

London Borough of Harrow



JOINT HEALTH AND SOCIAL CARE AND LIFELONG LEARNING SCRUTINY SUB- COMMITTEES

WEDNESDAY 17 SEPTEMBER 2003
7.30 PM

SUB-COMMITTEE AGENDA (SCRUTINY)

COUNCIL CHAMBER
HARROW CIVIC CENTRE

**The memberships of the Health and Social Care and Lifelong Learning
Scrutiny Sub-Committees are detailed on the following page**

**Issued by the Committee Services Section,
Law and Administration Division**

**Contact: Heather Smith, Committee Administrator
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***NOTE FOR THOSE ATTENDING THE MEETING:
IF YOU WISH TO DISPOSE OF THIS AGENDA, PLEASE LEAVE IT BEHIND AFTER THE MEETING.
IT WILL BE COLLECTED FOR RECYCLING.***

Membership of the Health and Social Care Scrutiny Sub-Committee

| | | | |
|---|--------------------------------------|---------------|---------------|
| MEMBERSHIP (Quorum 3) | | | |
| Chair: | Councillor Marie-Louise Nolan | | |
| | <u>Councillors:</u> | | |
| Ann Groves | Myra Michael | (none) | (none) |
| Thammaiah | Anjana Patel | | |
| Lavingia | Silver | | |
| Advisor to the Sub-Committee: Dr S Ahmad | | | |

| | | | |
|--------------------------------|-----------------------|--------|--------|
| <u>Reserve Members:</u> | | | |
| 1. Blann | 1. Mrs Champagne | (none) | (none) |
| 2. Gate | 2. Mrs Joyce Nickolay | | |
| 3. Mitzi Green | 3. Jean Lammiman | | |
| 4. Toms | | | |

Membership of the Lifelong Learning Scrutiny Sub-Committee

| | | | |
|---|-------------------------------|---------------|---------------|
| MEMBERSHIP (Quorum 4) | | | |
| Chair: | Councillor Mitzi Green | | |
| | <u>Councillors:</u> | | |
| Gate | Miss Bednell | (none) | (none) |
| Marie-Louise Nolan | Mary John | | |
| Ismail | Jean Lammiman | | |
| Lent | Janet Mote | | |
| | John Nickolay | | |
| Representatives of Voluntary Aided Sector: Mrs J Rammelt/Reverend P Reece | | | |
| Representatives of Parent Governors: Mr Humphrey Epie/Mr Russell Sutcliffe | | | |

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|--------------------------------|-----------------|--------|--------|
| <u>Reserve Members:</u> | | | |
| 1. Thammaiah | 1. Vina Mithani | (none) | (none) |
| 2. Lavingia | 2. Osborn | | |
| 3. Kinsey | 3. Anjana Patel | | |
| 4. Blann | 4. Mrs Bath | | |
| 5. Anne Whitehead | 5. Kara | | |

LONDON BOROUGH OF HARROW

JOINT HEALTH AND SOCIAL CARE AND LIFELONG LEARNING SCRUTINY SUB-COMMITTEES

WEDNESDAY 17 SEPTEMBER 2003

AGENDA - PART I

1. **Appointment of Chair:**
To appoint a Chair for the meeting.
2. **Attendance by Reserve Members:**
To note the attendance at this meeting of any duly appointed Reserve Members.
3. **Declarations of Interest:**
To receive declarations of interest (if any) from Members of the Committee arising from business to be transacted at this meeting.
4. **Arrangement of Agenda:**
To consider whether any of the items listed on the agenda should be considered with the press and public excluded on the grounds that it is thought likely, in view of the nature of the business to be transacted, that there would be disclosure of confidential information in breach of an obligation of confidence or of exempt information as defined in the Local Government (Access to Information) Act 1985.
5. **Minutes:**
That the signing of the minutes of the Health and Social Care Scrutiny Sub-Committee meetings held on 8 May, 18 June, and 24 July and the minutes of the Lifelong Learning Scrutiny Sub-Committee meeting held on 30 July be deferred to the next ordinary meetings of the relevant Sub-Committees.
6. **Public Questions:**
To receive questions (if any) relating to existing agenda items from local residents or organisations under the provisions of Committee Procedure Rule 15 (Part 4B of the Constitution).
7. **Petitions:**
To receive petitions (if any) relating to existing agenda items submitted by members of the public/Councillors under the provisions of Committee Procedure Rule 15 (Part 4B of the Constitution).
8. **Deputations:**
To receive deputations (if any) relating to existing agenda items under the provisions of Committee Procedure Rule 16 (Part 4B of the Constitution).
9. **Audit Commission Review of Certain Learning Disability Services - Progress against the Recommendations:** (Pages 1 - 52)
Report of the Head of Community Care.
10. **Early Years Special Educational Needs:** (Pages 53 - 74)

Report of the Executive Director (People First).

11. **The Gatsby Project - Report on Completion of Project:** (Pages 75 - 82)
Report of the Executive Director (People First).
12. **Progress on Healthy Lifestyles in Schools Review:** (Pages 83 - 88)
Report of the Executive Director (People First).
13. **Update on the development of the People First Directorate:** (Pages 89 - 96)
Report of the Executive Director (People First).

AGENDA - PART II - NIL

| | |
|-----------------------------------|--|
| Meeting: | Joint Meeting of the Health And Social Care and Lifelong Learning Scrutiny Sub -Committees |
| Date: | 17 September 2003 |
| Subject: | Review of certain learning disability services by the Audit Commission |
| Responsible Chief Officer: | Head of Community Care |
| Status: | Part 1 |
| Ward: | All |
| Enclosures: | A. Copy of Audit Commission report and action plan B. Copy of Overview and Scrutiny Health and Social Care Sub-Committee report September 19 2002. C. Action Plan Update |

1. Summary

- 1.1 This report updates the Joint Meeting of progress against the Audit Commission action plan submitted to the Audit Commission in July 2002, following their audit of some aspects of the management of services provided by the Harrow Learning Disability Team (HLDT).

2. Recommendations

- 2.1 To note current progress.

3. Relevant Previous Decisions

- 3.1 The Lifelong Learning Scrutiny Sub Committee received a copy of the report submitted to the Health and Social Care Scrutiny Sub Committee on September 19, 2002 and requested that a joint meeting of the two committees be held to receive an update on progress on the action plan one year later.

4. Relevance to Corporate Priorities

- 4.1 This report is relevant to the Council's objective of improving the quality of health and social care in Harrow.

5. Background Information

- 5.1 As reported last year the Audit Commission was invited by the then Director of Social Services to review the response the Department was taking to contain expenditure on the residential and day care of people suffering from complex learning disabilities including disorders on the autistic spectrum and other cognitive disabilities. At the point of making the request, significant budget overspends in this area were being reported.

- 5.2 Further, performance on the national performance indicators suggested that Harrow was purchasing residential and nursing care at greater cost or more often than other outer London boroughs.
- 5.3 The purpose of the Audit Commission's review was to establish whether the HLDT was tackling these issues in the most cost effective manner, whilst maintaining appropriate professional standards and meeting its legal requirements. The review report was agreed in July 2002 and the action plan was submitted back to the Audit Commission in September last year. This completed the review and there has been no follow up by the Audit Commission since then. It has to be said that the review report did not as hoped address all the issues it was hoped it would.
- 5.4 Since the action plan was completed progress has been made in pursuing some actions but others are awaiting the outcome of a review being undertaken by the National Development Team, a Government sponsored independent agency, which promotes good practice in learning disability services. Although commissioned in the Autumn of last year due to reasons beyond the Council's control the NDT have severely delayed on the production of their review and at the time of drafting this report the NDT report had not been delivered. A verbal update on this will be given at the joint meeting of the Sub Committees. Other matters have also overtaken some of the proposed actions and these are referred to in the action plan update.
- 5.5 In the report to the Health and Social Care Sub Committee in September of last year, a summary of the strengths and weaknesses found in the Audit Commission review was identified. General progress on these issues is also dealt with in the attached action plan update.
- 5.6 It should also be noted that the HLDT is a co-located team with the services provided by the Harrow PCT. Although mandated to concern itself with that part of the HLDT for which the Council was responsible it was inevitable that the findings and recommendations would touch on areas that are the responsibility of the PCT. The responses to the action plan were framed in terms of those matters the Council was responsible for.

6. **Consultation**

- 6.1 The Audit Commission Report was considered by the Learning Disability Partnership Board, which has user and carer representation.

7. **Finance Observations**

- 7.1 There are no immediate budgetary implications arising from this report but the impact of the NDT report will need to be considered as part of this Council's review of the medium term budget strategy.

8. **Legal Observations**

- 8.1 No legal observations

9. **Conclusion**

- 9.1 Progress on the action plan agreed following the Audit Commission has been maintained although some proposed developments have either been delayed or amended as thinking about the future of the HLDT has progressed

10. **Background Papers**

10.1 None

11. **Author**

11.1 David Burnell
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Review of Services for
Adults with Learning
Disabilities (Final draft
version)

London Borough of Harrow

INSIDE THIS FINAL DRAFT
SUMMARY REPORT

PAGE 2

Summary

PAGE 6

Detailed Report

PAGE 28

Appendix 1

- Amalgamated responses – Pre-Partnership Board and HLDT staff: Questionnaire A
- Amalgamated responses – Pre-Partnership Board and HLDT staff: Questionnaire B
- Notes to the graphs



DISTRICT AUDIT

| | |
|------------|------------------------------|
| Reference: | MIL02HA02102 (draft version) |
| Author: | Ross Wells |
| Date: | July 2002 |

Introduction

Services for people with learning disabilities are high on the national agenda, with the publication in March 2001 of the White Paper *Valuing People – A New Strategy for Learning Disability in the 21st Century*. This describes a new vision for this client group and the services which support them. It is based on four principles: Rights, Independence, Choice and Inclusion.

At the same time, the *London Learning Disability Strategic Framework* (Department of Health and Social Services Inspectorate 2001) is a regional strategic plan echoing the White Paper. It sets out a framework with a five-year implementation timescale.

Background

Against this background, the Harrow Learning Disabilities Joint Investment Plan for 2001-04 was produced in April 2001. This sets out the interagency vision and values for the learning disabilities service and an action plan for achieving them. The Council fully subscribes to this document.

The greatest challenge Harrow faces is providing a wide enough range of services to users within the resources available. First, the total number of clients is increasing. Second, service users present increasingly complex needs. For example, officers estimate there are now 180 children and 100 adults in Harrow with autistic spectrum disorder (ASD). The White Paper expects authorities to respond to individual user need in a flexible and tailored way. This implies that a complex range of services, many of them expensive, must be provided at a time of resource constraint for the Council.

A Best Value Review (BVR) of day care has already taken place. A similar BVR of residential care is in the process of completion, having been rescoped.

A Private Finance Initiative (PFI) project is underway which includes plans to reprovide residential and day care for users with learning disabilities.

Against this background, and the reality of budget pressures in the Council, Harrow Social Services Department (SSD) has commissioned District Audit to review services for users with learning disabilities.

Scope and objectives

District Audit's work focused on services for adults with learning disabilities (including those with diagnoses of ASD), while recognising the crucial overlaps with services for young people with learning disabilities. It primarily involved a 'health check' of management arrangements in the following aspects:

- clarity of the joint planning for the client group, including:
 - objectives and priorities
 - the joint approach to service planning and commissioning within the context of the mixed economy
 - the interagency context and the role of the Social Services Department and the Council within it.

The audit also considered:

- effectiveness of care management arrangements
- cost of provision.

Audit approach

The fieldwork involved the following:

- review of key documentation
- interviews with managers and other stakeholders concerned with planning, supporting and providing the service
- questionnaires and a workshop
- review of financial and activity data.

Main conclusions

Shared strategic approach to service planning

The joint approach to services for adults with learning disabilities presents a mixed picture. Relationships between the statutory agencies in particular are good, and relationships between the statutory agencies and voluntary organisations also tend to be satisfactory. However the joint approach has lacked effectiveness in implementing the action plans that were signed up to in the Joint Investment Plan (the JIP). These include two crucial areas that still need resolution:

- services for people with ASD, and
- a plan for the future of the Harrow Learning Disability Team (HLDT).

The lack of costings, task allocation and specific, measurable, achievable, reasonable and time-limited (SMART) targets in the JIP have contributed to a lack of effectiveness in some areas.

The establishment of the new Learning Disabilities Partnership Board (LDPB) represents a positive way forward, as well as providing compliance with guidance. The agreement to appoint the joint commissioning manager is positive but, of itself, the new Board is no guarantee of greater effectiveness in planning or in services. It will also have to ensure that:

- its functioning takes account of the objectives and priorities of the statutory organisations,
- there is ownership of its processes, both by the statutory (that is the major funding) agencies, and by the organisations representing users and carers,
- there is clarity about the fact its role is purely to monitor advise and propose, rather than make decisions,
- members have the appropriate level of delegated authority.

It will have to oversee and drive a comprehensive review of the pattern of service provision in the context of the modernisation agenda, the pressing issues identified (ASD services, and the future of the HLDT), and the work already under way on the Path. This is a development plan for learning disability services in Harrow, facilitated by the National Development Team (NDT). Finally, it will have to take account of resource availability, explore the possibilities for bringing in new resources, and ensure that there is a match between service provision, resources and need (if not demand).

The LDPB constitution, adopted in December 2001, is helpful in setting out the formal framework within which these issues may be taken forward.

The operational framework for the HLDT

The work focussed on the HLDT, which provides assessment and services itself, and is also the way to further services for users. Relationships between SSD and health staff in the HLDT are generally good, and there is a very genuine appreciation of the benefits of co-location and of working in a multi-disciplinary team. However joint working paints a confused picture, with unclear decision-making and planning, and unclear communication at managerial level. There are tensions, pressures and contradictions in the team – changing roles, the poor accommodation, issues about the offering of ASD assessments without service, resources pressures, social work vacancies. There is no current operational policy, and no current agreed plan on the way forward for the HLDT, which at times appears to be operating as two teams – a multi-disciplinary health team working (at times closely) with a team of social workers on the basis of co-location and good informal relationships. There is no performance management framework for the team, and the eligibility criteria need to be updated. It lacks useful targets and guidance on its priorities. There is no common model of caseworking between health and SSD staff.

With the difficult budget situation, and lacking the support of a clear operating framework, staff are working under pressure. The strengths of the team are its co-location (except for psychiatry), and the communication between team members. It has a single point of entry, a single assessment process, and coherent allocation processes. However the HLDT does not have the formal framework it needs to promote or assess performance improvement, as it is expected to do through Best Value.

Care management arrangements

Eligibility criteria for the service are underdeveloped, inconsistent with practice and unsustainable. The out-of-date eligibility criteria:

- mask major issues for the future of the service that are unresolved
- deprive staff of guidance to make well-founded judgements on what work to prioritise or turn away
- leave the team in no position to rebut claims that it is overly focused on assessment, and that service provision decisions lack transparency and consistency.

Consequently services are fragmented, which is a source of considerable frustration to all concerned, and adds to the stresses and pressures on staff.

There are two areas where there are particular concerns.

- The HLDT works in areas of potentially high risk – child protection, challenging behaviour and self-harm, assessments and compulsory admissions under the Mental Health Act. There are increasing levels of formal complaints. However there is no coherent risk assessment or management strategy. This is urgently needed.
- Transition planning is a crucial area. It refers to planning services for young people between the ages of 14 and 19 who are becoming adults. These services may be life-long, and involve major decisions about life chances and resources. Transition planning is unsatisfactory for all those involved. It is not functioning effectively as part of the process for maximising the independence of young people with learning disabilities. It is the source of great anxiety and frustration for parents and carers. There is no continuous

- process of transition planning over the period available, and social workers are becoming involved in detailed transition planning, involving complex and expensive care packages, far too late in the process. This must severely undermine their capacity to manage the transition process and the SSD's relationship with young people and carers at a very difficult time.

At the same time there are a number of strengths in this area that can be drawn on – the joint panel on residential placements between Social Services, Education and the Health Authority, good interagency relations, and the potential availability of information held on the learning disability planning register in the HLDT.

Cost of provision

In the context of the challenges facing the interagency approach and the HLDT, the issues around information and financial systems on costs for the Council are lower priority. The SSD centralisation of budget controls has not proved effective in containing costs. New software systems are being introduced in SSD which are anticipated to give better information. This offers the prospect of developing information systems to monitor the work of the HLDT, and review how far the new framework recommended is succeeding in providing a cost-effective service that meets strategic and operational priorities within the resources available. The Learning Disability Planning Register has the potential to add more value to the HLDT.

The Way Forward

The audit on services for adults with learning disabilities has been commissioned by the Harrow Social Services Department. The draft report was made available to officers in March 2002 and has been revised in light of the comments received. This final draft report will be finalised when the attached action plan is completed.

