

## NOTICE OF MEETING

# HEALTH AND WELLBEING BOARD

Wednesday, 26th January, 2022, 2.00 pm - 40 Cumberland Road,  
Wood Green N22 7SG (watch it [here](#))

**Members:** Please see list attached under item 2.

**Quorum:** 3 voting members, including one local authority elected member and one of the Clinical Commissioning Group Chair or the Healthwatch Chair (or substitutes).

### 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. 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', 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

### 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 12).

### 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, AND PETITIONS**

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

## **7. MINUTES (PAGES 1 - 8)**

To confirm and sign the minutes of the Health and Wellbeing Board meeting held on 24 November 2021 as a correct record.

## **8. COVID-19 AND VACCINATIONS UPDATE**

To receive a verbal update on the Covid-19 pandemic and the vaccination programme.

## **9. HARINGEY SEND STRATEGY 2022-2025 AND AREA SEND INSPECTION (PAGES 9 - 28)**

To consider the outcome of the consultation which has informed the Special, Education Needs and Disabilities (SEND) Strategy for Haringey for the next three years from 2022 to 2025 and the preparation of the draft written statement of action in response to the findings and recommendations from the local area inspection of SEND services.

## **10. NORTH CENTRAL LONDON INTEGRATED CARE SYSTEM AND HARINGEY BOROUGH PARTNERSHIP**

To receive a verbal update on the integrated care system, local care forum and population health.

## **11. UPDATE ON WORK TO TACKLE RACISM AND INEQUALITIES IN HARINGEY**

To receive an update on work to tackle racism and inequalities in Haringey.

**12. ENSURING THE VOICE OF DISABLED RESIDENTS IN TRAFFIC AND PARKING MATTERS**

To receive a verbal update.

**13. NEW ITEMS OF URGENT BUSINESS**

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

**14. FUTURE AGENDA ITEMS AND MEETING DATES**

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

To note the dates of future meetings:

16 March 2022

Nazyer Choudhury, Principal Committee Co-ordinator  
Tel – 020 8489 3321  
Fax – 020 8881 5218  
Email: [nazyer.choudhury@haringey.gov.uk](mailto:nazyer.choudhury@haringey.gov.uk)

Fiona Alderman  
Head of Legal & Governance (Monitoring Officer)  
River Park House, 225 High Road, Wood Green, N22 8HQ

Tuesday, 18 January 2022

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## **MINUTES OF MEETING HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY, 24TH NOVEMBER, 2021, 2:00PM – 4:00PM**

### **PRESENT:**

Cllr Das Neves, Chair – Cabinet Member for Health Social Care and Wellbeing\*

Cllr Mike Hakata – Cabinet Member for Environment, Transport, and the Climate Emergency\*

Cllr Zena Brabazon – Cabinet Member for Early Years, Children, and Families^

Sharon Grant – Healthwatch Haringey Chair\*

Beverley Tarka - Director of Adults and Health^

Ann Graham - Director of Children's Services^

Dr Will Maimaris – Director of Public Health^

### **In attendance:**

Cassie Williams – Chief Executive Officer, NHS Haringey CCG^

Paull Allen – Head of Integrated Commissioning (Integrated Care & Frailty) North Central London Clinical Commissioning Group and London Borough of Haringey^

Peter Christian - NCL Clinical Commissioning Group (CCG) Board Member^

Jackie Di Falco - Assistant Director for Early Help and Prevention^

Geoffrey Ocen – Bridge Renewal Trust Chief Executive^

Richard Gourlay – North Middlesex University Hospital Trust^

Rachel Lissauer – Director of Integration, Clinical Commissioning Group (CCG)^

Charlotte Pomery – Assistant Director for Commissioning^

Stephen Lawrence-Orumwense – Assistant Head of Legal Services^

Jonathan Gardener – Whittington Trust Director of Strategy^

Owen Sloman - Assistant Director, Primary Care Haringey\*

### **14. FILMING AT MEETINGS**

The Chair referred to the filming of meetings and this information was noted.

### **15. WELCOME AND INTRODUCTIONS**

The Chair welcomed those present to the meeting.

**16. APOLOGIES**

Apologies had been received from Frances O'Callaghan, John Rohan, Sarah Davies McDonnell, David Archibald and Zina Etheridge.

**17. URGENT BUSINESS**

There were no items of urgent business.

**18. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**19. QUESTIONS, DEPUTATIONS, AND PETITIONS**

No questions, deputations, or petitions were received.

**20. MINUTES**

RESOLVED: That the minutes of the meeting held on 22 September 2021 be confirmed as a correct record.

**21. PRIMARY CARE ACCESS**

Mr Owen Sloman introduced the item.

In response to questions from the Board, the meeting heard that:

- The issue regarding the appropriateness and extent to which patients should be having face-to-face contact with their GP was a question that medical professionals were still attempting to answer. There could only be a finite number of patients that could be seen physically at a given period in any case. It was difficult to draw hard-line rules on, for example, how many prescriptions needed to be written before an individual could be seen physically.
- In relation to child protection issues, it was unclear who may be present in a room whilst video or phone consultations were being held.
- In relation to children, the data showed that all the GP practices were being attended by children as they would expect to at the current time of the year. This was also true of the A&E departments. It was possible to consider examining the provision that could be given to children during the weekend.
- Medical professionals had suffered from greater levels of aggressive behaviour from service users.
- It was important to note the acquisition of the new primary care buildings as this was very important for the borough as it was important for the health and wellbeing of residents into the future. Some strategic thinking could be done in the area regarding

neighbourhoods, primary care networks and how communities were generally being engaged.

