

Health and Wellbeing Board

AGENDA

DATE: Thursday 25 July 2019

TIME: 12.00 pm

VENUE: Committee Rooms 1 & 2, Harrow Civic Centre,
Station Road, Harrow, HA1 2XY

MEMBERSHIP (Quorum 5)

Chair: Councillor Graham Henson

Board Members:

Councillor Ghazanfar Ali	Harrow Council
Councillor Simon Brown	Harrow Council
Councillor Janet Mote	Harrow Council
Marie Pate	Healthwatch Harrow
Councillor Christine Robson	Harrow Council
Javina Sehgal	Managing Director, Harrow Clinical Commissioning Group
Dr Muhammad Shahzad	Harrow Clinical Commissioning Group
Dr Genevieve Small (VC)	Chair, Harrow Clinical Commissioning Group
1 Vacancy	Harrow Clinical Commissioning Group

Reserve Members

Councillor Niraj Dattani	Harrow Council
Councillor Dean Gilligan	Harrow Council
Councillor Maxine Henson	Harrow Council
Councillor Dr Lesline Lewinson	Harrow Council
Councillor Krishna Suresh	Harrow Council
Dr Himagauri Kelshiker	Harrow Clinical Commissioning Group
Rasila Shah	Healthwatch Harrow
1 vacancy	Harrow Clinical Commissioning Group

Non Voting Members:

Varsha Dodhia, Representative of the Voluntary and Community Sector
Carole Furlong, Director of Public Health, Harrow Council
Paul Hewitt, Corporate Director - People, Harrow Council
Chief Superintendent Sara Leach, Harrow & Brent Police
Chris Miller, Chair, Harrow Safeguarding Children Board
Angela Morris, Director Adult Social Services, Harrow Council
Vacancy, NW London NHS England
Vacancy, Harrow Clinical Commissioning Group

Contact: Miriam Wearing, Senior Democratic Services Officer
Tel: 020 8424 1542 E-mail: miriam.wearing@harrow.gov.uk

Useful Information

Meeting details:

This meeting is open to the press and public.

Directions to the Civic Centre can be found at:
<http://www.harrow.gov.uk/site/scripts/location.php>.

Filming / recording of meetings

The Council will audio record Public and Councillor Questions. The audio recording will be placed on the Council's website.

Please note that proceedings at this meeting may be photographed, recorded or filmed. If you choose to attend, you will be deemed to have consented to being photographed, recorded and/or filmed.

When present in the meeting room, silent mode should be enabled for all mobile devices.

Meeting access / special requirements.

The Civic Centre is accessible to people with special needs. There are accessible toilets and lifts to meeting rooms. If you have special requirements, please contact the officer listed on the front page of this agenda.

An induction loop system for people with hearing difficulties is available. Please ask at the Security Desk on the Middlesex Floor.

Agenda publication date: Thursday 18 July 2019

AGENDA - PART I

1. ATTENDANCE BY RESERVE MEMBERS

To note the attendance at this meeting of any duly appointed Reserve Members.

Reserve Members may attend meetings:-

- (i) to take the place of an ordinary Member for whom they are a reserve;
- (ii) where the ordinary Member will be absent for the whole of the meeting; and
- (iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
- (iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

2. APPOINTMENT OF VICE-CHAIR

To note the appointment of the Chair of the Harrow Clinical Commissioning Group as Vice-Chair of the Board for the 2019-20 Municipal Year.

3. DECLARATIONS OF INTEREST

To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from:

- (a) all Members of the Board;
- (b) all other Members present.

4. MINUTES (Pages 5 - 10)

That the minutes of the meeting held on 2 May 2019 be taken as read and signed as a correct record.

5. PETITIONS

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Board Procedure Rule 13 (Part 4B-1 of the Constitution).

6. PUBLIC QUESTIONS *

To receive any public questions received in accordance with Board Procedure Rule 14.

Questions will be asked in the order in which they were received. There will be a time limit of 15 minutes for the asking and answering of public questions.

[The deadline for receipt of public questions is 3.00 pm, Monday 22 July 2019. Questions should be sent to publicquestions@harrow.gov.uk

No person may submit more than one question].

7. DEPUTATIONS

To receive deputations (if any) under the provisions of Board Procedure Rule 13 (Part 4B-1 of the Constitution).

8. NW LONDON COMMISSIONING REFORM PROGRAMME: PUBLIC DRAFT CASE FOR CHANGE (Pages 11 - 38)

Report of the Accountable Officer, Harrow Clinical Commissioning Group (CCG)

9. UPDATE ON PRIMARY CARE NETWORKS AND THE INTEGRATED CARE PARTNERSHIP (Pages 39 - 74)

Report of the Managing Director Harrow Clinical Commissioning Group (CCG)

10. PUBLIC HEALTH UPDATE (Pages 75 - 80)

Report of the Director of Public Health.

11. HARROW ADULT SUBSTANCE MISUSE (Pages 81 - 100)

Report of the Director of Public Health

12. SEND STRATEGY, COMMISSIONING PLAN AND LOCAL AREA INSPECTION SELF EVALUATION (Pages 101 - 194)

Report of the Corporate Director People, Harrow Council, and the Managing Director, Harrow Clinical Commissioning Group

13. ANY OTHER BUSINESS

Which cannot otherwise be dealt with.

AGENDA - PART II - NIL

*** DATA PROTECTION ACT NOTICE**

The Council will audio record item 4 (Public Questions) and will place the audio recording on the Council's website, which will be accessible to all.

[**Note:** The questions and answers will not be reproduced in the minutes.]

HEALTH AND WELLBEING BOARD MINUTES

2 MAY 2019

Chair:	* Councillor Graham Henson		
Board Members:	* Councillor Ghazanfar Ali		
	* Councillor Simon Brown		
	* Councillor Janet Mote		
	* Councillor Christine Robson		
	* Dr Genevieve Small (VC)	Chair, Clinical Commissioning Group	
	* Marie Pate	Healthwatch Harrow	
	* Javina Sehgal	Harrow Clinical Commissioning Group	
	* Dr Muhammad Shahzad	Clinical Commissioning Group	
Non Voting Members:	* Varsha Dodhia	Representative of the Voluntary and Community Sector	Voluntary and Community Sector
	* Carole Furlong	Director of Public Health	Harrow Council
	* Paul Hewitt	Corporate Director, People	Harrow Council
	Chief Superintendent Sara Leach	Harrow, Brent & Barnet Police	Metropolitan Police Service
	* Chris Miller	Chair, Harrow Safeguarding Children Board	Harrow Council

In attendance: (Officers)	Sarita Bahri	Public Health Analyst	Harrow Council
	Sally Cartwright	Consultant in Public Health	Harrow Council
	Donna Edwards	Finance Business Partner – Adults and Transformation	Harrow Council
	Mital Vagdia	Project Manager	Harrow Council

* Denotes Member present

62. Attendance by Reserve Members

RESOLVED: To note that there were no Reserve Members in attendance.

63. Declarations of Interest

RESOLVED: To note that there were no declarations of interests made by Members.

64. Minutes

RESOLVED: That the minutes of the meeting held on 7 March 2019, be taken as read and signed as a correct record.

65. Public Questions, Petitions and Deputations

RESOLVED: To note that no public questions were put or petitions or deputations received at this meeting.

RESOLVED ITEMS

66. Development of a Virtual Joint Strategic Needs Assessment for Harrow

The Board received a report on the implementation of a new web-based Joint Strategic Needs Assessment (JSNA) work programme in conjunction with a presentation of a mock up of the new site.

The Director of Public Health introduced the report highlighting that stakeholder workshops and engagement with councillors, the public and CCG had taken place. The Board was informed that the web-based approach enabled a rolling programme of updates, and that the JSNA would be divided into the four areas of start well, live well, work well and age well with an update of one area taking place each quarter. The first area to go live would be the start well section and it was hoped to go live by the end of May 2019. Graphics provided information for comparison purposes for those who did not want narratives.

Board Members welcomed the inclusion of physical and mental health as overlapping subjects in the JSNA and that emotional wellbeing and development was one of the topics.

In response to questions from the Board, it was noted that:

- the officers would seek information on the Leeds initiative regarding helping parents to encourage children to eat different types of food and would share the learning with the Board;
- the provision of water fountains, exercise programmes and the promotion of healthy mile walks were examples of the work undertaken in schools;
- the web tool calculated the numbers accessing the site. In addition the officers would investigate: a search engine, the creation of alerts on the main webpage, setting up a register of the emails of users and stakeholders, the introduction of focus groups, and the provision of a contact email for feedback;
- some information was 2016/17 data due to the time taken to process nationally, other information such as local data on hospital admissions came from the CCG. Discussions were taking place with the CCG regarding up to date Child and Adolescent Mental Health Service (CAMHS) data Not all information would be updated on a quarterly basis but most data did not change significantly in the short term. The officers agreed to indicate when all data had last been updated and to provide a link to the originating website;
- the JSNA was a tool to identify need and help commissioners develop services and help voluntary groups bid for funding. It was suggested that this should be made clear on the website and that there should be signposting for members of the public who wanted general information;

On behalf of the CCG, the Vice-Chair stated that it was an excellent development in the use of the JSNA, and the information therein would be useful in shaping discussions on the transformation of services.

RESOLVED: That the work undertaken be noted.

67. Stop Smoking Offer in Harrow

The Board considered a report which set out the rationale and plans for stop smoking support in Harrow. It detailed the annual costs and components of three service options.

The Director of Public Health introduced the report stating that, although there had not been smoking cessation provision in Harrow for the last two years due to financial constraints, commissioning and the development of new services savings had enabled the service to be reintroduced. It was noted that in 2017 9% of adults in Harrow were smokers which was the lowest in London but were significant numbers when considering health inequality.

The Vice-Chair stated that the CCG welcomed the review, and that she had been part of the group which met with the Chief Executive of Public Health

England during which he had raised the importance of stop smoking services. The CCG Managing Director advised the Board that CNWL would provide data re smoking during pregnancy which would be discussed at the next HWB Executive meeting.

In response to questions the Board was advised that:

- the 0.6 FTE stop smoking advisor in option 2 was an offer to support primary care in running three clinics, one for mental health, one for pregnancy and one to see what was needed. The Advisor could also visit voluntary sector groups. A 12 week quitting course was being developed;
- the rates of young people 15+ smoking was similar to adults. It was not a priority for young people to give up as evidence indicated that it was usually triggered by an event;
- the £10k option for purchasing from/joining with a neighbouring service for stop smoking support in pregnancy would be centred at Northwick Park Hospital in conjunction with Bren;
- the initiative included preventative work to raise awareness, particularly amongst young people that schools could use as part of their PSHE modules.

The Board was advised that the effectiveness of the measures was expected to be known by the end of June.

RESOLVED: That the further development of option 2 be endorsed as outlined in the report.

68. Resilient Harrow Programme

The Board received a report which set out details on the Resilient Harrow programme that had been established to implement the Adult Social Care Vision which had been reported to the Board in March 2018.

The Corporate Director, People introduced the report and highlighted the second phase which included up to 12 different projects regarding the demand for care. The initiative aligned the work of the CCG and partner agencies in the design which was the precursor for integration. The Managing Director CCG endorsed this and sought the inclusion of the CCG as a Integrated Care Partner.

The Voluntary and Community Sector representative stated that the Harrow Voluntary Sector Forum was keen to get organisations together and to help with planning.

The Board was informed that the delivery of the Vision would be led by Adult Social Care but would need the engagement and support of key partners in the statutory and VCS sectors. It would also be aligned with other changes

such as those set out in the NHS long term plan and local initiatives to deliver these.

In response to questions, it was noted that in addition to the initiative outlined above, collaborative funding bids were being submitted in order to develop assisted technology. Coproduction such as the Health and Social Care Focus Group would be integral.

Members of the Board supported the residents hearing one voice rather than different organisations and hoped that the new initiative would enable a better quality, more responsive service at a better cost.

RESOLVED: That the work undertaken to date and the continuation of the work in phase 2 of the programme be noted.

69. Commissioning Capabilities Course

The Board received a joint report of the Managing Director, Harrow CCG, and the Corporate Director People, Harrow Council, which provided an update on the Commissioning Capability Programme (CCP) in progress across Harrow which involved key stakeholders. The CCP was a 12 week programme which aimed to develop the leadership capability of the senior leadership teams.

The Vice-Chair introduced the report, stating that in order to achieve the objectives set out in the NHS Long Term Plan, NHS England was investing in a major capability building programme for senior commissioning leadership in order to help leaders develop and work together in a better way. The Director of Strategic Commissioning, Harrow Council, reported that it provided a valuable insight into the drivers for the CCG and the balance with the commitment to Harrow as a place which would make the increase in the pace of integration will be easier.

In response to questions, the Board was informed that It encouraged a sense of identity and the aim was to model local government arrangements in a similar way to the governance arrangements for NWL. It would be for the constituent members of the Integrated Care Partnership to decide whether to formalise a Harrow Social Care Partnership;

It was noted that an item on a Primary Care Network would be submitted to a future meeting of the Board as its governance was a crucial part of getting ICP signed off for Harrow.

The Chair requested feedback at a later date on whether the course had resulted in an improvement.

RESOLVED: That the report be noted.

70. Health and Social Care Focus Group

The Board received an update on the Harrow Learning Disabilities Health and Social Care focus group that was formed on 25 July 2018 as part of the implementation of Harrow's Adult Social Care vision.

The representative of the Voluntary and Community Sector expressed the view that a similar focus group would be beneficial for carers supporting families at the end of life when at home.

A Board Member reported that there was good collaboration particularly with the two carers who had proposed the formation of the focus group. An officer reported that the Focus Group met quarterly and was co-chaired between the Local Authority, Harrow CCG and Carer (Children and Adult non statutory representatives).

A Board Member suggested that the focus group be used as a blueprint and enquired whether any analysis had taken place of the critical factors for success. It was noted that an annual report would be submitted to the Board.

It was agreed that the Executive would consider the model and submit an update to the Board at its next meeting on an aspect of the focus group that had worked well. It would be seen whether the group was effective before expansion was considered.

RESOLVED: That the report be noted.

71. Any Other Business

Letter from NHS North West London Collaboration of Clinical Commissioning Groups on Shaping a Healthier Future

Reference was made to a letter from NHS North West London Collaboration of Clinical Commissioning Groups on Building on Shaping a Healthier Future. It stated that the SaHF programme would be superseded by a new programme as part of the response to the NHS Long Term Plan.

The Vice-Chair welcomed the clarity given on the new plan and the next steps to take plans forward. SaHF had not had a huge impact on Harrow as it had not included Northwick Park Hospital and the work on hubs had continued notwithstanding.

In response to a question the CCG Managing Director stated that discussions were continuing on the plans for Belmont continued and discussions had taken place with property services.

RESOLVED: That the receipt of the letter be noted.

(Note: The meeting, having commenced at 12.00 pm, closed at 1.55 pm).

(Signed) COUNCILLOR GRAHAM HENSON
Chair

**REPORT FOR: HEALTH AND
WELLBEING BOARD**

Date of Meeting: 25 July 2019

Subject: **NW London Commissioning
Reform Programme: Public draft
case for change**

Responsible Officer: Mr Mark Easton
Accountable Officer
NWL CCGs

Exempt: No

Wards affected: Harrow Borough

Enclosures: Commissioning Reform in North West
London – The Case for Change

Section 1 – Summary

This report is for the Board to discuss the case for change to explore the implications of moving towards a single NW London CCG.

FOR INFORMATION AND DISCUSSION

Section 2 – Report

Introduction and context

In response to the NHS long-term plan which suggested that all sustainability and transformation partnerships (STP) develop into an integrated care system (ICS), by April 2021 with, “typically a single CCG for each ICS area”, the NW London senior leadership decided to scope the implications of moving towards a single CCG, and have begun to explore key line of enquiry.

The case for change has been developed in response to these key lines of enquiry with our stakeholders to assess these implications and the impact on our patients, our staff and our system.

The agreed key lines of enquiry are as follows:

- **The benefits for patients** i.e., would the move support the efforts through the partnership to improve sustainability and quality of patient services, as set out in our strategy
- **The financial implications** in terms of management costs, financial sustainability of the system, implications for borough-based allocations and fair distribution of funds
- **The governance implications** and how we maintain the concept of CCGs being clinically-led organisations with lay involvement
- The implications for **health inequalities**
- **The workforce implications** in terms of talent management and staff impacted by change
- **Relationships with stakeholders**, particularly Governing Body members and local authorities
- How **the development of a single ICS** might work in parallel with the development of borough-based integrated care
- To **monitor arrangements** that are developing across London and take these into account as appropriate
- The **implementation timeline** for any recommendations plus a consideration of implementation costs and potential disruption.

Having worked together since their formation, the NW London CCGs were able to deliver many clinical priorities and were able to improve outcomes for patients and staff. Moving towards a single CCG within our STP footprint, will therefore not only put us in line with the national policy but will allow us to further develop our clinical strategies to improve the delivery of services and address our ever growing financial challenges.

Section 3 – Further Information

Full engagement with key stakeholders launched on 28 May until 24 July 2019. The case for change was presented for discussion at the CCG's Governing Body on 18 June, and also to the Harrow GP Forum on 19 June.

Section 4 – Financial Implications

As well as improving outcomes and reducing variation, we also recognise that our financial challenges are significant and that only by working as a single CCG can we begin to address them.

Section 5 – Equalities Implications

The thorough impact assessment is underway, the detailed report will be made available when complete.

STATUTORY OFFICER CLEARANCE (Council and Joint Reports)

Not required

Ward Councillors notified:	NA
-----------------------------------	-----------

Section 7 – Contact Details and Background Papers

Contact: Javina Sehgal, Managing Director, Harrow CCG, 020 8966 1147

Background Papers: The case for change is attached.

This page is intentionally left blank



Commissioning reform in North West London

The case for change

28 May 2019

Foreword

This case for change document is written in response to the NHS long term plan which suggests that the number of CCGs will be significantly reduced to align with the number of emerging integrated care system (ICSs). The long term plan raises other issues: how a NW London integrated care system would operate; how integrated care partnerships (ICPs) would develop at a more local level and the development of primary care networks.

This document focusses on the first of those issues- a proposed change that would see NW London moving from eight CCGs to a single CCG.

NW London CCGs have a long and successful history of working together, particularly over the last five years. Building upon our existing relationships, we want to strengthen our collaborative working to commission and deliver high quality, best value, and safe care for the residents of NW London. We need to continue to work to reduce inequalities for our residents, improve our staff experience and deliver the optimum value for the NHS.