Detailed report

| Issue | Findings | Conclusion | Recommendations |
|---|--|---|---|
| <p>Is there a shared strategic approach to planning for services for adults with learning disabilities?</p> <p>Is there a joint approach to service planning, commissioning and provision?</p> | <p>The Harrow Best Value Performance Plan (BVPP) has as a key service priority to "improve services for disabled people" and there is a recent history of joint planning in Harrow. A Joint Strategy was produced by the Learning Disability Strategy Group in November 2000. This group comprised representatives of the statutory and voluntary agencies, users and carers. The report was picked up in the Joint Improvement Plan (JIP), April 2001. In line with good practice, it includes a vision, objectives, key issues, needs analysis, development priorities and an action plan. The changing legal context for and guidance on service provision is highlighted, along with the significant implications for service development.</p> <p>Relationships are good between the agencies, and questionnaires and interviews confirm this. However the Partnership Board questionnaire reveals a considerable range of views on the overall effectiveness of the interagency approach – 60% thought it strong or very strong, 30% thought it weak. The more critical view tended to come from voluntary sector representatives. Harrow Learning Disability Team (HLDT) staff were very positive about the overall interagency approach and their management, although they were more critical of the extent to which stakeholders had been involved in policy development.</p> | <p>The joint approach presents a mixed picture. Relationships between the statutory agencies in particular are good, and relationships between the statutory agencies and voluntary organisations tend to be quite good. However the joint approach has lacked effectiveness in implementing the action plans that are signed up to in the JIP. These include the key areas of services for people with ASD, and the plan for the future of the HLDT – two crucial areas that need resolution. The lack of costings, task allocation and specific, measurable, achievable, reasonable and time-limited (SMART) targets may be another reason for the lack of effectiveness.</p> | <p>R1 Review the effectiveness of the Partnership Board after 12 months.</p> |
| | <p>Harrow Social Services Department is in the process of completing its BVR on residential services for adults, having already completed its BVR on adult day care. The former has resulted in concrete and costed plans for a fundamental shift in service provision in line with modern thinking on models of service provision. The latter seems less likely to do so because of the narrow terms of reference.</p> <p>There is a pressing need to review and modernise ranges of adults with learning disability across the range of service provision, for a number of reasons:</p> <ul style="list-style-type: none"> the modernisation agenda expressed in central government guidance | <p>Harrow Social Services Department is in the process of completing its BVR on residential services for adults, having already completed its BVR on adult day care. The former has resulted in concrete and costed plans for a fundamental shift in service provision in line with modern thinking on models of service provision. The latter seems less likely to do so because of the narrow terms of reference.</p> <p>There is a pressing need to review and modernise ranges of adults with learning disability across the range of service provision, for a number of reasons:</p> <ul style="list-style-type: none"> the modernisation agenda expressed in central government guidance | <p>R2 Review through the Partnership Board the pattern of service provision. This should be a whole-systems approach, taking account of the work done on the Path.</p> <p>R3 Produce a costed and prioritised action plan with SMART targets to address the issues identified in the service provision review.</p> <p>R4 Prepare and submit a business case for Adult Learning Disability Services to be a priority call on the Council's capacity to bid for and bring in additional and</p> |



| Issue | Findings | Conclusion | Recommendations |
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| | | | external funding. |

| Issue | Findings | Conclusion | Recommendations |
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| | <p>The opposite view is that stakeholders – user and carer groups – have been powerful in setting the agenda. For example, the recent pressures on services to extend to meet the needs of people with Autistic Spectrum Disorders (ASD) is seen as in part a result of the articulate presentation of needs. They were also seen as influential in the Joint Strategy, and in the JIP. This may be in part why there is in key areas a considerable discrepancy between JIP plans and what has happened over the past year. For example, the JIP recommendation on ASD that “resources be identified to address the shortfalls in the 1998 needs analysis”, and “ensure a range of suitable provision”. Also the recommendation that “strategic management arrangements need to be developed to integrate health and social care work via pooled budgets, lead commissioning and/or integrated provision”. A more fundamental debate about the future direction of joint service development is under way, including discussions between Social Services and Health managers on the future direction of the HLDLT (see below).</p> <p>On a positive note, Health and Social Services (SSD) have reached an agreement to fund jointly a commissioning manager post.</p> | <ul style="list-style-type: none"> • increased demand and service and budget pressures • changes in Health structures <p>The establishment of the new Learning Disabilities Partnership Board represents a positive way forward, as well as providing compliance with guidance. The agreement to appoint the commissioning manager is positive but, of itself, the new body is no guarantee of greater effectiveness on the ground. It will also have to ensure that its functioning takes account of the objectives and priorities of the statutory organisations (and vice versa) and that there is ownership of its processes, both by the statutory (that is, the major funding) agencies, and by the organisations representing users and carers. There will have to be clarity about its role as a purely advisory body or forum rather than a decision-making body. Members will need to have the appropriate level of delegated authority. It will have to oversee and drive a comprehensive review of the pattern of service provision in the context of the modernisation agenda, the pressing issues identified (ASD services, and the future of the HLDLT), and the work already under way on the Path. Finally, it will have to take account of resource availability, explore the possibilities for bringing in new resources, and ensure that there is a match between service provision, resources and need (if not demand).</p> | <p>R5 Ensure the Partnership Board has the information necessary on budgets and activities as well as need.</p> |

| Issue | Findings | Conclusion | Recommendations |
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| | <p>There is an agreed view that learning disability services need to be modernised. A Best Value Review (BVR) of day care has already been undertaken, resulting in a Private Finance Initiative that will transform services. Difficulties remain; the BVR proposed no interim service improvement plan, and it focuses on capital resources rather than revenue and service delivery issues. A BVR on residential services is also reporting back, although the terms of reference are now viewed as too narrow. Part of the modernisation process is the establishment of the Partnership Board in October 2001, in accordance with the requirements of the 'Valuing People' white paper. The constitution for the LDPB sets out its terms of reference, objectives and functions. Its role is purely to advise, oversee, propose and recommend on relevant issues.</p> | <p>The LDPB constitution is helpful in setting out the formal framework within which these issues may be taken forward.</p> | |

| Issue | Findings | Conclusion | Recommendations |
|-------|---|------------|-----------------|
| | <p>Education does not have a high profile in the joint strategy arena, but relationships again are cordial, without an obvious positive impact on service improvement (see section on transition planning).</p> <p>The context of this joint work is the fact that the statutory agencies are all 'strapped for cash' as one officer put it – if not actually facing considerable overspends. At the same time, demands on services – and challenges to the pattern of service provision – are increasing. The analyses of need already undertaken indicate that this trend will continue. At the same time, there is a general view that service provision has become outdated, and requires modernisation. The Path developed by the NDT indicates a way forward that operational staff are signed up to. However the Path does not seem to have been taken directly into account in the JIP or the Joint Strategy. A final, significant factor is the change to health structures in April 2002, with the inauguration of the new Primary Care Trusts (PCTs) and the Strategic Health Authority (SHA).</p> <p>The JIP points out that a number of areas of guidance are supported by funding availability, and there are also other external resources for which application can be made, such as European funding. However there is limited capacity evident to take forward external bids, given the demands of the PFI process.</p> <p>Overall, the Partnership Board questionnaires show a picture of a positive valuing of joint working, especially leadership, and individual's contributions. The only factors to score negatively were culture and information.</p> | | |

| Issue | Findings | Conclusion | Recommendations |
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| <p>How well does the Partnership Board use information on community needs and service performance to decide joint priorities?</p> | <p>In line with good practice, there has been extensive work on needs analysis, mainly demographic, and work to establish joint priority areas. This includes background research to inform the Joint Strategy and the JIP, and work to establish the joint priority areas, taking account of stakeholder views. The information has informed the development of joint priorities as expressed in the JIP. However there is no specific mention of the Learning Disability Planning Register in terms of the strategic use of client information, and, as stated above, there are concerns about the information available to the JIP. This includes both service activity and financial information.</p> | | |

| Issue | Findings | Conclusion | Recommendations |
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| <p>What is the operational framework for the HLDT?</p> <p>Are plans and policies in place?</p> | <p>The HLDT has been operating since before 1990. It was a very early example of a joint team, initially mainly nurses and social workers. Since then the team has grown considerably, incorporating a range of professional groups (e.g psychiatrists and psychologists) involving changes in roles and structures.</p> <p>With the growth in size and complexity of the team, pressure on management arrangements has increased (see section below on team systems and structure) and uncertainties have arisen over the future development of the team. Health staff had concerns over the differences in funding and service provision (see section on eligibility criteria).</p> <p>There are some significant issues facing the team. The environment – the top floor of the civic centre, with complex and difficult access – is unsuitable, and psychiatry remains at the previous base.</p> <p>Consequently the team is split. Staff would very much like to move out of the current accommodation to somewhere more user-friendly.</p> <p>Another source of pressure has been the freezing of posts by the SSD as part of the measures to address budget pressures. There are in any case normally vacancies, particularly among social work staff. Partly as a consequence, staff see themselves as under siege. This is exacerbated by the ASD social worker post, which carries out assessments but has no services to offer.</p> <p>There was also recognition that skills are difficult to retain, and health staff expressed concerns about joining the SSD which might give them further difficulties in recruitment and retention.</p> <p>There is a year wait for an assessment.</p> | <p>Like the situation with interagency working, relationships between SSD and health staff are generally good, and there is a very genuine appreciation of the benefits of co-location and of working in a multi-disciplinary team.</p> <p>However the history of joint working demonstrates a confused picture, with unclear decision-making, planning led from the workfront, and unclear communication. There are tensions, pressures and contradictions in the team – changing roles, the accommodation, views of social services from health, issues about the offering of ASD assessments without service, resources etc. There is no current operational policy, and no agreed plan on the way forward for the team, which at times appears to be operating as two teams – a multi-disciplinary health team working (at times closely) with a team of social workers on the basis of co-location and good informal relationships. This is demonstrated by the combination of positive regard amongst the staff and appreciation of each other's skills, with pessimism about the possibilities of improving the service. The NDT Plan goes some way towards indicating a way forward for the team, but their pessimism and concern about financial and staffing resource shortfalls and about the challenges ahead does not portray an optimistic team.</p> | <p>R6 Resolve the uncertainty over the future of the HLDT by developing an integration plan for a single service, or an alternative way forward.</p> <p>R7 Resolve the environmental issues by moving the team to a more user-friendly location, subject to the outcome of R6.</p> |

| Issue | Findings | Conclusion | Recommendations |
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| | <p>Formal complaints are a significant factor for the SSD managers of the team. These take up a considerable amount of managerial time – several hours each – and there is a concern about the risk of Judicial Review of decisions made in the service.</p> | | |
| | <p>Social Services managers had planned to develop the HLDT as a single service with one management structure and pooled budgets. Health managers have been considering the possibility of developing the HLDT as a Social Care Trust, with lead responsibility with the new PCT.</p> | | |
| | <p>The uncertainty about the future direction of the team needs to be resolved between the two agencies involved.</p> | | |
| | <p>Despite the pressures, relationships in the HLDT are good. Staff believe the most positive factors taking the team forward are the skills of staff and interagency working, followed by leadership of the partnership, internal communication, partnerships and stakeholders. Co-location and the multi-disciplinary nature of the team are seen as a huge benefit. They are most negative about the effects of political issues and then financial and staffing issues, and external changes, including the pace of change.</p> | | |

| Issue | Findings | Conclusion | Recommendations |
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| | <p>Neither the HLDLT staff group nor the Partnership Board report strong views on the policies in place – although the HLDLT staff were rather more critical of the process of policy development in terms of its openness and involvement of stakeholders.</p> <p>An operational policy was agreed within the HLDLT about 1994. It has been revisited several times since, but never fully revised – the team have lacked the resources and guidelines to do it. The policy is now out-of-date and of no practical use.</p> <p>The HLDLT has a statement of aims and objectives, although not in a format or document that promotes the team positively. Social workers have produced work plans in 1999 and 2000. These were oriented to internal projects and not clearly related to priorities outside the team, although the 2001 work plan was subsumed into the SSD business plan.</p> <p>The Health and SSD staff share their plans, and there is an overarching team workplan, but it does not fully integrate performance indicators or individual work plans. At the same time, the Area Manager has the expectation that the HLDLT will be moving towards greater integration in the short term.</p> <p>As already stated, the NDT-facilitated Plan is a significant element in the way HLDLT team member see services developing – they feel they have a way forward. However it is not clear that the two agencies have each formally signed up to the document – senior managers have made little mention of it.</p> | <p>The HLDLT effectively has no internal policy framework, and the statement of aims and objectives needs review, particularly as to its format, but also its content.</p> <p>The conclusion is that plans and policies are not in place for service improvement and the future development of the HLDLT. Good relationships and communication within the team have allowed it to maintain a certain level of functioning without these key supports in place. There is little prospect of service improvement without a clear mandate and sense of direction from senior managers and a supportive internal framework for the team.</p> | <p>See R6 above and R9 below</p> |

| Issue | Findings | Conclusion | Recommendations |
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| <p>Are there clear objectives priorities and targets, linked to strategic plans and priorities?</p> | <p>Staff report they are very confident in their skills, and that they are good in providing the services agreed. However it is noteworthy that only 40% agreed the service was achieving more and more as time went on.</p> | <p>There is no performance management culture or framework in the HLDT – indeed, the health part of the team and Health managers do not seem to consider this important, and promote a bottom-up approach. This contributes to the fragmentation within the team. The lack of clear priorities contributes to the picture of a team facing very considerable pressures and unable to see a way forward. There is a real risk that the team will feel under siege.</p> <p>The NDT Path is a valuable contribution to establishing a shared way forward within the team and in its wider context of stakeholders in learning disability services. By itself, however, the Plan is insufficient. There should be a more formal process where each agency decides to commit themselves to the Plan, or to elements within it.</p> | <p>R8 Consider the Path at the new Partnership Board and integrate it explicitly into the next JIP, and the operational framework of the HLDT.</p> <p>R9 Establish (subject to the outcome of R6) action planning within the HLDT to:</p> <ul style="list-style-type: none"> • link team activities to strategic and interagency priorities • contribute to SSD and Trust plans • establish SMART targets for planning. |
| <p>Staff believe fairly strongly that the objectives of the service are well defined and that they produce clear action plans. They reported neutral views on whether action plans are relevant and up-to-date. The Partnership Board was rather more skeptical on these issues, and viewed systems in general as a hindrance to service provision.</p> <p>Action planning is done mainly through the work plans mentioned above. They are not linked directly into wider priorities, apart from the inclusion of a work plan in the SSD business plan for 2000-01.</p> <p>There is no process to relate the work plans and objectives of the subgroups to overall objectives for the team, and the staff report no great awareness of team objectives, and were unclear whether they even exist. They think of the NDT Path as synonymous with the team objectives.</p> <p>Health culture within the team includes a bottom up planning process "Glue comes up from the bottom". These are then aggregated into a contribution to the Trust's plan.</p> | | | |

| Issue | Findings | Conclusion | Recommendations |
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| <p>How does the HLDT relate its objectives and work plans to individuals' work plans?</p> | <p>Each sub-group in the team has meetings, normally weekly. Nursing staff have monthly supervision and annual appraisal with a 6-monthly review. Social workers have professional supervision, but not appraisal. No staff have a system for linking supervision of their work with the team or sub-group work plans. Clinical and casework matters appear to be the main priority.</p> | <p>There is no formal matching between individual's work and HLDT objectives and work plans.</p> | <p>R10 Implement a performance management framework in the HLDT, subject to the outcome of R6.</p> |
| <p>How effective are team systems and the team structure?</p> | <p>The team structure consists of nurses, answerable to the senior nurse in the HLDT, a psychiatric subgroup, answerable directly to the Trust, psychology, answerable directly to a psychology manager, and other workers with their own reporting structures. A Trust manager commented that nurses "practice as experienced autonomous professionals", and this is a similar model to psychiatry and psychology.</p> <p>Each subgroup holds its own files, with the social work files most easily accessed by other staff. However the psychology group do not make their files available. The team is effectively on split sites, with psychiatry having remained at Orme Lodge when the rest of the team moved to the Civic Centre.</p> <p>The SSD Area Manager has no current formal remit for the HLDT health staff, although she is seen (at least within the HLDT) as having a leadership role for the HLDT on a day-to-day basis. This is valued by team members but the informal arrangement has also been the source of confusion in the past.</p> | <p>Structurally the HLDT is fragmented, oriented to specialist and clinical priorities, particularly for Health staff. Some team systems are working reasonably well – the single referral system, efficient allocation processes – but others bear little examination. The team is held together functionally by good communication, both formally through meetings and informally through colleagues. However there is an over-reliance on informal communication – for example, in the lack of consistent openness regarding client files. Experience of child protection review findings elsewhere suggests this must potentially be an area of risk for the HLDT.</p> <p>The Area Manager role is not supposed to involve responsibility for the whole team. Despite the personal regard in which the Area Manager is held by staff, her position is more that of a co-ordinator and her responsibilities and position have appeared confused. The issue is likely to be resolved by the actions suggested in R6 above.</p> | <p>See R6 above.</p> |

| Issue | Findings | Conclusion | Recommendations |
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| | <p>Duty and assessment functions are carried out by the social workers, who operate a single point of entry into the HLDT. Referrals are then passed out through the duty senior social worker to the sub-groups who then take responsibility for the referral. Assessments can be slow to complete – a year on occasions. Cases will be reallocated if a second professional group needs to work with the same client.</p> <p>From the Area Manager’s viewpoint, the team has a single point of referral, a single allocation process (which may involve reallocation between the different staff groups), joint eligibility criteria (but see below) and an agreed operational policy (but see above).</p> <p>The team see their co-location (except psychiatry) as a huge advantage, and the main reason for the high quality of their internal communication and good work relationships. There is a regular meeting of ‘heads of service’, as well as team meetings quarterly, and subgroup meetings, often weekly. They also felt that transition planning issues (for young people becoming adults) are more effectively handled in a team that deals with all ages (see section below). At the same time they reported that they find it ‘impossible’ to keep up with the changing expectations across the all age user group. This pressure may in part be the reason HLDT staff are so strongly of the view that the main hindrances to their work (apart from financial and staffing resources) are external changes and political issues.</p> <p>The view that the team is set in its ways and could be more flexible and creative has already been noted. Staff do believe they have a good understanding of the needs of their service users, and are good at providing services – although the Partnership Board is more neutral.</p> | | |

| Issue | Findings | Conclusion | Recommendations |
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| <p>How does the HLDT monitor and review its services?</p> | <p>To an extent, the work plan process involves review of previous plans and the services provided. Nursing has made use of clinical audit for specific purposes. However the team overall acknowledge that they do not have good arrangements for monitoring and reviewing the HLDT's performance. They believe they do not have useful activity information, and believe strongly they do not have good financial information. The Partnership Board concur with these views, but are rather more critical of the arrangements for performance monitoring and review across services. The Learning Disability Planning Register does not seem to be considered as a resource in this context.</p> | <p>The general focus of the HLDT on individual casework results in little performance monitoring or review. See R 10 and the section below on activity and financial information.</p> | <p>See R10 above</p> |

| Issue | Findings | Conclusion | Recommendations |
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| <p>How effective are care management arrangements?</p> <p>Are there clear eligibility criteria in the HLDT, that inform access to assessment and to services?</p> | <p>The service is dealing with a difficult context for its decision-making on how to use its staff. The funding from the health side of the HLDT comes through the Health Authority, and the commissioning contract stipulates that the funding is for adults with an IQ of 69 or below. Health services for children with disabilities are, formally, commissioned elsewhere. In practice, Health staff report this service is more nominal than real, and HLDT health staff do work with some children – if only to support their SSD colleagues. This is frowned on by Trust managers because it lies outside the contract with the Health Authority, so it is unfunded.</p> <p>SSD staff work with adults and children with learning disabilities. For eligibility criteria, they have a guideline drawing on the IQ level and significant social impairment. However, while Trust staff work with users formerly resident in the large mental handicap hospitals now resident in Harrow, the SSD staff do not.</p> <p>The position with regard to children, young people and adults with Autistic Spectrum Disorder (ASD) is particularly complex and challenging because of eligibility issues, the considerable rise in demand recently, and the articulate nature of the advocacy by family and carers on behalf of people with ASD.</p> <p>In 1998 an interagency group signed up to a report on ASD provided through the National Autistic Society Harrow (NASH). SSD subsequently provided funding for a social work post dedicated to the assessment of children and adults with ASD, but a parallel health bid was unsuccessful. Consequently there is now a single social work post in the team dedicated to assessment of adults with ASD, irrespective of their degree of</p> | <p>Eligibility criteria for the service are underdeveloped inconsistent and unsustainable. They mask major issues for the future of the service that have been considered by senior managers at different times, but that are unresolved. Consequently services are fragmented which is a source of considerable frustration to all concerned, and adds to the stresses and pressures on staff.</p> <p>In addition, the absence of eligibility criteria again deprives staff of guidance to make well-founded judgements on what work to prioritise or turn away. Without written eligibility criteria guidance on the role of assessment, an operational policy, or service provision priorities, the team is in no position to rebut the claims that it is overly focused on assessment, and that service provision decisions lack transparency and consistency.</p> <p>The HLDT is operating in areas of high risk, including child protection, challenging behaviour, and assessments and compulsory admissions under the Mental Health Act. Without a clear and reasonable framework to support its decision-making, the SSD and the Trust are at risk from work going wrong, and challenge from users carers and others. This needs to be addressed as a high priority, drawing on appropriate legal advice and systemic risk assessment skills.</p> | <p>R11 Produce a written operational policy for the team that provides clear guidance on how the HLDT should operate, including the relative weighting of the assessment and service provision functions, and transparent decision making on service provision.</p> <p>R12 Establish and implement eligibility criteria that reflect strategic joint priorities and the priorities and objectives established for the team, subject to the outcome of R6.</p> <p>R13 Undertake a risk assessment of the work in which the HLDT is involved.</p> <p>R14 Establish a framework for responding to high-risk areas identified in the risk assessment that includes protocols for cross-boundary working.</p> |