- Consideration was being given regarding on how to provide services for parents, (particularly anxious parents) and families who lived close to North Middlesex hospital. Parents' feeling of anxiety appeared to drive up A&E attendance.
- There were GPs that would be retiring and at the end of September 2021 and the three GPs preparing to retire would have a total approximate period of 100 years between them.
- Some weekend child clinics and evening children clinics would be set up. Children under the age of six receive treatment in person in the extended access clinics. A pilot has been set up whereby GPs would be recruited to work evenings and weekends, but they would also be provided with additional training.
- There were challenges in relation to the medical workforce. There was exhaustion amongst professionals as physicians wished to do fewer sessions and there were very few reserve GPs available when a GP was scheduled to go on leave.
- If a patient was found not to be registered with a practice, then efforts would be made to register them when they were seen. It was important that such individuals were made to feel comfortable and welcome.
- The Planning department and the healthcare field had worked well together. There were cases where private developers had worked with medical professionals so that healthcare could be delivered more easily.
- The GPs that were about to take over a particular premises (which would be come to known as Walls and Curtis), involved two people who had grown up above their current premises in Westbury Road and had taken over from their father who was a GP. They would have a building that would serve up to 30,000 patients.
- Training was being delivered to patients on how to get their prescriptions repeated and how to use the e-consult system.

The Board also noted that:

- Concerns regarding the protection of children, young people and vulnerable adults, particularly in relation to consultation that was not taking place in person, was something that needed to be addressed and a written response needed to be provided on the issue.
- Feedback from pharmacists would be sought and provided to the Board.
- The data for age breakdown in relation to primary care access was difficult to obtain but data from A&E departments was easier to get hold of. There was a significant issue regarding the intake of children in A&E at North Middlesex Hospital. It was hoped that there would be an increase in provision specifically for parents and children to help manage that demand. Data would also be sought regarding the extent of those people who were not registered with the GP but still needed services for children.
- There was feedback from organisations who worked with migrants and refugees and the data showed that members of those communities were not able to access

healthcare. It was also often the case that if there were issues experienced with one practice, further attempts were not made to other areas of the healthcare service.

- There were some groups of people who were unable to receive their medication and needed to be seen physically for various reasons.
- There may be some training needs which needed to be addressed regarding how patients may react after being seen by a clinician. It was important to consider the issues a patient may be suffering from
- The communication regarding the difficulties GPs were having was something that needed to be improved. Assistance in this area could be given by making use of the community network which had been built up over time.
- It was important to note the excellent work done by medical professionals over the past two years.
- It was important to note that the winter period would be difficult for the health service and examine how well the ICS was developing in the springtime.
- The ABC parenting scheme was a prime opportunity to change why people come into hospital and give parents confidence about managing children.
- Children could be taught in schools about secondary care services or coming into A&E when they needed to do so.
- It was important to address how residents would know about the progress being made regarding primary care and to what extent residents understood the challenges.
- It was important to continue listening to patients and to keep them involved. For example, the 24-hour shift involving volunteers at the North Middlesex Hospital involved speaking to people as to why they had attended. It would be useful to have more of these types of sessions.
- With the newly built 17,000 homes in the local area, it was unclear where people would receive their primary care and this was an issue that needed to be addressed.
- The role of social prescribing would be clarified and addressed. This had been factored into the inequalities fund work.
- It had recently become apparent that there were carers who the Council did not know about, but the GP was aware of those careers and there were concerns that those people were not accessing networks available to them. However, if the Council was not aware of them, then support could not be put in place. This was an area which needed further work.
- Anxiety was partly created by the previous model of primary care coming to an end. It was important to have a personal interaction with a GP.
- More clarity was needed on the success of the processes of e-consult and the technological development in terms of the relationship with the patients. This would be submitted to the Board in writing.
- It would have been useful for the presentation to have addressed needs of residents, how the GP practice was considered in the community, how it brought in other service users and what processes would be employed to ensure all parties were connected.

RESOLVED: That the update be noted.

## **22. SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) INSPECTION AND WRITTEN STATEMENT OF ACTION**

Ms Jackie Di Falco introduced the item. She noted that there were key actions which needed to be addressed. This included the quality of educational care plans in terms of compliance with timescales, but also their general quality and the annual reviews particularly for young people transitioning into adulthood. Improvement was also required on partnership in co-production and communication with parents. Furthermore, the unacceptable waiting times for the diagnosis of autism needed to be addressed and support needed to be given to families whilst waiting for that diagnosis. This was a part of a wider working area which needed to be completed alongside the SEND strategy.

A deadline of 70 days had been asserted to provide a written statement of action. This would calculate to a deadline date of 11 January 2022. A number of forums and boards would be attended to discuss the inspection and how the issues would be addressed.

A number of key actions had been taken. The statutory assessment team had been increased so that adequate plans and annual reviews would be completed in timescales. A full time SEND Communications officer had been employed. The Travel Buddies team had been in-sourced which would help support young people to travel to their place of learning independently.

The work was expected to take between 18 months to two years (although there would be actions taken over a more imminent period of time) and there would be shared accountability and ownership. There would be a systematic change to help young people and their families and it was acknowledged that there was a high level of dissatisfaction from parents.