We see this as an opportunity to accelerate and streamline our systems and processes, reduce duplication and improve the offer of care to NW London residents. In doing this, we will learn from the experience of previous large-scale operating models, ensuring that we maintain a strong focus on public and stakeholder engagement in each of our eight boroughs.

This document does not hold all the answers - it sets out the implications of this change for comments and feedback from staff and stakeholders to help us to develop a full proposal that we intend to take to our CCG governing bodies later in the year.

The number of CCGs will significantly reduce over the next two years. We recognise that there will be differing views on how this should happen that we will need to resolve. The key areas we need to address now in NW London are:

- Whether this change to the number of CCGs happens by April 2020 or later, in April 2021
- What functions should be delivered at a NW London level and what should be organised more locally;
- How would the finances work; and
- How the changes to our CCGs relate to: changes at NW London with the development of an NW London integrated care system, the development of integrated care partnerships (ICP), based on boroughs, current CCG footprints, or groupings of boroughs, and the development of sub-borough structures such as primary care networks (PCNs).

We believe we have set out a good starting point for discussion. We now need your help to improve the proposals further and help us implement new arrangements that better serve our patients and staff.

Mark Easton
Chief Officer
NHS North West London Collaboration of CCGs

Dr Neville Pursell
Chair
NHS Central London CCG

Dr Andrew Steeden
Chair
NHS West London CCG

Dr Ian Goodman
Chair
NHS Hillingdon CCG

Dr Tim Spicer
Chair
NHS Hammersmith & Fulham CCG

Dr Genevieve Small
Chair
NHS Harrow CCG

Dr Mohini Parmar
Chair
NHS Ealing CCG

Dr Nicola Burbidge
Chair
NHS Hounslow CCG

Dr M C Patel
Chair
NHS Brent CCG

Contents

Foreword	2
1 – Introduction.....	5
2 – Changing at a NW London level	9
3 – Changing at a local level.....	10
4 – Finance	11
5 – What this means for local government.....	12
6 – What this means for GPs.....	13
7 - What this means for patients and the public.....	15
8 – What this means for CCG staff.....	16
9 – Timeline.....	18
Appendix one: Our emerging integrated care system in NW London	20
Appendix two: Options for integrated care partnerships (ICPs)	24

1 – Introduction

About NW London – background and our history of collaboration

NW London has a diverse population of 2.2million across eight London boroughs, served by eight Clinical Commissioning Groups (CCGs). Although the CCGs have worked together collaboratively since they began, partnership working between the eight CCGs has increased significantly over the last eighteen months.

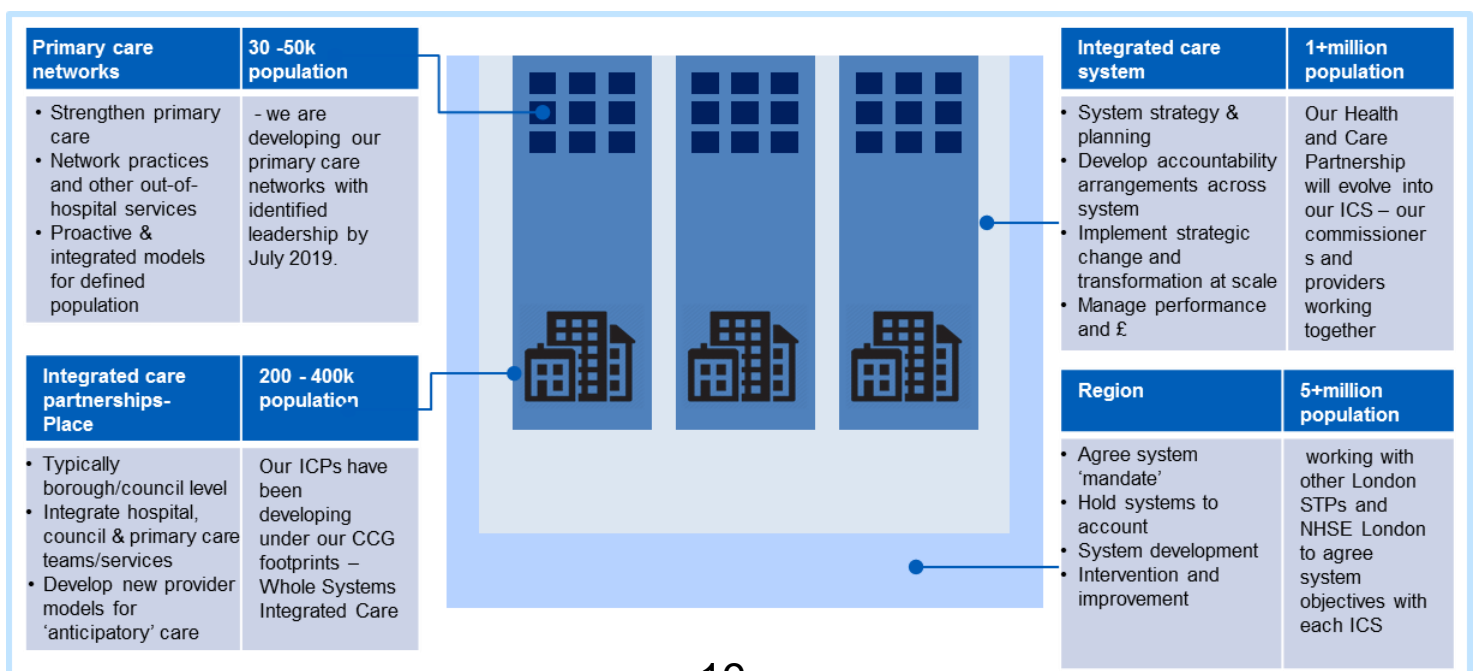
- In June 2018 a single Accountable Officer (AO) was appointed for all eight CCGs
- We have a single Chief Financial Officer and a single Director of Nursing and Quality for all eight CCGs
- In December 2018, a Joint Committee of the CCGs was formed with delegated powers for acute and mental health commissioning, and to support delivery of the NW London clinical and care strategy and sustainability and transformation plan (STP).

During this time, the eight local CCGs have remained the statutory and accountable organisations and decision making is through their eight individual Governing Bodies.

Moving to a single CCG is the next step in our evolution to accelerate and deliver our aims and objectives.

Further partnership working is also in place beyond CCGs - with provider Trusts, other NHS bodies and our local authorities. This was formalised after the publication of the NHS Five Year Forward View which set out the requirement for areas to develop a Sustainability and Transformation Plan/Partnership (STP). The NW London STP was published in October 2016 and the NW London Health and Care Partnership, a coming together of 30 organisations across NW London, was formed.

The NW London health and care system in NW London is a partnership of 30 organisations across health and social care, with a clear objective to improve and deliver high quality, safe and best value care for the residents of NW London. Our NW London health and care partnership is comprised of eight CCGs, six local authorities, and seven NHS Trusts.



In early 2019 the NHS England 10 Year Long Term Plan was published. This outlines a number of goals for the NHS as a whole including the development of Integrated Care Systems (ICS) and more local Integrated Care Partnerships (ICP) which would be underpinned by Primary Care Networks (PCN). It also included a vision that each ICS would consist of just a single CCG – rather than the eight that NW London has now.

NW London is currently developing the local response to the long term plan, of which this case for change is one related element.

NW London has been working in partnership for some years and with some key successes but challenges still remain – including significant variation in care for patients - and our financial position is in deficit and deteriorating. We believe that we can address our challenges better by bringing together our eight organisations into one strategic commissioning entity to make our decision making and administration as effective and efficient as it can be, with strong borough based local integration. A move to a single CCG will also support the move away from the payment by results system towards capitated outcome- based budgeting, support consistency and equity in our methods for engagement, and simplify system wide financial planning.

We explore those challenges further within this document and set out:

- why we believe a change in commissioning arrangements in NW London is necessary
- what the change might mean and the benefits it will bring to the system
- what this means for our staff, stakeholders and residents
- areas where further discussions are required.

North West London – our challenges and ambitions

In NW London we want to deliver high quality, best value, and safe care in an environment which supports our staff and improves the experience of care for all NW London residents.

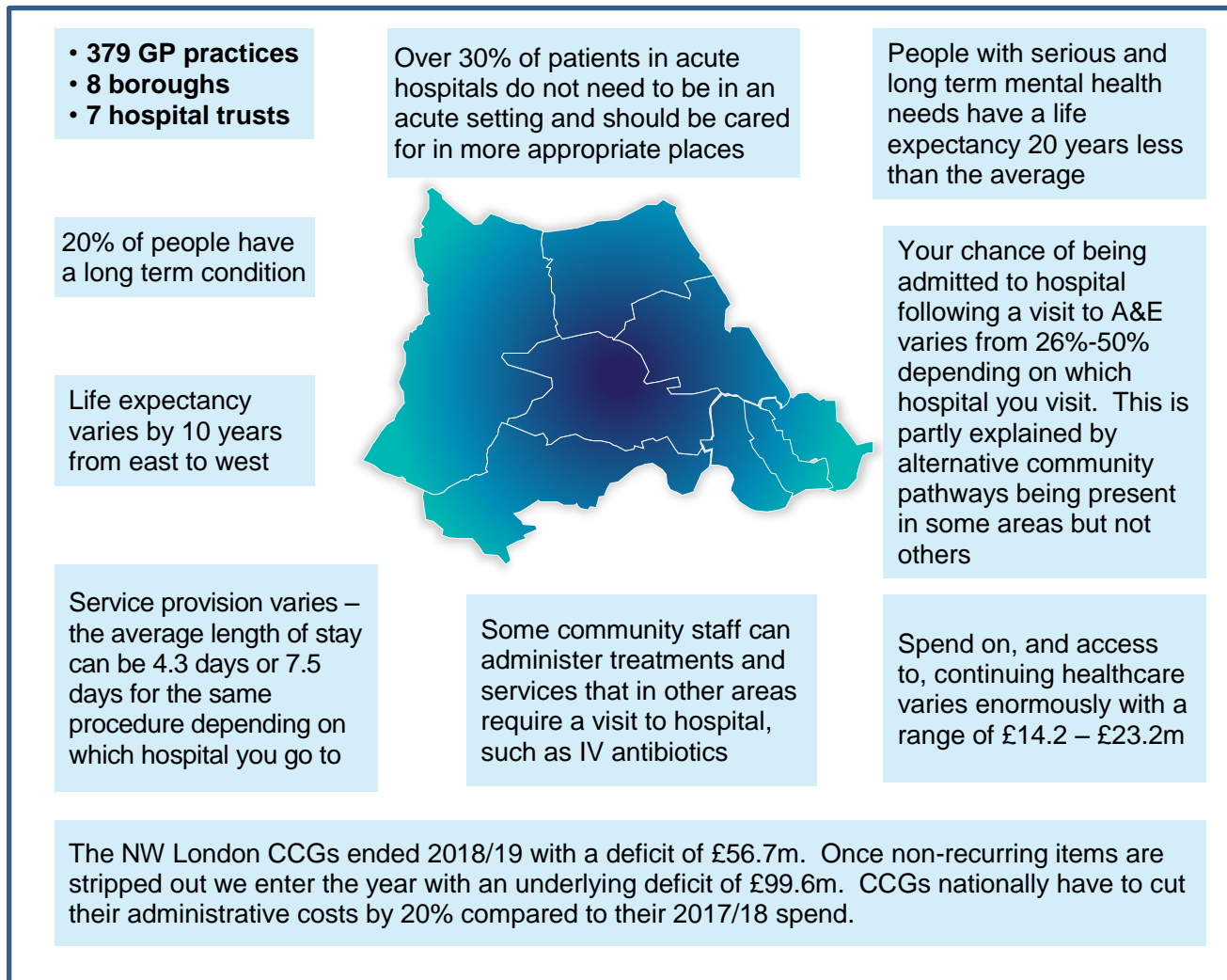


Figure 2: NW London statistics

Quality and safety

- We will continue to drive high quality safe services, with consistent outcomes for our residents. We will reduce the variation in service provision, standardise pathways and ensure better care is delivered to our population
- We will progress our work to create a stronger, clearer and more consistent commissioning ‘voice’ for our area, built on the strong foundations of network-based, clinically-led commissioning, and drive forward the changes needed to deliver the resilient and sustainable NHS services that local people need
- Patient flow is often across borough/CCG boundaries, but over 80% of our residents receive care within the NW London area. North West London is a logical basis on which to commission services in order to best support our patient flow.
- By consolidating decision making, we will be able to better drive quality and focus on the important issues, working together to solve them.

Financial stability and sustainability

- We aim to make our financial situation sustainable. At the end of financial year 2018/19 the eight CCGs in NW London had collectively overspent their budgets by £56.7m – we aim to manage our spending within our budgets
- Once non-recurring items are stripped out we enter the year with an underlying deficit of £99.6m. In addition to this, CCGs nationally have to cut their administrative costs by 20% compared to their 2017/18 spend
- Maintaining eight separate statutory bodies is difficult to justify when there is so much pressure on health spending, and each statutory body costs an average of about £680k to run. In NW London we have already saved about 10% of our costs through the changes implemented last year and will endeavour to make further savings through this organisational restructure rather than only looking at changes to front line services
- We want to eliminate the administrative burden that comes from running eight statutory organisations and the transactions costs of the payment by results system. Operating a single administrative and governance function with capitated outcome-based budgets would enable us to focus more of our people and resources on delivering improved services and better patient experience.

Partnership working

- We will strengthen our individual borough relationships with local government, primary care, mental health, community services and the voluntary sector
- We will do this by building on our long history of collaboration locally and solid foundations of working as part of a wider system. Partners in NW London are committed to acting as an integrated care system. The concentration of NHS commissioning focus, through the merger of the eight CCGs in NW London, is an essential element of these future arrangements, providing a single coherent strategic commissioning voice within an increasingly integrated care system
- We can maintain strong local relationships with our residents, staff and local government partners, without the need and cost of eight statutory bodies. We will have strong and visible local representation in each borough. Some parts of NW London are already making significant progress towards the development of integrated care partnerships which will be the focus of local health and care delivery in the future
- We will need to be clear about the strategic role of the integrated care system, operating at NW London level, and how we will work with our local authority partners in integrated care partnerships at borough level.

Workforce

- Our biggest asset is our workforce and we aim to make NW London a great place to work where staff experience is positive, and we make the best use of our skills and expertise
- We will do this by developing a talent pool and supporting our staff development more easily as one organisation.

2 – Changing at a NW London level

We want to create one integrated care system covering NW London and working together to maximise benefits to residents and staff. We want to achieve improvements in consistency of outcomes, and the highest achievable quality of care, for every one of our two million-plus residents – and the most rewarding working conditions for our thousands of staff who serve them every day.

We believe a single CCG would be an enabler for implementing an effective integrated care system and delivering on our clinical strategy – this document and the subsequent engagement will allow us to explore that and fully understand what a single CCG would enable us to do that we cannot do now with our existing partnership working.

Currently, there are unwarranted variations in care across NW London. Frailty is an example of where there is considerable variation. We have a clinical vision for improving care for the frail and older people - our geriatricians have developed a set of clinical standards for acute frailty services to promote equity of access and outcome for older people in crisis. However, expecting eight CCGs to come up with a way of solving things through eight decision making processes is unlikely to yield a consistent approach that reduces variation as effectively as working together and streamlining decision making.

A single CCG in NW London would become our statutory body for commissioning health care in NW London. The CCG's overarching focus would be commissioning the strategy and priorities of the integrated care system, focusing on patient experience and outcomes, population health management, and governance of tax payers' money

A NW London CCG would have a similar governing body to the current joint committee of CCGs, namely a combination of clinical leaders from the local teams, together with lay members, and managers. A single streamlined decision-making process would reduce decision making costs, reduce unnecessary duplication and improve consistency in service provision.

The CCG would continue to be clinically led, and would have a strong focus on partnerships, driving out variation and have a strong public voice. This public voice will need to be much more than having lay members on the governing body. We plan for to significant public engagement and involvement, so that local residents can help us shape services and provide feedback on how they are working, in a process of continuous engagement.

What we still need to explore

- What safeguards would a single CCG need to ensure it was responsive to local needs?
- What considerations should there be about a single CCG governance arrangements?
- How do we get a strong public voice into a CCG at NW London level?

3 – Changing at a local level

Strong local and visible NHS presence at the borough level remains essential. A health system as large and complex as NW London's could not be run from a single headquarters. We believe that local staff must be working to deliver needs of local populations by working in partnership with local government, primary care, community services and the voluntary sector to integrate health and social care. To achieve that, will maintain our relationships at borough level and improve our integration with local authorities. We will continue to strengthen our joint working in our Health and Wellbeing Boards to demonstrate and deliver local accountability.

There will continue to be teams of local CCG staff working with senior clinicians on local commissioning arrangements with delegated budgets. A key part of their role will be the development of integrated care partnerships.

Integrated care partnerships are vehicles for delivering seamless, integrated care to their local populations (servicing population of about 200,000- 400,000). They are usually in-line with local government boundaries and are part of an overall system of integrated care, governed at a strategic level by and integrated care system. In London, integrated care partnerships are likely to be in-line with the boundaries of boroughs or groups of boroughs, although two of our CCGs are not currently co-terminus with borough boundaries.

Where borough-based effective integrated commissioning arrangements already exist they will continue to be maintained and strengthened.

The NW London CCGs are at various stages in developing integrated care partnerships (ICPs). There is unlikely to be a single model suitable for all parts of NW London, (indeed the national guidance reproduced in appendix 1 suggests six different options) but given ICPs need to fit into a wider system it is important that arrangements do not develop in an inconsistent or contradictory fashion and north west London is developing a framework for ICP development. Our primary focus is to deliver consistent outcomes for the residents of NW London, reducing health inequalities and improve safe quality care.

Critical to each borough or place -based system will be its local general practice delivery and the development of primary care networks (PCNs). PCNs are explained in section 6.

What we still need to explore

- The operating model to determine functions which continue at local level will be developed over the summer as part of the engagement process
- We need to develop further the framework for ICP development and encourage those who are furthest ahead to make progress.

4 – Finance

To ensure effective and on-going delivery of health and care for the residents of NW London, we need to ensure the financial foundations are both stable and sustainable. We believe that this can be best achieved through a move to a single CCG as it will enable greater economies of scale, a stronger negotiating position when commissioning services and the ability to share financial skills.

