provision of services and there some examples of effective co-production e.g. EHCP threshold document, therapies review, respite and support offer (direct payments), the impact of transport changes, transitions, the use of the SEN capital grant, and the reception transfer and secondary transfer yearly events.

Parents are invited to topic specific workshops in addition to ongoing projects e.g. providing feedback about a range of services and issues regarding the Local Offer on 13 and 14 November 2018. This included positive views about what is working well and also areas of practice and service delivery which could be improved. The feedback is to be used to inform service planning for improvement and future strategy.

Children influence their individual services and education plans, and examples can be seen in the work of the well-established advisory teaching services (Autism, language, hearing and vision), these services are an area of strength for the borough in terms of supporting children to influence their own services. Our Autism Team are featured in the national autistic society video for the ELKLAN project. We consult our Youth Council around new projects and topics of interest for young people e.g. respite and support, staying safe. Our local Autism Youth group are active in helping families understanding about transitions for children with Autism through school phases, and have provided advice and support sessions to parents so that they know what to expect for their children as they move to secondary school and college. We are planning a children's Local Offer event with HEP.

Our SENDIASS service is well established and used by families, and their quarterly report shows a high level of activity. Their views are used in changing the delivery of services e.g. they attend the SEND reforms group, are involved in the review of the EHC assessment and annual review process, and have helped shape the secondary transfer project where we have worked to ensure that families feel confident in requesting a range of secondary schools rather than a few single schools in the borough. SENDIASS provides valuable feedback about inclusive practice in the borough and where there are areas of strength and challenge. SENDIASS is developing in it's scope and has been successful in extending it's commissioning to meet the needs of children in specific circumstances e.g. LAC and those young people known to Youth Justice.

Overall whilst there are good examples of co-production at operational level they are not always strategic or systematically used across the system. There was limited capacity in our local parent's group, Haringey Involve, to support co-production and as a result a range of parent groups have emerged

## 4. Joint Commissioning of Services Across Health Education and Social Care

The joint commissioning strategy recognises the need to further develop the Joint Strategic Needs Assessment (JSNA) to inform joint commissioning for SEND.

The local area's JSNA does not identify SEND commissioning needs comprehensively and clearly enough to inform effective joint commissioning. The JSNA only references SEND needs in relation to volumes and prevalence of children and young people who have SEND and projected demand for CAMHS services. Consequently, it is not a comprehensively useful tool for informing commissioning that improves outcomes for children and young people who have SEND.

Haringey's 2017 Autism Needs Assessment does contain some useful information about the needs of children and young people who have autism and reflects local intelligence reported by families and parent groups.

We know that as a borough we have high numbers of children starting school with low language levels, higher than average numbers of children with autism and gaps in our provision of services for children with mental health needs and challenging behaviour, including those with Autism and ADHD. More of our young people with EHCP's and severe LD stay on in education than the national average.

The predominant needs are autism and language in primary school age and behaviour in secondary school age. Locally the rate of diagnosis of Autism is higher than the national average, with 1.3% of our population with a diagnosis of autism compared to national data of 1%.

We have emerging cohorts of children with complex medical needs not seen in high numbers in the community before, e.g. those children who are oxygen dependant, or have a tracheostomy in place in order to breathe.

In terms of supporting joint commissioning for these children we have a Vulnerable Children's Commissioner who is funded by health and social care. Education, health and social care are represented at all strategic groups. The health service engagement includes public health, primary care colleagues and the local CCG aswell as local health provides.

We have jointly commissioned services and pathways including speech and language therapy, occupational therapy and provision of specialist equipment e.g. specialist seating and postural management systems for home and school. We have a tripartite funded pathway for provision of alternative and augmentative communications aids not already supplied by NHS England, whereby the local specialist therapy services assess for devices, which are then funded by health, education or a charity, in a shared arrangement. This means that we can now provide communication devices swiftly to children who would otherwise not have a voice for their communications or school work.

Joint commissioning of mental health services are just developing with health commissioning services from SEND such as Educational Psychology to support tier 2 mental health services in schools, and mental health professionals working to support children in the local tuition centre. We have recently been successful in winning a bid to address children's mental health needs in mainstream schools funded by NHS England this will develop our tier 1 and 2 services in collaboration with local schools.

We have good examples of regularly jointly commission packages across health education and social care for children with complex needs, utilising personal budgets in order to allow families to pool their resources to meet their children's needs. We are aware that we proactively problem solve in these areas but are not always clear on SMART outcomes specified for the children, so the impact tends to be measured in softer outcomes than in ways that are easily measurable.

We are aware that the local offer of leisure and community-based activities that children and young people who have SEND can access has not been clear and has been under review for some time. Residential provision and home care are currently being jointly re-commissioned and we have started a comprehensive respite support and direct payments review to look at our short breaks offer to children and families and how this is implemented.

We have recently started a review of alternative provisions as part of our work on meeting the needs of children with challenging behaviour and SEND. This review and workplan will have implications for how our services to children with these needs are jointly commissioned.

## 5. Identifying children and young people who have special educational needs and/or disabilities

The introduction of the Health Visiting two year check has increased the rate of referral to speech and language therapy at a younger age. Our local therapy service also has an information and advice line for families who call with queries about their children's language development to see if a referral is needed.