| Issue | Findings | Conclusion | Recommendations |
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| | <p>disability (if any). Services are only available to people with ASD who meet the eligibility criteria, and specifically the requirement that they should be disabled. This leaves people with a diagnosis of Asperger's syndrome (characterised by features of autism without significant disability) in a position of having a written assessment of need, but with little in the way of services to meet those needs. This contradiction is leaving the social worker, the HLD, the SSD and Trust, and people with Aspergers and their families all in a most difficult and unsatisfactory situations – expectations are raised with no prospect of meeting them (despite the fact this is an action point for the last JIP report).</p> <p>The team's external boundaries have been suggested as another source of impediment to the provision of a seamless service. Specifically, the arrangements with SSD children and families fieldwork teams for the investigation of child protections concerns, but also the joint working arrangements with the Harrow Unified Mental Health Service (HUMHS), and also to a lesser extent with the physical disability team. It was pointed out that people with ASD may display challenging behaviour, and are at particular risk of self-harm and compulsory admission to hospital. The lack of clarity is itself a source of general concern, but the boundaries with fieldwork teams and with HUMHS cover areas of high risk, and anything less than clear formal and written protocols must raise the levels of risk further.</p> | | |

| ISSUE | Findings | Conclusion | Recommendations |
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| | <p>The SSD managers with line responsibility for the HLDT social work team have all remarked on the rising incidence and formality of the challenge to the service's criteria and service provision, particularly in the context of formal complaints, which are difficult and time-consuming to finalise. There is also a concern that the SSD may be at risk of judicial review of its decisions.</p> <p>Originally, the eligibility criteria agreed for the team by the Trust and SSD were more or less the WHO definition of mental Impairment (including the identification of an IQ of 69 or below as the cut off point). These have been discussed periodically since, but there has been no updating of the criteria.</p> <p>Comments have been made by NASH and a senior staff member that the HLDT and particularly the social work service are overly focused on assessment rather than service provision, and also that there is little transparency in the decisions on what services will be provided following assessment.</p> | | |

| Issue | Findings | Conclusion | Recommendations |
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| <p>Is there a joint model for case working?</p> | <p>There is no joint model for case working. Social workers use care management, nurses have developed their own model, and psychiatry is advocating the care programme approach.</p> <p>This must add to the complexity and lack of seamlessness in team working. It is worth noting that HUMHS' recent review by the Social Services Inspectorate resulted in a number of relevant recommendations:</p> <ul style="list-style-type: none"> • develop Care Programme Approach (CPA) guidance and systems including consolidated single file, • clarity on the roles of care co-ordinators in leading care planning • "Clarity about multi-disciplinary roles and functions leading to a single model of joint working" • a CPA database, • regular audit • "The SSD and Trust should develop a clear description of the model of joint working required both in CMHT and for the wider linkages within HUMHS". • "The SSD & Trust should establish updated and joint systems for staff supervision and case audit". <p>HUMHS is evidently much further down the path of integration than HLDLT, but it is worth noting the sorts of issues that need to be taken forward to achieve integration, if that is the objective, whether within the SSD or as a Social Care Trust, in conjunction with the PCT.</p> | <p>One element of the fragmentation in the HLDLT is the lack of a single model of case working. If or when decisions are made as to future of the HLDLT, this issue will need to be grasped. HUMHS is a parallel service that is already committed to an integrated team model, and a recent SSI inspection report supports this and makes recommendations for further implementation of the model.</p> | <p>R15 Consider the recommendations of the SSI inspection report on HUMHS in terms of any value they can add for the HLDLT, subject to the outcome of R6.</p> |

| Issue | Findings | Conclusion | Recommendations |
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| <p>What are the transition planning arrangements?</p> | <p>Transition planning arrangements are not satisfactory from the point of view of the Education Department, the SSD, parents, or voluntary organisations.</p> <p>Transition planning is a responsibility of the Local Education Authority (LEA). For those young people with a statement of special educational need (SEN), it has a statutory responsibility to review their position with regard to becoming adult, at the first annual review of the statement after the young person turns 14. The review should be inter-agency and multi-disciplinary wherever necessary. For young people with complex needs, including many with learning disabilities who have been accommodated by the local authority, or placed in residential schools, these '14+ reviews' can allow up to about 5 years to make appropriate arrangements for when the young person leaves school.</p> <p>Harrow LEA retains little direct education provision for young people over 16. Although many of the young people of interest to HLDT will have places in the remaining provision – a mild learning disability (mld) and a severe learning disability (sld) school – the normal Harrow LEA arrangements still apply.</p> | <p>Transition planning is unsatisfactory for all those involved. It is not functioning effectively as part of the process for maximising the independence of young people with statements. It is the source of great anxiety and frustration for parents and carers. There is no continuous planned process of transition planning over the period available, and social workers are often involved in detailed transition packages, far too late in the process. This must severely undermine their capacity to manage the transition process and the SSD's relationship with young people and carers.</p> <p>Transition planning is a critical area to get right in terms of long-term relations with users and carers, and in terms of resource implications. It can be inferred that last minute and rushed planning will not be as cost-effective or efficient as planned work.</p> <p>However there are also a number of strengths in this area. The planning register contains good information, which could be used as a fail-safe system for identifying young people entering the transition planning window. The joint panel is</p> | <p>R16 In the context of R6 and the decision-making about the establishment of a specialist children's disability service, establish the clear objective to improve the transition planning service to young people with learning disabilities and their carers:</p> <ul style="list-style-type: none"> • establish a joint LEA/SSD protocol to identify young people with learning disabilities who are approaching their 14+ review • develop a system for prioritising work with those young people most at risk. The system for prioritising should reflect wider HLDT and interagency priorities • ensure those with the highest priority are allocated a social worker for the transition planning period. |

| Issue | Findings | Conclusion | Recommendations |
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| | <p>Consequently the responsibility for this annual review is devolved to the schools, with the LEA holding a monitoring but not an initiating role.</p> <p>For young people in residential placements there is a joint panel (LEA, SSD and the Health Authority/SHA) which meets monthly. It agrees placements and funding arrangements. At the end of the calendar year, it reviews the leaver group for the following Summer. When young people leave the LEA provision, their statement of special educational need automatically lapses. Post-transition arrangements then become the responsibility of the SSD and the Learning and Skills Council although the LEA traditionally continues to provide transport where needed.</p> <p>The transition planning for young people in the local special schools does not appear as problematic as that for young people placed away. The LEA express some frustration at the lack of engagement by the SSD in transition planning. They cite the fact that young people with learning disabilities placed away from home may not have an allocated social worker, and may not attend annual reviews, particularly if it involves travel (the case of one young person placed in Aberdeen was mentioned as an example). From their point of view – and that of at least some parents – the SSD was doing too little too late. This view was shared by a number of Health colleagues.</p> <p>For their part, the LEA also acknowledge that 14+ reviews do not tend to be active exercises in planning for adulthood, nor is the intervening period used to focus on the opportunities to maximise independence in the context of approaching adulthood. From the SSD point of view, the HLDLT felt at times that no effective interagency transition planning took place before the young person actually left school, and on occasions</p> | <p>proving effective in agreeing placements, and an extension to its functions could be considered.</p> <p>Finally, relations between SSD and Education appear solid.</p> <p>The area of transition planning is in need of a quick review to establish protocols to ensure that all young people with learning disabilities entering transition planning are clearly identified and the list is communicated regularly to the HDLT and/or any team for children with disabilities. The team or teams should establish a system for prioritising those young people most at risk of requiring residential and other expensive care packages, and ensuring the allocation of a social worker who can monitor and participate in an active transition planning process. This process should seek to establish positive relations and reassurance with young people and their carers, to ensure that important life decisions are made in a joint and planned way.</p> | |

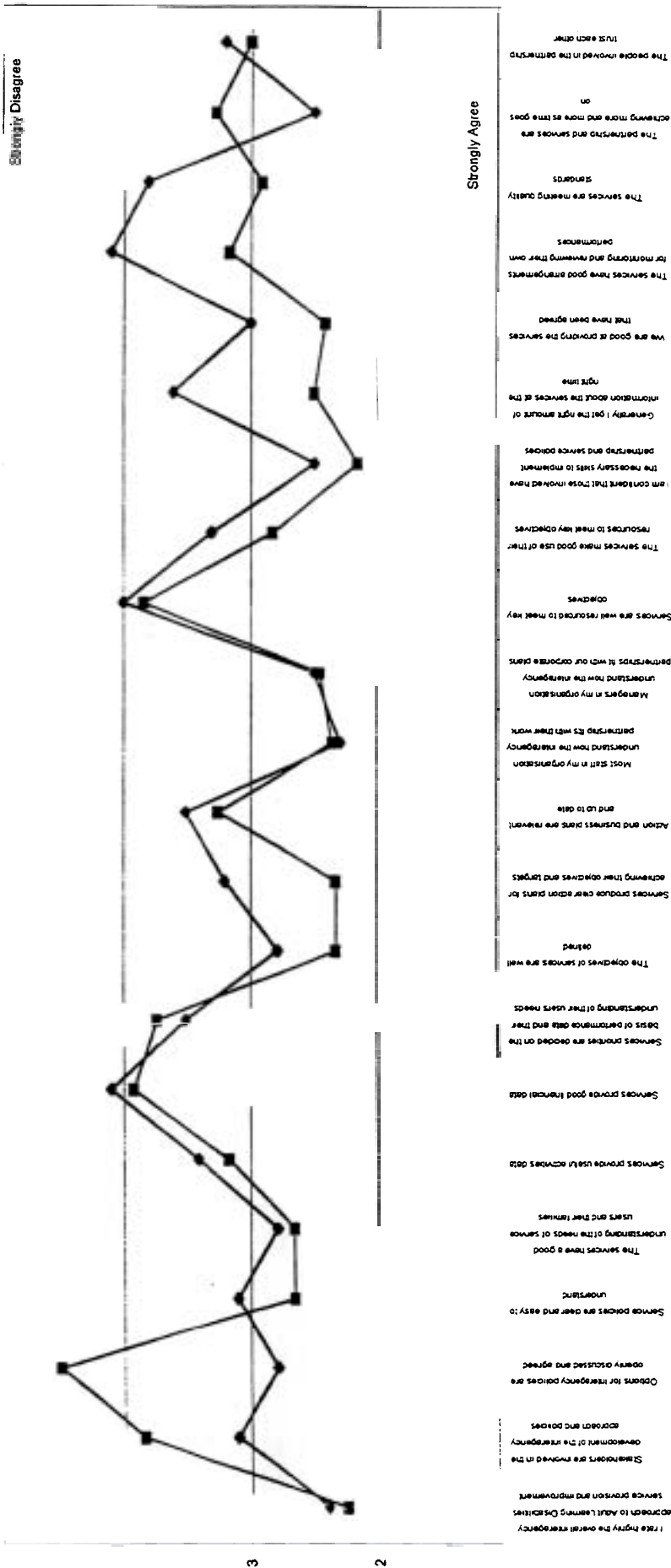
| Issue | Findings | Conclusion | Recommendations |
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| | <p>they knew little about the timing of young people's return home. The learning disability planning register (see below) does not seem to have been used to track need in this context.</p> <p>These issues apply to the situation of all young people with moderate or severe learning disabilities (who will ipso facto have statements of SEN) whatever their educational setting, although they apply most directly to young people in residential placements.</p> <p>The issues test the assertion by members of the HLDT that the issues of transition from child care to adulthood are better handled in their seamless service dealing with all ages. This feedback may have influenced the SSD in the decision it has now taken in principle to establish a dedicated service for children with disabilities.</p> <p>Other aspects of the context are the comment that the HLDT has no resources for transition planning (but the suggestion that the team could be more creative has already been noted) and the team's experience of the increasing complexity of young people's needs and the corresponding high costs of care and support packages.</p> <p>One senior Trust staff member thought that the HLDT needed to become more oriented towards prevention and the transparent allocation of resources, and place less emphasis on assessment – views also expressed by NASH. This may be an area in point.</p> <p>Despite these difficulties, there was a general view that relations between the SSD and Education staff are good.</p> | | |

| Issue | Findings | Conclusion | Recommendations |
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| <p>Cost of provision What financial data and reports are produced? Does the data include unit costs?</p> | <p>The BVPP notes, with regard to residential services for people with learning disabilities, "there is insufficient confidence in financial systems to know if performance can be improved".</p> <p>Both the Partnership Board and HLDLT staff feel that the quality of information on activity and costs is a hindrance to the service.</p> <p>Budget reports are made available to the area manager monthly, but the formal budget holder is the third tier officer to whom she is accountable. The finance section go through the reports with the managers. Summarised reports go to the SSD Departmental Management Team 6-weekly. The SSD is spending 100% over its SSA allocation for the line including learning disability services. In the view of the finance officer, the budget was set lower than what was needed, but there is a projected overspend for the end of the year greater than either amount - £729k against a budget of £4.545m on spot and block contracts. Unit costs are not routinely provided, and the pattern - small numbers of highly expensive placements - does raise the question of how valuable this might be. However the Trojan database is being adopted and this has a capacity to include information on financial assessments and care packages. It will be able to make information directly available to managers under standard reports.</p> <p>It has been suggested that one consequence of the tight central control of the budget high up in the organisation results in staff lower down not feeling personal responsibility or the need to economise.</p> | <p>The quality of financial information is not seen to be good, but regular reports are made to operational and strategic managers, and a new financial system is being implemented.</p> <p>The level of overspend indicates that centralisation of budgetary responsibility has not proved effective in matching service demand to resources available.</p> <p>The new Trojan database will give increased capacity to provide financial information. Taken together with the recommendation to reconsider the model of working, the team objectives etc, and to implement performance management, this gives the opportunity to explore possibilities of better integration of resource management into the way the social workers and the HLDLT operate. This will entail a review of the scheme of delegation, and the way that financial information is made available.</p> | <p>R17 Review the scheme of delegation in the light of the recommendations above to explore how authority and ownership over spending decisions can be extended together.</p> |

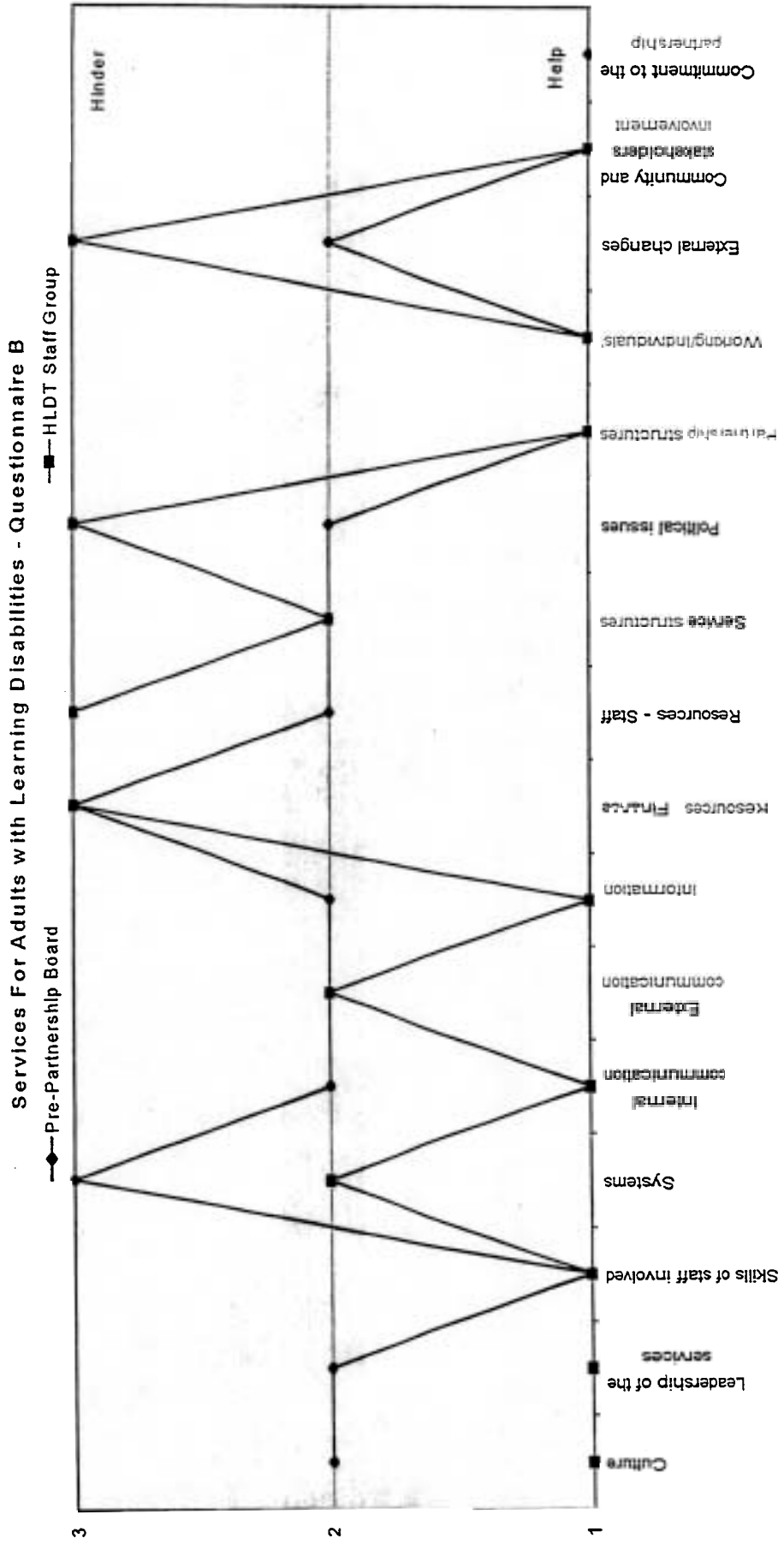
| Issue | Findings | Conclusion | Recommendations |
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| <p>Are unit costs compared with those of other authorities?</p> | <p>The BVR on residential care has undertaken some basic cost comparisons, but has not found it easy to get benchmarking information from other Boroughs. Most information available from public databases is several years old.</p> <p>Harrow is involved in pan-London meetings on contracts for learning disability services. The meetings are attempting to apply the development work on standard contracts and costs for children's residential services across London to learning disability services.</p> <p>There are a number of particular issues around residential places. Demand exceeds supply, so the costs are increasing. Also, places for ASD service users are very expensive – one recent placement cost £1.24k p.a.</p> | <p>Benchmarking is an important continuous activity under Best Value, and work has been done in the SSD on this area, both in terms of the BVRs and in terms of linking into standing fora. Activity in this area will need to be reviewed once the HLDLT is in a position to provide a clearer access route to services.</p> | |
| <p>What activity data and reports are produced? How far does the information available meet planning and operational needs?</p> | <p>Both the Partnership Board and the HLDLT staff group scored information slightly on the hindrance side of neutral.</p> <p>SSD uses CARES client index system, which collates personal details of clients and allocation details. It has nothing on care packages, and little on service delivery. Care plans tend to be hand-written, and RAP information is collected in paper-based form. Referrals are taken on paper then admin input them onto the system. Any staff member can run an activity report, and it can provide 300 standard reports. Reports are set up in response to demand – associated with planning, committee reports etc. Social work managers can run some reports. However, in the view of the information manager, "the system is not working. It is not clear who should input information".</p> | <p>Overall, electronic activity and financial recording systems are drawn on periodically to monitor the HLDLT, and particularly the day care and residential services located in a different section of the division. They have been utilised in the BVRs. There is less evidence that the information is used systematically to inform HLDLT planning monitoring and reviewing. Financial information is made available in the form of regular budget reports, and activity reports are available, but it is unclear how far they are used. The learning disability planning register is seen as valuable, but again it is unclear how far it is used as an active planning tool.</p> <p>With the establishment of the new framework recommended for the HLDLT, information and financial systems will have an important role in</p> | <p>R18 Develop financial and activity reports that facilitate monitoring of the HLDLT's recommended eligibility criteria, operational policy, priorities and targets.</p> <p>R19 Consider how to develop the contribution that the Learning Disability Planning Register makes to service planning and delivery.</p> |

| Issue | Findings | Conclusion | Recommendations |
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| | <p>The aim is to develop a workflow process to give social workers the benefits of the windows-based system. The current strategy is to tie everything into an electronic process from referral to resolution, and to run with the single assessment process. A windows-based system should be in place by 31.3.02. At the same time SSD IT strategy is being reviewed, with procurement decisions due June/July 2002.</p> <p>There is also the learning disability planning register, run by a health staff member, with a separate health database. The staff member completes a 15-page questionnaire with the family. The register includes sections on assessment and services enormous amount of information, mainly on children. The register provides management information, mainly to the Trust. It is widely seen as a valuable tool, although there is little evidence of its effective use to aggregate data for interagency planning purposes.</p> <p>HUMHS have put in a bid under the Council's Invest to Save Bid (ISB) process. This bid involves a common desktop across all professionals, tracking professional contacts. It is due to go live in June 2002. One view would like to see the same in HLD. However it is worth noting that some staff members are skeptical, feeling that this has already been tried, without a great deal of success.</p> | <p>providing the data to monitor the way the new framework is operating in practice</p> <p>The learning disability planning register is a real asset, but it is under-utilised in terms of the contribution it could make to the service.</p> | |

Amalgamated Questionnaire A



Amalgamated Questionnaire B



Notes to the graphs

1. The two questionnaires were administered to the HLDT staff who attended the workshop on 6.12.01, and to an interagency group who were involved in the establishment of the Partnership Board, before its first meeting.
2. 12 staff members completed the questionnaire and 9 members of the 'Pre-Partnership Board'.
3. Questionnaire A required an evaluation of interagency working in Harrow by rating 22 positive statements according to whether the respondent agreed with them very strongly or strongly, neither agreed nor disagreed, or disagreed strongly or very strongly.
4. Questionnaire B listed 16 factors associated with interagency working, and asked respondents to rate them as helping or hindering interagency working and service improvement.