Work was being undertaken between parents, carers and stakeholders to consider how the proposals would work and how the outcomes hoped for would be achieved. This would include the use of workshops which would be attended by a focused range of representatives including parents and carers.

The SEND Executive would approve the written statement of action and would be receiving regular progress reports. Updates would also be provided to the parent-carer forum.

An annual progress report would be published. The SEND strategy consultation had closed and would be published in March 2022 after it had worked its way through the governance boards and the Overview and Scrutiny Committee.

The Board commented that:

- It was not possible to deliver SEND programmes without working with families.
- Parents needed a forum to discuss their circumstances.
- The work was welcomed and it was important to address the issues raised.
- Parents had indicated at meetings their frustration regarding the issue. Parents felt that there had been historic neglect over the issue for a lengthy period of time. Parents had indicated that they had not been informed of the parent-carer forum and that meetings had been arranged with very little notice. It was important that

improved levels of trust needed to be built within the community and this would be done with additional investment but additional investment alone would not be enough.

- The issue regarding the lack of notice stated by parents were often to do with the parent-carer forum.
- The Health and Wellbeing Board would receive a further update in March 2022.

RESOLVED: That the update be noted.

### **23. SEMINAR FEEDBACK**

Ms Charlotte Pomery and Ms Rachael Lissauer presented the item and stated that the seminar had looked back over areas of priority that had already been put forward.

There had been a positive discussion around a co-productive approach and how this could be built into all relevant areas. For future seminars, it was felt that the approach regarding looking back over areas of priority was a useful method.

For the forthcoming seminars, discussions would be held on how to best use resources and what was required regarding governance and decision making. The discussions would partly be based on delivery plans, priorities, general structures and workforce.

RESOLVED: That the feedback be noted.

### **24. COVID-19 AND VACCINATIONS UPDATE**

The Chair suggested that an update be circulated to the Board.

RESOLVED: That an update be circulated to the Health and Wellbeing Board.

### **25. UPDATE ON WORK TO TACKLE RACISM AND INEQUALITIES IN HARINGEY**

The Chair suggested that an update be circulated to the Board.

RESOLVED: That an update be circulated to the Health and Wellbeing Board.

### **26. APPROVAL OF HARINGEY BETTER CARE FUND (BCF) 2020/21 SUBMISSION TO NHS ENGLAND**

Mr Paul Allen introduced the item.

In response to questions, the Board heard that:

- The Better Care Fund was aimed at older age group but there were some opportunities to think about spending on early intervention for children and young people.

RESOLVED:

That the Health and Wellbeing Board endorse the submitted Haringey Better Care Fund (BCF) Plan including the investment schedule, the BCF Narrative for 2021/22 and the trajectories for the metrics within its scope.

**27. NEW ITEMS OF URGENT BUSINESS**

There were no items of urgent business.

**28. FUTURE AGENDA ITEMS AND MEETING DATES**

The next meeting would be held on 26 January 2022.

**29. PRESENTATION: PRIMARY CARE ACCESS : COVID AND BEYOND**

CHAIR: Councillor Lucia das Neves

Signed by Chair .....

Date .....

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**Title:** Haringey SEND Strategy 2022-2025 AND Area SEND Inspection

**Report authorised by:** Ann Graham, Director of Children's Services

**Lead Officer:** Jackie Difolco, Assistant Director - SEND, Early Help & Prevention, [Jackie.difolco@haringey.gov.uk](mailto:Jackie.difolco@haringey.gov.uk) tel: 020 8489 1114

**Ward(s) affected:** All

## 1. Describe the issue under consideration

- 1.1 This paper reports on the outcome of the consultation which has informed the Special, Education Needs and Disabilities (SEND) Strategy for Haringey for the next three years from 2022 to 2025 and the preparation of the draft written statement of action in response to the findings and recommendations from the local area inspection of SEND services.

## 2. Recommendations

- 2.1 That the Health and Well Being Board note the contents of this report and direct any comments and/or observations to the Assistant Director for Early Help, Prevention and SEND.

## 3. Report

- 3.1 Haringey's previous SEND strategy (2018-2019) addressed the immediate transformation of SEND services following the legislative changes, this strategy seeks to consolidate these changes and embed best practice.
- 3.2 Prior to consultation of the draft strategy, the Head of Service for SEND undertook a series of informal meetings and conversations with parents, facilitated by the Markfield Project. This series of six meetings informed the five identified priorities and the actions required to address these. There were also subsequent conversations with a range of stakeholders from the education, health and care sector including school leaders, governors, and early years settings.
- 3.3 The Five Priorities contained within the Strategy are as follows:
- **Priority 1:** We will support children at the earliest opportunity to access the intervention they need to achieve and thrive.
  - **Priority 2:** Wherever possible we will meet the provision needs of Haringey's children and young people locally.
  - **Priority 3:** We will have a varied local offer for children, young people, and families so that they can choose services that meet their needs.
  - **Priority 4:** We will work together with children, young people and families using co-production.
  - **Priority 5:** We will work together to prepare children and young people for their adult lives.