Whilst the introduction of the Health Visiting two year check has increased the rate of referral to speech and language therapy at a younger age, this is also creating a pressure on the Speech and Language Therapy service, and parents tell us waiting times are too long. We started a review of our therapies and local area need as a result, which is not yet complete. The review will address both a local area communication strategy and also capacity in the specialist therapies. Parents tell us they are happy with speech and language therapy service in the Early Years, but there is not enough occupational therapy service for this age group.

Referrals to our Child Development Centre are at the rate of 40 per month with the majority of referrals being around delayed language and challenging behaviour potentially leading to a diagnosis of autism. The CDC send section 23 notifications at a rate of approximately 6 per month to the local authority where they are considered at the Integrated Additional Services Panel to notify if a child may have additional needs.

We have put in place arrangements for multi decision making through a number of multi-agency panels which can identify children and young people with special educational needs and/or living with disability, consider their assessed needs and the resources which are best to meet the needs :

- The integrated additional services panel : Portage, Early support places, joint funded packages, early years top up, respite and support packages and referral to LA services and other agencies
- The Education, Health and Care agreement panel: for agreement whether to initiate an EHC needs assessment
- The special educational needs panel : for agreement about resourcing, change of school place and ratification of new EHC plans
- The transition panel : for joint funding agreements, destination planning and agreements for referral on

The complex care panel: for discussion on complex cases, three-way funding and oversight of the transforming care 'at risk of admission' register.

Pre-school education settings are supported to identify children by the Early Years improvement team and our Area Senco's. Training has been provided for new nursery Senco's in identifying and meeting needs. The Area Senco's are working with settings who have not previously referred children to work with them to identify children who have additional needs in their settings. The local health services have established a number that early years settings can call to discuss issues around children's health needs to address any queries around identified needs or where further advice is needed.

We know that the use of our Inclusion Top up has helped identify children who will need an EHCP in school earlier, and we have a number of children whereby the EHCP has been issued before the child is three years old. This has been a difficult process for families where the child has a tracheostomy due to the complexities of service provision for support, and we are working on making this a better experience.

We have a well established Senco forum which is attended by the majority of schools and supports schools to identify and meet needs.

We know that the numbers of children at SEN support in our local schools is 5070. We see significant discrepancies in the number of children being identified as SEN support across different schools and so are currently working alongside HEP to develop school expertise in identifying additional needs

At college level we have less intelligence available about the number of students whose needs are met at SEND support and we are aware that colleges are less skilled in providing graduated support for those with SEND. The local colleges are starting to access services such as Educational Psychology for assessments, and have asked for training on language and literacy development and support. We have put in place an Autism Advisor to support the transition and identification of students with social communication difficulties at college level to develop their skills in this area.

We have done multi-agency work on our EHCP thresholds and this is producing results with numbers of request agreed to progress as an EHC assessment increasing. Agreement rates have risen to 78%. In 2018-2019 we had 295 EHCP referrals with 230 progressing to an EHCP assessment.

The SEND inclusion team and school improvement services make intelligent use of published, end of key stage performance data, to inform the way its challenges and supports schools to secure effective provision for SEND. A considerable amount of work is undertaken to this end. For example, schools have benefited from support to help them review and improve provision for SEND through an audit of their SEND information reports and one day supportive review in 2016-2017, and this is a future focus for the SEND service working with HEP as part of their work for 2019-2020

We have a CYPS offer for children with SEND which covers the offer of support from social care to children who do not meet the DCT criteria. We know from our social care practice week that children with SEND are appropriately manage for care and support in our Early Help and Targeted Response teams.

For those children who meet criteria for support from the Disabled Children Team, children are identified by MASH, Early Help, their school senco's or the multi-agency meetings held in the local special schools. Signs of safety scaling is used to identify the level of intervention required if a child and family assessment should be initiated or a resource allocation tool used to identify what support is needed.

We know from our Ofsted report that we should be reviewing children's care packages from the Disabled Children's Social Work Team more frequently to identify if needs have changed, and ensuring that we have the child's view at the forefront of our decision making. Ensuring we have the right tools to do this and are robust in our decision making is an area of focus for us.

For young people who are over 16 years, we have a multi-agency reference group, and this helps us identify and track those who may be need support in adults and be care act eligible. We know that adult services have capacity issues in following up on referrals for assessment so that the care needs of young people in adult services are not always assessed quickly enough. This is a focus for our transitions project.

Currently we have no 'one front door' for SEND which can mean that families and professionals are not responded to quickly by staff who can guide them through the services. This was identified as part of feedback at our Local offer events. This is an area we are looking at around SEND information advice and support sessions

## 6. Assessing and meeting the needs of children and young people who have special educational needs and/or disabilities

The **Local Offer** and parent newsletters are increasing children and families awareness of the SEND reforms and for information, advice and support with increasing website hits

We know that we have strong services for children with complex needs and disabilities in our Early Years sector. We have early identification and support for children with complex physical needs, highly trained children's centres and multiagency interventions from health education and social care, including jointly funded support packages. We meet children with disabilities physical needs early, and have approximately 10 children who are continuing health care eligible at any one time.

Our post diagnostic support for our Autism pathway in this age group is established with Early Bird courses well embedded in the post diagnostic follow service, and more recently clinical psychology support and family seminars. More work needs to be done to support families and children and pre and post diagnosis. One of the challenges parents report is around parenting children with challenging behaviour, and we are carriing out a scoping exercise to ensure we can share the different parenting interventions available for children with additional needs. We need to develop our respite services and specific interventions to support families further with managing their children's behaviour at home, however we have gone some way to meeting these needs with the introduction of the Autism family support worker and by training our Early Help service in SEND approaches such as the 'SPELL' framework.