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Adults with Learning
Disabilities (draft version)

London Borough of
Harrow

ACTION PLAN



DISTRICT AUDIT

| | |
|-------------------|--------------------------------|
| Reference: | MIL02HA02102ap (Draft Version) |
| Date: | July 2002 |

| Page | Recommendation | Priority 1 = Low 2 = Med 3 = High | Responsibility | Agreed | Comments | Date |
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| Is there a shared strategic approach to planning for services for adults with learning disabilities? | | | | | | |
| 6 | R1 Review the effectiveness of the Partnership Board after 12 months. | 2 | <u>Chair of LDPB (Head of Community Care LBH)</u> | ✓ | <u>The LDPB is currently considering how to evaluate its performance.</u> | <u>October 2002</u> |
| 6 | R2 Review through the Partnership Board the pattern of service provision. This should be a whole-systems approach, taking account of the work done on the Path. | 3 | <u>Chair of LDPB</u> <u>Director of Service Modernisation (PCT)</u> | ✓ | <u>The National Development Team have agreed to undertake an audit of HLDI from September. Other areas of service provision eg housing & health are being reviewed by L:DPB</u> | <u>I.B.C.</u> |
| 6 | R3 Produce a costed and prioritised action plan with SMART targets to address the issues identified in the review | 2 | <u>LD Joint Commissioning Manager</u> <u>LDPB Chair</u> <u>Head of Service Modernisation</u> | ✓ | <u>A series of strategies will be developed for specific service areas and will be incorporated into a Joint Commissioning Strategy for LD.</u> | <u>Ongoing</u> |
| 6 | R4 Prepare and submit a business case for Adult Learning Disability Services to be a priority call on the Council's capacity to bid for and bring in additional and external funding. | 1 | <u>Head of Community Care</u> | <u>Partial</u> | <u>LD Services have already secured a PFI (£10m) to i.e. - provide day care</u> <u>A second PFI (£5.6m) is at OBC stage for supported housing.</u> | <u>2004</u> <u>? 2005</u> |
| 7 | R5 Ensure the Partnership Board has the information necessary on budgets and activities as well as need. | 2 | <u>Joint Commissioning Manager</u> | ✓ | <u>This information will be supplied in the Joint Commissioning Strategy</u> | <u>April 2003</u> |

| Page | Recommendation | Priority 1 = Low 2 = Med 3 = High | Responsibility | Agreed | Comments | Date |
|--|--|--|---|--------|--|---------------------------------------|
| What is the operational framework for the HLDT? | | | | | | |
| 11 | R6 Resolve the uncertainty over the future of the HLDT by developing an integration plan for a single service, or an alternative way forward. | 3 | <u>Head of Community Care (LBH)</u> <u>Director of Service Modernisation (PCT)</u> | ✓ | <u>Work has commenced on S31 budget arrangements for commissioning.</u> <u>NDT work will lead to revised integrated service delivery.</u> | <u>March 2003</u> <u>June 2003</u> |
| 11 | R7 Resolve the environmental issues by moving the team to a more user-friendly location, subject to the outcome of R6. | 2 | <u>Head of Community Care</u> <u>Director of Service Modernisation</u> | ✓ | <u>This need is recognised. Lack of available revenue funding and suitable accommodation has blocked action</u> | <u>Not known</u> |
| 14 | R8 Consider the Path at the new Partnership Board and integrate it explicitly into the next JIP, and the operational framework of the HLDT | 2 | <u>Head of Care Management (LBH)</u> <u>Joint Commissioning Manager</u> <u>Director of SM</u> | ✓ | <u>PATH activities will inform the various LDPB's sub-group planning, including HLDT review</u> | <u>On-going</u> |

| Page | Recommendation | Priority 1 = Low 2 = Med 3 = High | Responsibility | Agreed | Comments | Date |
|--|---|--|---|-----------------|---|---------------------------------------|
| 14 | R9 Establish (subject to the outcome of R6) action planning within the HLDT to: <ul style="list-style-type: none"> link team activities to strategic and interagency priorities contribute to SSD and Trust plans establish SMART targets for planning | 3 | Head of Care Management Joint Commissioning Manager Director of Service Modernisation HLDT Manager (all) | ✓ ✓ ✓ | These recommendations will drop-out of the NDI review of HLDT, plus compliance to Fair Access to Care Project and Joint Commissioning Strategy | April 2003 to June 2003 |
| 15 | R10 Implement a performance management framework in the HLDT, subject to the outcome of R6 | 3 | Head of Care Management Director of Specialist Services (PCT) | ✓ | An initial performance management framework for SSD staff has now been implemented | On-going |
| How effective are care management arrangements? | | | | | | |
| 18 | R11 Produce a written operational policy for the team that provides clear guidance on how the HLDT should operate, including the relative weighting of the assessment and service provision functions, and transparent decision making on service provision. | 2 | Head of Care Management HLDT Manager Director of Specialist Services | ✓ | The operational policy will be written once the NDI review is complete and the Council endorses the new eligibility criteria required by the Fair Access to Care Project. | June 2003 |

| Page | Recommendation | Priority 1 = Low 2 = Med 3 = High | Responsibility | Agreed | Comments | Date |
|------|--|--|---|--------|---|-------------------|
| 18 | R12 Establish and implement eligibility criteria that reflect strategic joint priorities and the priorities and objectives established for the team, subject to the outcome of R6. | 2 | <u>Head of Care Management</u> <u>Director of Specialist Services</u> <u>HLDT Manager</u> | ✓ | <u>Remarks as in recommendation 11 apply</u> | <u>June 2003</u> |
| 18 | R13 Undertake a risk assessment of the work in which the HLDT is involved. | 3 | <u>HLDT Manager</u> | ✓ | <u>This work is being undertaken in part already. Will be reviewed as part of operational policy (see above)</u> | <u>On-going</u> |
| 18 | R14 Establish a framework for responding to high-risk areas identified in the risk assessment that includes protocols for cross-boundary working. | 2 | <u>Head of Community Care</u> <u>Director of Specialist Services</u> <u>Joint Commissioning Manager</u> | ✓ | <u>The establishment of cross-boundary protocols, especially those with mental health will be part of the Fair Access to Care and Joint Commissioning Strategy work</u> | <u>March 2003</u> |
| 21 | R15 Consider the recommendations of the SSI inspection report on HUMHS in terms of any value they can add for the HLDT, subject to the outcome of R6. | 2 | <u>Head of Care Management</u> <u>Director of Specialist Services</u> | ✓ | <u>There are many lessons from establishing the HUMHS Service to be applied to the development of the HLDT.</u> | <u>On-going</u> |

| Page | Recommendation | Priority 1 = Low 2 = Med 3 = High | Responsibility | Agreed | Comments | Date |
|------|--|--|---|----------------------------|---|--|
| 22 | <p>R16</p> <p>In the context of R6 and the decision-making about the establishment of a specialist children's disability service, establish the clear objective to improve the transition planning service to young people with learning disabilities and their carers:</p> <ul style="list-style-type: none"> • establish a joint LEA/SSD protocol to identify young people with learning disabilities who are approaching their 14+ review • develop a system for prioritising work with those young people most at risk. The system for prioritising should reflect wider HLDT and interagency priorities • ensure those with the highest priority are allocated a social worker for the transition planning period. | 2 | <p><u>Head of Children & Families</u></p> <p><u>Head of children & Families Service</u></p> <p><u>Head of Community Care</u></p> <p><u>Manager of Children with Disability Team</u></p> | <p>√</p> <p>√</p> <p>√</p> | <p><u>Will be undertaken as part of the establishment of the children with disability team. Will form part of the operational policy (as above)</u></p> <p><u>As above</u></p> <p><u>As above</u></p> | <p><u>4/03</u></p> <p><u>4/03</u></p> <p><u>6/03</u></p> |

| Page | Recommendation | Priority 1 = Low 2 = Med 3 = High | Responsibility | Agreed | Comments | Date |
|------|--|--|----------------|--------|---|----------|
| | Cost of provision | | | | | |
| 25 | R17 Review the scheme of delegation in the light of the recommendations above to explore how authority and ownership over spending decisions can be extended together. | 2 | | √ | A scheme of delegation will be established for the new Children and Disability Team. This will include financial delegation. | |
| 26 | R18 Develop financial and activity reports that facilitate monitoring of the HLDT's recommended eligibility criteria, operational policy, priorities and targets. | 3 | | √ | This is an on-going objective which is receiving priority in the Department. | On-going |
| 26 | R19 Consider how to develop the contribution that the Learning Disability Planning Register makes to service planning and delivery. | 2 | | √ | The Registers role will be reviewed as part of the development of the needs analysis work for JIP and commissioning strategies. | Dec 02 |

LONDON BOROUGH OF HARROW

| | |
|-----------------------------------|---|
| Meeting: | Overview and Scrutiny Health & Social Care Sub Committee |
| Date: | 19th September 2002 |
| Subject: | Review of Certain Learning Disability Services by the Audit Commission |
| Responsible Chief Officer: | Director of Social Services |
| Ward: | All |
| Enclosure: | Appendix 1 – Final Draft Report and Appendix 2 - Action Plan |

1. **Summary**

- 1.1 The Audit Commission have reviewed several aspects of the Council's service to people with a learning disability. The report contains recommendations which have been responded to in an action plan

2 **Recommendations**

- 2.1 **Accept Audit Report and endorse the Action Plan.**

3. **Relevant Previous Decisions**

- 3.1 There has been no previous report on this matter.

4. **Relevance to Corporate Priorities**

This report is relevant to the Council's objective of improving the quality of health and social care in Harrow.

5. **Background Information**

- 5.1 For the past few years there has been increasing pressure on the Council's budget for purchasing day and residential care for persons who suffer from learning disabilities and especially those with cognitive disabilities such as autistic spectrum disorders and Aspergers disease. Additionally, the National Performance Assessment Framework for Social Services demonstrated that Harrow was not performing well on the cost of its residential care for people with learning and cognitive disabilities.

- 5.2 In the Summer of last year the Director of Social Services asked District Audit to undertake a review of the services provided by the Council with particular reference to the increasing cost of residential care services. The purpose of the review was to

establish that the Council's provision of such services was as cost effective as possible and that they were delivered in a way that maximised the benefits of clear objectives and partnership working.

- 5.3 The service review was completed in the Spring of this year and the final draft report was delivered in July. The report will be finally agreed on completion of the Action Plan (Appendix 1 and Appendix 2).
- 5.4 The scope and objectives for the review were agreed with officers and with Member input. They are set out in detail on pages 2 and 3 of the report. It is noted in this section of the report that the scope included a review of the transition arrangements for young people with learning or cognitive disabilities who were leaving the education system and whose future care would be the responsibility of the Social Services or the local health services. In relation to budget pressures this is a crucial area where decisions and plans made can have a life long impact on the services offered to the young person.

In addition to testing the robustness of these arrangements the report provides a "health check" on the Council's arrangements to deliver services with its partners to meet these needs. The cost of services was also considered but it would have required more time than that allocated to have undertaken a fully bench marked survey of the comparative costs between this Council and other Councils.

- 5.5 The report conclusions are summarised in pages 3 to 5. The detailed findings are presented in the "detailed report" which follows the main report. The response to the recommendations is at Appendix 2. This appendix identifies actions that have or will be taken to progress the reports' main recommendations.
- 5.6 Overall the report identified the following issues:

Strengths

- Good relationships between the statutory agencies and with the voluntary agencies.
- Establishment of the Learning Disability Partnership Board (LDPB) presents an opportunity to move the agenda forward.
- The Harrow Learning Disability Team (HLDT) which is a joint Harrow Primary Care Trust (PCT) and Social Services team has good working relationships, enjoys the benefits of co-location and offers a single point of entry to services.

Weaknesses

- Lack of effectiveness in implementing the Joint Investment Plan (JIP) and absence of costed targets.
- Need to plan future service provision for people with cognitive disabilities.
- Confused management arrangements in the HLDT, with no clear operational policy, leading to unclear decision making and planning. There is a need for greater performance management in the team.

- Eligibility criteria for services requires updating to take account of changes in demand.
- The HLDT could be more effective in addressing child protection issues and other issues arising from disability, alongside a risk assessment system which needs to be in place.
- Inadequate finance and activity information system, and not utilising the potential of the Learning Disability Register.

5.7 The service review identified a number of significant areas of concern about the robustness of the arrangements to deliver good quality services to people with learning and cognitive disabilities. Most of these were already known to the management of both the SSD and the PCT and action is being taken to address them. The commissioning of this service review was an early step in the work to recover the position.

5.8 Fuller details of the action being taken appears in the response to the recommendations which is contained within the action plan. Overall the key initiatives in response to the issue identified are:

- A comprehensive review of the working of the HLDT which will be focussed on achieving a person centred planning approach for users and carers. This is to be facilitated by the independent Government supported, National Development Team. This will start in September 2002.
- The creation of a new integrated Children with Disabilities Team by April 2003. This team will bring together a range of services for children and young people with disabilities and will initially be managed by the Children and Families Service.
- As part of the two projects outlined above there will be a complete review of the “transition arrangements”. A “Transition Champion” is being appointed by the LDPB.
- The Government requires a complete review of all eligibility criteria for social services to adults, to be completed by April 2003. This is known as the Fair Access to Care Scheme. Eligibility criteria for services will be based on the assessed threat to independence and will apply equally across all disability groups. Work on this project has already started.
- Planning for services for people with a cognitive disability will be incorporated into the needs analysis work which is currently being undertaken as part of the LDPB’s preparation of a commissioning strategy.
- The Department is actively addressing the need for more effective performance management in all areas. The need for an effective management information system is well recognised and it is planned to have reached a decision about the procurement of a new system by the end of the year.

6. Consultation

- 6.1 This matter has not been subject to prior consultation. The issues within the Report will be considered by the Learning Disability Partnership Board which includes User and Carer representation.

7. Finance Observations

- 7.1 No observations

8. Legal Observations

- 8.1 No observations

9. Conclusion

- 9.1 It is recognised by senior management in both the SSD and the PCT that the effectiveness of the service provided by the HLDT has not fully kept pace with new statutory demands, new expectations from service users, and has not met the challenge of managing this demand within an increasingly constrained budget situation.
- 9.2 A 'recovery plan' is in place and the Service Review Report and the response to it identifies the actions that will be taken.
- 9.3 The introduction of the Government White Paper Valuing People which sets out "a new strategy for learning disability for the 21st Century" and with it the creation of LDPBs marks a sea change in the development of people with learning and cognitive disabilities and their carers.
- 9.4 Overall, the services currently provided by the Council and the PCT to people with a range of disabilities have many strengths, not least a highly skilled and committed work force. The Department is confident that it will bring about the reforms need to ensure that strong organisational arrangements will maintain and enhance the quality of the service.