- 3.4 Following approval of the priorities from the SEND Executive Board, the draft strategy was then published on the SEND Local Offer webpages for a period of seven weeks public consultation from the 20 September to 7 November, during which time stakeholders were invited to feedback and inform the strategy via an online questionnaire.
- 3.5 Haringey SEND Strategy 2022-2025 has also been informed by the report into SEND co-production undertaken by an external provider 'Amaze', our extensive self-evaluation of the impact of SEND provision, the local area SEND Inspection findings from Ofsted and CQC and a review of historic complaints and ombudsman findings.
- 3.6 Consultation feedback on the strategy highlighted key responses as outlined below: Refer to Appendix One: Haringey SEND Strategy Consultation Feedback Summary
- a) there were 96 respondents representing a mixture of parents, practitioners, organisations and one young person.
  - b) respondents agreed with the priorities and identified Priority One (we will support children at the earliest opportunity to access the intervention they need to achieve and thrive) as the most important.
  - c) much of the feedback contained concerns that whilst these were the right priorities, there was a lack of confidence expressed in the ability of the council to realise these ambitions and amendments to the strategy were suggested including emphasising the importance of communication with families and schools and the importance of having a realistic budget to support intentions.
- 3.7 In July 2021, Haringey had its first local area SEND inspection which highlighted areas for development in SEND services including the need to improve the quality and timeliness of Education, Health and care plans; the co-production of individual and strategic SEND plans with children, young people and their families and the need to improve pathways and preparation for adulthood.
- 3.8 The SEND Ofsted/ CQC local area Inspection reported its findings on 1<sup>st</sup> October 2021. Refer to Appendix Two: Ofsted CQC SEND Inspection Report Findings from the inspection found that there were significant areas of weakness that we must address through a written statement of action (WSOA) in the three areas as follows:
- the quality and timeliness of Education, Health and Care Plans and Annual reviews.
  - the length of waiting times for Autism diagnosis and support whilst waiting for diagnosis.
  - the co-production and communication with children, young people with SEND and their parents and carers.
- 3.9 To inform the WSOA, six workshops were coproduced and led by parents, carers and officers from the Local Authority and Clinical Commissioning Group for stakeholders, parents, carers, and our partners. These workshops explored the inspection findings and determined action required to address the areas of

weakness identified which are reflected within our draft WSOA which is pending approval from Ofsted.

- 3.10 Following public consultation for the SEND strategy, the strategy was amended to incorporate further views, including increased measures around impact, accountability and incorporating the actions necessary to address the Ofsted / CQC Inspection findings from the area inspection of SEND services.
- 3.11 The priorities within the Haringey SEND strategy 2022-2025 are necessary to address both the areas of weakness identified by the Ofsted inspection, but also to grow and develop existing services to deliver outstanding outcomes for children and young people with SEND. Whilst the overarching strategy covers a wider remit than the WSOA, the two are interlinked with one action plan to support the implementation of the strategy.
- 3.12 Both the SEND Strategy and draft WSOA have been endorsed and approved by the SEND Executive Board which holds accountability for the implementation of these. Regular progress reports will be provided to the SEND Executive and published on our local offer webpages.

#### **4. Alternative options considered**

Not applicable.

#### **5. Background information**

- 5.1 The Children and Families Act 2014 and ensuing Code of Practice (2015) created significant changes in the statutory duties of the Local authority in relation to the delivery of services for children, young people and families with SEND needs.
- 5.2 The most significant changes were the transformation of 'Statements of Special Education Needs' into multi-agency Education, Health and Care plans; the extension of statutory services for children and young people from 0-25 years and the statutory duty of the Local Authority to co-produce its local offer of services for children and young people with SEND with parents, carers, children and young people.
- 5.3 The responsibility for delivering SEND services in Haringey is shared between the Local Authority and NCL ICS (formally NCL CCG). These two organisations share joint leadership of SEND services, which they manage via the Joint SEND Executive Board. The priorities within the strategy will be driven by the SEND Executive Board with progress against the strategic plans reported regularly to stakeholders and published annually on the Local Offer website.

#### **6. Contribution to strategic outcomes**

- 6.1 The objectives of the SEND Strategy are aligned with the priorities within Haringey's Early Help Strategy and the 'Borough Plan – Priority 2 (People)' specifically:

- Best start in life: the first few years of every child's life will give them the long-term foundations to thrive
- Happy childhood: all children across the borough will be happy and healthy as they grow up, feeling safe and secure in their family, networks and communities
- Every young person, whatever their background, has a pathway to success for the future
- All adults are able to live healthy and fulfilling lives, with dignity, staying active and connected in their communities
- Strong communities where people look out for and care for one another

**7. Statutory Officers comments (Director of Finance (procurement), Head of Legal and Governance, Equalities)**

Finance

The strategy does not present any financial consequences. Projects and programmes resulting from implementing the strategy will be assessed and reviewed for financial implications when due.

Procurement

Strategic Procurement notes the contents of this report. Whilst there are no immediate procurement related considerations, Strategic Procurement will work with colleagues to secure any external services required to support the SEND strategy.

Legal & Governance

The Local Authority is required under the Children & Families Act 2014, and the associated SEND Code of Practice, to ensure that services for children and young people aged 0-25 with special educational needs and/or disabilities are appropriate and regulated effectively.

The SEND Strategy that the Cabinet is being asked to approve addresses the requirements to support and involve children and young people, promote the integration of provision, to cooperate with partners and to keep education and care provision in the Local Authority's area under review.

It also takes into account the findings of the SEND Area Ofsted Inspection findings and ensures that the Local Authority works with partners and schools to ensure all children and young people with SEND are provided for in nursery, primary and secondary schools, further education and training environments.

Equality

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 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.

The provision of services for children and young people with SEND and their parents and carers ensures that the Council is meeting its statutory duties in relation to increasing the participation and equality of young people with special education needs and disabilities, via their access to education, health and care services.