Currently, our biggest challenge is finding a way to deliver the high-quality safe services for all the residents of NW London within the constraints of our budget. We can continue to improve our decision-making process to make it less fragmented, to allow for economies of scale and improve the quality of care offer for all NW London residents. The NHS long term plan asks us to make 20% savings on our management costs, coming together as a single CCG allows us to make that more easily than as eight organisations.

Becoming a single NW London commissioning entity presents a number of opportunities to maximise our current resources. Operating at-scale, we can strategically commission services, and make it easier for providers to deliver better value. This will mean that providers have more clarity in what we expect and be better able to deliver this. We will establish common standards for providers across NW London to deliver against. Furthermore; those providers who would benefit from more support will have a partner who can more easily mobilise resources to support them. The large NHS providers in NW London have fed back to us that working with a single commissioner in NW London would drive consistency in care and improve efficiency.

Although NW London CCGs as a whole are in significant deficit, individual CCGs are in very different positions, ranging from one in surplus, to others at or close to breakeven and others in significant deficit. Spending on services per CCG is highly variable, often driven by the historic variation in capitation (funding per head of population). Creating a single CCG will raise fears that better funded areas are going to be levelled down, and there will be a loss of local accountability for budgetary decisions. We will need to be sensitive to these issues and ensure that good financial management across NW London is not seen as a punishment on some. Given the sensitivity of this issue we need to be cautious that we do not de-stabilise current arrangements. There is likely to be some London guidance on this issue to ensure some consistency across the capital.

In NW London, there has been historic variation in investment priorities, now we have the opportunity to focus NW London ideas, energies and resource on achieving consistently high standard of outcomes across the ICPs and ICS.

What we still need to explore

- To what extent are there greater opportunities to work with local government from a financial perspective?
- What local level relationships and understanding need to be retained within the financial function?
- We need further understanding of the national and regional timeline on equalising financial allocations to target levels.

5 – What this means for local government

We view our local authorities as key partners within our vision of integrated care for NW London. They are pivotal both to the delivery of population health and through their democratic responsibilities for ensuring that the local voice is determining priorities. Through the development of our integrated care partnerships we want to strengthen this local accountability.

We want to build on the existing partnership arrangements and relationships and move towards greater integration with the eight local authorities in NW London. We believe doing so will enable us all to achieve more for our residents in improving health and care services within the budgets we have.

Integrated care partnerships will encourage innovation and give local freedom to determine how best to collectively work to deliver the agreed outcomes for local residents. In doing so they will build on the existing good practice, for example, in areas where we already have joint appointments and shared work programmes these arrangements should be enhanced further, in others they should provide the environment for these to be explored.

We envisage that Health and Wellbeing Boards' role of providing a strategic steer for effective local delivery of health and care outcomes would continue and the importance of the local authorities in scrutinising health services would of course continue under any reform of commissioning structures. Similarly there would be no impact on the Better Care Fund (BCF) as NW London will continue to meet BCF commitments regardless of CCG structure.

Local government would continue to work with local teams and in some areas may wish to take on more of a leadership function. Given the move to a NW London-wide organisation, these local relationships will become more important than ever in maintaining engagement and involvement at borough level. The local authorities will be key partners in local integrated care partnerships. Health and wellbeing boards in each borough will also continue to play a key role in shaping and developing local services.

What we still need to explore

- How do we ensure that the local voice is strengthened?
- The local partnership between health and local authorities will be key to delivering the outcomes the NHS Long Term Plan – how do we ensure this is most effective?
- What works really well currently that we need to develop further for the benefit of our residents?
- What level of integration is appropriate and achievable?
Where are the opportunities to capitate and delegate budgets?

6 – What this means for GPs

CCGs are membership organisations, and a NW London CCG would be no different. Members would adopt a new constitution and elect representatives to the governing body as they do now. Commissioning of primary care would be undertaken by the CCG and managed locally with clinical input. This local input is important to ensure we continue to be fully responsive to local population health needs. It is our priority that GPs experience the same level of service, or better, from our commissioning function, we want to keep primary care management, relationships and operational support, including IT, local and will do this by maintaining local delivery teams.

Clinical leadership

Clinical leadership, the ability of clinical leaders across both commissioner and provider organisations to own and drive the local agenda, will continue to be important, irrespective of at which level commissioning operates. We want to continue the good relationships we have with our local GPs and we will not lose the understanding of local issues and needs, that has been a real benefit to our eight CCGs.

Our model is emergent and we have a triple aim for clinical leadership and engagement in development:

1. Maintain clear clinical decision making at a local level and develop system-wide speciality leadership
2. Improve quality of care and reduce health inequalities
3. Partnership working with local government, primary care, community services and the voluntary sector

We have strong clinical leadership in our system on which we will build. Clearly the role of clinical leadership will develop in the new operating model, but it is our priority that we continue to embody the ethos of clinically-led local decision making to suit local population needs, reducing health inequalities and improving patient experience. This means that we need to strengthen:

- Our system clinical commissioning leadership – moving away from traditional models of leadership to a shared leadership model; coaching and enabling collaborative decision making and building specialism. We will continue to strengthen the on-going quality assurance and clinical input to outcomes attainment and standard setting across NW London.
- Our local clinical leadership – acting as the clinical voice in borough-based systems and leading the ICP and the PCNs in the area.
- The interaction between clinical delivery at a local level in both primary and secondary care, and
- The interaction between local leadership, management and delivery with the integrated care system as a whole.

The below diagram is an illustrative example of how we may strengthen clinical leadership at all levels of our ICS. It is intended for description only as ICPs may form various models (see appendix one and two for further information).

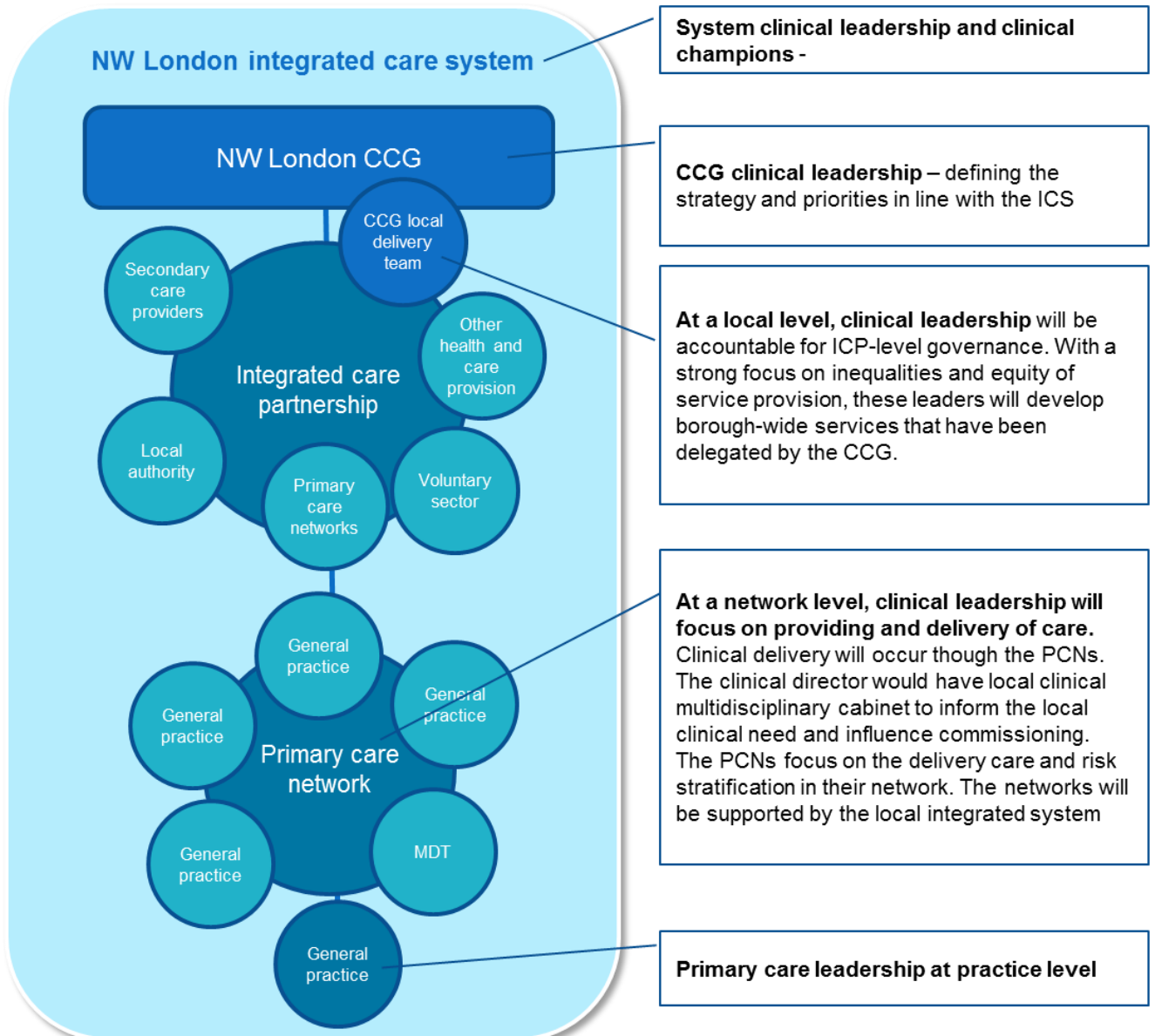


Figure 3: clinical leadership occurs at every level

What we still need to explore

- How best to hear member practices at NW London level if there is a move to a single CCG
- How we can best support transition?
- What impacts do GP practices feel this could have which hasn't been addressed?

7 - What this means for patients and the public

This case for change is about an internal structural change rather than patient facing service changes. However it is intended that the greater efficiencies gained from moving to a single CCG will enable us to be more financial sustainable, more streamlined in our decision making and ultimately lead to more opportunities to address health inequalities across the region.

The proposal for a single CCG for NW London coincides with a drive to improve our engagement with residents and patients across our eight boroughs.

We have positive relationships with our local Healthwatch partners, patient representatives and other community and voluntary sector groups. Healthwatch has always been represented in our entire governance structure and will continue to be so. Their active participation has enabled effective engagement across NW London, regular patient involvement in project development and implementation and also helped us address accessibility and access concerns when we moved to some of our decision making occurring through the Joint Committee.

As part of any changes in decision making in the region, we want to ensure we are representing the differences across NW London and that there continues to be public accessibility and involvement in our decision making. The single CCG would meet in public and rotate meetings across the region, much as the joint committee does now.

We recognise that the people of NW London are not a homogenous group and that there will be different opinions, interests and priorities among different stakeholders and communities. We also acknowledge that people identify with their local area or borough rather than 'NW London'. Most of our public engagement is currently based at borough level, where existing relationships and partnerships are vitally important these local arrangements would continue.

We have ambitious plans to transform the stakeholder engagement landscape in NW London. This will be based on a process of continuous engagement with our residents and stakeholders, offering many more opportunities for the public to feedback on how services are working to help the local voice be heard loudly at regional level. Public engagement should not be limited to proposals to change services or explaining national initiatives – our overall approach will be based on listening to and learning from what the people who use our services and work with us are saying. As part of this plan, we are putting in place a 3,000-strong Citizens' Panel across NW London – a demographically representative group from which we will regularly seek feedback.

We will need to carefully consider any impacts on groups protected under the Equality Act of changes to the way in which we structure our CCGs.

What we still need to explore

- How will we engage with patients/public at local level?
- How would patients and residents be involved in decision-making?
- How should we maintain local accountability?

8 – What this means for CCG staff

As part of a move to a single CCG, we would want to build on staff feedback and improve ways of working for staff. Previous staff engagement surveys have shown that there is limited career progression within the organisations and challenges around retaining staff. People leave one organisation to seek another role in a different organisation a few miles away or sometimes on a different floor within the same building.

The removal of organisational boundaries would allow us to create a shared talent pool. This would give staff the flexibility to progress, develop and use their skills in more challenging and interesting ways, with ‘organisational friction’ reduced for vertical and horizontal progression across NW London.

The significant amount of duplication which often occurs, especially when working on projects across more than one CCG, causes frustration for staff with the differing governance structures and processes in different areas proving confusing and time consuming. Working as a single CCG would enable us to establish greater consistency in standards and expectations so we can address this variation. For example, simplified governance structures would eliminate the need to pass papers through numerous committees. Common standards also ensure we have common expectations of each other, and would support shared ways of working so we can work in a truly agile manner throughout the organisation.

Any change by its nature introduces ambiguity which can have an impact on people’s productivity as well as their health and wellbeing. We are also aware that there are many questions staff will have about this – especially in regard to likely structures – that will not be developed until later in the process. We are mindful of this and will be taking steps to ensure all staff are supported and involved as we develop these proposals.

Although we have to make cost savings as part of these proposals, given the number of vacancies and interim staff there are likely to be few compulsory redundancies amongst substantive NHS staff. Becoming a single CCG will not happen overnight, instead there will be a phased transitional period. During this period plans will be developed that ensure we make a smooth transition, and can realise the benefits outlined above whilst maintaining and building upon what works.

These phases will be:

- **Planning** – Human resources (HR) and operational development (OD) will provide support to map current functions and team structures in order to build a comprehensive picture that can be used to develop detailed options
- **Pre-consultation** – HR&OD will carry out some early engagement around the options
- **Consultation** – All staff have an opportunity to feed into the process, raise concerns and make suggestions
- **Implementation** – Once consultation responses have been considered an outcome document will be produced detailing next steps
- **Delivery** – After the new structure becomes fully operational we would need to work together to manage any team dysfunctions, and it will take time to make new ways of working and practices part of business as usual.

Throughout the transitional period the HR&OD team will be working closely with colleagues across NW London to develop and implement plans. There will be a programme of regular

communications which will ensure all colleagues are informed of progress, and everyone will have an opportunity to feed into the decision making process.

What we still need to explore

- How to engage staff in the development of plans?
- How can we maintain staff morale and retention through this period of change?

9 – Timeline

The Case for Change will be discussed with our governing bodies 5 -26 June 2019.

Our engagement period officially begins on 24 May and we will be talking to all of our stakeholders to gather their views on the questions posed throughout this document. We request comments, input and feedback by 24 July when we will begin to develop formal proposals, should we believe it is the right thing to do following engagement. Proposals would go to governing bodies in September for agreement with submission of our intention to NHS England by 30 September.

Ratification of changes are likely to require a vote of the council of members, which would take place after the decisions of the governing bodies.

During this time, we will carry out an equality and health inequalities impact assessment.

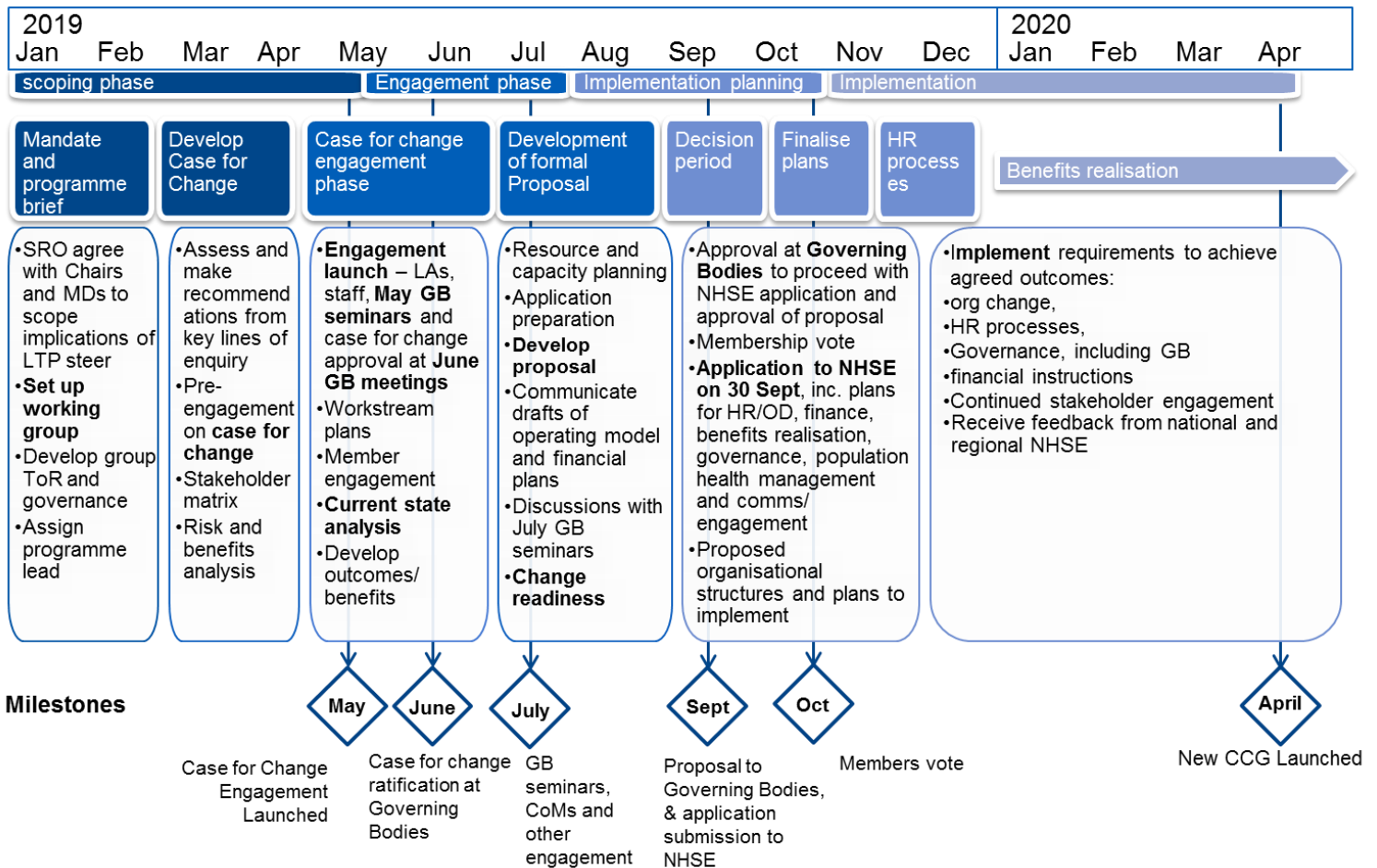


Figure 4: Illustrative high-level time line for 2020 launch



North West London
Collaboration of
Clinical Commissioning Groups

How to respond

Please send your comments by 24 July to: nwlccgs.commissioningreform@nhs.net or in writing to:

Accountable Officer's Office
NW London Collaboration of CCGs
87-91 Newman Street
London W1T 3EY

Appendix one: Our emerging integrated care system in NW London

What does an ICS mean for NW London?