10. Background Papers

- 10.1 None

11. Author

- 11.1 David Burnell
Head of Community Care

| Issue Update <i>(NB "Issues refers to para 5.6 in the September Committee report)</i> | Progress/Comment |
|--|--|
| "Lack of effectiveness in implementing joint investment plan (JIP) and absence of targeted costs". | Action has been taken in relation to the implementation of the JIP. In particular more detailed work has been undertaken to identify the needs of young people transferring from the education system. |
| "Need to plan future services for people with cognitive disabilities". | Further work is being undertaken on the prevalence and needs using existing survey and national prevalence material. This will be identified in the joint commissioning strategy. |
| "Confused management arrangements in the HLDT.... need for greater performance. | The Harrow PCT have appointed an acting manager to cover those services provided by the PCT as part of the HLDT. This has clarified a number of outstanding management issues. The social services element of the team is included in all aspects of the performance monitoring arrangements within the Department. |
| "Eligibility criteria for services requires updating...." | This has been responded to through the introduction of the Council-agreed new eligibility criteria under the Fair Access to Care Scheme (FACS). |
| "The HLDT could be more effective in addressing child protection issues..." | From September 2003 a separate Children with Disabilities team will be commissioned which will take responsibility for all services to children with a disability. This will include child protection and risk assessment issues. |
| "Inadequate finance and activity information and not utilising information and not utilising the potential of the Learning Disability Register". | The position in relation to financial and activity data is being addressed across the Department. A business case for investment in new systems is being prepared for agreement by Members in the Autumn. The Learning Disability Partnership Board (LDPB) has reviewed the working of the Register and amendments improving its effectiveness are being introduced. |

| Action Plan Update | |
|---|--|
| R1 Review the effectiveness of the LDPB after 12 months | The working of the LDPB will be reviewed in the Autumn as part of the work on establishing new joint commissioning arrangements with the PCT. |
| R2 Review through the LDPB the pattern of service provision | This task was delegated to the National Development Team (NDT). Report awaited. |
| R3 Produce a costed and prioritised action plan...." | It is still the intention to produce a joint commissioning strategy with the PCT, which will address these issues. A new Joint Commissioning Manager is in post and has started work on the commissioning strategy. |
| R4 "Prepare and submit a business case for additional funding...." | Additional revenue funding was made available from April 2003. A PFI for the new day care service and a possible PFI for additional supported accommodation are in progress. |
| R5 "Ensure the LDPB has information necessary on budgets".... | This is being provided by the LDPB. |
| R6"develop an integration plan for a single service...." | This is being undertaken as part of the implementation of the New Harrow Project arrangements. Work is in progress to make recommendations to the Cabinet and PCT Board for a singly managed service with pooled budget. |
| R7 "Resolve the environmental issues by moving the team to a more user friendly location". | The HLDT will move to new accommodation in Wealdstone in September. |
| R8 "Consider the PATH at the LDPB and integrate it....into the next JIP. | The issues raised by this model of service delivery are and will be integrated into service planning via the Joint Commissioning Strategy. |
| R9 A series of recommendations in respect of linking team activities to strategic plans etc.. | This awaits the NDT report, which will inform the preparation of the joint strategy. |
| R10 "Implement a performance management framework" | Implemented. |
| R11 "Produce a written operational policy for the team....including relative weighing of assessment and service provision functions and transparent decision making. | Some aspects still await the NDT report. However the introduction of FACs has ensured transparency and has established the priority that must be given to assessment work. |
| R12 "Establish and implement eligibility criteria that reflect strategic priorities. | This is covered by the FACs Scheme |
| R13 "Undertake a risk assessment of the work in which HLDT is involved". | Work outstanding. Priority for management capacity has been introduction of person centred planning and FACs. Risk assessment of people being referred to day care is underway. |
| R14 "Establish a framework for responding to high risk areas identified in the risk assessment..." | Although work on assessment is outstanding, the FACs requires a risk assessment to identify the level of response the SSD component of the HLDT will make. |

| | |
|---|--|
| R15 "Consider the recommendation from the HUMHS inspection (in relation to the HLDT) | These will be considered as we progress towards reconfiguration of the management of the service. |
| R16 & 17 (these are recommendation as to the arrangements for services to children under the age of 18 | All these recommendation have incorporated into plans for the creation of a separate team for children with disabilities to be commissioned in September 2003. |
| R18 "Develop financial and activity reports..." | We have increased the level of reporting within the constraints of the present IT system for which the planning of replacement is underway. |
| R19 "Consider how to develop the contribution that the Learning Disability Planning Register makes...." | Under way. |

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|-----------------------------------|---|
| Meeting: | Life Long Learning Health and Social Care Scrutiny Committee |
| Date: | 17 th September 2003 |
| Subject: | Early Years Special Educational Needs |
| Key decision: | No |
| Responsible Chief Officer: | Paul Osburn, Executive Director (People First) |
| Relevant Portfolio Holder: | Cllr Stephenson |
| Status: | Public |
| Ward: | All |
| Enclosures: | Early Years Special Educational Needs Report Appendix 1: Early Years Special Educational Needs Service Provision Appendix 2: Early Years Special Educational Needs Data |

1. Summary

- 1.1 Members requested a report on Early Years Special Educational Needs services. The attached report and appendices provide details about the current services available to children birth to five years who have special educational needs and their families, significant achievements, and issues to be addressed.

2. Recommendations

- 2.1 That the report be noted

REASON:

3. Consultation with Ward Councillors

- 3.1 Not applicable

4. Policy Context (including Relevant Previous Decisions)

- 4.1 All authorities are required to have an Early Years Development and Childcare Plan. The 2003-04 Plan was approved by Members in January 2003.

5. **Relevance to Corporate Priorities**

5.1 This report addresses the Councils Corporate Priority to promote Harrow as a centre of lifelong learning by offering the highest quality education services, by raising aspirations and outcomes of achievement and by providing activities for cultural, artistic and leisure pursuits which reflect the profile and the interests of all local communities.

6. **Background Information and options considered**

6.1 The Early Years Special Educational Needs Report is attached

7. **Consultation**

7.1 Not applicable

8. **Finance Observations**

8.1 There are no direct financial implications of this report.

9. **Legal Observations**

9.1 The requirements to have an early Years and Childcare Development Plan is contained in Section 120 of the Schools Standards and Framework Act 1998 as amended by the Education Act 2002.

10. **Conclusion**

10.1 That members note the content of the report

11. **Background Papers**

11.1 Early Years Development and Childcare Implementation Plan 2003-04

12. **Author**

12.1 Wendy Beeton, Early Years and Childcare Services Manager
Telephone 020 8861 2583
e-mail: wendy.beeton@harrow.gov.uk

1. Introduction

This report has been compiled by officers in Education, Social Services and colleagues from the Harrow Early Years Development and Childcare Partnership's Special Educational Needs Project Group. The report provides information on:

- provision and support currently available to children from birth to age five who have special educational needs and their families
- areas of recent progress to increase the range of provision and support and to develop cohesion between the agencies that work with the children and their families.
- areas of work to be developed to improve cohesion and ensure, parents and carers understand what support and advice is available and young children who have special needs have improved outcomes.

2. Services available

Partnership working between health, education and social services provides a range of services for children with special educational needs, their families and early years settings who work to support them. Details of these services, together with referral routes are given in appendix 1.

3. Data

The data attached as appendix 2 is provided by the Therapy Services at Northwick Park Hospital, Harrow Educational Psychology Service, Harrow Assessment and Provision Service, Portage and the Sensory and Communication Team.

The data provides:

- Information about the number of Harrow children under 5 who have special educational needs
- The number of children seen by individual services
- The number of children in each category of special educational need.

4. Assessment

The assessment of children and their special educational needs is carried out over time. Parents and carers are included fully in the whole process and, wherever possible, the child also has involvement in the assessment process.

Children born with obvious special needs are seen immediately after birth by paediatricians working in the hospital where they are born. At Northwick Park hospital, paediatricians and other members of the Health Team ensure children and families are referred to professionals within the hospital. They will also ensure referrals are made to relevant professionals or agencies working in the community e.g. a baby who is born with a visual impairment will be referred to the Sensory and Communication Team and possibly the Portage Team.

Children whose needs are not obvious at birth but become apparent before the child's second birthday are mainly identified by parents or by Health Visitors during routine development checks. Parents usually seek advice and support from their GP or Health Visitor who then signpost them to the relevant agencies for support.

From September 2003 a child with special educational needs and their family could also be referred to a social worker in the Children with Disabilities Team who will assess and provide services as appropriate.

Many children are not assessed as having special educational needs until they start pre-school or nursery class. Staff working in early years settings who have concerns about a child's progress can contact the Foundation Stage Area Special Educational Needs Co-ordinators (Area SENCOs) who will offer support and advice to the setting to help them meet the child's development and learning needs. An Individual Education Plan (IEP) or Individual Play Plan (IPP) is written and agreed with the child's parents/carers. This stage of assessment is called Early Years Action.

If the Individual Education or Play Plan is followed but the child's development and learning progress is still of concern a decision will be taken to move the child onto Early Years Action Plus and involve other professionals including the Educational Psychology Service.

If it is agreed that a child may need to have a statutory assessment a Learning Profile will be completed to assess the child's cognition, communication and sensory skills. Consideration will also be given to the progress the child is making against the stepping stones in the Foundation Stage Curriculum.

If, at the end of this comprehensive assessment process it is agreed that a statutory assessment is necessary the Foundation Stage Area SENCOs will support the setting to gather all the necessary information from professionals. This information is then passed to the Assessment and Provision Team who initiate the formal statutory assessment process.

5. Transition and progression to school

The importance of a well-planned transition between the early years setting and the school the child will be attending is critical. There are current examples of good practice especially when the Foundation Stage Area SENCOs have been involved to provide support and guidance about the transition process.

Transition is an area that needs to be worked at further to ensure that best practice occurs in all settings.

6. Inclusion in Early Years Provision

Supporting children in their formative years to be included in their local mainstream early years provision is the core principle underpinning the various strategies that are put in place by the Education Service, the Early Years Development and Childcare Partnership, Health, Social Services and other agencies.

All agencies strive to deploy staff to work in local provision to support children's progress and development. Speech and language therapists, together with physiotherapists and occupational therapists, all see children in their local in-borough pre-school or nursery class where appropriate. Other professionals support children in their local early years provision, even where this is out of borough provision, wherever practicable.

In line with government expectations, the growth bid approved by Members for the Early Years and Childcare Service has provided funding to recruit two Foundation Stage Area SENCOs. Their role is to work in Pre-schools, nurseries, nursery classes and Reception classes to support early years practitioners and teachers to develop strategies to

- assess the needs of children who have special educational needs
- assist staff in planning to meet the needs of those children and ensure they have access to a quality learning environment
- support staff to understand how relevant legislation impacts on their work e.g. the SEN Code of Practice.

The Early Years Development and Childcare Partnership allocates a ring fenced government grant of £26,187 to provide opportunities for early years children without statements of special educational need to be included in their pre-school. Allocation of Inclusion funding* is against set criteria and for a limited period of time and must be approved by the Foundation Stage Area SENCOs.

*This small amount of funding is also available for children (aged up to 16) with special educational needs to be included in out of school provision.

7. Referral Routes for Pre school Provision

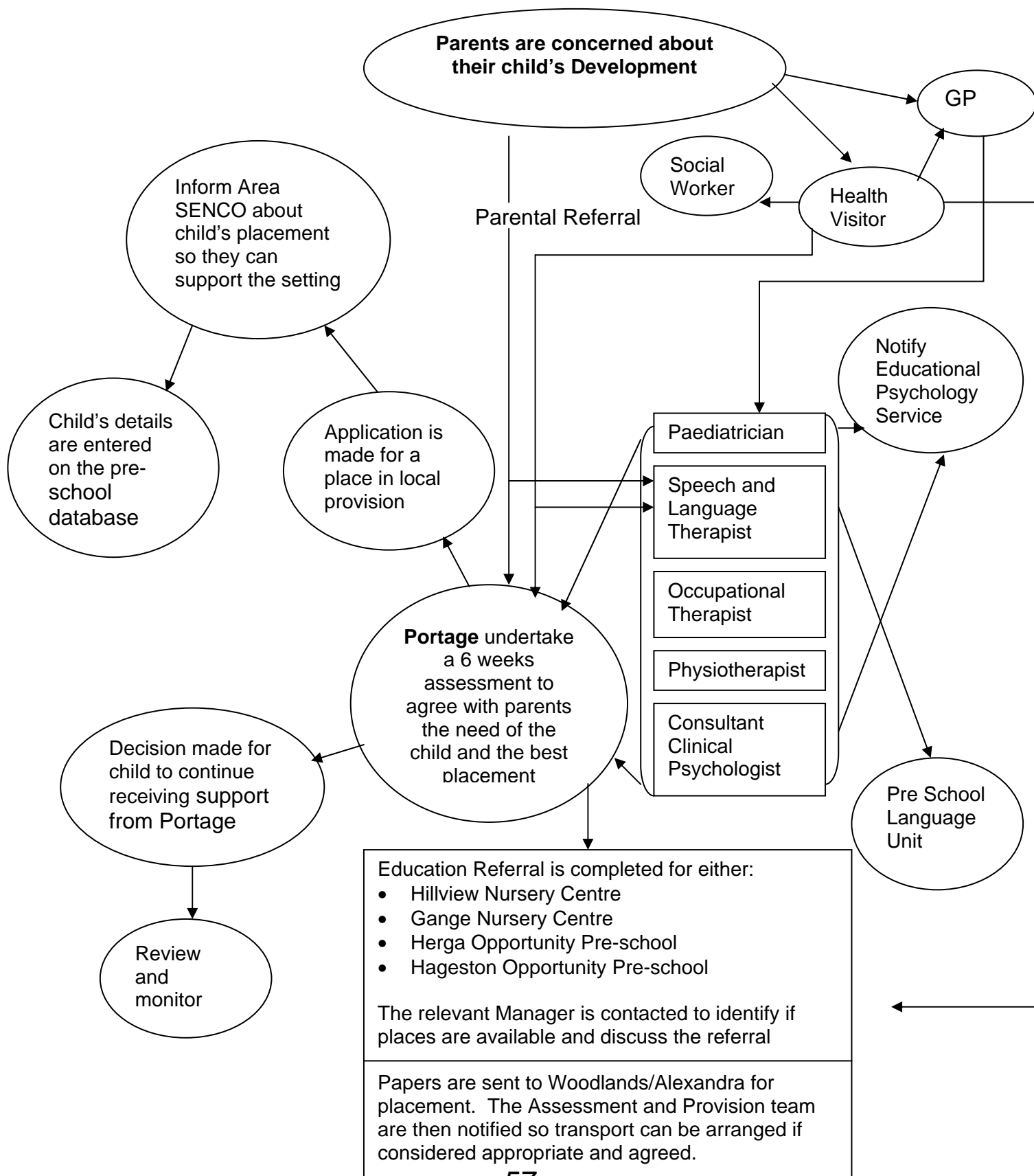


Diagram 2 on page 5 shows the referral routes to provision. Additional information about provision and how places are accessed can be found in Appendix 1.

7.1 Special provision

Where it is not practical or in the child's best interests for them to be included in their local mainstream provision a range of placements is available depending on their need. The specialist provisions in Harrow are:

- Pre-school Language Unit
- Herga and Hageston Opportunity Playgroups
- Hillview and Gange Nursery Centres
- Alexandra Nursery
- Woodlands Nursery

8. Management and Co-ordination of Early Years SEN Services

The Early Years Development and Childcare Partnerships Special Educational Needs Project Group provides a forum for professionals to discuss early years special educational needs issues and improve joint working. The Terms of Reference for the Project Group are attached as Appendix 2.

The Project Group has representation from all sectors as demonstrated below in diagram 3

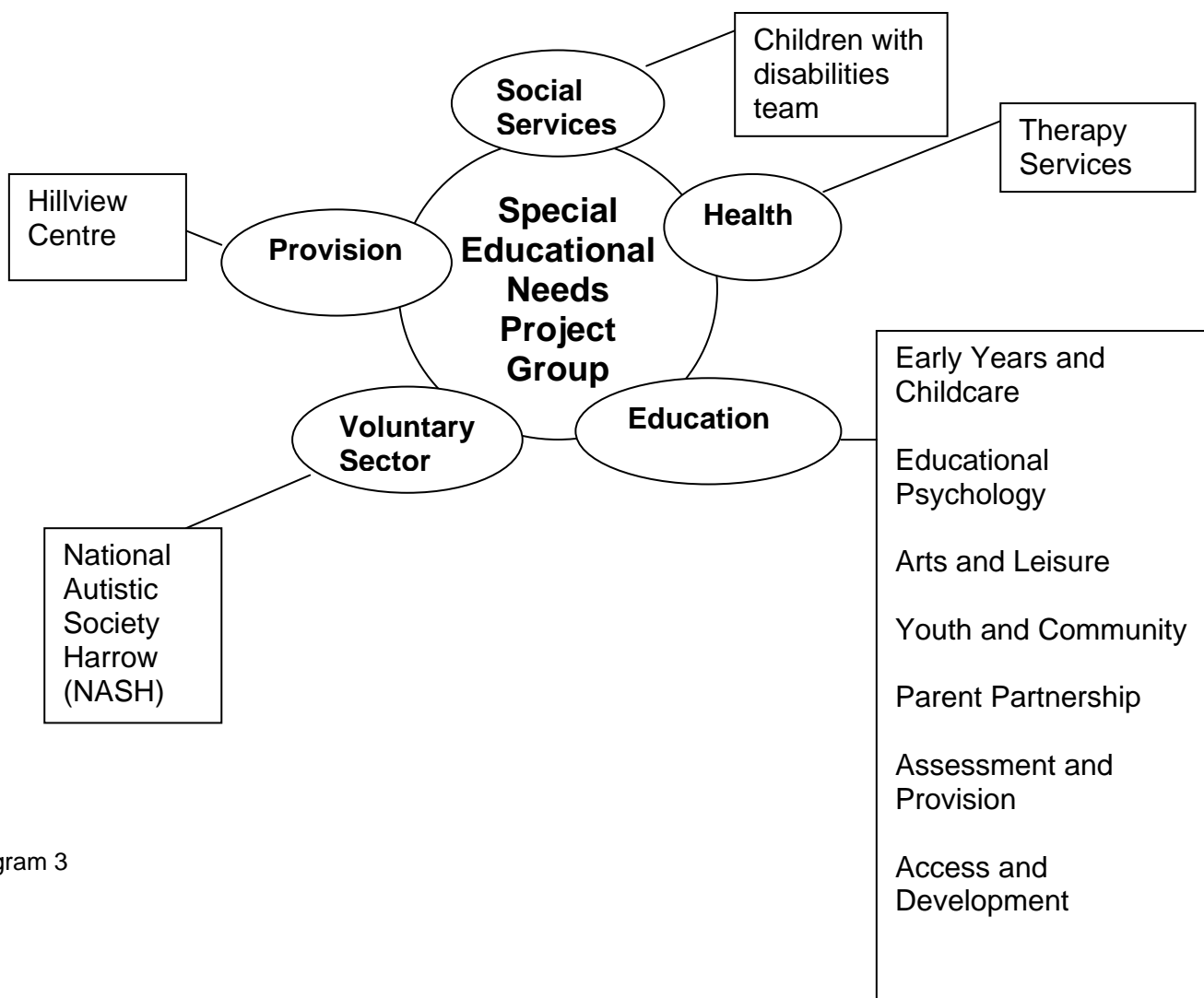


Diagram 3

Early Years SEN Support Services in the Education Department are managed as set out below in Diagram 4.

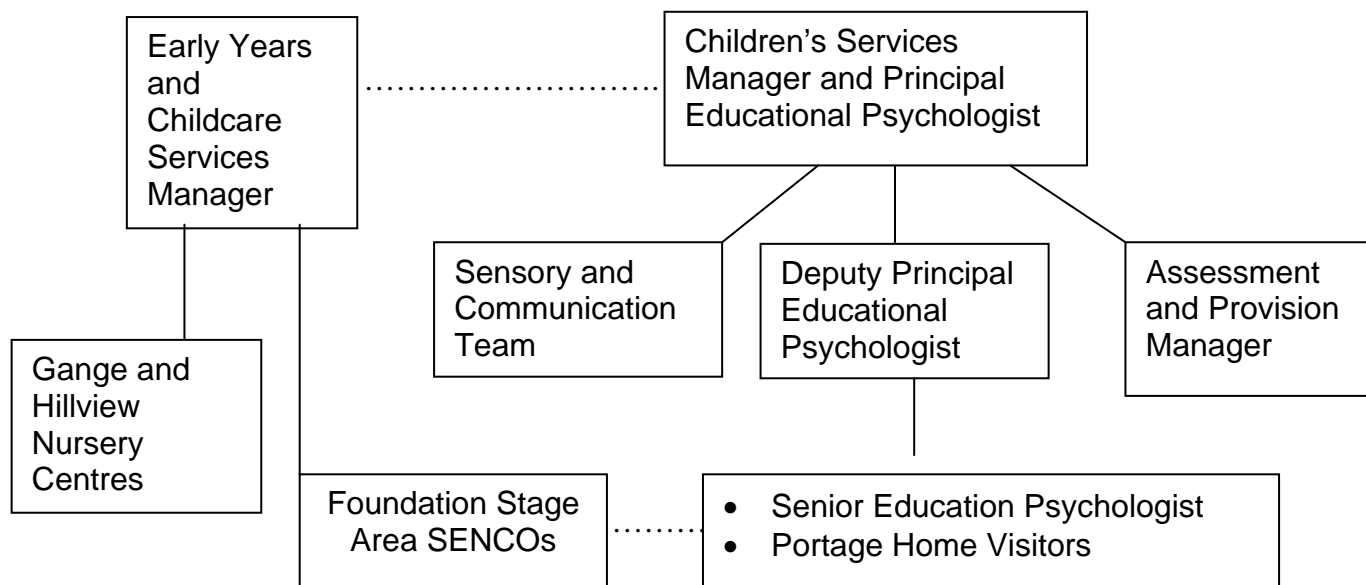


Diagram 4

9. Significant achievements

Over the past 18 months there have been a number of significant developments in Harrow to support children in their early years who have special educational needs and their families.