We are able to offer a home intervention Portage service and also 54 specialist (15 hours) Early Support places for pre-school children in our children's centres. The support offer in the Early Years is wide, ranging from managed services such as Portage, Area Senco's Early Support places in children's centres, inclusion top up and personal budgets or Family Link services for respite (day fostering).

We know from our review of the inclusion top up that this is a successful way of supporting settings to work effectively with children with SEND, and so we now need to increase

family's ability to access child care for children with SEND in Private and Voluntary Independent child care settings. We want to introduce the top up support for childminders. We have recently established a multi-agency drop in a local Children's centre to advise families on how to support children's learning and communication through play, accessing support from health services and their most appropriate and local child care offer when their child has SEND.

The majority of children with physical disabilities attend mainstream schools and are fully included, with engagement from support services such as school nursing in mainstream school and co-located teams in special schools to ensure that that the children's needs are met through appropriately established care plans. We have a children's group who are working with the school nursing teams in Whittington health to help ensure that children's health needs are managed in mainstream school. Palliative care services such as Life Force commissioned through Whittington health are well established.

We support schools to include as many children as possible in mainstream through training and support through our advisory teachers for autism, language, hearing and vision, and through multiagency agreements on thresholds for EHC's and special school admissions. These were established through working parties with parents and key stakeholders. Parents and schools tell us that the work of the advisory teachers is highly valued and effective in ensuring inclusion. We have trained key partners such as Camh's, therapies, consultant paediatricians, schools and early years setting, the police and school governors on the SEND reforms and implications for practice. We are about to start working with social care and primary care more broadly on awareness of SEND, the services and reforms and implications for practice.

As at January 2019 we have 1963 young people with an Education, Health and Care Plan (EHCP) EHC's in Haringey which is 3 % of our local population and similar when compared to statistical neighbours.

The majority of our children with an EHCP attend mainstream schools, with 36% in special schools across the age ranges. There are 485 pupils in Haringey's Special schools and other attending schools in neighbouring boroughs or in independent settings.

We have 40 children with an EHCP initiated pre-school each year.

We believe that the quality of **education, health and care (EHC) plans** has improved in the education delivery and we have arrangements in place to audit these and provide feedback about quality. We have done work to improve the description of health and social care in the plans and ensure they cover the preparing for adulthood outcomes fully.

A more person-centred approach has been developed. New plans typically capture the voice of the child and family, contain a helpful assessment of the child's needs and usefully define the specific provision required. However, plans still vary considerably in quality. EHC plans that are converted from statements are typically of poorer quality than new plans.

The proportion of EHC plans issued within the required 20-week period was low, however it is steadily improving to 68%. We now have more robust data to support us in tracking our performance. Parents tend not to complain about our timescales and our feedback is that they are generally happy with the education section of their plans, however parents have expressed increasing dissatisfaction with the social care and health sections.

The move to fully electronic record keeping means it is now easier for officers to quickly retrieve EHC plans and annual review information. The SEND team's current work reviewing

the quality of annual reviews is a well-considered first step in utilising the information collated to aid self-evaluation and inform improvements.

Historically we had approximately 17 SENDist challenges progress to tribunals on average each year, with 40%-50% ruled in the favour of the local authority. Key themes have been level of therapies, refusal to assess (which resulted in the threshold working party) and requests for residential school places post 16 years. In 2018, however tribunal requests were at an unprecedented high, with 31 requested of which 6 were part of the national trail the single route of re-dress. Our first experience of these types of tribunals were positive with a balanced outcome for a child with a tracheostomy, however it did highlight the challenges of providing effective respite and education pre school for our most complex children. We have learnt from this experience and as a result have invested in our local special school who specialises in meeting the needs of children with physical disabilities to provide outreach education support for children who are palliative, and manual handling advice and training for settings working to include children with complex needs. We are working on an agreed pathway with the CCG around managing the needs of a child with a tracheostomy in education.

We have risen to the challenge of the rising demand for school places in specific secondary schools by working with an academy partner to develop the family's confidence in local secondary schools. Haringey education partnership and Haringey local authority are working with local school to establish a communication agreement about how we manage the needs of children with language difficulties in mainstream schools, and also to looking to develop the schools skills in assessment and tracking for children with complex SEND in mainstream and special schools.

We have an established provision map for children requiring alternative provisions with both and in borough offer and a wide provision map which is published on our local offer.

We use tuition and also bespoke commissioned services for children who may be out of education. For some children establishing a bespoke curriculum using a managed budget or personal budget has been a successful way of meeting their needs and ensuring their educational progress.

We know that our exclusion rates for children are high however.

Rates increase in secondary schools with 33.9 FTEs per 100 pupils for EHC pupils and 25.6 FTE's for Statemented pupils, higher than the national of 23.8 and 22.5 respectively. We are working with the school's AP commissioner, Early Help and the vulnerable children's commissioner and Health Services on pathways around managing children's behaviour and mental health needs to reduce these high rates of exclusion. Actions to address this include mental health champions in school, use of the 'outcome star' to assist parents in managing their children's behaviour and show progress in parenting for better outcomes at home and at school.

Parents tell us that the pathways for supporting children with autism and no learning disabilities or ADHD is not as systematic as it could be across education, health and social care, with the result that children's needs are met late at times and a residential school is required. The young people report that the residential schools can be an effective way of meeting their needs, but some report they would prefer to be at home. We hold a watch list of children who may need residential provision and regularly review this at our multi agency complex care panel to see what other services can meet children's needs. We do not know

about the view's of our young people in this cohort and what they feel will support their positive attendance at school.