The long term plan describes integrated care systems as follows:

“Integrated care systems (ICSs) are central to the delivery of the Long Term Plan. An ICS brings together local organisations to redesign care and improve population health, creating shared leadership and action. They are a pragmatic and practical way of delivering the ‘triple integration’ of primary and specialist care, physical and mental health services, and health with social care.

The long term plan states that ICSs will have a key role in working with Local Authorities at ‘place’ level and through ICSs, commissioners will make shared decisions with providers on how to use resources, design services and improve population health.”

Our agreed vision in NW London is to create one integrated health and care system working together to maximise benefits to residents and staff. We want to support the transition of our Health and Care Partnership into an ICS, integrating health and social care seamlessly for our residents.

We have begun this journey through our sustainability and transformation partnership – our NW London Health and Care Partnership, This partnership of over thirty organisations is working together to improve quality, patient and carer experience, staff experience, value and the reduce unwarranted variation.

We want to continue to develop integrated working at three levels, aligned with national strategy; system, place and network:

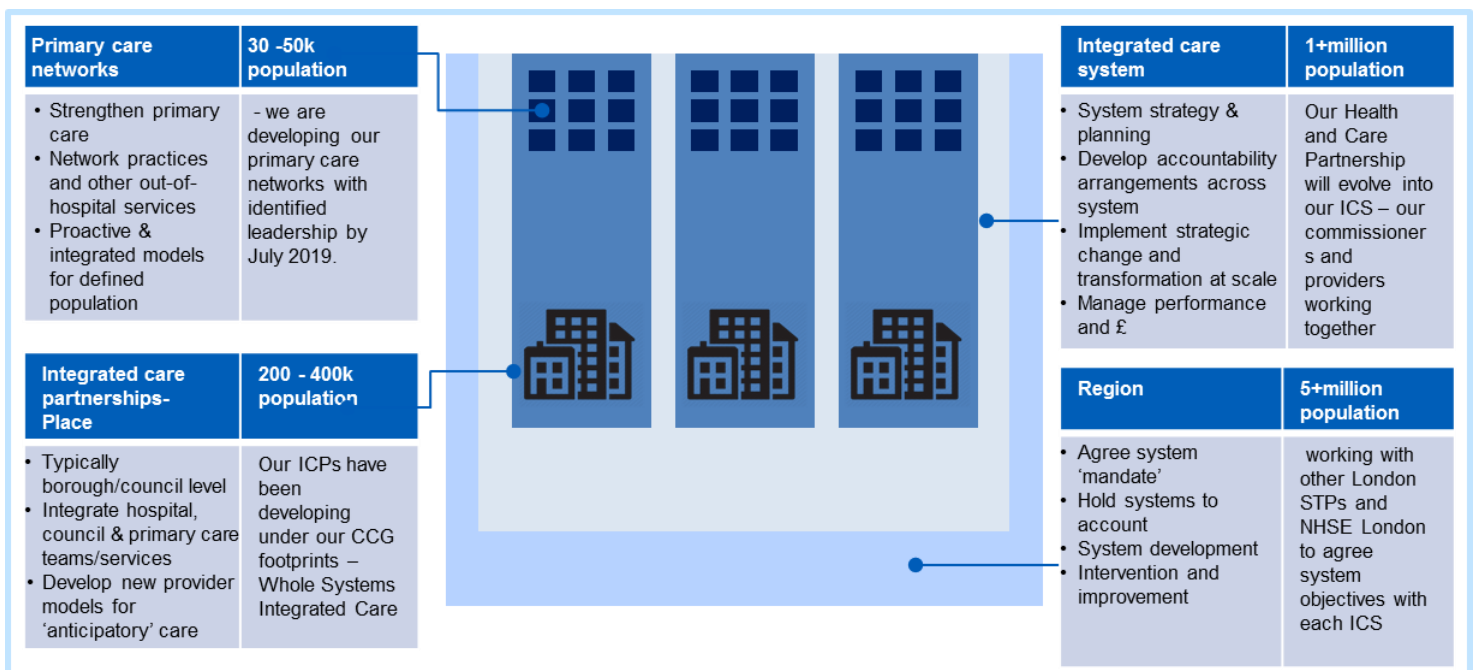


Figure 5: Integrated care as a system of systems

How does moving to a single CCG support our integration agenda?

The NHS long term plan states that “every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level. This will typically involve a single CCG for each ICS area. CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and long term plan implementation.”

In order to support true integration of our system of health and care in NW London, we need to strengthen several aspects of our strategic and operational functions:



Figure 6: features of integration

At the moment, we operate with eight statutory accountability arrangements for our governance in commissioning, supported by our Joint Committee. Although we have made progress in simplifying our governance, we can go further to streamline decision making – by reducing our statutory boards to one.

This will also support the quick provision of data and information sharing, support consistency and equity in our methods of engagement, and simplify system wide financial planning.

How is an ICP different from a CCG?

An ICP is focused on care provision and delivery for a given population, most commonly, 200,000-400,000 people. A CCG is a statutory organisation that purchases services from providers to deliver care for a given population, and manages the contract for care delivery.

As we continue to fully integrate our health and care system in NW London, we will be moving away from the distinction between provider and commissioner as we manage care on a population health basis, working increasingly in partnership with local government and the voluntary sector.

Our CCG would be responsible for the commissioning of the ICP contract. In the future, it is possible that mature ICPs may form statutory bodies themselves, as their alliance working with partners is strengthened. Our ICPs will be underpinned by local delivery teams from our CCG.

Why are we developing primary care networks?

Primary care is the bedrock of care provision to our residents. We need to ensure GPs are supported to manage the health and care of their registered lists. As part of national policy GPs are coming together in primary care networks with a range of local providers to offer more personalised, coordinated health and social care to their local populations. This multidisciplinary working, led by clinicians, will be the heart of our integration to offer the best care to our residents in NW London.

How are we developing primary care?

We have been working to improve primary care in NW London for some time, implementing the GP forward view in order to meet the needs of our residents. To meet these needs, local practices have begun working together and with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in primary care networks (PCNs). The change in the way general practice is working helps teams build relationships with all other staff in their networks, and together, in partnership with patients and the public, use whole population health profiles to plan for and deliver integrated whole person care to the key groups of people

The local and NWL primary care strategies have consistently focused on improving the experience of working in primary care; streamlining workloads and improving our track record in retaining and recruiting staff; developing digital solutions; investing accordingly to achieve the standards in accessible, co-ordinated and pro-active care set out in London's Strategic Commissioning Framework.

Our next step is general practice 'working at scale'; with GPs supported by Primary care networks in partnership with local community services, mental health and social care. Ability to make that work for local patients will be enhanced by better working relationships between organisations across the system; consistent and inter-operable IT systems; and better data-sharing.

We have also been developing our system and local population health management plans so that childhood obesity, rising numbers of long-term conditions, dementia, mental health and related health concerns can be managed by the local GP, practice nurse, community nursing staff, community pharmacists and PCN effectively

Primary care networks (PCNs), although provider functions are important part of our health system and are described in this document for completeness. PCNs build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. By working in this way, practice gain more local control over the health needs of their populations. Clinicians describe this as a change from reactively providing appointments to proactively care for the people and communities they serve.

The development of these networks are a key part of the NHS long term plan, with all general practices being required to be in a network by June 2019, and CCGs being required to commit recurrent funding to develop and maintain them. Primary care networks will be based on GP registered lists, typically serving natural communities of around 30,000 to 50,000.

Our practices will work together in our PCNs. Our PCNs will operate through multi-disciplinary working, delivering population health management, and support our ICPs to deliver the required health and care to our local populations. These networks will be the bedrock of local/borough-level arrangements.

Appendix two: Options for integrated care partnerships (ICPs)
How different commissioning structures can commission different configurations of services – draft

The draft ICP contract pack¹ sets out the following six scenarios:

Services to be commissioned	Mechanism under current legislation	Comments
1. A new care model providing primary medical services, community health services and acute care	The CCG would need to establish aligned budgets for the ICP (which can have a single contract), to ensure that primary medical care funding remains ring-fenced within the ICP's total budget	Primary medical care funding is currently ring-fenced under the delegation agreement
2. A new care model providing primary medical services, community health services, acute care, social care and LA commissioned public health	Under a s75 Partnership Arrangement; an aligned budget within the ICP contract for those services that cannot be included in a s75 arrangement but can be under a single contract	Exceptions as above plus: <ul style="list-style-type: none"> • surgery, radiotherapy, termination of pregnancies, endoscopy, the use of Class 4 laser treatments and other invasive treatments • s7a public health services • primary dental services • pharmaceutical services • primary ophthalmic services • emergency ambulance service
3. A new care model providing community health services, social care and LA commissioned public health with more than one LA	As above	Exceptions as above
4. A new care model providing community health services, acute care, social care and LA commissioned public health	As above	Exceptions as above
5. A new care model providing primary medical services, community health services, acute care, , social care, LA commissioned public health and s7A (NHSE) public health services	As above	Exceptions as above plus need regional agreement for NHSE to be a party to the contract and S7a functions cannot be given to more than one CCG jointly
6. A new care model providing primary medical services, community health services, acute care, social care, LA commissioned public health and specialised services	As above	Exceptions as above plus need regional agreement for NHSE to be a party to the contract and S7a functions cannot be given to more than one CCG jointly

¹ CCG roles where ICPs are established Draft Integrated Care Provider (ICP) Contract - consultation package August 2018

**REPORT FOR: HEALTH AND
WELLBEING BOARD**

Date of Meeting: 25 July 2019

Subject: **Update on Primary Care
Networks and the Integrated
Care Partnership**

Responsible Officer: Javina Sehgal
Managing Director
NHS Harrow CCG

Exempt: No

Wards affected: Harrow Borough

Enclosures: Appendix 1 – Update: Primary Care
Network Registration in Harrow CCG
Appendix 2 – Harrow Integrated Care
Delivery Programme 18 June 2019

Section 1 – Summary

This report is to inform the Board on the latest position in the development in Harrow of Primary Care Networks and the Integrated Care Partnership.

Primary Care Networks are designed to build on current primary care services to enable a greater provision of proactive, personalised, coordinated and more integrated health and social care for their registered patients. There are six networks in Harrow, which will operate from 1 July 2019.

The Integrated Care Partnership is a vehicle for integrated population health delivery, meeting the NHS Long Term Plan and integrating with the Primary Care Network model.

FOR INFORMATION AND DISCUSSION

Section 2 – Report

Primary Care Networks

Primary Care Networks (PCNs) are a national initiative which requires local development. They are central to delivering the CCG's vision, focusing on:

- Continuous quality improvement – in practices and between practices;
- Community, strategic and clinical leadership across all of the staff in the network, strengthening the relationships and using population health analytics to identify needs and the staff best placed to meet those needs;
- Shaping and supporting the integrated care system and contributing to the local delivery plan for integrated care, health and social care, physical and mental health, and primary and specialist care;
- Prevention, health and wellbeing for the local population.

The CCG facilitated discussions to support practices to engage with each other and community providers to establish themselves into PCNs, ensuring 100% population coverage and continuous boundaries.

Applications were submitted to NWL Health and Care Partnership (HCP) for endorsement and approval on 31 May 2019. The six PCNs were approved by both the NWL HCP and NHS England, and will become operational from 1 July. The PCN structure is the foundation for the delivery of Integrated Care in Harrow (see below).

The CCG is now working with PCN appointed Clinical Directors, to develop their capability and capacity in order to support them to improve the quality and access to care for their patients in their network areas. This support includes a bespoke development programme for all PCN Clinical Directors, taking place on 25-26 June and a Competency Framework to measure maturity. This programme is mandatory for all the Clinical Directors.

PCN Name	Practices Covered	Population Size (as of 1 Jan 2019) <i>based on raw list size</i>	Clinical Director
Harrow Collaborative Network	Civic Medical Centre First Choice Medical Pinner Road Surgery Pinner View Medical Centre Headstone Road Surgery Headstone Lane Medical Centre Savita Medical Centre Zain Medical Centre Kenton Clinic	32,716	Dr Dilip Patel (Civic Medical Centre)
Healthsense	Ridgeway Surgery Pinn Medical Centre Simpson House Medical Centre Enderley Road Medical Centre Roxbourne Medical Centre Kenton Bridge Medical Centre – Dr Golden Kenton Bridge Medical Centre – Dr Raja	80,779	Dr Amol Keshiker (Pinn Medical Centre)
GP Direct PCN	GP Direct Kings Road Medical Centre Shaftesbury Medical Centre	34,406	Dr Shahla Ahmad (GP Direct)
Harrow East PCN	Honeypot Medical Centre Mollison Way Surgery Bacon Lane Surgery	28,619	Dr Meena Thakur (Honeypot Medical Centre)
Health Alliance PCN	Aspri Medical Centre Belmont Health Centre Stanmore Medical Centre The Circle Practice The Enterprise Practice Streatfield Medical Centre	52,069	Dr Kaushik Karia (Aspri Medical Centre)
Sphere PCN	Elliott Hall Medical Centre Hatch End Medical Centre Northwick Surgery St Peters Medical Centre Streatfield Health Centre	41,212	Dr Ashok Keshiker (Elliott Hall Medical Centre) Dr Varun Goel (Streatfield Health Centre) <i>Job sharing the CD role</i>
Total	33 Practices	269,801	

Integrated Care Partnership

Building on the Whole Systems Integrated Care (WSIC) model for over 65s in Harrow, the CCG and our local health and care partners made a decision in 2017 to formalise arrangements and work as an Integrated Care Partnership (ICP) to deliver integrated models of care.

Initial scoping work was undertaken to identify drivers for change and what Harrow would need to do to deliver sustainable, efficient and cost-effective health and social care to our population now and in the coming years. This scoping highlighted the significant challenges relating to the increased demand for care caused by an ageing population (a doubling of over 65s in next 10 years), workforce challenges and financial pressures. The ICP, focusing on Frail Older patients 65 years plus, agreed an outcomes framework and we have been developing and testing new models of care in response to these challenges.

The CCG was invited to take part in NHS England's Commissioning Capabilities Programme (CCP) delivered by PWC/Optum. The CCG took a collective decision with all our key system leaders that this resource would be prioritised to develop further the Harrow integrated care programme.

As part of this programme, we ran a number successful of workshops with partners which we used to build on the informal partnership arrangement for the Integrated Care Partnership into a formal arrangement. All our partners

have signed-off the outcomes from the programme, and we are making good progress in strengthening how we work, and our capability to do that, to ensure we have a strong partnership that can move forward.

Following a bottom-up collaborative development programme, the ICP Partners are now looking to inject pace and scale into the work moving forwards, adopting integration as the delivery mechanism for transformation to improve the quality of patient outcomes and experience. Improved quality, addressing duplication, and working as a system collective will all deliver the aspirations set out in the CCG Financial Recovery Plan.

It is expected, moving forward, that the ICP under an Alliance MOU or Alliance Agreement of Harrow Providers will run in shadow-form, initially delivering the service for Frail Older patients 65 years plus this year. The intention is that all of the ICP work from here on becomes part of business as usual activity, whilst using all of the learning from the prototyping work done thus far. Further models of care will be developed to deliver integrated health and social place-based care in the community and out-of hospital care (where appropriate) for the whole population of Harrow by 2021.

An event was held on the 18th June at the Council with Executive and senior leaders from all partners in attendance jointly chaired by the Chief Executive from Harrow Council, Mr Sean Harriss and Dr Genevieve Small , Chair of Harrow CCG..

The 44 attendees and seniority of support spoke of the collective commitment, enthusiasm and support for the delivery of Integrated Care and wider population health and care in Harrow. The discussions were ambitious and rich and clearly articulated the need to move forward at pace and scale with Integrated Care as the mechanism for delivery across our health and care system in Harrow.

The key agreements and actions against the objectives and expected outputs from the meeting are summarised as follows:-

1. There was broad agreement and support for the context, vision and strategy and proposed ICP Operating Model.
2. The direction of travel for the Roadmap was supported.
Actions: - All Providers to feedback on the Population / Roadmap priorities for Harrow having considered and having reached consensus on what would have the greatest impact in reducing our demand for acute non elective workload. To present these priorities to the ICP Commissioning Board in July and a further September Executive to Executive meeting.
3. The proposed Governance structure was agreed to be 'good enough' as a working model to be adopted but recognising it will develop and be shaped further.
Action:- Any final amendments or comments on the Governance Structure to back to Taff Moraga and Mo GIRACH by 2nd July. To address key issues related to the following work streams, - Digital Transformation, Commas and Engagement, Finance and Contracts and Workforce, Education and Training.

4. Allocation of Resources - In principle agreement to the resources plan. Partners signed up to roll forward the investment by each partner to date for a further 3 months
Action:-To develop a detailed resource plan with ROI to the September Executive to Executive meeting.
5. Delivery Plan 2019 - Agreed this is starting point.
Action:-To bring a more detailed delivery plan including the expected measures of the impact for partners to the September Executive to Executive meeting.

The road forwards is exciting, challenging and requires the collective effort of all providers and commissioners working in collaboration to deliver the ask for the population of Harrow. We look forward to delivering this in partnership.

Section 3 – Further Information

N/A

Section 4 – Financial Implications

Planned to work within the existing financial envelope

Section 5 – Equalities Implications

Primary Care Networks are designed to operate at local population levels to ensure that health inequalities and access to care can be addressed.

For the Integrated Care Partnership, clinical leads are attached to the programme, and quality impact assessments undertaken.

STATUTORY OFFICER CLEARANCE (Council and Joint Reports)

Not applicable

Ward Councillors notified:	NA
-----------------------------------	----

Section 7 – Contact Details and Background Papers

Contact: Javina Sehgal, Managing Director, Harrow CCG, 020 8966 1147

Background Papers:

Appendix 1 – Update report on the PCN Network Registration

Appendix 2 – Slide deck from the Strategic Partnership Meeting held on 18th June 2019

UPDATE: Primary Care Network Registration in Harrow CCG APPENDIX 1

Background

Primary Care Networks (PCNs) are central to delivering the CCG's vision and as such, the key elements that a primary care network and the accountable Clinical Director for the network will focus on are:

- Continuous quality improvement – in practices and between practices
- Community, strategic and clinical leadership across all of the staff in the network, regardless of employment – practice staff including the additional roles, community, social care mental health and voluntary and third sector staff, schools, faith groups etc., strengthening the relationships, using population health analytics to identify needs and the staff best placed to meet those needs
- A key role in shaping and supporting the integrated care system, being a key contributor to the local delivery plan for the Integrated Care System, across the three pillars of integrated care; health and social care, physical and mental health and primary and specialist
- Focus on prevention, health and wellbeing and partnership with people live and work in the network area

To be eligible for the Network Contract DES, a PCN needed to submit a completed registration form to Harrow CCG by no later than 15 May 2019, and have all member practices signed-up to the DES.