The duty to co-produce services with children and young people with SEND and their families is recognised and specifically addressed within the SEND Strategy. The SEND strategy recognises that SEND affects children and young people differently according to age, gender, and socio-economic background and as such the strategy intends to ensure that the specific inequalities which affect these groups and that these actions are accountable within the accompanying written statement of action plan.

The proposed strategy therefore represents a measure to address the inequalities experienced by children and young people with SEND and their families; advance equality of opportunity for children and young people with SEND and their families and specifically to work closely via co-production to ensure that the necessary service improvements fulfil the needs of this cohort particularly those with protected characteristics.

### **8. Use of Appendices**

Appendix One: Haringey SEND Strategy Consultation Feedback Summary  
Appendix Two: Ofsted CQC SEND Inspection Report

### **9. Local Government (Access to Information) Act 1985**

Not applicable

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# SEND Strategy

## Summary of responses to consultation

December 2021

Haringey Council



**SEND**

## Contents

1. Executive Summary .....	2
2. Methodology .....	2
3. Questionnaire: online survey questions .....	3
4. Our Priorities .....	3
5. Summary of responses .....	3

### 1. Executive Summary

1.1 This report brings together Haringey Council’s consultation findings on the proposed changes to the SEND Strategy 2021 together with recommendations.

1.2 We published our draft Haringey SEND Strategy for public consultation to further develop the SEND offer in Haringey over the next 3 years. The consultation ran from 20 September 2021 until 7 November 2021.

1.3 The consultation was far reaching with views sought from parents, carers, young people and other agencies and stakeholders all of whom offered important views and feedback. Thank you to everyone that took part in the consultation, your feedback has been incorporated into the final strategy and action plan.

### 2. Methodology

2.1 The target cohort for the consultation were parents, carers and young people with special education needs and/or disability and professionals supporting children, young people and their families, particularly those from the education, health and care sector.

#### Distribution and Communications

2.2 A series of communication and publicity activities also took place including:

- Promotion of the consultation within the SEND newsletter
- Promotion of the consultation within Haringey Council’s website and Local Offer pages
- Promotion of the consultation with our partners to ensure wider circulation and reach for families eg) through school and voluntary sector networks
- Single message posts on Haringey’s Council social media accounts
- Forum style discussions with a range of partners through governance boards

### 3. Questionnaire: online survey questions

3.1 A set of questions were asked with space for comments after each one as follows:

- To help us get a good idea of who is completing this questionnaire, please indicate in what capacity you are responding.
- Do you agree with our Priorities?
- Which of these would be the most important priority for you or the child or young person you care for?
- Is there anything you feel we have missed, or could improve on?
- Do you think we should adopt the SEND Strategy?

3.2 We received responses from **96** individuals.

### 4. Our Priorities

Priority 1: We will support children at the earliest opportunity to access the intervention they need to achieve and thrive.

Priority 2: Wherever possible we will meet the needs of Haringey’s children in Haringey.

Priority 3: We will deliver a local offer to children and families that allows them choice and access to services that meet their needs.

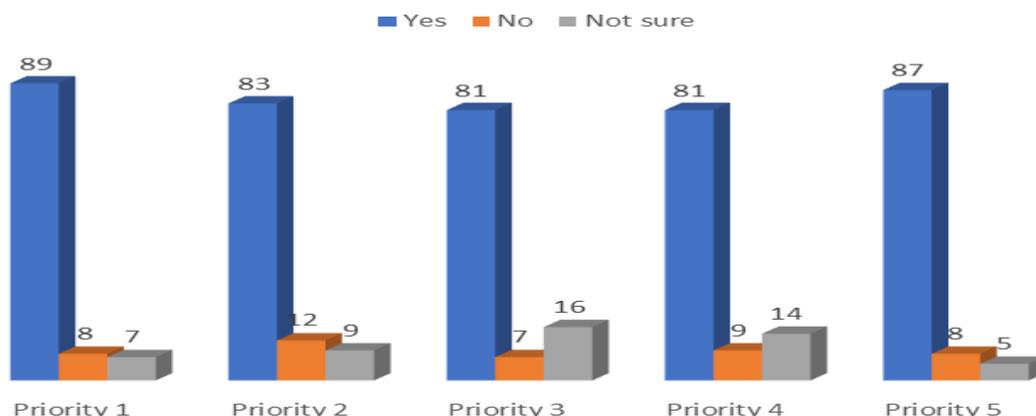
Priority 4: We will actively seek opportunities to work with our children, young people and families in a model of co-production.

Priority 5: We will prepare our children for their adult lives and support their transition.