We have a wide range of special schools, including Blanche Nevile School for the Deaf, one of the only signed bilingual special schools in England. Like other boroughs, we have a rising demand for special school places for those with ASD or SEMH, and as a result have increased our local special school places, and also opened a new free school special school called 'The Grove'. This is a stand-alone special school meeting the needs of children across the age ranges and ability levels with ASD. This has had good and outstanding ratings in it's Dfe and EFA monitoring visits.

We know that transport and our local transport offer is important to families, and we have tried to respond to feedback from families about how are staff are trained and how are services are offered. We are reviewing this area to see how we can improve the experience for families following significant changes in our transport offer.

For our specific duties around Youth justice, we converted 23 young people's statements to EHC plans. We have a defined pathway for identification and referral for YP who may be in youth justice and have an EHCP. We know from the young people that they would prefer to have mentoring and additional tuition rather than direct support in the classroom.

With regards to **transition to adulthood,** we know from families that they do not feel that they get enough information on transition in a timely fashion, so we are working with our 'Moving On' parent's group to produce information for families and young people, arranging events, and training our providers to support young people in education.

Working collaboratively across service areas and with families we have produced a **pathway guide** which focusses on young people aged 14-25 years old, preparing for adulthood, also known as transitions. It sets out how services should work together to support young people with special educational needs, disabilities, learning difficulties and mental health to prepare for adult life. This guide includes a pathway map , a pathway guide age 14-25, a check list for moving on and useful information and contacts A-Z. Using our SEN capital grant, we have worked to expand our college offer in borough for children with SEND and have extended the places commissioned for our local mainstream and specialist centre Haringey 6th form College. We have also recently opened Riverside Learning Centre for 16-19 years olds with complex learning disabilities to ensure that those who need a bespoke curriculum building on independence skills can do so in safe and secure environment which offers appropriate challenge. We work hard to ensure that children develop as many independent skills as possible, and regularly offer travel training and travel buddying as we know that getting about on their own safely is important to children. We understand parents anxiety in this area but have had good feedback about this aspect of our transport offer.

We know that we need to ensure that young people with SEND get high quality careers advice and guidance and to stay on in education to achieve their aspirations. We have a yearly careers event at Alexandra Palace which is very well attended and local transitions events in children's schools and the local leisure centre. We have recently established an internship forum and commissioned a charity called 'My AFK' to working with us and local colleges on job coaching and establishing supported internships locally, although this is in it's early stages. Many of our young people receive job coaching but currently a low number go onto gain employment.

## 7. Improve outcomes for children and young people who have special educational needs and/or disabilities

Educational progress is generally a strength from national data. In 2015/16 the new attainment 8 measure of key stage 4 achievement was introduced . Under this measure pupils with a SEN statement /EHC plans achieved an average score of 18.6 just below the London average of 18.7 but above the England average of 17.0. The figures continue to show a strong trend around good educational outcomes for children at SEN support and with EHCP's,.

The introduction of the early year top up has supported settings to meet children's needs early, however they tend to apply for the most high need children and those with moderate needs, whose needs may resolve, tend not to be supported to apply. We have 99 children receiving the Early Years top up at any one time. We are planning to extend the usage of the pre EHC top up to school aged children as we believe that this will contribute to a reduction in fixed term exclusions.

99% of Haringey primary and secondary schools are Good or Outstanding, compared to 93% in London and 89% nationally. 100% of our Post 16 schools and colleges are good or outstanding.

We have a good range of local special schools who are also all good or outstanding. The special schools have multidisciplinary teams onsite, including nursing services and fortnightly multidisciplinary meetings to discuss vulnerable children. These groups use the signs of safety approach to establish levels of risk and track progress on how the children's needs are met.

86 of our looked after children have an EHC or statement. Approximately 179 children are known to the disabled children's team who have an allocated to a social worker, and are Child in Need. 27 are Looked After Children. There are now 12 children subject to a CP plan known to the DCT. We know that the recent Ofsted inspection raised concerns about the outcomes achieved by children with an intervention from the DCT so we are reviewing the service we provide through our team, and are auditing the outcomes achieved to ensure the service is child focussed and responsive to the child's needs. This review is not yet complete.

There are also126 children with EHCP who are CIN or CP known to CYPS social care, not known to the Disabled children's social work team. Approximately 123 children with EHC's or statements are working with Early Help practitioners. We know we need to review their outcomes after intervention to find if their involvement has had impact.

We have 334 children and young people with a short breaks budget in the 6-16 age groups. We know from our surveys of young people with a short break that they think that there short breaks help them be more adventurous, but they would like more choice of activities after school.

We know from our audits of annual reviews received that the EHCP's make a difference to how children experience education, and feedback is generally that the children make

progress and the EHCP make a difference.  These audits need to be done more systematically.

There are 288 young people with EHC's over 16 years. The trend for high levels of young people with autism in the borough is apparent in our post 16 population, with 57 young people transitioning to adult services in 16/17 of which 49 young people had autism. In 2018 72 young people were expected to be assessed and of these 57 have autism.

In 2018, 10  young people went to university. Our levels of young people with SEN who remain in education are slightly higher than the national average in this age group, but slightly lower than those who sustain employment than the national average. This year we have 6 young people attending supported internships.