Harrow CCG was responsible for confirming that the registration requirements were met by no later than Friday 31 May 2019. Any departures from the specified requirements would be reviewed by the NHS England Regional team, and agreement only given in very exceptional circumstances.

Applications Received

By the 15 May deadline, the CCG had received 6 registrations forms from prospective PCNs. Their details are summarised below:

PCN Name	Practices Covered	Population Size (as of 1 Jan 2019) <i>based on raw list size</i>
Harrow Collaborative PCN	Civic Medical Centre First Choice Medical Pinner Road Surgery Pinner View Medical Centre Headstone Road Surgery Headstone Lane Medical Centre Savita Medical Centre Zain Medical Centre Kenton Clinic	32,716

Healthsense PCN	Ridgeway Surgery Pinn Medical Centre Simpson House Medical Centre Enderley Road Medical Centre Roxbourne Medical Centre Kenton Bridge Medical Centre – Dr Golden Kenton Bridge Medical Centre – Dr Raja	80,779
GP Direct PCN	GP Direct Kings Road Medical Centre Shaftesbury Medical Centre	34,406
Harrow East PCN	Honeypot Medical Centre Mollison Way Surgery Bacon Lane Surgery	28,619
Health Alliance PCN	Aspri Medical Centre Belmont Health Centre Stanmore Medical Centre The Circle Practice The Enterprise Practice Streatfield Medical Centre	52,069
Sphere PCN	Elliott Hall Medical Centre Hatch End Medical Centre Northwick Surgery St Peters Medical Centre Streatfield Health Centre	41,212
Total	33 Practices	269,801

Review Process

After the national deadline of 15 May, the CCG's Primary Care Team reviewed all 6 registration forms to ensure compliance with statutory requirements. This comprised a thorough review against a PCN registration checklist (developed by the NWL Collaboration of CCGs); to ensure all fundamental criteria for registration purposes were met.

Recommendation made to the May 2019 Primary Care Commissioning Committee

At the 20th May 2019 meeting, the Primary Care Commissioning Committee (PCCC) was asked to provide the required assurance to the CCG regarding PCN configurations. The PCCC had three options at its disposal:

- Approve
- Not approve
- Request further information

Upon review, two PCNs currently did not meet the full composite criteria; however the CCG was minded to recommend approval of all 6 PCN applications due to the following important reasons:

- Historically Practices have collaborated through Peer Group and Locality based structures, which were helpful in contributing to building the foundations for future PCNs.
- A focus on good working relationships to ensure a continued focus on good outcomes for patients, rather than exhausting finite time and resources in trying to establish alternative working structures.
- An extensive engagement discussion with Community Providers, who have raised no objections with the proposed PCNs configurations.

Following discussions at the Committee, it was agreed to approve all 6 applications for the PCNs. Two PCN applications were approved subject to the following:

- Harrow East PCN: This will be specifically in relation to assurance around resilience and sustainability of the proposed PCN, along with their ability to work with neighbouring PCNs to ensure the full suite of services are available for local patients; prior to Network go-live date of 1 July 2019.
- Harrow Collaborative PCN: to address the issue of one non-contiguous practice within the PCN (Zain Medical Centre) and how a solution could be made to ensure its local patient population could avail of both PCN-level and community services – thus ensuring full population coverage and equitable access for patients to services.

Endorsement from the NW London Health and Care Partnership Panel

The NW London Health and Care Partnership (HCP) Panel convened on 24th May 2019 to review Harrow's PCN registrations. The CCG submitted Harrow East PCN's assurance document around its sustainability and resilience along with further assurance regarding the Harrow Collaborative PCN's solution to address the Zain Medical Centre query:

The practice in question (Zain Medical Centre – Dr M Shahzad) committed to the CCG that until his other practice in the Harrow Collaborative Network (Savita Medical Centre) does not merge contracts with the Zain, an interim 6 month agreement will be in place with local community providers and the Harrow East PCN to deliver services to his patients and therefore the Zain Medical Centre will remain within the Harrow Collaborative PCN. It is anticipated that contracts will be merged within the 6 month period and Zain Medical Centre will agree a Memorandum of Understanding (MOU) with the Harrow East PCN to serve its local patient population.

Based upon the above assurance and the CCG's overall submission, the HCP Panel endorsed all 6 PCN registration forms and their respective PCN Clinical Directors. Subsequently, the CCG's Managing Director formally informed all 6 PCN's of the positive outcome regarding their registration.

This page is intentionally left blank

Harrow Integrated Care Delivery Programme

18th June 2019

The Strategic and Operational Delivery of Integrated Care in Harrow

49



Clinical Commissioning Group



Agenda

Chairs: Dr Genevieve Small, Chair Harrow CCG and Sean Harriss, Chief Executive Harrow Council.

Item	Time	Lead
1. Introductions	17.30 -17.35	Chairs
2. Objectives and Expected Outputs of Meeting	17.35 -17.40	Chairs
3. Context <ul style="list-style-type: none"> • Why ? • Integrated Care – Key Elements • Context for Integrated Care • Strategy / Vision for Delivering Integrated Care • Overarching Plan • Key Milestones – Development Programme • Principles and Values 	17.40 -17.50	Programme Team
4. Roadmap for Harrow	17.50 -18.05	Jo Paul
5. ICP operating model and governance structure	18.05 -18.20	Javina Sehgal
6. Harrow ICP Provider Structure and Mechanism for delivery	18.20 -18.40	Taf Mugwagwa
7. Allocation of resources from July 2019 - April 2021	18.40 -19.05	Taf Mugwagwa
6. High Level Delivery Plan 2019 / 20	19.05 -19.20	Javina Sehgal
7. Commitment and Close	19.20 -19.30	Chairs

Objectives and Expected Outputs

Objectives and Outputs:

- Context shared and agreed
- Agreed ICP Vision/Strategy
- Commitment to the ICP Roadmap to 2021
- Commitment to the ICP operating model and governance structure to deliver place-based care & Alignment to the NWL context
- Agreed Provider Structure and mechanism for delivery
- Discussion of allocation of resources from July - April 2021
- Development of supporting culture for integration in each partner organisation (Operating Principles and Values)

Why ?



52

Key Elements of Integrated Care

Improving population health by tackling the causes of illness and the wider determinants of health

Key elements:

- Population Health – places and populations rather than organisations
- Joint working between health care, social care and Voluntary/3rd Sector organisations
- Collaboration not competition
- Public involvement
- Capitated budgets
- Longer term contracts
- Outcomes based

“Integrated accountable care should be seen as a different way of thinking about planning and delivering care based on people – not buildings or organisations; based on outcomes – not procedures or activity”. NWL CCGs

Context for Integrated Care in Harrow

The NHS Long Term Plan (January 2019)

- Service integration delivered locally through collaborative arrangements between different providers, including local 'alliance' contracts or by designating a provider responsibility for the integration of services for a population.

54

Primary Care Networks

- 30,000 to 50,000 population
- 6 Networks in Harrow
- Seven new service specifications are being developed from 2020/21 onwards:
 - Structured medication review and optimisation
 - Enhanced care in care homes
 - Anticipatory care
 - Personalised care
 - Early cancer diagnosis
 - CVD prevention and diagnosis (from 21/22)
 - Tackling neighbourhood inequalities (from 21/22)

North West London Health and Care (STP)

- Develop into North West London Integrated Care System
- A single CCG - leaner, more strategic organisation that supports providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation.
- Early adoption proposed from April 2020

Commissioning Capability Programme (CCP)

- NHSE Programme delivered by PWC/Optum
- Local Harrow System Leaders entered into a collaborative process
- Purpose:
 - To support the development of a coherent, sustainable, and efficient strategy that aligns all its operations to the achievement of clear and measurable goals
 - Focus on the key elements of a sustainable financial recovery plan, governance arrangements that are both robust and lean are an essential enabler for all organisations in the development
 - Managing and Influencing

The vision for integrated care in Harrow



55

I would like to experience a single seamless service and that helps me to manage my health and wellbeing, recognises that my family and carers matter, and anticipates and responds to my needs from assessment through to support.

We will work together with pride to deliver a high-quality, value-for-money, joined-up health and care service, that supports our population to manage their health and wellbeing and anticipates and responds to their needs in the right place and at the right time.

Strategy for Delivering Integrated Care in Harrow

As a person, I would like to experience a single seamless service that helps me to manage my health and wellbeing, recognises that my family and carers matter, and anticipates and responds to my needs from assessment through to support.

As professionals, we will work together with pride to deliver a high-quality, value-for-money, joined-up health and care service, that supports our population to manage their health and wellbeing, and anticipates and that responds to their needs in the right place and at the right time. We will do this by:

Securing the foundations for integrated care : the development of Primary Care Networks (30 – 50,000 population) as the foundation and bedrock for the development of integrated care. Wrapping extended multiagency and multidisciplinary team based care around these for their local population in partnership with local community, health and care providers.

Defining the care model : Dissolving the traditional boundaries between health and care services and identifying care based on the needs of our population and rolling this out to all residents in Harrow. In incorporating the wider determinants of health to ensure a quality driven approach to care delivery that focuses on prevention, citizen empowerment and support for self-care, to free restricted resources to target those with the most complex needs.

56 **Securing the delivery infrastructure** : Primary and Community workforce will be strengthened and remodelled with multiagency roles working to a new culture delivering care in partnership, digital transformation and estates solutions for both how we work with each other and how we provide care for patients.

Taking a population based approach: To increasingly focus on an outcomes based approach in the commissioning and delivery of out of hospital services across partnerships to align delivery, reduce health inequalities and unwarranted variation in outcomes in the services our local population access.

Aligned contracting approach across Harrow (health and care) to deliver integrated care: To ensure the strong delivery a consistent population health approach through the commissioning of all services in Harrow realising the opportunities presented in development to wider system transformation.

Provider Mobilisation :- delivery of a transformation programme to implement a model that enables our health and care providers to provide joined up care services as assessed by the ISAP and PHR tool. Realignment of Community Education Provider Networks (CEPN) to support training and roles for out of hospital services.

All underpinned by a strong patient , public and wider stakeholder communication and engagement strategy to ensure:

Excellent patient experience, equitable access and high quality health and care outcomes for everyone in Harrow.

A happy multiagency workforce across primary and community equipped with the skills they need to deliver high quality care services.

A financially balanced health care system, where increased investment made in primary care results in a demonstrable reduction in hospital

Overarching Plan

57

Low Risk

Rising Risk

High Risk

1. Prevention

- Asset based community development
- Awareness raising and education for patients and the wider public
- Social prescribing and signposting
- Early identification and assessment
- Self-care and self-management

2. Early diagnosis and self care

- Proactive case finding (based on prevalence and discharges)
- Promotion of screening
- Structured education programmes for newly diagnosed patients
- Self-care and social prescribing

3. Primary care management and surveillance

- Extended access to GPs (7 days per week)
- Diagnostics
- Core GMS services complemented by enhanced services to meet population health needs and support management in a primary care setting
- Network based integrated care services (EPNs, GPwSI, access to Consultant input, pharmacist, OT, mental health, social care, care navigators)

4. Crisis management / unplanned

- LTC assessment and redirection
- MDTs able to respond to patients in crisis
- Direct speciality input
- Discharge planning via community teams

5. Last phase of life

- LTC assessment and redirection
- Direct speciality input (not via ED)
- Discharge planning via community teams
- Emergency activity requiring acute attention

One Single Point of Access for Harrow

Accessible 24/7

Clinical triage and care co-ordination to arrange and resolve care

NHS 111 (patients)

GPs

Other Health and Care professionals

Key Milestones – Development Programme

- MoU signed: May 2017
- Programme core team recruited and Governance: September 2017
- Visioning Session with Sponsors: December 2017
- Population Segmentation sign-off: February 2017 (Gateway 1)
- Outcomes Framework sign-off: July 2018 (Gateway 2)
- Models of care:
 - 58 – LQIIP workshops (LSBU): June – July 2018
 - Dementia workstream – Improvement work: October 2018 – Date
 - Care Homes workstream – Improvement work: September 2018 – Date
 - Mostly Healthy workstream – Social Prescribing: November 2018 – Date
 - Prototyping:
 - Frailty and Last Phase of Life (Jan 2019 – Date)
 - Care Homes (February 2019 – Date)
- Transition from development to delivery: April – June 2019
- PCN Development – 1st July 2019

Principles / Values for Harrow Integrated Care



People-focused and holistic

We hold people at the heart of everything we do; listening and attending to peoples' physical, emotional and social wellbeing wherever they are supporting equality and diversity and care in ways that work for them.



Trust and Relationships

Based on trust we deliver outcomes through taking accountability and responsibility with excellent communication. As a team we are greater than the sum of our individual parts.



Co-production and Co-design

Underpins the way that we work and the models of care that we develop as partners across the health and care economy (collaborating and consultation).



Empowering and enabling proactive care

We build staff and people's, carers' and families' awareness, skills and motivation to enable people to support themselves to better manage their health and care before they reach a crisis.



Resilient Leadership and Communities

Resilient and committed leadership to support when the going gets tough, recognising local organisational challenges and building sustainable services to support communities moving forwards.



Professional Excellence and Continuous Learning

We value, invest in and nurture our professional, personal and partners skills continuously learning and drawing from evidence so that we can provide people with the best care possible.

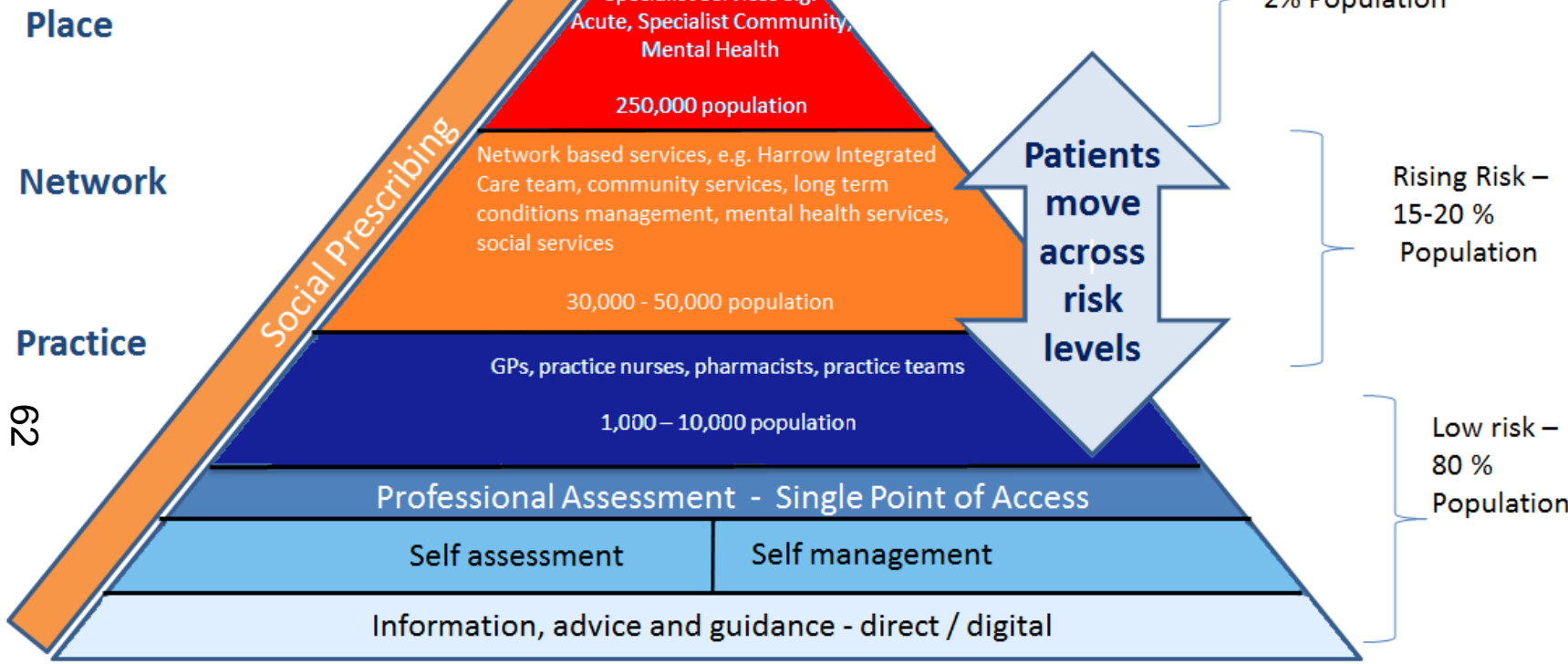
Moving Forward: Roadmap 19/20

	Q2	Q3	Q4
	<p>65+ Population - 33,625</p> <p>Mostly Healthy 9,519 Dementia - 1,513 1 + LTC - 22,172 L. Disability - 64 SEMI - 357</p> <p>Total Population - 33,725 (ytd)</p>		<p>18 - 64 Population - 113,964</p> <p>Mostly Healthy - 111,708 SEMI - 1,317 L.Disability - 641 Dementia - 298</p> <p>Total Population - 147,689 (ytd)</p>
Provider Delivery	<p>Rapid Response and DN integrated working with HIC</p> <p>SPA solution to be finalised</p> <p>Trigger tool to all GPs</p> <p>Finalise Care Homes Model</p> <p>Alliance agreement and structure to be agreed between Providers.</p> <p>Prevention and self care models rolled out for mostly healthy adults (incl. Social Prescribing)</p> <p>Provider Risk/Gain shares to be developed in preparation for 2020/21</p>	<p>Frailty model for 65+ delivered to all localities/PCNs</p> <p>Trigger tool to other professionals</p>	<p>PCMH Teams live across localities/PCNs for 18-64s</p> <p>Frailty model extended to all adults in Harrow (18+)</p> <p>Post-diagnosis dementia care and carer support available for all adults with dementia and their carers</p> <p>Soft launch of Integrated Planned Care services for MSK and Cardiology.</p>
Commissioning	<p>Notice to providers re: contracts for 20/21 to be sent to providers by 30th Sept</p> <p>2019/20 indicative budget for 2020/21 to be provided to providers</p> <p>Expectation on in-year deliverables to be provided.</p>	<p>CCG QIPP to be developed confirming 2020/21 deliverables for ICP.</p>	
Joint	<p>Sign off approach and delivery plan</p> <p>Joint agreement of integrated models for Planned Care services - MSK and Cardiology to be agreed.</p> <p>Agreement of provider appetite to be jointly agreed with local commissioners for 2020/21 and 2021/22</p>		<p>Joint assessment of 2019/20 delivery.</p>