### 5. Summary of responses

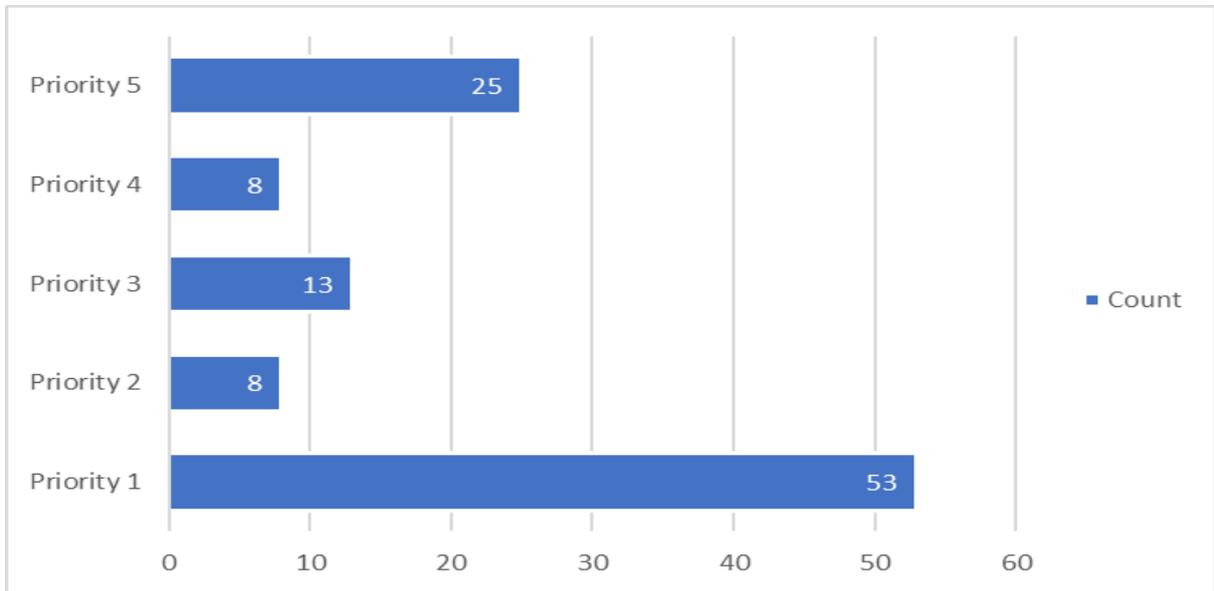
5.1 The key questions and findings are as follows:

Do you agree with our priorities?



Do you agree with our priorities?		
Priority 1	Yes	89
	No	8
	Not sure	7
Priority 2	Yes	83
	No	12
	Not sure	9
Priority 3	Yes	81
	No	7
	Not sure	16
Priority 4	Yes	81
	No	9
	Not sure	14
Priority 5	Yes	87
	No	8
	Not sure	5

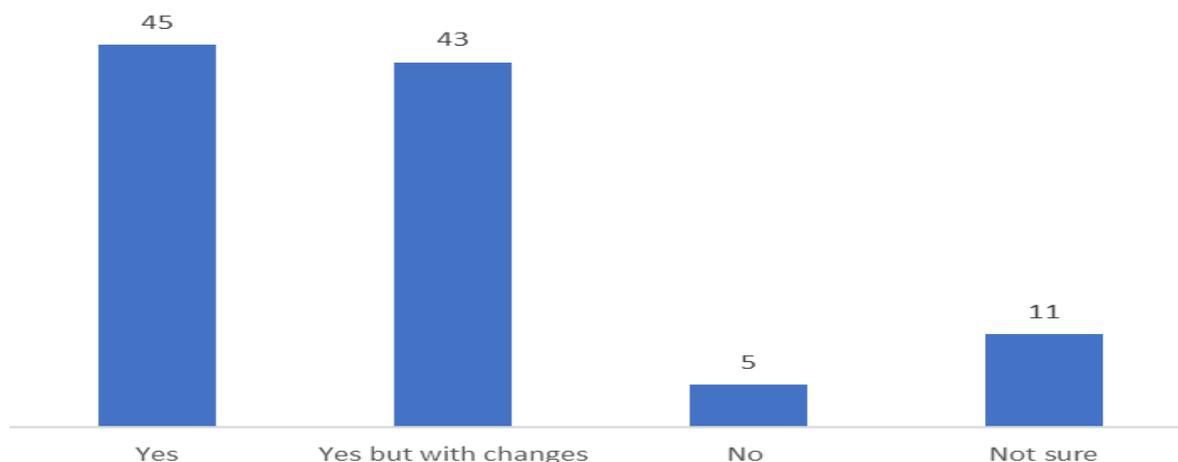
Which of these would be the most important priority for you or the child or young person you care for?



Which of these would be the most important priority for you or the child or young person you care for?	
Priority 1	53
Priority 2	8
Priority 3	13

Priority 4	8
Priority 5	25

Do you think we should adopt the SEND Strategy?



Do you think we should adopt the SEND Strategy?	
Yes	45
Yes, but with changes	43
No	5
Not sure	11

5.2 There were 96 respondents representing a mixture of parents, practitioners, organisations and one young person.

5.3 Respondents agreed with the priorities and identified Priority 1 as the most important for them or the young person they were working with. Much of the feedback contained concerns that whilst these were the right priorities there was a lack of confidence expressed in the ability of the council to realise these ambitions and amendments to the strategy were suggested including emphasising the importance of communication with families and school and the importance of having a realistic budget to support intentions.

5.4 Following this consultation period, the draft strategy was amended to incorporate further views, including increased measures around impact and accountability and to incorporate the actions necessary to address the Ofsted and CQC Inspection findings from the area inspection of SEND services in July 2021.

5.5 The strategy and accompanying plan have been amended to ensure that the strategy achieves both systemic change and addresses the areas for immediate remedial actioned as identified by the inspection findings.

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## **01 October 2021**

Ann Graham  
Director of Children's Services, Haringey  
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London  
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Rachel Lissauer, Director of Integration, Clinical Commissioning Group (CCG)  
Mary Jarrett, Head of SEND, Local Area Nominated Officer

Dear Ms Graham and Ms Lissauer

### **Joint area SEND inspection in Haringey**

Between 5 July 2021 and 9 July 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Haringey to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a children's services inspector from the Care Quality Commission CQC.