9.1 Appointment of the Early Years and Childcare Manager

In June 2001 the Early Years and Childcare Manager was appointed to lead the work of the Early Years and Childcare Services Team and work across departments to lead initiatives and maximise opportunities for using Government Grant funding to improve service delivery.

9.2 Nominated SENCOs

In 2001 the Government, through the National Day Care Standards made it a requirement that every private and voluntary setting should have a trained member of staff who would have responsibility for children with special educational needs. All 64 private and voluntary settings in Harrow have a Nominated SENCO. Every nominated SENCO has completed the level 1 training course and the majority have completed level 2 and 3.

In 2003 a level 4 course has been provided to extend nominated SENCOs knowledge and understanding of their role and how to support children with special educational needs.

9.3 Children with Disabilities Social Work Team

This is a newly created team, who are providing a dedicated social work service to child with a disability and their families. The age group is from birth to potentially 19 years with a planned transition process, where appropriate into Community Care Services for those who will continue to require services in adulthood.

9.4 Early Bird

In Autumn 2002 two Portage Home Visitors and two Speech and Language Therapists attended the National Autistic Society training in Barnsley to become accredited Early Bird trainers. In March 2003 the first Harrow Early Bird programme commenced offering support to 4 families who have young children under five with an Autistic Spectrum Disorder diagnosis. The Harrow Early Bird Programme will be run throughout the year at Hillview Centre by the 4 accredited trainers who work in pairs.

The impact of the first Early Bird programme on families has been evaluated following guidelines set by the National Autistic Society. A copy of the evaluation is attached as Appendix 3.

9.5 Foundation Stage Area SENCOs

In January 2003 the two appointed Foundation Stage Area SENCOs started working with early years settings in Harrow. Their main aim is to support private, voluntary and maintained sector settings to provide a quality inclusive learning environment for children within the Foundation Stage.

Since January 2003 the two Area SENCOs have provided support and advice to 9 pre-schools, 6 nurseries and 17 schools on a range of issues including behaviour, transition and planning.

9.6 Portage expansion

In 2002 the Harrow Early Years Development and Childcare Partnership received, through the Childcare Grant, a ringfenced sum of money to support special needs early intervention strategies.

Portage is a key early intervention support service that was struggling to meet the needs of an increasing number of families who have children needing structured support to reach their full developmental potential. A decision was made by the Partnership to use part of the Grant to fund an additional worker. The employment of the worker has enabled the Early Bird Programme to run and has meant families needing urgent support are able to receive it. All children are seen within 6 weeks from the referral being received, a significant improvement on the previous position.

10. Issues to be addressed

10.1 Disability Discrimination Act

From September 2002 the Disability Discrimination Act 1995 (DDA) became applicable to all providers of early years services. The DDA has applied to the provision of childcare since it came into force in 1996. At that time education was exempt from the DDA. The Special Educational Needs and Disability Act 2001 brought in changes to both the special educational needs legislation and to the DDA. The changes extend the coverage of the DDA to include education so that, from September 2002, it is unlawful to discriminate against disabled children in the provision of any service.

The duties of the DDA apply to all early years settings whether or not they are in receipt of government funding. There are two core duties under the DDA which apply to all settings:

- Not to treat a disabled child 'less favourably';
- To make 'reasonable adjustments' for disabled children

10.2 Action being taken

Additional training is being provided by the Area SENCOs, to support pre-school settings in understanding how this legislation applies to their work. An information booklet has also been distributed.

Support is given to pre-schools who operate in church halls and multi-use buildings, to address these particular challenges to allow all children to be included. The Early Years Development and Childcare Partnership can sometimes support settings to find ways to cover the costs of adjustments or adaptations.

10.3 Impact of Moving and Handling Legislation

Legislation regarding moving and handling of children has been in place since 1992 but has had an increased impact since 2002 when the Special Educational Needs Disability Act (SENDA) came into force. This legislation has a number of implications for employers, practitioners and other agencies including:

- The requirement for all early years practitioners who work with children requiring moving and handling to receive basic level training which should be funded by the employer
- The need for employers who include children with physical disabilities to provide appropriate equipment such as hoists to minimise the risk to their employees. All pieces of equipment need to be checked every 6 months by a qualified assessor.
- The need to ensure written risk assessments are in place.

10.4 Action being taken

The LEA will fund equipment for children to attend their local provision if the child is at Early Years Action Plus.

Training is being provided to support pre-schools in how to carry out Risk Assessments.

Basic level lifting and handling training will be funded by the Early Years Development and Childcare Partnership for all Foundation Stage Practitioners who need it..

11. Future Developments

11.1 Woodlands First and Middle School

Exciting plans are in place for Woodlands to be relocated a new building in 2005. The new building will increase the capacity of Woodlands to 70 places and allow significant interaction with Little Stanmore First and Middle school.

The headteacher, together with other professionals are keen to maximise the potential of the existing Woodlands site and the new building which will provide opportunities for

- staff working at Woodlands to disseminate their expertise to colleagues who are including children with special educational needs in mainstream schools
- increasing childcare facilities for children with special educational needs

11.2 Transition

In the Autumn Term 2003 improvements in the transition of all children between settings in the Foundation Stage will be introduced. It is especially important that this is done to ensure children with special educational needs experience a quality transition process between pre-school and school. The work will include:

- Producing Transition information sheets which can be completed with accurate, meaningful information by the setting where the child has attended and which will be used by the school receiving the child
- Providing training for those completing the sheets
- Providing training for SENCOs and other staff on the transition process

11.3 Tracking

The appointment of the two Foundation Stage Area SENCOs means that some children who have received support to include them in early years settings will be tracked to monitor their progress as they go through school. This process will enable professionals to assess whether the strategies in place have been effective and allow professionals the opportunity to reflect on ways to improve service delivery for young children with special educational needs, their families and the settings they attend.

11.4 Training

It is planned to continue running the level 1 to 4 training for nominated SENCOs and plans are underway to write a level 5 course for the 2004-05 training programme.

Plans are underway to gain accreditation for the modularised Behaviour Management training course which is available to all Foundation Stage Practitioners. Accreditation will mean that those undertaking the course can count it towards a National Vocational Qualification (NVQ) in Early Years and Childcare or Playwork.

12 Monitoring Progress

Guidance for the 2004-2006 Early Years Development and Childcare Strategic Plan has just been issued by the Department for Education and Skills. The guidance requires the Local Authority and the Partnership to work together to further increase service cohesion and ensure early identification of special needs is at the heart of all service provision.

The Plan will set milestone targets and the progress will be reported at full meetings of the Early Years Development and Childcare Partnership. The Strategic Plan will be presented for approval by Members in January 2004.

| Provision | Description | Access Route |
|---|--|---|
| People First- placements | | |
| Pre-school Language Unit | The Harrow Pre-school Language Unit (PSLU) is run by a voluntary committee. Harrow Education Department funds 16 places in the unit for children who have been assessed as having a level of language impairment that requires a specialist resource. The assessment for places at the PSLU involve the Manager of the PSLU, their attached Speech and Language Therapist and Educational Psychologist. | Referrals to the Pre-school Language Unit are made by the Speech and Language Therapists. |
| Herga Opportunity Playgroup | A voluntary committee runs Herga Opportunity Playgroup. Harrow Education Department funds 8 places per session for children with special educational needs who have been assessed as needing to attend a setting which has: <ul style="list-style-type: none"> • higher staff - child ratios • a designated Education Psychologist • staff with experience of working with children who have special education needs and their families Most places at Herga Opportunity Playgroup are part time. | A Referral for a place at Herga for a child with special educational needs is made, in agreement with the child's parent /carer by: <ul style="list-style-type: none"> • Portage • Speech and Language Therapist • Occupational Therapists • Physiotherapists • Health Professionals • Teachers from the Sensory and Communication Team |
| Hageston Opportunity Playgroup Alexandra Nursery | As above Alexandra mainstream Nursery Class, attached to Alexandra special school offers 3 assessment places for the morning and afternoon sessions. A place in Alexandra Nursery Class allows professionals to assess: <ul style="list-style-type: none"> • Whether the child will be able to access the curriculum in a mainstream environment | As above Referral for an assessment place at Alexandra is made for a child when they are over 3 and it is unclear where their special educational needs will be best met. Referral by Educational Psychology |

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| | <ul style="list-style-type: none"> Whether a place at Alexandra Special School is appropriate Alexandra Nursery Class has staff who are experienced at working with children who have complex learning needs. The Nursery Class also has attached Educational Psychologist and Speech and Language Therapist. | <p>is the main route to accessing an assessment place. The referral is made following a multi-disciplinary meeting.</p> <p>Parents can also request a place at Alexandra if they feel it is the best placement for their child.</p> |
| Woodlands First and Middle Special School | <p>Woodlands offers part time placements to children 2 to 5 years who have very complex needs, together with high levels of care needs. Most of the children attending Woodlands have a statutory assessment completed and the outcome is that a place at a school for children with severe learning difficulties (SLD) is the most appropriate placement.</p> <p>Children offered a placement at Woodlands without a Statutory Assessment usually have one initiated after the first half term.</p> | <p>Referral for a place at Woodlands is made by the Educational Psychology Service. The referral is then passed to the Assessment and Provision Team who agree the placement.</p> |
| Harrow Pre-schools | <p>Harrow has 64 Voluntary Pre-schools who are registered with the Early Years Development and Childcare Partnership. All pre-schools are required to deliver a high quality curriculum in line with the Foundation Stage. All Pre-schools have a nominated Special Education Needs Co-ordinator (SENCO) who is required to attend training specifically designed to provide them with training, advice and support to fulfil the SENCO role.</p> <p>Most of the 64 Pre-school provide inclusive provision and many of them provide a high quality foundation curriculum to children who have special educational needs</p> | <p>Parents/carers can apply directly to the pre-school of their choice for a place for their child.</p> <p>If the child has had no previous involvement from a professional and is assessed as having special educational needs the nominated SENCO in the pre-school will work with the parents/carers to ensure the child and family receive appropriate support and advice.</p> <p>Pre-schools can, with the permission of parents/carers contact the Foundation Stage Area SENCOs for support and advice.</p> |
| Hillview Centre/Roxeth First and Middle School | <p>Hillview is a 40 place designated Early Excellence Centre and works closely with the 26 place nursery class of Roxeth first and middle school to provide a range of provision for children aged 2</p> | <p>Referrals for a place at Hillview can be made by:</p> <ul style="list-style-type: none"> Parents/carers |

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| | <p>to 4 who have special educational needs. 10 places out of the 26 in Roxeth Nursery Class have guaranteed funding to allow a higher number of children with special needs to be included.</p> <p>Places are also offered to children who have a range of social needs e.g. child protection issues</p> | <ul style="list-style-type: none"> • Family Health Visitor • Therapists • Portage • Social Worker <p>Referrals for Hillview and Roxeth are assessed and places allocated as available.</p> |
| Gange Nursery Centre | Gange is a 40 place Nursery Centre providing a range of places for children aged 2 to 5. | As above |
| The Firs | The Firs provides a flexible short break service for children/young people who have a severe learning disability. It is a four bedded residential unit that currently offers overnight stays and after school tea visits. During the school holidays a day service is offered, rather than overnight, with a play scheme also operating at a local venue in the summer holiday period. During the summer holiday period some block bookings for longer overnight stays are available to enable families to take a holiday | Referrals can only be made by a social worker from the Children with Disabilities Team. |
| <p>Additionally Resourced Schools</p> <p>Welldon Park First School</p> <p>Elmgrove First School</p> <p>Cedars First School</p> | <p>Welldon Park – has 8 places with guaranteed funding for children who have specific language impairment. The school has discretion on how the places are allocated through the school.</p> <p>Elmgrove – has 6 places with guaranteed funding for children who have physical disabilities</p> <p>Cedars – has 12 places with guaranteed funding for children who have a significant hearing impairment and need a total communication environment to reach their full learning potential</p> | <p>Welldon Park – approval for one of the 8 Language resource places is made by the Assessment and Provision Panel following statutory assessment.</p> <p>Elmgrove – Children who attend Elmgrove usually have a Statutory Assessment in place which states that Elmgrove is the most appropriate placement to meet the child needs.</p> <p>Cedars – approval for a place at Cedars is made by the Assessment and Provision Panel following statutory assessment.</p> |

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| <p>People First Support Services</p> <p>Portage</p> | <p>The Harrow Portage Service has 3.7 full time workers who work with children aged birth to 5 who are identified as having delayed development and their families. The workers visit the children and families in their own homes and provide a structured programme of activities which aims to support the child in reaching appropriate developmental milestones.</p> <p>The Portage home visitors also support children who they have worked with to settle into their pre-school, nursery class or on occasions reception classes</p> <p>Portage work closely with Paediatric Therapists, Paediatricians at Northwick Park Hospital, Educational Psychologists and teachers in the Sensory and Communication Team.</p> <p>Portage staff can recommend statutory assessments for children who have complex needs and whose progress at Early Years Action Plus has been monitored through regular supervision meetings with the Educational Psychology Service</p> | <p>Referrals to Portage can be made by:</p> <ul style="list-style-type: none"> • parents • Health Visitors • Paediatrician • Therapists <p>Referrals are assessed and allocated to a home visitor who then arranges to visit the child and family</p> |
| <p>Foundation Stage Area SENCOs</p> | <p>Harrow has 2 Foundation Stage Area SENCOs who work to support pre-school and schools to include children with special educational needs.</p> <p>Both Area SENCOs work to support the teaching staff develop strategies to ensure children with special educational needs are fully included and enabled to access a quality learning environment</p> | <p>Pre-school and schools can contact the Area SENCOs directly. A referral form must be completed which details the support the pre-school or school feel they need.</p> |
| <p>Education Psychologists</p> | <p>Harrow has a group of identified Educational Psychologists who work in pre-schools to monitor the children with special needs.</p> <p>Educational Psychologists offer advice and strategies at Early Years Action Plus and support the early years settings to identify children who require Statutory Assessment</p> | <p>Requests for Educational Psychology involvement can be made by</p> <ul style="list-style-type: none"> • Pre-schools • Schools • Parents • Portage |

| | |
|--|--|
| | <ul style="list-style-type: none"> • Social Services • Other Health Professionals |
| <p>Children with Disabilities Social Work Team</p> | <p>This is a newly created team who are providing a dedicated social work service to children with a disability and their families. The age group is from birth to 19 years with a planned transition process, where appropriate into Community Care Services for those who will continue to require services in adulthood</p> |
| <p>Sensory and Communication Team</p> | <p>The Sensory and Communication Team consists of three parts: Hearing Impairment, Visual Impairment and Autistic Spectrum Disorders.</p> <p>The Hearing Impaired and Visually Impaired parts of the team work with pupils from birth, offering advice and strategies to support the early years setting in meeting the needs of children with a sensory impairment.</p> <p>The Autistic Spectrum Disorders part of the team works with school age pupils with a statement of Special Educational Needs.</p> <p>Staff in all parts work to support children access mainstream education.</p> <p>Staff also advise on the need for a child to have a Statutory Assessment</p> |
| <p>Assessment and Provision Team</p> | <p>The Assessment and Provision Team administer and co-ordinate the statutory assessment and review process for children with identified special educational needs who require a Statement of Special Educational Needs.</p> <p>Transport for children with special educational needs is allocated by Assessment and Provision on a needs led basis to ensure children who require a specialist resource which is not their local mainstream provision can access this.</p> |
| <p>Parent Partnership</p> | <p>Harrow Parent Partnership is a service available to all Harrow parents who have a child with special educational needs. It aims</p> |
| | <p>Professionals or parents can contact the Assessment and Provision Team to request a Statutory Assessment for a child.</p> <p>Parents can make direct contact with the Parent Partnership.</p> |

| | | |
|---|--|---|
| | to provide support and advice to parents; to help parents to make informed decisions about their child's education and to promote partnership between parents and pre-school or schools and the Local Education Authority for the benefit of the individual child. | Professionals, including Voluntary organisations can suggest to any parents they have contact with that they contact the service |
| Early Bird | The Early Bird is a nationally recognised intervention programme for parents who have pre-school children with a diagnosis of an autistic Spectrum Disorder (ASD). The programme is run in Harrow at the Hillview Centre by 2 Portage workers and 2 Speech and Language Therapists. | Referrals for a place on the Early Bird Programme can be made: <ul style="list-style-type: none"> • Directly by parents • By paediatricians • Other professionals involved with the child and family |
| Family Link Scheme | This is a specialist service providing short break provision to children with a disability and their families. Every effort is made to ensure that a carers is matched with a child's cultural and religious needs. Carers – this is provision of an individual, family based carer for an individual child. The child goes to the carer's home and could receive any of a variety of services including: <ul style="list-style-type: none"> • Tea breaks • Day care • Overnight stays • Extended stays The maximum number of days in a year is 28 depending on the needs of the child. Sitting Service – this is currently a very limited service with workers employed on an hours rage to go into the child's home. | Referrals can only be made by a social worker from the Children with Disabilities Team. |
| Health (Northwick Park Hospital) | | |
| Speech and Language Therapy | A team of Speech and Language Therapists work with children with a wide range of communication needs. As well as seeing children individually in the Chaucer Unit at Northwick Park the therapists also see many of the children in their nursery or pre-school or at the local community clinics across the borough. | Referrals to Speech and Language Therapy can be made <ul style="list-style-type: none"> • Directly by parents • By other professionals working with the family |
| Physiotherapy | Physiotherapists assess and treat pre-school children who have a | Referral for Physiotherapy services |

| | | |
|---------------------------|--|---|
| | range of gross motor needs and who may need access to specialist equipment. | are made by: <ul style="list-style-type: none"> • The family GP • Health Visitor • A paediatrician • Other Therapists |
| Occupational Therapy | <p>A team of Occupational Therapists work to assess and treat pre-school children who have a variety of difficulties with:</p> <ul style="list-style-type: none"> • Fine motor skills • Self care and personal independence • Seating and positioning • Play <p>The Occupational Therapists carry out an initial assessment of the child's needs at the Chaucer Unit. Follow up work is often carried out at the pre-school or nursery class that the child attends.</p> | <p>Referral for Occupational Therapy Services are made by:</p> <ul style="list-style-type: none"> • The family GP • A Paediatrician • Other Therapists • Health Visitors • School Nurses |
| Paediatric Therapy groups | <p>A Play Leader and Therapy team run 5 Paediatric Therapy groups for children under 3 who have special needs and their parents and carers.</p> <p>The groups provide an opportunity for children and their parents to work in a one to one/small group setting with the therapy team with the aim of facilitating social, communication, physical and play skills.</p> | <p>Referrals to the Therapy Groups are made by the Therapists working with the child and family</p> |

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Early Years Special Educational Needs Data

Introduction

The data in this appendix is provided by a number of different teams. All teams collect and collate data for different reasons and this is reflected in the way the data is presented.

The data provides:

- Information about the number of Harrow children under 5 who have special educational needs
- The number of children seen by individual services
- The number of children in each category of special educational need.