We know that over the last year our levels of YP who are in employment and training are increasing slightly at 76%, with the levels of those unknown decreasing at 12.8% . Our NEET and SEND population remains stable however at 11.2%, close to statistical neighbours.

Overall however the numbers of people with disabilities who go onto paid employment is low however, and this is an area of focus for the borough.

**Vmm 25th April 2019**

**Report for:** Health and Wellbeing Board – 12th June 2019

**Title:** **Developing locality-based care in Haringey**

**Report Authorised by:** Charlotte Pomery, Assistant Director Commissioning, London Borough of Haringey
Rachel Lissauer, Director of Commissioning and Integration, NHS Haringey Clinical Commissioning Group (CCG)

**Lead Officer:** Priyal Shah, Senior Commissioning Manager, NHS Haringey Clinical Commissioning Group

## 1. Describe the issue under consideration

1.1 This report describes the progress made with developing locality-based care in North Tottenham.

## 2. Recommendations

2.1 The Health and Wellbeing Board is asked to note and support the development of Haringey's approach to locality-based care in North Tottenham.

## 3. Background Information

3.1 Locality-based care is about taking a partnership approach to improving health and wellbeing outcomes for a defined population. The vision is to prevent issues from escalating by providing a more integrated and coordinated response at the most local level possible, across public services and by supporting strong communities. This will be enabled through:

- A simpler, more joined up local system that offers the right support at the right time, managing growth in demand and reducing duplication in the system;
- Integrated, multi-disciplinary teams from across the public sector working together on the same geography and tackling issues holistically, focused on relationship-building and getting to the root causes;
- A workforce who feel connected to each other and are able to work flexibly to meet people's needs;
- A refreshed system partnership with the voluntary and community sector to co-ordinate local activity, networks and opportunities – so that we make the best use of the strengths and assets of our communities;
- A more permissive and joined up governance, strategically and financially, across the NHS and the Council to jointly deploy resources for maximum impact;
- Better utilisation of buildings across the NHS and Council estate.

3.2 The work in North Tottenham is a prototype for locality-based care and the locality includes Northumberland Park, White Hart Lane, West Green, Bruce Grove and Tottenham Hale wards.

3.3 North Tottenham has been chosen for the prototype due to the tangible health and wellbeing inequalities evident in this part of the borough as well as the potential for development. There is, for example, a 17year differential for women and 15year differential for men in the number of years lived in good health in Haringey between the most affluent populations in West Haringey and the most deprived populations in East Haringey. Household incomes in North Tottenham are 25% lower than the Haringey average. Alongside these statistics, however, we note that the area has over 100 community and voluntary services and on a Vibrant Economy Index, North Tottenham sits within the top third on measures of Resilience and Sustainability, and Community Trust and Belonging indicating the potential for development in the area.

3.4 The North Tottenham work will build on existing assets and initiatives in the area including Community First (provides advisory and support services to manage issues earlier and helps build local capacity), Local Area Coordination (a single, local point of contact working alongside people to build and pursue their personal vision for a good life) and social regeneration.

An update on the work so far

3.5 Since the last Health and Wellbeing Board, which endorsed the overall approach being taken, partners have continued to develop the working model and to refine how best to focus the work. As part of taking forward this work, in May 2019 an Agile Sprint on locality-based care was held. This brought together senior leaders from Whittington Health, Haringey Council, North Middlesex University Hospital and Barnet, Enfield and Haringey Mental Health Trust to identify and plan for key next steps for this work.

3.6 The outputs of the Sprint and the emerging approach for locality-based working including a roadmap for next steps are summarised in the slides attached for the consideration of Members of the Health and Wellbeing Board.

**Risks and Issues**

3.7 A number of the risks and issues for the North Tottenham prototype have been identified:

- The highest risk is that outcomes relating to prevention and early intervention are not met resulting in sustained or increased demand for emergency or crisis services. This is an important outcome for locality-based care and failure to achieve this would result in increased costs for health and social care. To mitigate this risk, we will jointly work with partners to address the issues that currently prevent locality-based working including, finances, governance, estates and workforce.
- The current commissioning and operational delivery arrangements across the NHS and the Council can at times facilitate silo working within services

and organisations due to separate budgets, narrow service criteria and a focus on activity targets. As we develop locality-based care, we will adopt a culture of transparency to share information and resources across the NHS and Council to achieve the maximum impact. We will work with services and organisations across health and care to understand the barriers presented by current commissioning and provision arrangements and aim toward developing joint person-centred outcomes that are meaningful for residents.

- The existing culture in the workforce in health and social care providers may at times be a barrier to joint and flexible working. During the Deep Dive, some staff expressed concerns about working across professional boundaries and the need to protect specialisms. Staff concerns will be listened to and new ways of working will be co-designed with staff through a system-wide organisational development programme.
- Information quality and sharing issues and current use of estates are also at times barriers to rather than enablers of integration and locality-based working amongst providers. This will be mitigated through working closely with the North Central London Information Technology programme and Estates Review programme as well working with partners to develop local and immediate solutions for implementation.

## 4. Contribution to strategic outcomes

4.1 This work has the potential to contribute to the following strategic priorities and outcomes of the Haringey Borough Plan 2019-23:

- Building and retaining wealth in our community
- Reducing inequality and making Haringey a fairer place

## 5. Environmental Implications

5.1 Environmental implications for the planned work identified in this report includes that associated with office usage (energy and water use, waste generation) and publicity (use of resources for leaflets, if used).