Inspectors spoke with children and young people with SEND, parents and carers, and local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the special educational needs reforms. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation. Inspectors met with leaders from the area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and the area's CCG are jointly responsible for submitting the written statement to Ofsted.

In reaching their judgements, inspectors took account of the impact of the COVID-19 (coronavirus) pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

This letter outlines our findings from the inspection, including some areas of strengths and areas for further improvement.

## **Main Findings**

- Leaders have made insufficient progress in implementing the 2014 reforms. Recent leadership changes have ensured an increased sense of urgency in completing much needed improvements. Parents and providers have increasing confidence in leaders to work more closely with them, including newly appointed leaders. Leaders are aware of the deficiencies in SEND provision for children and young people in Haringey.
- Area leaders have produced a clear, fair and detailed self-evaluation which sets out the area's priorities in identifying, assessing and meeting the needs of children and young people with SEND. Accurate analysis carried out by leaders has highlighted areas of strength, but equally areas where further improvements are needed to embed the SEND agenda across the partnership.
- There is a developing culture of listening and learning, with operational staff telling leaders what they are experiencing on the ground.
- Parents told inspectors that they are concerned about the way that the SEND reforms are being delivered. There has not been a parent carer forum for some time. Leaders have worked hard to find a number of solutions in the absence of a parent carer forum and have recently awarded a contract for a new parent carer forum.
- Leaders know their community well. They understand the implications of increased demand and the challenge of meeting an increasingly broad range of needs. Leaders and front-line staff share an ambition for, and practise, integrated working.
- The quality of education, health, and care (EHC) plans is poor. Education, health and care professionals do not work together well enough to draw up these plans. Weaknesses in assessment and planning processes remain. Amendments made to EHC plans after annual reviews are often inaccurate. Inspectors identified too many errors and shortfalls in EHC plans.
- The CCG and local authority work in collaborative partnership to promote the SEND agenda and to deliver provision which meets the needs of children and young people with SEND and their families.

- Effective joint commissioning systems are in place in Haringey and are well embedded. The strong collaboration between partners is informing commissioning decisions and contributing to the redesign of services with increased capacity and sustainability.
- Strategic leaders understand the importance of co-production. However, in practice there is neither a culture nor practical systems in place for this to occur. Leaders are clear that more needs to be done to embed co-production with parents, children and young people in Haringey.
- Too many children and young people wait too long for assessments to identify autism spectrum disorder (ASD). There is little or, in most circumstances, no specific support available while waiting for assessment.

### **The effectiveness of the area in identifying children and young people's special educational needs and/or disabilities**

#### **Strengths**

- Children and young people with SEND in schools benefit from knowledgeable and skilled special educational needs coordinators (SENCOs). SENCOs attend regular training to hear about best practice. They know about the support that is available to children, young people and their families. This equips them well to identify any emerging SEND.
- There is a coordinated approach to the sharing of information in the early years, so that children's needs can be identified in a timely way. Education, health and social care staff work together well to support the early identification of children's needs. Health visitors and other partnership services deliver an effective range of early interventions and support for families.
- Young people who become known to the youth justice service benefit from a variety of health assessments. These help to identify previously unmet speech and language needs and social, emotional and mental health needs.
- Leaders are determined that children and young people with SEND should have their needs met at the earliest possible stage. To support this aim, they have increased capacity in the statutory assessment team in recognition of increased demand and lack of timeliness and quality.

#### **Areas for development**

- The coordination of education, health and social care services and support across the area is inconsistent. Although some services work together well, this is not the case for all. Some children and young people with SEND do not experience a well-planned and consistent approach to identification of their needs. As a result,

some parents and school leaders are frustrated and have resorted to paying for assessments, for example speech and language assessments, to identify children and young people's needs.

- Leaders know who their most vulnerable children and young people with SEND are. They have effective systems in place to identify these children and young people. However, the processes for assessing and meeting these identified needs are not well communicated to families.
- Over time, leaders have not ensured that EHC plans are checked thoroughly. They have not tracked progress towards the outcomes identified in EHC plans well enough. Some outcomes are not specific to the child or young person's needs. Too often, health and care outcomes are missing from plans. A structured approach to assure the quality of new plans and improve existing plans is being implemented.
- Waiting times for assessment of ASD in Haringey are too long. This has more recently been exacerbated by the pandemic, with, for example, waiting times for assessment in the five to 12-year-old age group being up to, and in some circumstances more than, two years. In addition, some children are required to be assessed by speech and language therapists (SALT) as part of their ASD assessment process. Waiting times for SALT are high and these families are waiting too long for a potential diagnosis, with little or no support provided during the waiting period.

### **The effectiveness of the area in meeting the needs of children and young people with special educational needs and/or disabilities**

#### **Strengths**

- Early years settings visited by inspectors have an ethos of inclusivity. Settings make reasonable adaptations to ensure that children, including those with the most complex needs, can access and enjoy mainstream settings. Early years practitioners ensure that children without additional needs interact with those who have SEND, which is helping to create a positive and inclusive culture.
- The Special Educational Needs and Disability Information and Advice (SENDIASS) service is well led and impartial. Leaders are aware of their function within the system. Parents who use the service value its high quality and appreciate the support provided.
- Health visitors advocate for children, families and the local community over and above the delivery of the healthy child programme. This includes work with families who find it hard to make their concerns known. For example, they assist

families with enquiries about housing issues, which helps improve environments for vulnerable babies and children.