Northwick Park Hospital Therapy Data

| | |
|------------------------------------|-----|
| Speech and Language Therapy | 420 |
| Occupational Therapy | 96 |
| Physiotherapy | 77 |

Table 1 – numbers of children allocated to therapy services at June 2003. For the purposes of this data children have only been counted once against the primary service they receive

| Special Educational Need Descriptor | Number of children | With statement | Will require additional support in school | No additional support required |
|---|---------------------------|-----------------------|--|---------------------------------------|
| Autistic Spectrum Disorder | 17 | 8 | 9 | 0 |
| Physical Disability In absence of significant cognitive impairment | 22 | 0 | 16 | 6 |
| Profound and multiple learning difficulty (PMLD) | 23 | 13 | 10 | |
| Specific Language impairment | 54 | 0 | 41 | 13 |
| Speech/ language delay | 200 | 0 | 49 | 151 |
| Developmental Delay <i>including severe and moderate learning difficulty</i> | 66 | 3 | 58 | 5 |
| Complex needs | 19 | 2 | 16 | 1 |
| Stammering/non fluency | 23 | 0 | 0 | 23 |
| Feeding difficulties | 10 | 0 | 3 | 7 |
| Hearing Loss (sensory neural) | 4 | 0 | 4 | 0 |

Table 2

Educational Psychology Data

For the academic year 2002-2003 there were 22 pupils undergoing statutory procedures for Special Educational Needs who were not in nursery classes

For the academic year 2001-2002 there were 41 pupils undergoing statutory procedures for Special Educational Needs who were not in nursery classes.

The data in the previous paragraph is demonstrated below in more detail

| Academic year | Specific Language Needs | Autistic Spectrum Disorder | Other | Physical Disability | Visual Impairment | Hearing Impairment |
|---------------|-------------------------|----------------------------|-------|---------------------|-------------------|--------------------|
| 09/02 – 07/03 | 7 | 10 | 4 | 4 | 3 | 2 |
| 09/01 07/02 | 6 | 14 | 15 | 5 | 0 | 1 |

Table 3

Assessment and Provision Data

The table below show the number of children with statements and the category of special educational need

| Statements | Nursery | Reception |
|---|---------|-----------|
| PMLD – Profound and multiple learning difficulties | 1 | 4 |
| ASD Autistic Spectrum Disorder | 6 | 19 |
| Visually Impaired | | 2 |
| Hearing Impaired | | 3 |
| Specific Language | 1 | 2 |
| Specific Language | 1 | 2 |
| PD Physical Difficulties, including complex issues related to feeding and toileting | 4 | 3 |
| Other – includes syndromes such as Down, Cornelia de Lange, Klinefelter, | 4 | 8 |

Table 4

Portage Data

At June 2003 Portage were working with 66 children. Currently all of these children are known to health professionals and or members of the Sensory and Communication Team, (SACT)

| Under three years | Over three years but under five |
|-------------------|---------------------------------|
| 36 | 30 |

Table 5

Sensory and Communication Team Data

The Sensory and Communication Team Teachers of the Deaf monitor 26 pupils aged 0-5 years

13 have Statements of Special Educational Need. 2 are in special school placements, 15 are currently placed in nursery centres where staff are trained in British Sign Language.

The Sensory and Communication Team Teachers of the Visually Impaired monitor 24 pupils 0-5 years

6 have statements of SEN 3 of whom are in special placements

1 is currently being assessed

2 have the ongoing involvement of Portage and may require something specialised in the future

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| | |
|-----------------------------------|---|
| Meeting: | Joint Health & Social Care and Lifelong Learning Scrutiny Sub-Committees. |
| Date: | 17 September 2003. |
| Subject: | “Taking Care of Education” (The Gatsby Project). Report on the completion of the Project. |
| Key decision: | No |
| Responsible Chief Officer: | Executive Director People First. |
| Relevant Portfolio Holder: | Social Services and Education & Lifelong Learning. |
| Status: | Part 1. |
| Ward: | All. |
| Enclosures: | Appendix 1: OC2 2000,2001 and 2002. |

1. Summary

- 1.1 This report outlines the progress made with the implementation of “Taking Care of Education” (The Gatsby Project). The report highlights some of the preliminary headline findings of the evaluation of the project and notes that Harrow has been invited to submit a bid to the Gatsby Charitable Foundation for a further three years funding of the project.

2. Recommendations

- 2.1 To note and comment on the report.

3. Consultation with Ward Councillors

- 3.1 Not applicable.

4. Policy Context

- 4.1 The report provides an update to the reports received by the Scrutiny Committee in September 2001 and the Education Arts and Leisure Committee in October 2001.

5. Relevance to Corporate Priorities

5.1 This report addresses the Council's Corporate Priorities to: promote Harrow as a centre of lifelong learning by offering the highest quality education services; raise aspirations and outcomes of achievement; provide activities for cultural, artistic and leisure pursuits which reflect the profile and the interests of all local communities; and improve the life chances of young people and promote social inclusion.

6. **Background Information**

6.1 The London Borough of Harrow was one of three local authorities selected to take part in an initiative, in partnership with the National Children's Bureau (NCB) and the Gatsby Charitable Foundation, called "Taking Care of Education", known in Harrow as the Gatsby Project. The project started in Harrow in September 2000 and was allocated a total of £357,000 to cover the three years of the initiative. £189,000 to cover salary costs and £168,000 for the development of projects. (Due to an underspend in the salary budget, the Foundation has agreed to fund the Project Director's post for a further year from September 2003). Release of funds was subject to project proposals being submitted to and agreed by the NCB/Gatsby Reference Group.

6.2 The initiative is essentially an action research project which aims to identify what is effective in bringing about improvements in the educational performance of Children Looked After and what are the processes involved in establishing and maintaining a whole authority approach.

6.3 Projects were identified following an Investment Audit (this is a NCB assessment tool which evaluates educational provision and practice for Children Looked After), an analysis of research evidence and discussions with the Harrow Gatsby Reference Group. This group was made up of representatives from the two departments, schools and the Health Authority.

6.4 The NCB Research Department and the University of Luton are undertaking the evaluation of the project. The evaluation aims to: highlight which aspects of the development project are effective in bringing about changes in the education of Children Looked After; identify any changes in the well-being of a sample of young people and their attitudes to education and school; ascertain the views of young people on their education and care experiences and how they think these could be enhanced; and highlight barriers to the implementation of the desired approaches between agencies. The methodology involves gathering baseline information on educational outcomes for Children Looked After and analysing policy and practice. It also involves regular interviews with key personnel in Education and Social Services and with a sample of young people who are Looked After.

6.5 **Below is an overview of the developments and initiatives undertaken as part of the Harrow Gatsby Project.**

6.6 The previous Education Arts and Leisure and Social Services Committees and the Cabinet have adopted a set of Corporate Parenting Principles for the education of Children Looked After to guide the Education and Social Services Departments in working together to meet the educational needs of Children Looked After. This statement is being embedded in various service plans across the two departments. Many services have produced written statements as to how, in practical ways, they will support the education of Children Looked After.

- 6.7 There are now two versions of Personal Education Plans (PEPs), one for children under 5 and one for children of compulsory school age. In the academic year 2001-2002, 100% of PEPs were completed by social workers. These were audited and recommendations made as to how the quality of PEPs could be improved. Additional training sessions have been made available for all practitioners and managers in the Children and Families Service in Social Services.
- 6.8 During the course of the Gatsby Project, the collection and sharing of data and information has improved. Information on numbers of Children Looked After, school places, year groupings and PEP status is now regularly produced and shared. Attainments, attendance and exclusion data is now systematically collected.
- 6.9 Training for social care staff, designated teachers and staff from Education Services has taken place. A guidance book on PEP completion has been produced for social workers and a similar guide for designated teachers is in progress. Elected Members were also briefed as to their role as Corporate Parents.
- 6.10 An annual Celebration of Educational Achievement Awards Ceremony has been established. The first event took place in October 2002 and was held at the Civic Centre where over eighty children, young people, carers and officers gathered to celebrate the achievements of Children Looked After by Harrow.
- 6.11 An Educational Psychologist post for Children Looked After, jointly funded by Gatsby and the Education Department, has been created. The main focus of the post is to undertake direct and group work with children and young people that will enable them to become resilient and self confident, allowing them to be more likely to achieve their full educational potential. The post holder has also made a significant contribution in providing advice to out of authority schools where Children Looked After attend. This post has been sustained by funding from the Vulnerable Children Grant in the Education Department.
- 6.12 A Youth Participation post in the Community and Youth Service has been created with joint funding from Gatsby and Comic Relief. The remit of this post is to undertake direct work with Children Looked After with the aim of increasing their participation in activities such as the Harrow Young People's Forum as well as mainstream youth activities.
- 6.13 A Teaching post for Children Looked After has been created. The aim of the post is to provide an initial educational response to Children Looked After, to keep them engaged in education and to support their reintegration into a new school place. As yet, it has not been possible to recruit to this post. However, the post has recently been readvertised and interviews are taking place in September.
- 6.14 The provision of a free leisure card for Children Looked After has been piloted. The Arts and Leisure Service, foster carers, residential social workers and Leisure Connection PLC supported the pilot. Such was the success that the Council is to provide a leisure card to Children Looked After by Harrow, this autumn.
- 6.15 A range of projects, aiming to increase the awareness and to develop the skills of foster carers and residential social workers, in supporting and encouraging the acquisition of literacy and numeracy skills by Children Looked After, have been undertaken. The National Literacy Association and the Education Department's

Advisory Team supported projects such as “Book of My Own”, “Reading Roadshows”, “Maths Counts” and Literacy workshops.

- 6.16 Another project that seeks to encourage literacy development has been the distribution of Library Welcome packs to Children Looked After. The packs contain information about joining a library and what libraries have to offer children and young people. The packs are distributed to all of Harrow’s Children Looked After with specific information on the nearest local library for those placed outside of Harrow.
- 6.17 The literacy theme was also developed in Harrow’s two Children’s Homes. Again in collaboration with Harrow Library Services, supplies of books, both academic and non-academic, have been provided for use by the children and young people.
- 6.18 In collaboration with Harrow Library Services, an After School Club was successfully piloted during the summer term at Gayton Library. The Club was aimed at children who were of middle school age and it attracted between 8-10 regular attendees. The Club met once a week for two hours and provided a range of activities such as craftwork, board games, snooker, table football and full use of the facilities in the library including access to the internet.
- 6.19 During the course of the project, a number of photography workshops were held. These were organised in partnership with the Arts and Leisure Service, Harrow College and Kodak PLC. Such was the success, The National Portrait Gallery organised a two-day workshop for the young people, enabling them to develop their portraiture skills using professional equipment and facilities. The work of the young people has been exhibited at the Civic Centre and at the Harrow Arts Centre.
- 6.20 As part of the work of the Gatsby Project, computer equipment has been provided for the use of young people in the two Children’s Homes and at the Leaving Care office.
- 6.21 A mentoring scheme, in partnership with the Harrow Mentoring Project, has also been piloted for Children Looked After between the age of 11-16. This initiative is primarily aimed at Children Looked After who are in foster or residential placements outside of Harrow.
- 6.22 Main findings of the national Children’s Bureau evaluation.**
- 6.23 To date, the NCB Research Department has produced four Evaluation Reports and two reports of findings from the sample of young people whose views and progress have been tracked. At the time of writing this report, the evaluation is still work in progress and, as such, a conclusive final evaluation is not available for inclusion here.
- 6.24 A number of interesting findings have emerged. In relation to the formative or process analysis of the project itself, the researchers have consistently referred to the good progress made in Harrow and in the most recent report it is noted that the “level of progress achieved is to be commended”.
- 6.25 It is also encouraging to note that during the course of the project, significant progress has been made in raising the outcome educational achievements of Harrow’s Children Looked After (this includes children educated in schools outside of Harrow). This is indicated in the OC2 return to the Department of Health (Appendix 1). There has been significant progress in meeting the Government’s target of

increasing the number of students with at least one GCSE. In 2002, 92.9% of Children Looked After gained a GCSE, compared with 46.2% in 2000. 64.3% achieved at least 5 GCSE's grade A*-G in 2002 compared with 23.1% in 2000. For the first time in three years, no Children Looked After within the OC2 cohort were permanently excluded from school and the level of absence from school improved from 13.3% in 2000 to 6.52% in 2002. Further work is now needed to ensure students achieve 5 GCSE's at grade A*-C.

- 6.26 Although the researchers noted the progress made with the Gatsby Project, their caveat to this, was to suggest that there is a need for a considerable amount of work to be undertaken before the education of Children Looked After becomes part of mainstream policy and practice and this may have been due to an over reliance on the Gatsby Project to deliver improvements.
- 6.27 A second issue identified by the researchers concerned the Personal Education Plan (PEP) process. Here, it was identified in the young people's sample that a number of young people are as yet unaware of PEPs and there were some indications that plans are being developed without young people's knowledge and that this is likely to undermine the potential for such plans to support young people's education.
- 6.28 The evaluation is also beginning to throw some light on the views and attitudes of Children Looked After by Harrow as they have been recorded during the course of the project. Standardised testing of the Harrow sample suggests that young people were now placing greater value upon education and had an improved sense of school membership as measured by their attitude to schooling. There was also a marked increase in self-esteem ratings among the sample of young people. This is of interest given the number of project activities directed towards improving resilience and self-esteem.
- 6.29 However, the improvements in young people's self-esteem and psychological well being could be the corollary of living in a settled supportive environment. According to the young people themselves, the most important factor in promoting educational success was the availability of a supportive care placement within which carers valued education and encouraged young people to succeed. The absence of such support was seen, as a central feature of explanations forwarded by young people whose achievement is less positive.
- 6.30 These findings have led the researchers to suggest that the ideal scenario for Children Looked After may be to maximise the supportive benefits of care placements through the opportunity to remain in them for a considerable period of time. Where placement change does arise, this need not be detrimental provided young people can experience similar or even enhanced levels of support in subsequent placements.
- 6.31 In July of this year, the Portfolio Holders for Social Services and for Education and Lifelong Learning, together with the Executive Director for People First and the Gatsby Project Director met with a representative of the Gatsby Charitable Foundation. The outcome of this meeting was an invitation for Harrow to bid for further funding to enable the initiative to continue for a further three years.
- 6.32 It is anticipated that the Trustees of the Gatsby Charitable Foundation will consider Harrow's bid in October. If the bid is successful, the additional funding will enable Harrow to sustain some of the activities already undertaken. This would include the

arts and leisure pursuits and work with foster carers. Additional funding would also allow for the development of some new projects, for example, an advisory teacher post to develop the Personal Social and Health Education and Citizenship curriculum and to appoint teaching assistants for Children looked After.

7. **Consultation**

- 7.1 Paragraphs 6.27 and 6.28 above, summarise some of the views of young people gathered by the independent researchers who were evaluating the project.

8. **Finance Observations**

- 8.1 There are no direct financial implications within this report. Spending on the project is closely monitored against income in a “ring fenced” budget. The current financial position is summarised in paragraph 6.1. If the bid for further funding is successful, this will enable an extension of the project to take place.

9. **Legal Observations**

- 9.1 Local Authorities have a statutory duty under the Children Act 1989 to safeguard and promote the welfare of children in their care. Opportunity for a reasonable level of educational achievement is an important aspect of this duty under the Act. A demonstrable failure on the part of local authorities in the past to provide such opportunities and the generally low level of educational achievement of Children Looked After has led to much criticism by central government and other informed observers.

10. **Conclusion**

- 10.1 The implementation of the Gatsby Project in Harrow has identified a number of activities that have engaged and supported the education of Children Looked After. It has also made a contribution to a piece of research that will inform the understanding of how to achieve the highest possible educational outcomes for Children Looked After.

11. **Background Papers**

- 11.1 “Taking Care of Education” (The Gatsby Project). Scrutiny Committee, 25 September 2001.
- 11.2 Progress report on the implementation of “Taking Care of Education” (The Gatsby Project), Education Arts and Leisure Committee, 3 October 2001.
- 11.3 “Taking care of Education” Setting the Scene. Preliminary Evaluation Report. NCB May 2001
- 11.4 “Taking Care of Education”. Young People’s Sample. Interim Findings. NCB December 2001.
- 11.5 “Taking Care of Education in Harrow”. Process Evaluation Report. NCB March 2002.
- 11.6 “Taking Care of Education in Harrow”. Evaluation Report. NCB July 2002.
- 11.7 “Taking Care of Education in Harrow”. Evaluation Report. NCB February 2003.
- 11.8 “Taking Care of Education” Evaluation. Young People’s Sample Follow-up Findings. July 2003.

12. **Author**

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Appendix 1 OC2 2000, 2001 & 2002

Children Looked after for 1 year or more on 30 September of the reporting year

| | OC2 2000 | | OC2 2001 | | OC2 2002* | |
|--|----------|-------|----------|-------|-----------|--------------|
| Number of CLA of compulsory school age | 75 | | 80 | | 94 | |
| Number of CLA permanently excluded in the period | 3 | 4.0% | 3 | 3.8% | 0 | 0.0% |
| Number of children who missed 25 days or more days of schooling for any reason | 10 | 13.3% | 8 | 10.0% | 6 | 6.52% |
| Number of children eligible to take GCSE'S | 13 | | 10 | | 14 | |
| Number who sat at least 1 GCSE | 6 | 46.2% | 5 | 50.0% | 13 | 92.9% |
| Number who obtained at least 1 GCSE grade A*-G | 5 | 38.5% | 5 | 50.0% | 13 | 92.9% |
| Number who obtained at least 5 GCSE grade A*-G | 3 | 23.1% | 3 | 30.0% | 9 | 64.3% |
| Number who obtained at least 5 GCSE grade A*-C | 2 | 15.4% | 0 | 0.0% | 0 | 0.0% |

(Data source: Children's Quality Information Team)

LONDON BOROUGH OF HARROW

| | |
|-----------------------------------|---|
| Meeting: | Joint Meeting of the Lifelong Learning and Health & Social Care Scrutiny Sub-Committees |
| Date: | 17 September 2003 |
| Subject: | Progress on Healthy Lifestyles in Schools Review |
| Relevant Portfolio Holder: | Portfolio Holder for Education and Lifelong Learning |
| Status: | Part I |
| Ward: | All Wards |
| Enclosure: | Summary of Progress |

1. Summary

This report provides an update of progress following a review carried out by the Lifelong Learning Scrutiny Sub-Committee during 2002-03.

2. Recommendations

2.1 That the Sub-Committee notes the progress made since the review

3. Relevance to Corporate Priorities

3.1 The report is particularly relevant to the priorities to:

- Promote Harrow as a centre of lifelong learning
- Improve the quality of health and social care.

4. Background

4.1 At its meeting on 8 April 2003, the Lifelong Learning Sub-Committee received a report of the Review Group on Healthy Lifestyles in Schools. The Sub-Committee endorsed the recommendations in the report, subject to some amendments. Following referral to the Portfolio Holder for Education and Lifelong Learning, a progress report was considered by the Lifelong Learning Sub-Committee at its meeting on 30 June. It was also agreed that the progress would be considered at this joint meeting.

4.2 Appendix 1 lists the recommendations from the report, together with details of the action taken since April.

5. Consultation

- 5.1 The review included consultation with those schools which were visited in order to help inform Members' recommendations.

6. Financial Observation

- 6.1 There are no financial implications.

7. Legal Observation

- 7.1 There are no legal implications.

8. Background Papers

- 8.1 Healthy Lifestyles in Schools Review, Lifelong Learning Scrutiny Sub-Committee, April 2003.