## 6. Resident and Equalities Implications

6.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share those protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not.

6.2 The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and

sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

6.3 Locality based care will aim to tackle health inequalities in Haringey including the 17year gap in healthy life expectancy for woman and 15year gap for men between least and most deprived parts of the borough (Public Health England data).

## 7. Use of Appendices

7.1 Slides summarising the outputs of the Sprint, the emerging approach for locality-based working and a roadmap for next steps.

# Developing a locality-based approach in Haringey

# Timeline so far

| | | |
|---|---|---|
| Oct-Nov 2018 |  | Community engagement led by Bridge Renewal Trust |
| Dec 2018 |  | North Tottenham launch |
| Jan 2019 |  | Integrated Localities Framework meeting |
| Jan-Feb 2019 |  | Deep Dive; interviews with staff, services and organisations |
| Feb 2019 |  | Haringey Intergreat event<br>Groundwork and North Tottenham Deep Dive feedback |
| Mar 2019 |  | Framework Group meeting<br>Update to Councillors |
| April 2019 |  | Framework Group meeting<br>Preparation for Sprints |
| May 2019 |  | Adult Social Care and Locality Working Sprints<br>Borough Partnership Discussion |

# North Tottenham

**Interviews of residents and staff:**

- Need **early and low level support** for mental health, housing, employment and benefits
- Need to **prevent issues** as far as possible
- Information, advice, help should be easy and joined up
- Problems to be dealt with in the round
- Long-term support should be **holistic** and come together around the person or family


**Public health data:**

- Higher prevalence of **diabetes and hypertension**
- Higher proportion of **alcohol-specific hospital admissions**
- Highest prevalence of **overweight/very overweight children**
- 7.7% fewer young people achieve 5+ GCSE
- Household incomes are 25% lower than the Haringey average

**The socio-economic picture:**

- Over **100 community and voluntary services** working in the area
- Assets in the community - Children's Centres, Community Centres, Regeneration plans, Tottenham football stadium
- 78% of residents have **good friendships and associations** in their local area
- 83% say relations between ethnic and religious communities are good
- **Vibrant Economy Index** - sits within the top third on Resilience and Sustainability, and Community Trust and Belonging

# The vision

Locality working vision

**We want to create a step forward in how well we prevent issues arising and nip them in the bud early, through more integrated public services and more resilient local communities.**

This means:

- A **simpler, more joined up** local system that offers the right support at the right time that manages the growth in demand and to reduce duplication in the system
- **Integrated, multi-disciplinary** teams from across the public sector working together on the same geography and tackling issues **holistically**, focused on **relationship-building and getting to the root causes**
- A workforce who feel **connected** to each other and able to work **flexibly**, better able to meet people's needs
- A new system **partnership with the voluntary sector** to co-ordinate local activity, networks and opportunities – so that we make the best use of the **strengths and assets of our communities**

Enabled by

A strategic and innovative focus on **culture and behaviour** among staff and residents

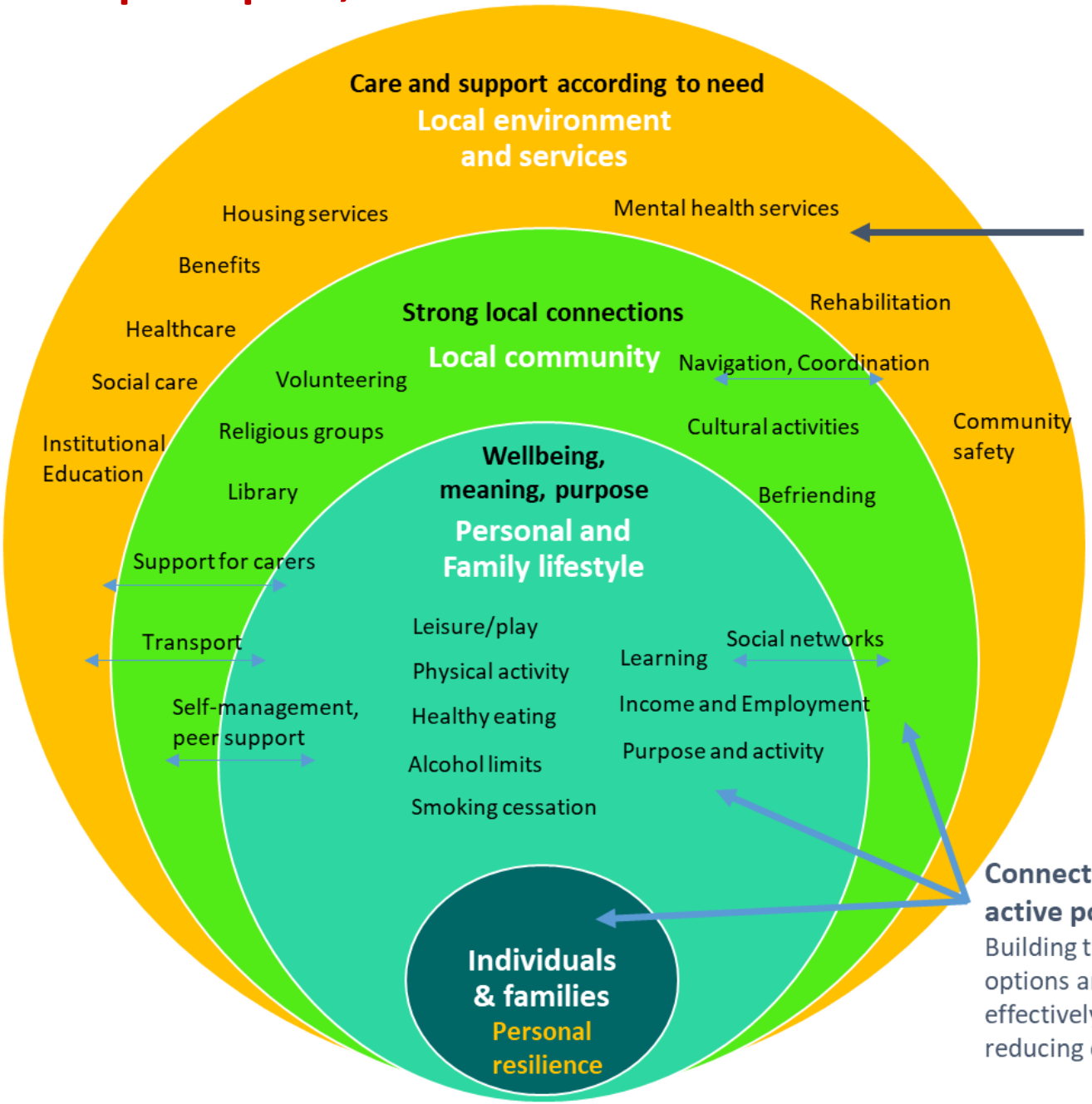
A joint approach to the **shared public estate** with services delivered from fewer, better buildings, enabling estate rationalisation and new social housing.