Moving Forward: Roadmap 20/21

		2020			
		Q1	Q2	Q3	Q4
		18 - 64 Population LTC - 22,094 MSK - N/A Diabetes - 7,870 Cardiology - 14,224 Total Population - 169,783 (ytd)	18 - 64 Population LTC - 14,706 All other LTC - 14,706 Total Population - 184,489 (ytd)		0 - 17 Population - 52,884 Total Population - 237,373 (ytd)
19	Provider Delivery	Integrated management of all conditions for adults with Learning Difficulties Implement Integrated Planned Care services for MSK and Cardiology.	Older Adults MH Management of LTCs in the community for all 18+ Intensive facilitation and training to 26 further care homes		ICP contracted to deliver integrated services to the whole population of Harrow All non-urgent children and young people's conditions managed in the community incl. LD and MH
	Commissioning		Notice to providers re: contracts for 21/22 to be sent to providers by 30th Sept		Single contract awarded to ICP to deliver integrated services to the whole population of Harrow
	Joint	Agreement of provider appetite to be jointly agreed with local commissioners for 2021/22			

Harrow Operating Model



62

Estate and Capital	Workforce, Education and Training	Quality and Risk
--------------------	-----------------------------------	------------------

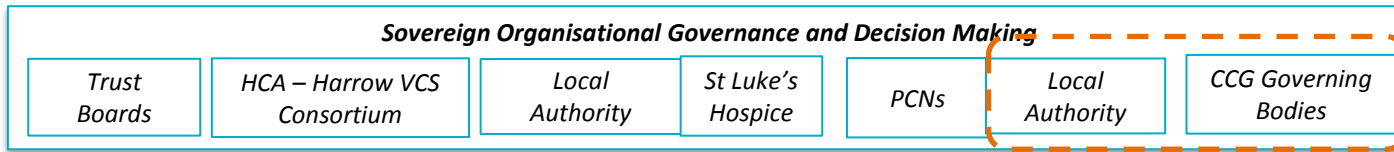
Harrow Resident



Digital Transformation	Finance and Technical	BI and Performance	Communication and Engagement
------------------------	-----------------------	--------------------	------------------------------

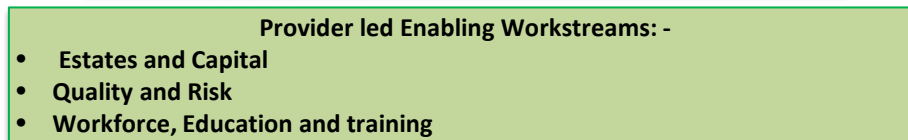
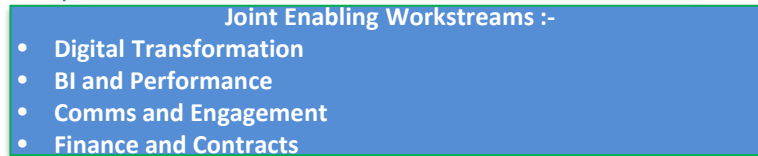
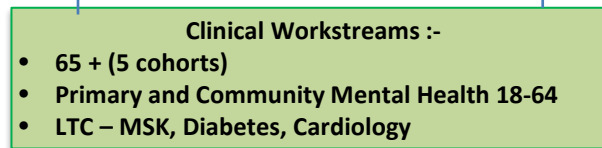
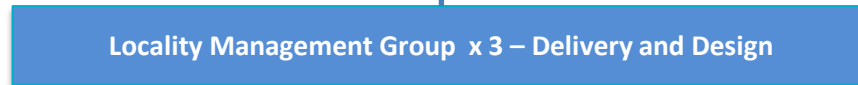
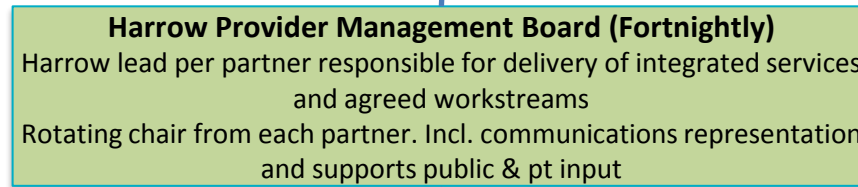
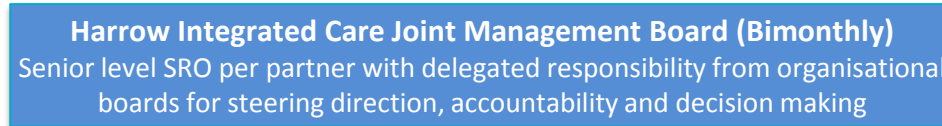
Enablers

Harrow Integrated Care Delivery Programme: Delineated Governance Structure

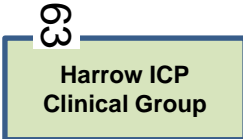


Agreed level of delegated accountability

← Report to
 ←-- Feed into



Workstream subgroups (monthly): design > get sign off from programme board > drive delivery



Each provider has lead clinician appointed to drive the clinical integration strategy in their sovereign Trust and to provide wider clinical leadership and oversight into the integrated care partnership Chair - Provider MD CD

Moving Forward – Scaling up 65 + (draft following meeting 29th May)

Harrow Provider Management Board
 (rotating chair - Provider Partner CLCH, Harrow Health, Local Authority etc) – mtg monthly

Locality 1 Management Group
 (aligned to 2 PCN's)
 (Fortnightly meeting with standard operating agenda)

Locality 2 Management Group
 (aligned to 2 PCN's)
 (Fortnightly meeting with standard operating agenda)

Locality 3 Management Group
 (aligned to 2 PCN's)
 (Fortnightly meeting with standard operating agenda)

Provider Partners
 CLCH – Team Lead
 LA – Team Manager
 Harrow Health – Operational Lead
 HCA rep
 (Providers to add additional partners)

Provider Partners
 CLCH – Team Lead
 LA – Team Manager
 Harrow Health – Operational Lead
 HCA rep
 (Providers to add additional partners)

Provider Partners
 CLCH – Team Lead
 LA – Team Manager
 Harrow Health – Operational Lead
 HCA Rep
 (Providers to add additional partners)

Key :-

Provider

Joint

ENABLING SUBGROUPS

Digital Transformation

Communication and Engagement

BI / Performance

Finance and Contracts

Workforce / Education and Training

Quality and Risk

Estates and Capital

Allocation of Resources 1 of 3

- Back in April 2019 the ICP Development Programme team presented the paper '*Proposal for Transition Development to Delivery for Integrated Care in Harrow*'
- The provider network recognises that, moving forward into business-as-usual with pace and scale, the current structure needs to change to be supportive of the new delivery model
- The current programme core team is funded until the end of June 2019 (£146k) and then conclude their work on the programme.
- The provider network acknowledges going forward there will be need for continued programme support in the delivery of integrated care in Harrow.
- The proposal is to extend some of the core team roles up to 20/21 to facilitate setting up the new structure and to allow for safe transition and hand-over but with a greater emphasis on partners allocating leads for clinical and enabling workstreams and adopting integration into Business as Usual.
- To take this work forward the provider network chairs have developed the following programme resource proposal for sign off:

Allocation of Resources 2 of 3

Programme Integrator Roles and Non-Pay Costs

£158.5K

- Cash releasing
- Bare minimum programme management support
- Bare minimum administrative and communications costs

Programme and Clinical Director Leadership

£96.5K

- In kind, cash releasing or hybrid
- Roles to oversee whole programme and ensure the health and care management of all Harrow's population groups. Provide oversight and ensure the alignment of the workstreams and work programmes to 2021

Backfill

£22.5K

- Cash releasing, minimal sum
- For engagement of clinicians in design/new ways of working
- Expected that clinician engagement for delivery is BAU and will be funded in kind by partners – including primary care, consultants etc.
- This has been a key issue to get engagement of clinicians

Clinical Leads

£62.5K

- In Kind
- Clinical Leads (to incl. PCN Leads) required to provide regular and on-going clinical expertise for the delivery and design of new and integrated models of care. Requirements to be confirmed and assigned to the various workstreams as required (as part of the re-configuration of the programme structure)
- Joint

Allocation of Resources 3 of 3

**Service Mobilisation
Leads**
£165K

- In Kind
- Service Mobilisation/Corporate Workstream Leads required to lead one area of work to be delivered (e.g. a corporate workstream or a model of care)

**Corporate Workstream
Leads**
£42K

67

- In kind, cash releasing or hybrid
- It is recommended that all partners provide a lead for one of the four joint corporate workstreams over the next 21 months until full population health and care is BAU
- Joint

**Academic Partner Support
(ICHP)**
70 days
(total from members)

- It is recommended that partner organisations agree and allocate days from their ICHP contribution to support the delivery of integrated care in Harrow (ICHP have outlined services that can be provided)
- Joint

**Integrated Training and
Education roles**
£46K

- In kind, cash releasing or hybrid
- There is a proposal that the Community Education Primary and Community Network takes a lead role in co-ordinate and oversee training for ICP moving forward. This is either through contribution or if possible in kind. The proposal here is just for Frailty

High level Delivery Objectives

Provider Alliance

- Confirming Governance Structure – incl CRO and SRO for ICP Harrow moving forwards
- Appoint leads for Clinical and Enabling workstreams from July 2019
 - Refresh ToRs (membership, workplan and deliverables)
- Developing a multi-specialty community provider alliance (agreement) contract – July 2019
- Roll out the tested models of care for the five 65+ population cohorts to all the Primary Care Networks in Harrow – July 2019
- Evaluation of the new models of care being rolled-out – ongoing with delivery
- Shadow-form operation of the provider alliance for 5 cohorts (Frailty) – October 2019
- 18+ model extension from pilot above for frailty/LPoL, care homes, mostly healthy and dementia – January 2019
- Designing, developing and testing new model of care for LTC (MSK, Cardiology and Diabetes – September 2019), LD (Local Authority led – September 2019)

68

Commissioner

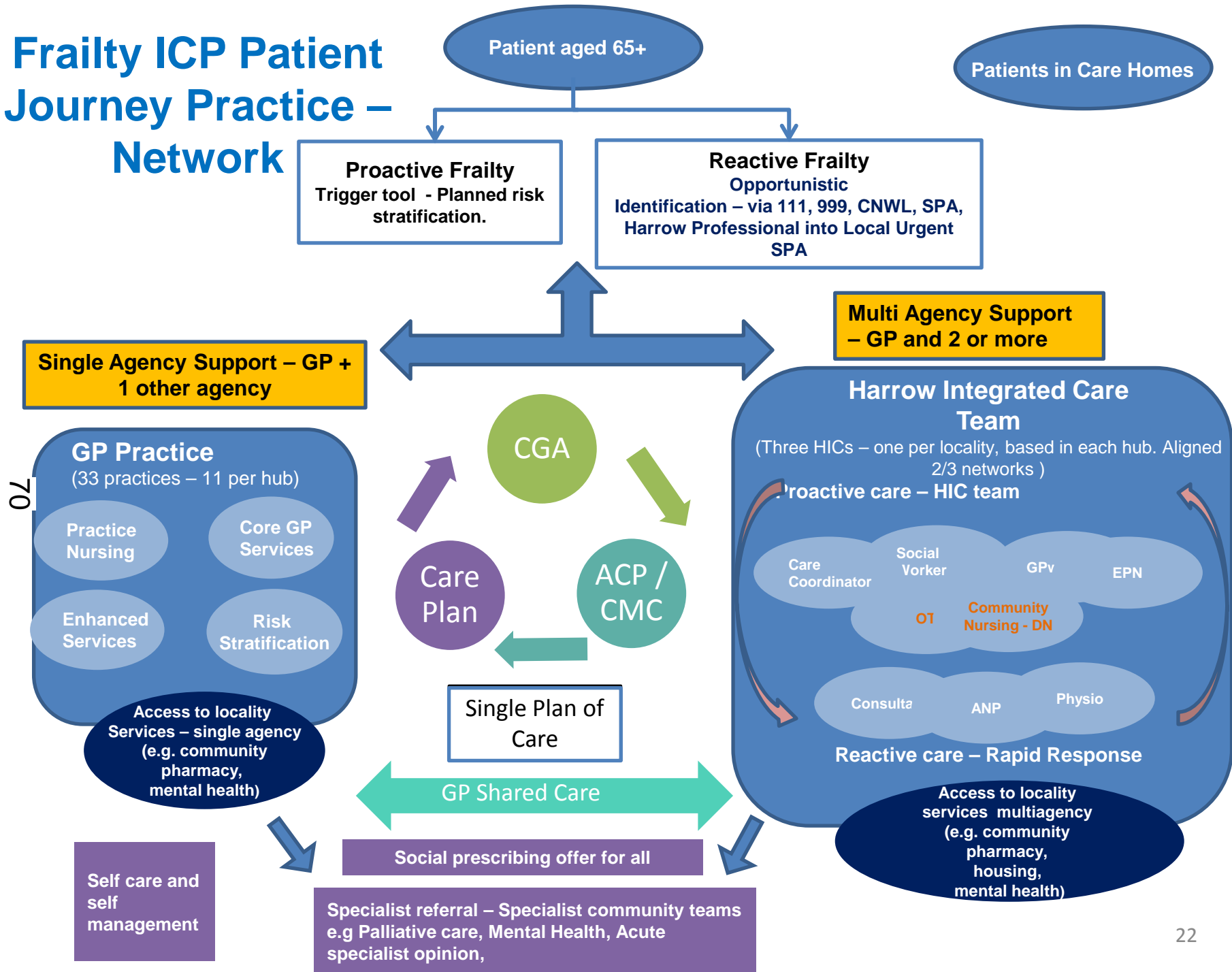
- Alignment of current or end-of-term service contracts into integrated care contracts or contract variations – on-going from July 2019
- Development of service specification(s) for integrated care reflecting Harrow Integrated Care Outcomes Framework – August 2019 (Frailty), October 2019 (PCMH), January 2020 (LTC)

Joint

- Continued work to build relationships and trust in the system
- Appoint leads for Clinical and Enabling workstreams from July 2019
 - Refresh ToRs (membership, workplan and deliverables)
 - Frailty
 - Comms and Engagement
 - Digital Transformation
 - Finance and Contracts