Response to the Sub-Committee Reviews in 2002-03, Lifelong Learning Scrutiny Sub-Committee, June 2003.

9. Author

- 9.1 Michael Hart, Interim Director of Education/Head of Children and Community Services
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Lifelong Learning Scrutiny Sub-Committee Review

Healthy Lifestyles in Schools

| Recommendation | Response |
|--|--|
| (i) That the variety and quality of free school meals (packed lunch provision) be urgently addressed. | <ul style="list-style-type: none"> • This was referred to the Head of Contract Services. The Tuck Box menu was revised for new menu launch in September 2003. |
| (ii) That the free school meals (packed lunch provision) be additionally assessed in order to ensure that the quantity of food was appropriate to the age of the child consuming it. | <ul style="list-style-type: none"> • The Head of Contract Services reported that, since the implementation of the Tuck Box in 1995, all menus have been subject to review by the Community Dietician to ensure compliance with relevant standards. |
| (iii) That schools encourage PSHE co-ordinators to attend the termly meetings as well as explore other means for the exchange of ideas. | <ul style="list-style-type: none"> • Termly meetings are publicised through the INSET programme and the Curriculum Leader PSHE also send out reminders. • The next issue of Kaleidoscope (for all schools) will be on Healthy Schools – to be published this term. • The PSHE web site will be updated. • Good practice will be shared at the Healthy Schools celebration in September 2003. |
| (iv) That all schools be encouraged to consider ways in which water can be made freely available to all pupils throughout the school day without incurring extra financial cost to pupils. | <ul style="list-style-type: none"> • Providing water in schools will be an article in the next Healthy Schools newsletter – to share successful practice. |

| Recommendation | Response |
|--|---|
| <p>(Note that Health and Safety guidelines, in relation to the accessibility of water during certain lessons, eg. science, be adhered to).</p> | <ul style="list-style-type: none"> It is intended that a high school joining the Healthy Schools programme (in the next recruitment phase) should be approached to pilot ways to make water accessible. |
| <p>(v) That the Health and Social Care Scrutiny Sub-Committee be requested to work with the PCT to examine ways in which resources allocated to school nurses could be increased. Members felt that the role of the school nurse was very important and it was felt that increased involvement and activity of school nurses with pupils, parents and staff would be highly beneficial to schools.</p> | <ul style="list-style-type: none"> A reference was made from the Lifelong Learning Scrutiny Sub-Committee to the Health and Social Care Sub-Committee at its meeting on 18th June 2003, in order that discussion can be considered at this joint meeting of these Sub-Committees. The Head of Children and Community Services has been meeting with the Consultant Paediatrician at Northwick Park Hospital who line manages the School Nursing Service, in order to make most effective use of the available resources and to seek ways of providing locally co-ordinated teams that include health visitors, community nurses and school nurses. |
| <p>(vi) That ways be explored of explaining the nutritional values of foods served from school canteens: eg. primary schools' canteens could use pictorial examples, eg. a skeleton/bones to show that the food was high in calcium, whereas secondary schools could classify the different food groups, eg. 'low in fat' or 'high in fibre.'</p> | <ul style="list-style-type: none"> The Head of Contract Services has explained that nutritional values will be demonstrated in ways appropriate to the customers' age group at schools' cafeterias, operated by the Council's Catering Service, from September 2003. Schools will be encouraged in the Healthy Schools programme, working on the theme of healthy eating, to look at ways to promote nutritional values and healthy eating. There will be liaison with Food Technology curriculum development. |

| Recommendation | Response |
|---|---|
| (vii) That schools be encouraged to actively work with parents in relation to getting the healthy lifestyles message across. | <ul style="list-style-type: none"> Schools will be encouraged to promote healthy lifestyles through the Healthy Schools programme, eg. launch of programme at parents' evenings, information through school newsletters. |
| | <ul style="list-style-type: none"> Schools will continue to be encouraged to work with parents when sharing policies, eg. drug policy and specific events, eg. Eat 2b Fit campaign and National School Fruit Scheme. Schools involved in the Healthy Schools programme will be advised of the benefits of having a parent representative on the task group. Plans are underway for sessions on health for parents to be piloted through the Family Learning programmes in schools. |
| (viii) That a copy of the final scoping report on Healthy Lifestyles in Schools be sent to governing bodies in Order for governors to encourage healthy lifestyles With their individual schools. | <ul style="list-style-type: none"> This was sent to all Chairs of Governing Bodies on 7th May. |
| (ix) That schools be requested to designate a governor to oversee the promotion of healthy lifestyles in schools. | <ul style="list-style-type: none"> Letter was sent in July to Chairs of Governors and they were reminded at the Chairs' Briefing with Director. |
| (x) That a report be received at the joint meeting of the Lifelong Learning Scrutiny Sub-Committee and Health and Social Care Scrutiny Sub-Committee, which would outline steps taken to implement the findings of the Scrutiny Review Group. | <ul style="list-style-type: none"> This report is being submitted to the joint meeting. |
| (xi) That specialist colleges be encouraged to share and develop their expertise and facilities with their cluster schools and the wider community. | <ul style="list-style-type: none"> This is being carried forward as part of Harrow's approach to developing specialist colleges. |

| | |
|-----------------------------------|--|
| Meeting: | Joint Meeting of the Lifelong Learning and Health and Social Care Scrutiny Sub-Committees |
| Date: | 17 September 2003 |
| Subject: | Update on the development of the People First Directorate |
| Key decision: | No |
| Responsible Chief Officer: | Executive Director – People First |
| Relevant Portfolio Holders | Portfolio Holder for Education and Lifelong Learning Portfolio Holder for Social Services |
| Status: | Part 1 |
| Ward: | All |
| Enclosures: | Nil |

1. Summary/ Reason for urgency (if applicable)

- 1.1 This report is made available at the request of the Chair of the Lifelong Learning Scrutiny Sub-Committee and is intended to chart the progress of this new Council Directorate and the services for which it is responsible.

2. Recommendations

- 2.1 To consider the report and comment on developments to date**

3. Consultation with Ward Councillors

- 3.1 Not applicable at this stage.

4. Policy Context (including Relevant Previous Decisions)

- 4.1 The new Council Directorates and the associated top management structure were approved by the Cabinet within the context of the New Harrow Project following a report of the Chief Executive to Members in July 2002.

5. **Relevance to Corporate Priorities**

- 5.1 The development of the Directorate of People First is intended to address two principal corporate strategic priorities, as follows:
- 5.2 To promote Harrow as a centre of lifelong learning by offering the highest quality education services, by raising aspirations and outcomes of achievement, and by providing activities for cultural, artistic and leisure pursuits which reflect the profile and the interests of all local communities.
- 5.3 To improve the quality of health and social care in Harrow by improving the life chances of children, by promoting and maximizing the independence of disabled, frail and chronically ill people, and by ensuring appropriate levels of safe care and support for those not able to live independently.

6. **Background Information**

Executive Director – People First

- 6.1 The Executive Director – People First was appointed in November 2002. However, at that time he was carrying the full role and responsibility of Director of Education. Until interim management arrangements were made to cover his duties, he had limited time and flexibility to commit to his new remit. Those interim arrangements were secured by January 2003 when the three Heads of Service in the Education Department became Interim Joint Directors of Education. This arrangement prevailed until 31 August 2003 when the Head of Children and Community Services in the Education Department took full responsibility as Interim Director and Chief Education Officer.
- 6.2 The role of the Director of Social Services has been fulfilled over recent months by an Acting Chief Social Services Officer who will continue in this role until the launch of the new Directorate.

Progress towards a new structure – critical service drivers

- 6.3 In November and December 2002 the Executive Director consulted principally with those most affected by the management changes approved by Cabinet, namely the Heads of Service in the Education and the Social Services Departments. In January, the views emerging from these earlier meetings were tested at further meetings with management teams and certain key stakeholders, including Headteachers and the Harrow Primary Care Trust (PCT). The appropriate Portfolio Holders were also consulted, as were the Nominated Members.
- 6.4 As a result, proposals were made for the development of a new structure predicated upon a number of critical service needs identified during discussions. There was strong agreement that the structure must be designed around the most efficient service planning and delivery. The drivers for change which emerged consistently in discussions were:
 - Placing the service user at the centre of services
 - Effective preventative services
 - Strengthened holistic support, particularly for the most vulnerable
 - Speed of response to emerging and identified user needs
 - Streamlined approaches to communication
 - Integrated older people's services with a single system of assessment and care
 - Community services locally based

- Services to empower the individual, promote independence and increase capacity to take control
- Sharing information on clients and communities
- Maintenance and improvement of existing service performance

6.5 Staff also gave views on potential reconfigurations to address the critical service needs which included

- Integrated health and social care services for older people
- Generic support for children and families
- Integrated services for children with disabilities
- Children's social work services
- Ethnic minority achievement and asylum seeker support
- Parent support
- Early years and childcare and play schemes
- Learning across the community
- Quality assurance and performance management
- Joint service planning and procurement
- Administrative efficiencies
- Combined resource services

The principles which lie behind these proposals were carefully considered and reflected in the proposed organisational arrangements for the new Executive Directorate for People First.

6.6 Important too for staff, key stakeholders and for the inspectorates which provide support and challenge for the authority were the statutory roles which existed in the former structure. These were the Directors of Education and Social Services, the Council's Chief Officers responsible for the planning, delivery and performance of Education and Social Services within current legislative frameworks. The point was made that these responsibilities should be located at the most senior position possible in the new Council structure. The post holders should be in a position to exercise real decision making power and to have a clear line of accountability to the Chief Executive, to elected members, to the service users and to the wider partnerships with which they engage.

New organisational structure for People First

6.7 From these considerations, an organisational structure has developed which has met with general consensus. The outline is attached as Appendix A. Members may recall that the Cabinet agreed to additional Chief Officers for the Directorate on the grounds that it is the largest in the Council with the most staff and with the biggest budget. Paragraphs below give an outline of the remit of each of the Departments within the new Directorate.

6.7 **Children Services** will concentrate wholly on services to children and their families. This will provide both universal and targeted services to enhance life chances for all children and young people. The Chief Officer who will lead and manage this division will be nominated the statutory post holder for Social Services.

6.8 **Learning and Community Development** will concentrate both on improving learning and achievement across the age ranges and promote increased social inclusion in the

local community. The Chief Officer who will lead and manage this division will be nominated the statutory post holder for Education.

6.9 **People First Strategy** will direct and co-ordinate planning and service review and manage key support services to achieve the objectives of the People First Directorate

6.10 **Community Care Services** will be a transitional arrangement and whose time scale as a stand-alone unit is dependent on work undertaken to assess the feasibility of relocating community care provided services with the PCT. This division will concentrate largely on promoting independence for adults and older people and improving their quality of life and by ensuring appropriate levels of safe care and support for those not able to live independently.

6.11 The Council's agreed management structure also allows for an **Area Director – People First**. This post will manage one of three areas into which Harrow is being divided and will have joint responsibility for ensuring key People First services are operating effectively across the three areas of the Borough in addition to managing all area-based services within his or her own strategic area.

Recruitment to new top management posts

6.12 At the time of preparing this report, recruitment is now almost complete to the top management posts in People First. Since these are Chief Officer posts, all of the appointments have been made by the Council's Appointments Panel. Where there has been external recruitment, assessment centres have been organized and key stakeholders have been actively involved in the selection process, giving advice to the Members.

6.13 The following is the current situation on these posts:

| | | | |
|--|----------------|--|---|
| Director of Children's Services | Paul Clark | Currently Deputy Director Children, Schools and Families with Herts County Council | Starting 29 September 2003 |
| Director of Learning & Community Development | Javed Khan | Currently Assistant Director Lifelong Learning with Birmingham City Council | TBA |
| Director of People First Strategy | Geoff Wingrove | Formerly Head of Education Strategy & Resources with LB Harrow | In post |
| Head of Community Care (transitional) | Nick Georgiou | Currently Acting Chief Social Services Officer with LB Harrow | Starting 29 September 2003 |
| Area Director – People First | TBA | TBA | Appointments Panel on 11 September 2003 |

- 6.14 It is expected that the new Directorates across the Council will be launched on 1 October 2003. In the case of People First, functions previously found within the Education and Social Services Departments will be allocated to their new Departments within People First, as shown in the Appendix.
- 6.15 From that time, and earlier where Directors are already in post, further more detailed discussions will be taking place with staff within their new Departments. This is to ensure they have the best opportunity to make an important and productive contribution to the redesigning and, where appropriate, reconfiguration of current service teams to meet service need.
- 6.16 From this process new structures will emerge which are fit for the purposes of the New Harrow Project and, where relevant, its customer-focused area-based service delivery approaches. Consultation will then follow, formally with staff, and with relevant stakeholders to ensure all views have been appropriately captured and taken into account.

Statutory Officers

- 6.17 Members will have noted paragraph 6.6 on this issue. The organisational structure for People First gives the Directors of Children's Services and Learning and Community Development integrated themed responsibilities for Children and Young People and Learning across the Community respectively. They also have statutory responsibilities as Chief Officers for Social Services and for Education respectively.
- 6.18 Certain of their statutory responsibilities will be directed and managed outside their line management responsibilities,. For example, the statutory responsibility for special education needs is held by the Director of Learning and Community Development as Chief Education Officer but line managed by the Director of Children's Services. By contrast, the statutory responsibility for older people's social services are held by the Director of Children's Services as Chief Social Services Officer but line managed by the Head of Community Care. Therefore, they will have the further duty in supporting the Executive Director to ensure that robust mechanisms are in place to fulfil the statutory responsibilities and account to the Chief Executive, Elected Members and the community.
- 6.19 In this respect, the Chief Executive proposes to hold meetings with all the Council's statutory officers on at least a quarterly basis to ensure statutory responsibilities are being satisfactorily fulfilled.

People First Service Roll-Out – Community Schools

- 6.20 Discussions have taken place with 2 of the 3 school clusters currently working on the education components of the Council's Local Public Service Agreement (LPSA). These are the Rooks Heath and Canons clusters of schools which had identified their commitment to co-ordinated support for underachieving pupils and those at risk of social exclusion. The schools have been enthusiastic about playing a part in the roll-out of the New Harrow Project and, by many measures of disadvantage, fulfil the requirements for more targeted support by the Council and other partners.
- 6.21 It is planned that in the Autumn, particular teams of staff from People First will be working with the school clusters to continue to raise expectations of achievement, to support

children who are vulnerable and at risk and their families, to promote social inclusion broadly across the area of the school cluster, and to engage the schools more actively with quality of life issues in their local communities.

- 6.22 This will be supported further by work being done at officer level within the Harrow Strategic Partnership's Children's Executive with key staff from Harrow Primary Care Trust who see the new approach to supporting children and families locally as helping to address key issues of health inequalities.
- 6.23 Each of these initiatives will be treated as a pilot activity, will be carefully planned with appropriate key performance measures and will be subject to proper evaluation upon completion in order to test the effectiveness of new arrangements before further roll-out.
- 6.22 It may be useful for Members to bear in mind that the roll-out of People First services will depend on the priorities and needs of each locality/school cluster and could lead to different configurations of services in different areas of the Borough.

People First Service Roll-Out – Integrated Service Provision for Adults & Older People

- 6.22 Detailed work is also being undertaken at officer level together with the Harrow Primary Care Trust to scope a project which seeks to develop integrated service provision for adults and older people by April 2005. This is wholly in line with the National Service Framework for Older People and is predicated upon the desire to present adults and older people with a "seamless" service and single care pathway.
- 6.23 The scope of the project covers all services provided for older people and services for adults with physical disabilities. At the same time, work is taking place to refine relationships and business practices within the Harrow Unified Mental Health Service. It is intended that this project will be reported to the Cabinet in October and to the Board of the Harrow Primary Care Trust in parallel.
- 6.24 Learning Disability services will become the responsibility of the Council within the same time frame and PCT services will join local authority services within the Learning and Community Development Department of People First.
- 6.25 The Council still has statutory responsibilities for the services which will be the subject of integration and appropriate accountability and governance arrangements will form part of the project scope.

7. Consultation

- 7.1 Informal and formal consultation was undertaken primarily with those whose posts were most affected by the top level organizational changes, namely the Heads of Service. Other consultation has been more informal and has included service teams in the Education and Social Services Departments, key stakeholders in schools including the Education Consultative Forum, the voluntary sector and the Harrow Primary Care Trust, including the Board itself.
- 7.2 The Executive Director has maintained a communication link with the UNISON leadership throughout this process and has undertaken to continue this. Formal consultation with UNISON and the teaching professional associations on the detail of the further structural arrangements for individual Departments within the Directorate will take place at the appropriate time.

8. **Finance Observations**

- 8.1 The top management structure for People First was approved by Cabinet and resources for change management made available as part of the Budget 2003/2004. It is anticipated that further structural changes leading to new posts in the detailed structure will be paid for within existing levels of resource currently available to both the Education and Social Services Departments.

9. **Legal Observations**

- 9.1 In due course, the individual delegations (Part 3B) of the Council's Constitution will be amended. As indicated above, the law requires the Council to appoint a "Chief Education Officer" and a "Director of Social Services".

10. **Conclusion**

- 10.1 Much preliminary work has been undertaken over the past few months to prepare for the largest change to affect the Council's front-line "people services" in at least two decades. The pace of change has, to a large extent, been dictated by the pace of recruitment by Members to the Director posts in People First. That process is now significantly completed. The next stage is to build up the detailed structures in each of the Departments in People First. This will inevitably take time over the new six months or so. At the same time People First needs to begin to test out some locally based service pilots as indicated above in this report to examine the impact they have on local need.

11. **Background Papers**

- 11.1 The New Harrow Project, Report of the Chief Executive, Cabinet, 16 July, 2002
People First - Progress towards a new Directorate, Report of the Executive Director, People First, February 2003

12. **Author**

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APPENDIX A

| PEOPLE FIRST STRATEGY | CHILDREN'S SERVICES | LEARNING AND COMMUNITY DEVELOPMENT | COMMUNITY CARE SERVICES (Transitional*) |
|---|---|---|---|
| <p>Purpose Directing and co-ordinating planning and service review and support services to achieve the objectives of People First</p> | <p>Purpose Providing universal and targeted services to enhance life chances for children and young people</p> | <p>Purpose Improving learning and achievement and promoting increased social inclusion</p> | <p>Purpose Promoting independence for adults and older people and improving their quality of life (* Provided services potentially located with PCT commissioned services and commissioning arrangements to be located in People First structure – to be subject of joint study with PCT)</p> |
| <p>Policy and Strategic Planning</p> <p>Research and Management Information</p> <p>Performance and Review</p> <p>CO Of Finance, Personnel and ICT</p> <p>Capital development including PFI</p> <p>Special Projects (e.g. School Organisation)</p> | <p>Early Years and Childcare including play schemes</p> <p>Children with Special Educational Needs</p> <p>Children in Need including the vulnerable and those at risk, those with disabilities and children looked after</p> <p>Family support</p> <p>Children's placements including fostering, adoption and residential homes</p> <p>Youth & Connexions</p> <p>Youth Offending</p> | <p>School Development & Improvement</p> <p>Adult, Community and Family Learning</p> <p>Professional Development and Training</p> <p>Health and Drugs Education</p> <p>Education and Business</p> <p>Social Inclusion and community regeneration</p> <p>Libraries and Arts</p> <p>Adults with learning disabilities</p> <p>Asylum Seekers</p> | <p>Older People</p> <p>Physical Disabilities</p> <p>Adult Mental Health</p> |