**Integrated data and systems**

A **mature approach to finance**, risk and reward across the local system.

More **joined-up governance** of strategy and spend with the Council and NHS – so that we are jointly deploying our resources to achieve the most impact

# Resilient people, families and communities




Co-produced statutory services

**Connected, engaged and active population**

Building these so the outer options are used more effectively and efficiently, reducing cost

# Our Principles

**Preventative approach**

- Deliver on our priorities to create more immediate change on the ground
- Strengthen early intervention and prevention options
- Community-based, all age early intervention and support

**Partnerships rooted in local communities**

- Build on assets and initiatives already in the community
  - For example – Community First may operate a spoke from a school or GP office – taking the service to where people are
- Grow services from the bottom up and integrate where possible and beneficial

**A learning approach**

- Test and learn – so we can be creative, test different options, and be responsive to what we learn – adaptable and flexible
- Work out as we learn how this can be grown across the rest of the borough

**Strength-based approach**

- Strengths-based approaches, empowering residents of all ages to take ownership of their lives – building resilience, self-sufficiency
- Focus on the resident's own definition of a good life
- Focus on building support networks and capacity within the community
- Dealing with problems in the round – 'no wrong door'

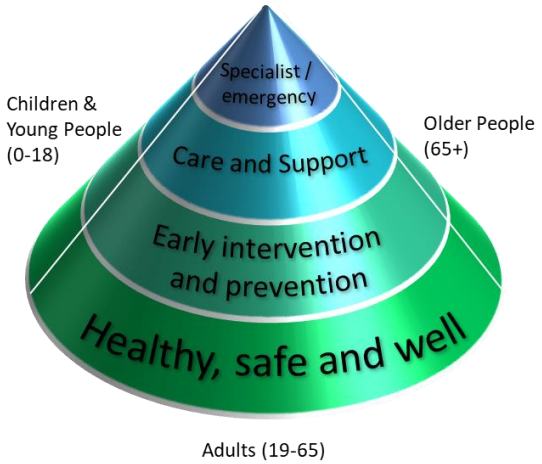
*Fundamentally we want to:*

***Recognise people's own assets and strengths and support them to be more resilient***

***Have strong and resilient communities***

***Prevent rather than manage the consequences***

# Scope




**Specialist and Emergency services (borough-wide)**

- Includes Complex Care Teams, Rapid Response, Specialist health or care services: All Age

**Joined-up care and support**

- Locality-based coordinated working with Primary Care Networks
- Building trust and connections between staff across services and organisations
- A proactive, preventative and all age approach

**Strengthened early intervention and prevention**

- Expanding Community First
- A coherent model for care navigation and social prescribing

**Healthy, safe and well**

- Building voluntary sector leadership
- Building community capacity
- Strengthening the public health offer for prevention including in early years

**Place-based approach**

Agreed priority areas for test and learn in North Tottenham

# Enablers

## Workforce development

Adopt a strength-based approach
Build shared leadership within the locality
Understand the role of the team and what they do to allow a joined-up and holistic approach
Deal with problems in the round – 'no wrong door'
Training and development to facilitate and embed the approach