APPENDICES

Frailty ICP Patient Journey Practice – Network

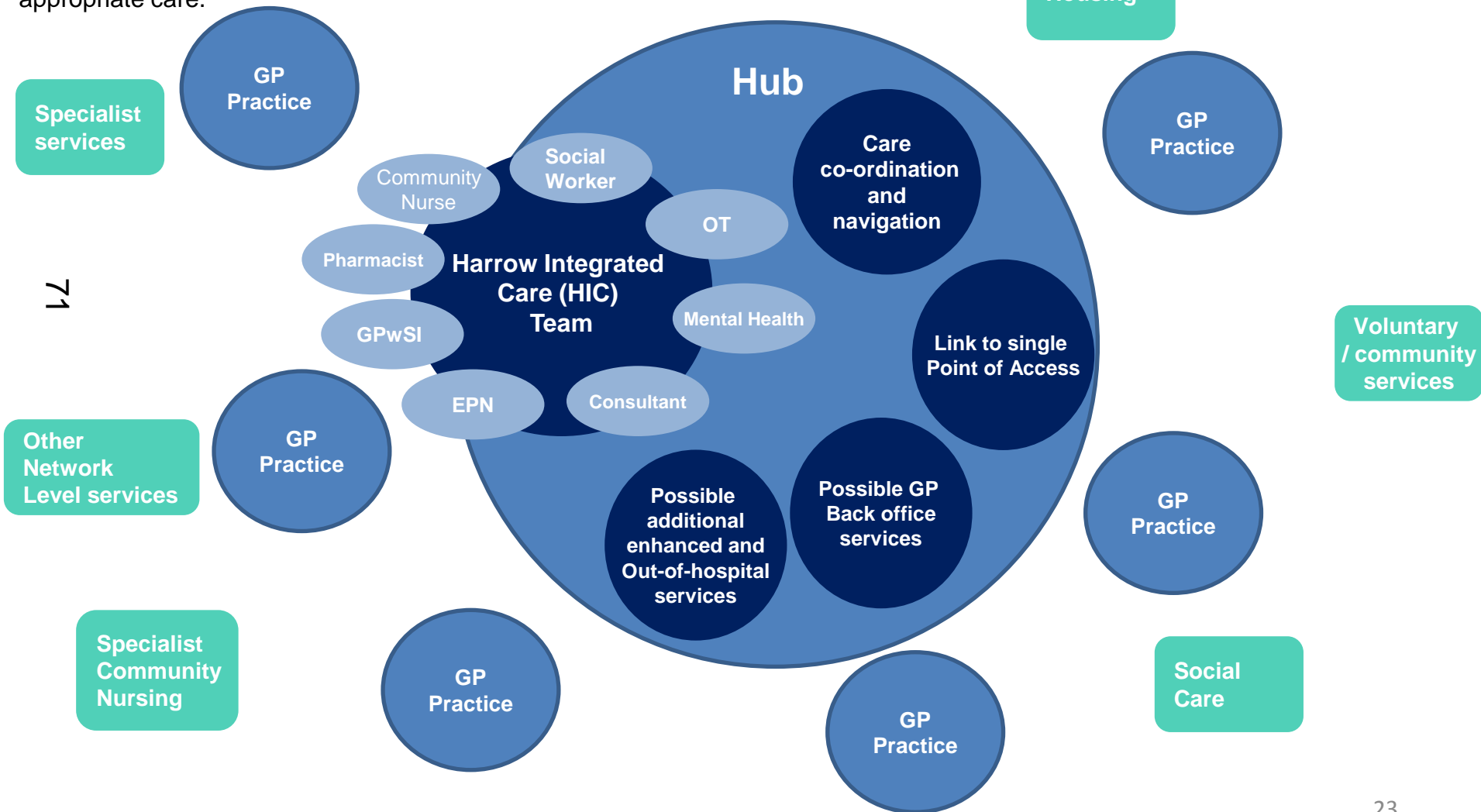


Model of Care for 65+ Frailty and 18+ Last Phase of Life Patients

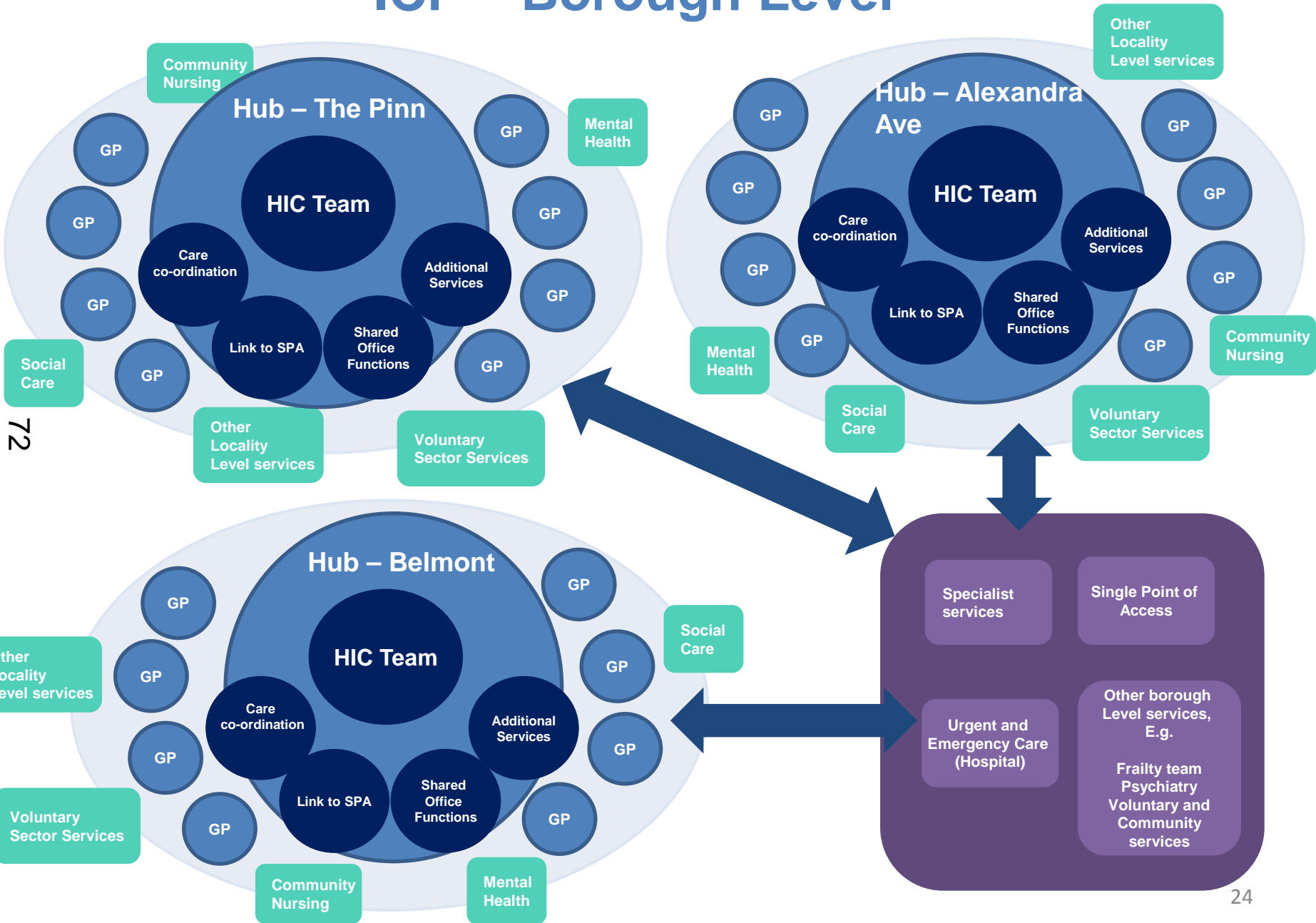
Primary care within the hub will be population based and derived from the collective patient lists of constituent networks. The entry routes will triage patients to appropriate care.

There will be a focus on coordinated working between practices and hubs with care coordinators guiding patients through the system.

Primary Care Locality



ICP – Borough Level



72

Allocation of Resources – Detail

Harrow Integrated Care Delivery - Proposed Budget 2019/20

1. Minimum ICP Core Project Support Integrator Team - Funded by Contribution - ICP Alliance Partners			
Pay		WTE	Q2-Q4 Sub Totals
ICP Programme Delivery Lead (System Integrator/PMO)	Band 8c	1	72,101
Information Analyst	Band 7	1	44,989
Programme Admin Support	Band 5	1	31,861
Sub-Total			148,951
Non-Pay			
Expenses / Meeting Costs	-	-	7,200
Communications	-	-	2,250
Sub total Non-Pay			9,450
Running Sub Total			158,401
2. Minimum ICP Core Leadership Integrator Team - Funded by In Kind - ICP Alliance Partners			
Pay		WTE	Q2-Q4 Sub Totals
ICP System Integration Programme Director	Band 8d	0.6	51,388
Integrated Care Clinical Director	TBC	0.4	45,000
Sub-Total			96,388
Running Sub Total			254,789
3. Potential Requirement Backfill Budget for Clinical Engagement - GP's , Consultants etc Funded by Contribution - All ICP Partners			
Non-Pay			Q2-Q4 Sub Totals
Backfill			22,500
Running Sub Total			277,289
4. Expected ICP Clinical and Workstream Lead requirements 2019/20 - Funded by in Kind - All ICP Partners			
Pay		WTE	Q2-Q4 Sub Totals
ICP Clinical Lead	Consultant	0.2	25,468
ICP Clinical Lead (GP/PCN)	GP	0.2	22,500
ICP Clinical Lead (Community)	Band 8c	0.2	14,420
Service Mobilisation Leads (5 Service Delivery Areas - 3 days a week each DA)	Band 8a	2.4	123,959
ICP Corporate Workstream Leads (4 provider workstreams - 1 day a week each)	Band 8a	0.8	41,320
Sub-Total			227,666
Running Sub Total			504,955
5. Expected Integrated Training requirements 2019/20 (Frailty) - Funded by Contribution - ICP Alliance Partners			
Pay		WTE	Q2-Q4 Sub Totals
Education and Training Facilitator (Frailty)	GP	0.3	33,750
Training and Education Admin Support (Frailty)	Band 4	0.5	12,553
Sub-Total			46,303
Running Sub Total			551,258
6. Expected ICP Workstream Lead requirements 2019/20 - Funded by in Kind contribution - All ICP Partners			
Pay			Q2-Q4 Sub Totals
ICP Corporate Workstream Leads (4 joint workstreams - 1 day a week each)	Band 8a	0.8	41,320
Running Sub Total Joint			41,320
6. Potential ICHP Partner support - from ICHP Members - LNWUHT, CLCH, CNWL ? CCG - Funded All ICHP member Partners			
Pay			Q2-Q4 Sub Totals
ICHP Support (50 days @ £470/day) to be agreed			23,449
Running Sub total Joint			64,769
Grand Total			616,027
Alliance Partners Funding by Contribution			158,401
Alliance Partners Funding In Kind			142,691
Joint Partners Funding by Contribution			22,500
Joint Partners Funding In Kind			292,435

This page is intentionally left blank



REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 25 July 2019

Subject: Public Health Update

Responsible Officer: Carole Furlong
Director of Public Health

Public: Yes

Wards affected: All

Enclosures: None

Section 1 – Summary and Recommendations

This report gives updates on areas of public health activity that have previously been reported to the health and wellbeing board. Specifically, this includes updates on the stop smoking service, social prescribing, the Joint Strategic Needs Assessment, and the Joint Health and Wellbeing Strategy.

Recommendations:

The Board is requested to:
Note the document for information.

Section 2 – Report

Background

Reports or updates have come to the Health and Wellbeing Board previously regarding the stop smoking service, social prescribing and the Joint Strategic Needs Assessment. In order to update the Board on the progress of these areas of work, this paper provides a summary of the current position of these various projects. The Health and Wellbeing Strategy refresh is just starting, so this report also provides an early briefing on this, further detail will be provided in subsequent papers.

Current situation

1. Stop smoking service

Agreement was reached at the Health and Wellbeing Board on 2nd May 2019 to progress with a small specialist stop smoking service, consisting of 0.6 WTE stop smoking advisor, running clinics in the community particularly focusing on populations with higher smoking prevalence or more vulnerable to the harms of smoking such as those from more deprived areas, and those with mental health conditions. In addition, it was agreed that further linking with neighbouring stop smoking services would be explored to provide a more robust offer to pregnant women, looking initially at Northwick Park Hospital.

Following this, a job description has been drafted for the advisor role and approved with HR. This will go out to advert and it is expected that someone will be recruited to this role by the end of September. Positive conversations have been initiated with Brent Stop Smoking Service regarding allowing pregnant women to be referred from Northwick Park to their service. Further modelling is being carried out to determine how many women this is likely to be and at the next meeting we will determine the best approach for payment for this activity.

2. Social prescribing

There has been previous agreement at the Health and Wellbeing Board (March 2019) that a Harrow-wide approach to social prescribing would be beneficial for the population of Harrow, providing support via community and voluntary sector options for individuals who have non-clinical support needs. Alongside this, the local picture with Primary Care Networks (PCNs) has also developed, with funding being received from NHS England by PCNs for one social prescribing link worker per network. Five PCNs have been formed in Harrow. In discussion with the newly formed PCNs and the voluntary sector, Harrow is moving towards a borough-wide social prescribing service, strengthened by initial “pump-priming” resource from Public Health including a coordinator role to facilitate this in the first year, and support for infrastructure including the digital requirements.

3. Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) for Harrow is moving to an online tool. This is now live, and can be accessed via the Council website at http://www.harrow.gov.uk/info/100010/health_and_social_care/2345/harrow_joint_strategic_needs_assessment. This has been sent to all members of the Health and Wellbeing Board for comment. This review of the JSNA has started with the sections “Start Well”, and will next be moving on to “Age Well”. The Age Well sections will be presented to the Health and Wellbeing Board at the September meeting.

4. Joint Health and Wellbeing Strategy

The current Health and Wellbeing Strategy runs from 2016-2020, and addresses health and wellbeing priorities following a life course approach - with chapters Start Well, Live Well, Work Well, and Age Well. This is now due to be refreshed.

To initiate this refresh, workshops are being held in July with wide-ranging stakeholders invited, to review:

- What does the current data show re impact, outcomes, priorities
- What did the strategy say we would do
- What have we achieved
- What are the key relevant areas of current work
- Where should we focus going forwards
- How will we drive the strategy forwards

An update on the strategy will be brought to the September Health and Wellbeing Board, with a revised new strategy to be signed off at the March board.

Ward Councillors' comments

n/a

Financial Implications/Comments

There are no direct financial implications arising from this report.

The delivery of public health outcomes are funded by a specific government grant. The Public Health grant is currently ring-fenced until March 2020, after which it is expected that the service will be funded by business rates. It is not clear what impact, if any, the changes to the funding will have on the level of available resource and future funding decisions will be considered as part of the annual budget setting process.

Legal Implications/Comments

Harrow Council's statutory responsibilities for public health services are set out in the Health and Social Care Act 2012 ('the 2012 Act').

The 2012 Act confers duties on local authorities to improve and promote public health services and specifically to take appropriate steps to protect the health of the local population in accordance with its priorities.

Risk Management Implications

This paper provides updates, no further risks have been identified.

Equalities implications / Public Sector Equality Duty

No, this paper provides brief updates on ongoing pieces of work.

Council Priorities

As per previous review.

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 17 July 2019		
Name: Sarah Inverary	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date: 17 July 2019		

Name: Paul Hewitt	<input checked="" type="checkbox"/>	Corporate Director
Date: 17/7/2019		

Ward Councillors notified:	NO
-----------------------------------	-----------

Section 4 - Contact Details and Background Papers

Contact: Sally Cartwright, Consultant in Public Health, Harrow Council
Sally.cartwright@harrow.gov.uk

Background Papers: None

This page is intentionally left blank



REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 25 July 2019

Subject: Harrow Adult Substance Misuse Service

Responsible Officer: Carole Furlong
Director of Public Health

Public: Yes

Wards affected: All

Enclosures: Appendix A: Equalities Impact Assessment

Section 1 – Summary and Recommendations

This report provides the Health and Well-Being Board with an update on the re-procurement of Harrow Adult Substance Misuse Service.

FOR INFORMATION

Section 2 – Report

Background

Harrow Public Health is committed to fulfilling the requirements of the National Drugs Strategy (2017), The Government Alcohol Strategy (2012), Public Health England (PHE) ‘Safeguarding and Promoting the Welfare of Children Affected by Parental Alcohol and Drug Use: a guide for local authorities’ (2018), and Department of Health and Social Care (DoHSC) - Public Health Outcomes Framework: Improving Outcomes and Supporting Transparency (2016).

As part of the PHE Requirements laid out in the Health and Social Care Act 2012, local authorities are responsible for commissioning health and social care services for residents.

The commissioning of this Service enables the Council to discharge it’s duties in relation to the:

- **Health and Social Care Act 2012:** to commission best value and effective services which deliver better outcomes for local residents in relation to their health/wellbeing.
- **Criminal Justice Act 1991:** to provide community treatment to offenders.
- **Children’s Act 1989:** to “safeguard and promote the welfare of children within their area who are in need and so far as is consistent with that duty, to promote the upbringing of such children by their families by providing a range and level of services appropriate to those children’s needs”.

Current situation

Harrow Adult Substance Misuse Service specialises in delivering drug and alcohol treatment, crime reduction interventions for drug and alcohol offenders and support for carers/families affected by substance misuse. The Service minimises the impact that substance misuse has on individuals and the wider community, ultimately making a positive contribution to addressing health inequalities and crime reduction priorities of the Safer Harrow Board. An effective treatment and recovery service can make a significant contribution to reduction in reoffending in Harrow, reducing anti-social behaviour and support early intervention i.e. reducing numbers of children moving into higher threshold care services.

Harrow Adult Substance Misuse Service is a single treatment and recovery pathway with a Single Point of Access and ‘no wrong door’. The Service is delivered by one Provider from one site in Harrow plus co-locations within other agencies including L.A. Harrow Children’s Service, Mental Health Service and Criminal Justice Service. As part of the Harrow Adult Substance Misuse Service in-house Education, Training and employment (ETE) support,

joint work is also undertaken with L.A. Harrow Employment and Training Team.

In the course of the current Substance Misuse Service contract, Cabinet approved £0.5m reduction in the Substance Misuse Service budget. The decrease in budget resulted (as from 2017/18) in a reduced treatment and recovery pathway and workforce including clinical staff (e.g. deletion of Dual Diagnosis and Hospital Alcohol Liaison Nurse posts) and Recovery Practitioners including deletion of the Carers Practitioner post. Consequently Harrow has seen a decrease in clients in treatment:

2017/18	Q3	488
2018/19	Q3	374

L.A. Harrow performance data

and high levels of unmet need across all treatment cohorts: Opiates, Non-Opiates, non-Opiates & Alcohol and Alcohol:

Cohort	Harrow Unmet Need	National Unmet Need
Opiates and /or Crack Cocaine	81.5%	51.9%
Opiates	79.3%	46.3%
Crack	82.2%	61.1%
Alcohol	84.9%	82.9%

PHE 'Alcohol and drug misuse and treatment statistics: The estimated proportion of people in your area who are dependent on opiates and/or crack cocaine or alcohol not in the treatment system

Prevalence period 1.4.14 - 31.3.15

Estimated unmet need rate period: 1.1.18 - 31.12.18

The Treatment Hub at Station Road was closed and clients transferred to the Recovery Hub in Bessborough Road which now incorporates both clinical and recovery support. As one site is not enough to manage the Service caseload, the Provider has continued to seek appropriate co-location arrangements with partners.

Reduced recovery support has also affected the rates of successful completions in Harrow as clients may need to remain in treatment for longer to attain recovery.

Parental Drug and Alcohol data – Harrow

PHE published a [toolkit to support LAs in planning services](#) which includes data and advice on how best to meet the needs of children growing up in these situations and those of their parents and carers.

Annual met treatment need estimates, opiate dependency 2014/15 - 2016/17

Adults with an opiate dependency	Harrow			Benchmark	National
	Prevalence	Treatment	% met need	%	%
Total number of adults with a dependency who live with children	308	50	16%	19%	52%
Total number of children who live with an adult with a dependency	559	86	15%	19%	53%

Annual met treatment need estimates, alcohol dependency 2014/15 - 2016/17

Adults with an alcohol dependency	Harrow			Benchmark	National
	Prevalence	Treatment	% met need	%	%
Total number of adults with a dependency who live with children	316	104	33%	24%	21%
Total number of children who live with an adult with a dependency	581	192	33%	23%	21%

Parental alcohol and drug use: understanding the problem

Guidance for local areas to identify problematic parental substance use to help commission services to reduce and prevent harm to children and families. 22 May 2018

<https://www.gov.uk/government/publications/parental-alcohol-and-drug-use-understanding-the-problem>

The estimated data shows a significant number of Harrow adults who have an opiate dependency/alcohol dependency and who live with children are not accessing treatment.

Substance Misuse and Crime

Information from PHE Police and Crime Commissioners support pack 2019-20: key drug and alcohol data publications.

Gateway number: 2018467 – Released 2019

Drugs and alcohol are identified as two of the key drivers of crime and disorder in the Home Office Modern Crime Prevention Strategy (2016).

Evidence shows that being in treatment itself reduces levels of offending, so the Modern Crime Prevention Strategy focuses on the need for treatment, prevention and enforcement to mitigate the impact of drug-related crime. Evidence-based drug and alcohol treatment also help in terms of health improvements, reduced drug and/or alcohol related deaths, lower levels of blood-borne infection and wider social harm.

The Drugs Strategy (2017) echoes the commitment to treatment when it sets out the need to support people to address their dependence in order to

reduce the risk of reoffending. For drug-related crime, reducing the number of heroin and crack users is likely to have the largest impact on volume crime levels.