- Parents value specialist provision in mainstream schools and special schools. They greatly appreciate the effective way these settings meet their children and young people's needs.
- Children and young people with SEND spoke positively about their schools and were able to identify professionals who help and support them. Children and young people, in non-COVID times, can attend a variety of inclusive after-school activities, such as sports clubs, swimming, music and social events. These activities help them to build their confidence and socialise.
- Leaders encourage innovation. There are some interesting examples of this, for example the five-day offer at college, including during the holidays, and the maintenance of contact with children and young people during lockdowns by some health, social care and education practitioners.

### **Areas for development**

- The quality of EHC plans is weak. Plans do not tell the story of the whole child. The educational element is more detailed and insightful, but routinely information about health and social care needs is not included.
- Leaders have only recently started to check the quality of all EHC plans and ensure that all partners are contributing. This means that plans have not always been subject to a rigorous quality assurance process, and therefore their quality and timeliness are variable.
- The online local offer is not functioning effectively. It can be inaccessible and lacks clarity, ownership and credibility. Some health practitioners and parents spoken to were unaware of its existence. Some parents who have accessed the offer find it difficult to find and access short breaks, social activities for their children and respite provision within the area, for example. Also, for those who are older, there is limited short-break availability in the summer holidays.
- Leaders acknowledge the need to have a more joined-up approach to the planning of provision for those aged 19 to 25. Young people, including those with complex needs, are not supported well in making successful transitions into adult life. There is a limited choice of supported living opportunities, further education, and internship programmes to provide suitable options for those in this age group.
- There is more to do to embed co-production in the local area. Parents and professionals are ready to be part of the solution. An inclusive approach to young people's participation is required. Young people felt that listening did not always turn into action, and they want to participate in projects that change perceptions and attitudes towards young people with SEND and empower them.

- At the time of our inspection, some SALT provision into mainstream schools after Year 2 was focused on those children and young people with an EHC plan or those who were in the process of an EHC plan being provided. This means that children without an EHC plan might not receive the care and support that they require.
- Communication from staff to families between a referral being made for ASD assessment and the actual assessment taking place is weak, leaving some families wondering if an assessment will go ahead. Staff we spoke with agreed that communication could be improved so that families are better informed.
- Parents told inspectors that they were concerned that communication with professionals is poor, with many parents advising that they must 'tell their story' again and again. They also said that emails remain unanswered or delayed, which raises anxieties and promotes mistrust.

### **The effectiveness of the area in improving outcomes for children and young people with special educational needs and/or disabilities**

#### **Strengths**

- Academic outcomes for children and young people with SEND are good and improving because of the effective identification of needs and the well targeted support in the early years. Settings and schools ensure that the curriculum is adapted to meet the needs of children and young people.
- Most pupils attend provision which has the confidence of children, young people and their parents. Most attend schools which have been judged to be good or better by Ofsted.
- Leaders across education, social care and health are ambitious for young people with SEND. Young people told inspectors that they know what they need to do to achieve their ambitions. Some young people spoke of their desire to attain qualifications, go to college and take university courses. A large proportion of young people with SEND leave school to attend further education, enter employment or begin apprenticeships. However, the options are limited and not always matched to the needs of young people.
- Attendance is good, and exclusions have reduced over the last three years because schools are vigilant.
- Young people not in education, employment, or training are relatively few as schools and settings develop innovative approaches and pathways to find placements.
- Health practitioners recognise the vast diversity of the population of Haringey and know how to adapt the SEND service provision to meet cultural needs and beliefs.

### **Areas for development**

- Health practitioners do not always measure the impact of their work. This includes, for example, amended EHC plans not being routinely contained within health records. This not only means that those records remain incomplete, but also that health practitioners are not aware of key information that might be useful in their interactions with those children and young people.
- Area leaders have identified that some children and young people with ASD are not having their needs met quickly enough in appropriate provision. Parents expressed their concerns about the negative effect that delays in assessments can have on their children's long-term outcomes. This includes young adults with learning disabilities, as there is no dedicated 18+ autism service in Haringey. An autism hub is planned, but at the time of the inspection this was not in place.
- Annual reviews are not undertaken proficiently and EHC plans are not amended, even when the young person's needs have changed significantly. There is too much variation, particularly regarding health and care outcomes. This is impacting on transition for young people leaving college, because their needs are not accurately described.
- Preparation for adulthood is not planned well. There is a limited range of options for young people, particularly when moving into employment. Students and parents told inspectors that advice and guidance was limited and often too late. This limits their preparation for adult life and fails to match their needs.

### **The inspection raises significant concerns about the effectiveness of the area.**

The area is required to produce and submit a Written Statement of Action to Ofsted that explains how the area will tackle the following areas of significant weakness:

- the poor quality of EHC plans and the annual review process, especially as children and young people prepare for adulthood
- the lack of partnership working and poor communication and co-production with parents, children and young people. This includes communication through the local offer
- unacceptable waiting times for ASD assessment.



Yours sincerely

Philip Garnham  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Michael Sheridan Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Philip Garnham HMI Lead Inspector	Daniel Carrick CQC Inspector
Claire Prince Ofsted Inspector	

Cc: Department for Education  
 Clinical commissioning group  
 Director of Public Health for the area  
 Department of Health  
 NHS England