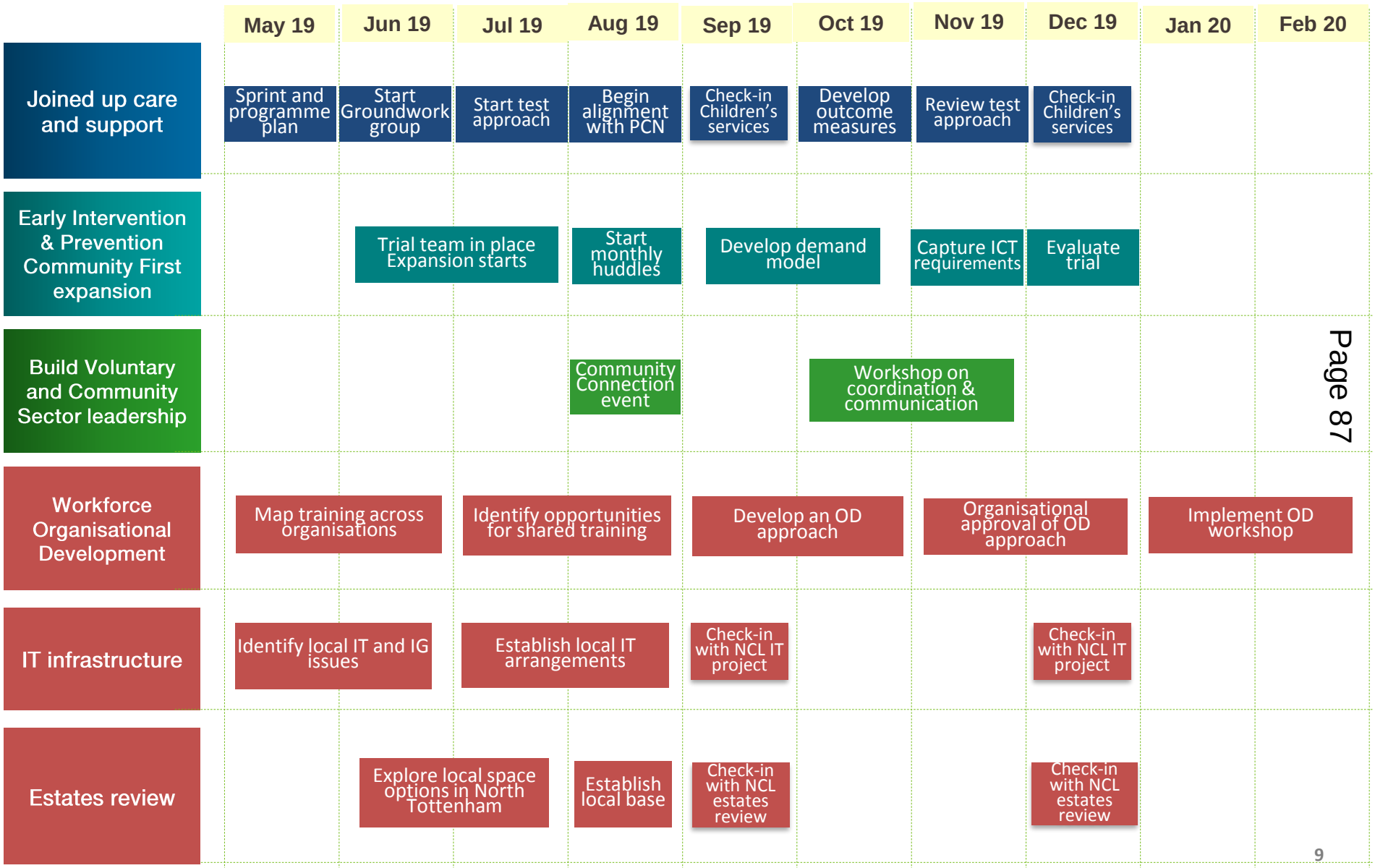
## IT infrastructure

Ensure access to IT across the locality
Facilitate appropriate data sharing for joined-up care
Use data and intelligence to design smart systems of early support

## Estates review

Share infrastructure and resources where possible
Open up more spaces across organisations to allow for flexible working
Identify spaces and opportunities for community participation
Align with NCL estates review

# Roadmap


May 19
Jun 19
Jul 19
Aug 19
Sep 19
Oct 19
Nov 19
Dec 19
Jan 20
Feb 20
Joined up care and support
Sprint and programme plan
Start Groundwork group
Start test approach
Begin alignment with PCN
Check-in Children's services
Develop outcome measures
Review test approach
Check-in Children's services
Early Intervention & Prevention Community First expansion
Trial team in place Expansion starts
Start monthly huddles
Develop demand model
Capture ICT requirements
Evaluate trial
Build Voluntary and Community Sector leadership
Community Connection event
Workshop on coordination & communication
Workforce Organisational Development
Map training across organisations
Identify opportunities for shared training
Develop an OD approach
Organisational approval of OD approach
Implement OD workshop
IT infrastructure
Identify local IT and IG issues
Establish local IT arrangements
Check-in with NCL IT project
Check-in with NCL IT project
Estates review
Explore local space options in North Tottenham
Establish local base
Check-in with NCL estates review
Check-in with NCL estates review

# Risks and Issues

| No | What is the risk or issue? | How will it be mitigated? |
|---|---|---|
| 1 | Outcomes of prevention and early intervention are not met resulting in sustained or increased demand for emergency or crisis care. | • Build robust partnership with a shared vision to address the barriers to locality-based care<br>• Link work to ICS development<br>• Focus on mobilising and building on existing preventative and early intervention approaches across the health and care services |
| 2 | Current commissioning and operational delivery arrangements across the NHS and the Council promote silo working which is a barrier to locality-based working | • Adopt a culture of transparency to share information and resources across the NHS and the Council.<br>• Work toward establishing joint person-centred outcomes that are measurable |
| 3 | Existing culture of the workforce in health and social care providers may be a barrier to locality-based working | • Staff views will be listened to and an approach to integrated working will be co-produced with staff through the Groundwork Group. |
| 4 | Enablers (IT, estates) limit the speed and scale of change | • Work with partners to share resources and IT infrastructure where possible<br>• Link with North Central London Information Technology and Estates programmes to drive locality-based working |