The picture for alcohol is slightly more complex. Violence and disorder in the night-time economy or in the home are largely the result of binge drinking. Some binge drinkers are alcohol dependent, and there is good evidence that specialist alcohol treatment for dependence assists with the reduction of such violence and disorder.

Evidence-based drug and alcohol treatment can help reduce harm to the individual and the local community and deliver real savings, particularly in terms of crime costs, but also in savings in terms of health improvements, reduced drug and/or alcohol related deaths, lower levels of blood-borne infection and wider social harm.

Drug Related Deaths

Potent opioid overdose represents a significant Public Health crisis and it is important that local Commissioners and multi-agency partners are prepared for, and able to respond and recover from incidents involving potent opioids.

Drug Related Deaths in Harrow

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2017registrations>

2015/17:	19
2014/16:	17
2013/15:	14
2012/14:	12

Established risk factors for drug misuse are:

- Family history of addiction
- Socio-economic deprivation
- Homelessness
- Unemployment, poor working conditions and job insecurity
- Men are more likely to use illegal drugs
- Poor mental health is linked to drug misuse and vice versa

There is also a cohort of people with drug and alcohol problems that consequently have an impact on other public services including adult social care, criminal justice and health.

In May 2018, PHE and Local Government Association (LGA) asked Local Authorities and their partners to prepare for potent opioids appearing in their area, particularly in light of recent international experience. Fentanyl is causing significant issues in the USA and Canada. Potent opioids such as fentanyl could be sought by people who use drugs, or might be unwittingly added to street heroin. In collaboration with the Borough Resilience Forum and Safer Harrow Board, Harrow Public Health developed a 'Fentanyl: Preparing for a future threat - Potent Opioid Overdose Framework' to provide a threat specific operational response for our borough. On request, this

document has been shared with PHE London region for reference by other boroughs.

Why a change is needed

The current Adult Substance Misuse Service commenced on 1st October 2015 with a contract length of 2.5 years + 2 years extension. The contract is due to end on 31st March 2020. The contract value of the Adult Substance Misuse is over £500k so Cabinet approval is required under the Contract Procedure Rules (CPRs) and the Council's Financial Regulations. A competitive tendering exercise will be carried out in accordance with the CPRs.

Main option

Re-procurement of the Adult Substance Misuse Service is required to continue engagement and maintain support for Harrow residents and their families (and wider community) who are affected by substance misuse. The re-procurement of the existing service model will:

- comply with The Public Contracts Regulations 2015
- deliver improved outcomes for service users by reducing levels of harm caused to health, meet the needs of diverse communities and address health inequalities
- reduce drug and alcohol related crime and anti-social behaviours
- improve harm reduction outcomes for service users in relation to Hepatitis B, C and HIV testing and Hepatitis B vaccination
- continue to improve joint working with statutory and voluntary services i.e. Children Services and Safeguarding services

The service model will be delivered via two elements:

- **Prescribing:** to deliver clinical review, detoxification/rehabilitation. (community and inpatient), harm reduction
- **Recovery:** to deliver a recovery-focused programme (community and inpatient) supporting treatment leavers with life skills, access to employment, training and education (ETE) in order to sustain long-term recovery from substance misuse.

The proposed contract term of the Substance Misuse Service re-procurement will be five years commencing 1 April 2020 until 31st March 2025.

Based on current spend (£1,696,710. per annum) the estimated aggregate value of the proposed contract for five years is in the region of £8.5 million. All the above figures are subject to funding.

Other options considered

- **L.A. Harrow in-house delivery:** There is no rationale for L.A. Harrow to deliver the Adult Substance Misuse Service directly as the Council does not have the clinical structure/registration to deliver a clinical pathway. Relevant skills for the delivery of this Service lies within Health and CQC registered Voluntary sector.
- **Extend current contract:** There is no option to extend the current Harrow Adult Substance Misuse Service as the opportunity was not contained in the previous tender or contract and this would leave Harrow Council vulnerable to challenge bearing in mind the value of this 5 year Contract.

Implications of the Recommendation

At 2019/20, the budget for this Service is £1,696,710. and is currently funded from the existing Public Health budget - please see **Financial Implications**.

This Service will be contracted out to a Health or CQC Registered Voluntary sector provider. TUPE will apply to this contract but there are no implications for L.A. Harrow.

CQC

CQC are responsible for regulating Substance Misuse Services: Hospital in-patient based services, community based services and residential rehabilitation services. Inspections have consistent focus on people who are especially in vulnerable circumstances or from specific population groups such as: pregnant women (unborn children), young people, LGBT community, people with complex needs i.e. dual diagnosis, homeless people, older people, victims of domestic abuse, offenders returning to the community and sex workers.

https://www.cqc.org.uk/sites/default/files/20140919_cqc_a_fresh_start_substance_misuse_final_low_res.pdf

In November 2017, following a course of inspections to independent sector residential rehabilitation units, CQC identified a substantial proportion of services not providing good quality care and treatment; and issued a briefing (including recommendations) to Providers, Commissioners and other local and national bodies that play a part in assuring the quality of Substance Misuse Services. The briefing highlighted a number of areas of concern surrounding care and specified:

- Drug Strategy 2017: CQC and PHE will work together to make those in national and local government responsible for the strategy's implementation including good practice and areas of improvement
- Controlled Drug Regulations 2013: L.A.s have responsibility for the safety of controlled drugs as set out in the regulation.

https://www.cqc.org.uk/sites/default/files/20171130_briefing_sms_residential_detox.pdf

Harrow CQC Inspection

During a challenging year of £0.5m reduction in budget, Harrow Substance Misuse Service received a CQC Inspection (March 2018) which identified four areas of outstanding practice and no areas for improvement, please see CQC Report:

<http://www.cqc.org.uk/location/1-3285253203>

Financial

Public Health allocation of grant for Harrow for 2019/20 is £10,523,000.

The amount of the Public Health grant allocated to the Harrow Adult Substance Misuse Service contract is £1,696,710 plus IT Services for a Case Management System contract value of £28,290.00.

This is the total cash envelope for the Harrow Adult Substance Misuse Service including the Case Management System. The re-procurement of the Service will require the Case Management System to be incorporated within the new contract and the expectation is for any award of contract to be made within this cash envelope.

The impact of changes in expenditure arising from the re-procurement exercises will need to be contained within the annual grant amount.

The Public Health grant is currently ring-fenced until March 2020, after which it is expected that the service will be funded by business rates. It is not clear what impact, if any, the changes to the funding will have on the level of available resource, however whilst these services are not statutory, they meet Public Health outcomes and will need to be provided.

The eventual award of contract for these services will result in contractual obligations with the provider for services which are funded by external grant which cannot be guaranteed in the longer term.

Legal

The Health and Social Care Act 2012 (“the Act”) introduced changes by way of a series of amendments to the National Health Service Act 2006. The Act gives local authorities a duty to take such steps as it considers appropriate to improve the health of the people in its area. In general terms, the Act confers on local authorities the function of improving public health and gives local authorities considerable scope to determine what actions it will take in pursuit of that general function.

The Harrow Adult Substance Misuse Service Contract has a value in excess of the relevant threshold under The Public Contract Regulations 2015 in relation to contracts for services of this nature so such services need to be competitively tendered under these Regulations.

The Contract value of the Harrow Adult Substance Misuse is over £500k so Cabinet approval is required under the CPRs and the Council's Financial Regulations. A competitive tendering exercise will be carried out in accordance with the CPRs and Legal note that that the Council will be undertaking an Open Procedure. A market engagement event will take place prior to the tender being issued, with a bidders' day currently being scheduled to take place

Data Protection

Following a review of documentation for the purposes of compliancy with GDPR, PHE have put in place a Data Sharing Protocol to cover the sharing of data by L.A. Harrow commissioned services. PHE Data Sharing Protocol (for the purposes of sharing some service user treatment data with the PHE National Drug Treatment Monitoring System - NDTMS) has been reviewed/approved by L.A. Harrow Information Governance Lead and subsequently signed off by L.A. Harrow Substance Misuse Commissioner.

L.A. Harrow currently commission a separate Substance Misuse service Case Management System which our Substance Misuse Service Providers input activity and case notes. The re-procurement of the new Harrow Adult Substance Misuse Service will require a Case Management System to be incorporated within the new Service.

Risk Management

Continuity of Care of service users via the Providers Mobilisation and Clinical Governance Plans will be overseen at monthly mobilisation meetings held by Public Health.

Due to the nature of the service, possible re-location of the new service may meet local opposition. Harrow Public Health will need to work with the local press and politicians to ensure the establishment of the new service is managed effectively. Services users will be updated via Harrow's current Provider's Service User Group.

Risk if Proposal does not go ahead

L.A. Harrow will be unable to fulfil it's obligation under Health and Social Care Act 2012, Criminal Justice Act 1991 and Children's Act 1989 to ensure effective substance misuse services are in place to meet the needs of Harrow residents (including families) affected drug and alcohol users and to mitigate the negative effect to the wider community.

Procurement

It is intended that the Council will follow an OPEN Procedure; the contract term will be for five years.

The proposed top level evaluation criteria will be:

Price: 40%
Quality: 50%
Social Value: 10%

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? Yes

The re-procurement of the Harrow Adult Substance Misuse Service will not lead to reduction in current provision as the intention is to achieve better outcomes for all residents (but particularly those at risk) and better value for money. Therefore no protected characteristics group will be adversely affected by these proposals.

Ward Councillors' comments

None as it applies to all wards

Council Priorities

Through its clinical treatment, psychosocial recovery pathway and working within the wider multi-disciplinary health and social care, Harrow Adult Substance Misuse Service directly links to the Council priorities.

The Service will contribute to ensuring the health and wellbeing of local residents and those vulnerable residents have access to the information, support, diagnosis and treatment they require to achieve optimum health. The service user's engagement in these services also has a positive impact on the family and the wider community.

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for local businesses
- Making a difference for families

For example drug and alcohol dependency goes hand in hand with poor health, homelessness, family breakdown and offending - all of which are associated with significant burden to public services and ultimately the tax payer. Drug and alcohol treatment provides a positive return on investment both financially and socially by reducing costs to health, criminal justice and other sectors and reducing harms to individuals, families and communities.

Providing well funded drug and alcohol services is good value for money because it cuts crime, improves health, and can support individuals and families on the road to recovery.

Figures taken from PHE's alcohol and drug treatment commissioning tool for L.A.s demonstrates:

- Alcohol treatment reflects a return on investment of £3 for every £1 invested, which increases to £26 over 10 years.
- Drug treatment reflects a return on investment of £4 for every £1 invested, which increases to £21 over 10 years

<https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 6 June 2019		

Name: Paul Hewitt	<input checked="" type="checkbox"/>	Corporate Director
Date: 11 June 2019		

Ward Councillors notified:	NO
	This is a Harrow wide Service

Section 4 - Contact Details and Background Papers

Contact: Bridget O'Dwyer
Senior Commissioning Manager
Harrow substance Misuse Service / Harrow Integrated
Sexual and Reproductive Health Service

Tel: 020 8420 9532

Background Papers:

Appendix A: Equalities Impact Assessment

Equality Impact Assessment (EqIA)



You will need to produce an Equality Impact Assessment (EqIA) if:

- You are developing a new policy, strategy, or service
- You are making changes that will affect front-line services
- You are reducing budgets, which may affect front-line services
- You are changing the way services are funded and this may impact the quality of the service and who can access it
- You are making a decision that could have a different impact on different groups of people
- You are making staff redundant or changing their roles

Guidance notes on how to complete an EqIA and sign off process are available on the Hub under Equality and Diversity. You must read the [guidance notes](#) and ensure you have followed all stages of the EqIA approval process (outlined in appendix 1). Section 2 of the template requires you to undertake an assessment of the impact of your proposals on groups with protected characteristics. Equalities and borough profile data, as well as other sources of statistical information can be found on the Harrow hub, within the section entitled: [Equality Impact Assessment](#) - sources of statistical information.

Equality Impact Assessment (EqIA)		
Type of Decision:	<input checked="" type="radio"/> Cabinet <input type="radio"/> Portfolio holder <input type="radio"/> Other (state)	
Title of Proposal	The re-procurement of Harrow Adult Substance Misuse Service	Date EqIA created: 1.5.19
Name and job title of completing/lead Officer	Bridget O'Dwyer Senior Commissioning Manager Harrow Substance Misuse Service and Integrated Sexual & Reproductive Health Service	
Directorate/ Service responsible	Public Health People's Directorate	
Organisational approval		
EqIA approved by Directorate Equalities Lead	Name Johanna Morgan	Signature <input checked="" type="checkbox"/> Tick this box to indicate that you have approved this EqIA Date of approval 10th July 2019

1. Summary of proposal, impact on groups with protected characteristics and mitigating actions (to be completed after you have completed sections 2 - 5)	
	<p>a) What is your proposal? As part of the Public Health England (PHE) Requirements laid out in the Health and Social Care Act 2012, Local Authorities are responsible for commissioning health and social care services for residents.</p> <p>The re-procurement of the Harrow Adult substance Misuse Service enables the Council to discharge it's duties in relation to the:</p> <ul style="list-style-type: none"> • Health and Social Care Act 2012: to commission best value and effective services which deliver better outcomes for local residents in relation to their health/wellbeing. • Criminal Justice Act 1991: to provide community treatment to offenders. • Children's Act 1989: to "safeguard and promote the welfare of children within their area who are in need and so far as is consistent with that duty, to promote the upbringing of such children by their families by providing a range and level of services appropriate to those children's needs".
	<p>b) Summarise the impact of your proposal on groups with protected characteristics The re-procurement of Harrow Adult Substance Misuse Service will positively impact all groups with protected characteristics</p>
	<p>c) Summarise any potential negative impact(s) identified and mitigating actions The re-procurement of the Harrow Adult Substance Misuse Service will not lead to reduction in current provision as the intention is to achieve better outcomes for all residents (but particularly those at risk) and better value for money. Therefore no group will be adversely affected by these proposals.</p>

2. Assessing impact					
You are required to undertake a detailed analysis of the impact of your proposals on groups with protected characteristics. You should refer to borough profile data , equalities data , service user information, consultation responses and any other relevant data/evidence to help you assess and explain what impact (if any) your proposal(s) will have on each group. Where there are gaps in data, you should state this in the boxes below and what action (if any), you will take to address this in the future.		What does the evidence tell you about the impact your proposal may have on groups with protected characteristics? Click the relevant box to indicate whether your proposal will have a positive impact, negative (minor, major), or no impact			
Protected characteristic	For each protected characteristic, explain in detail what the evidence is suggesting and the impact of your proposal (if any). Click the appropriate box on the right to indicate the outcome of your analysis.	Positive impact	Negative impact		No impact
			Minor	Major	
Age	<p>Positive Impact: In Harrow the highest age cohort in treatment is 30-49 years and a decrease in 18-29 age groups in treatment. Adult Social Care: Substance misuse is on the rise in older adults due to an ageing population and the “baby boomers” approaching older adulthood. It is estimated that substance misuse will double between 2001 and 2020 in adults over 65 years and is related to increased mortality and morbidity¹. Alcohol misuse damages health and a recent estimate of alcohol dependence² highlighted there were 1,607 Harrow residents who are dependent on alcohol and potentially in need of specialist assessment - of those, there were 157 who were aged 55 years and over. The re-procured Service will incorporate support to deal with isolation in the community and wider multi-disciplinary joint work to support clients with long term conditions. The new Service will work jointly with the Young Persons’ treatment model to avoid ‘cliff edge’ of support at 18.</p> <p><small>¹Substance Misuse in Older Adults - A. Howard, British Geriatrics Society, February 2017 ²Estimates of Alcohol Dependence in England based on APMS 2014, including Estimates of Children Living in a Household with an Adult with Alcohol Dependence Prevalence, Trends, and Amenability to Treatment - Public Health England, March 2017</small></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	Positive Impact: National Drug Treatment Monitoring Service and local case management database collects data to better understand specific issues relating to disability/ substance misuse and understanding the root causes, the treatment pathway will be able to offer more effective treatment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<p>Drug misuse and dependency can lead to a range of harms for the user including poor physical and mental health and ultimately death. ³The proportion of older heroin users, aged 40 and over, in treatment with poor health has been increasing in recent years and is likely to continue to rise.</p> <p>⁴ As increasing numbers of people with Learning Disability are living more independently in communities they are more likely to have access to alcohol and other drugs; and therefore, there is a need for appropriate services to support those who misuse substances</p> <p>³https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths ⁴ https://www.ndti.org.uk/uploads/files/Substance_Misuse_RA_Report.pdf</p>				
Gender reassignment	Positive Impact: the new treatment pathway will offer client specific services such as peer support groups and counselling.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage and Civil Partnership	Positive Impact: no data is systematically collected across the treatment system however the new treatment pathway will deliver a service to meet holistic requirements of service users.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and Maternity	Positive Impact: The new Service will jointly work with maternity (community and hospital), psychiatric, forensic, A&E services and L.A. Children Service and safeguarding teams plus other relevant parties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race/ Ethnicity	Positive Impact: the new treatment pathway will deliver a service to meet requirements of service users who may experience barriers to treatment due to cultural/religious practices.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Religion or belief	Positive Impact: see above	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex	Positive Impact: The new treatment pathway should be safe and attractive to women, particular more vulnerable women such as those experiencing domestic violence or sexual exploitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	Positive Impact: Sexual orientation monitoring of service users in order to understand the experiences of the specific services such as peer support groups and counselling.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2.1 Cumulative impact – considering what else is happening within the Council and Harrow as a whole, could your proposals have a cumulative impact on groups with protected characteristics?</p> <p><input type="checkbox"/> Yes No <input checked="" type="checkbox"/></p>					
If you clicked the Yes box, which groups with protected characteristics could be affected and what is the potential impact? Include details in the space below					
<p>2.2 Any other impact - considering what else is happening nationally/locally (national/local/regional policies, socio-economic factors etc), could your proposals have an impact on individuals/service users, or other groups?</p> <p><input type="checkbox"/> Yes No <input checked="" type="checkbox"/></p>					
If you clicked the Yes box, Include details in the space below					

3. Actions to mitigate/remove negative impact

Only complete this section if your assessment (in section 2) suggests that your proposals may have a negative impact on groups with protected characteristics. If you have not identified any negative impacts, please complete sections 4 and 5.

In the table below, please state what these potential negative impact (s) are, mitigating actions and steps taken to ensure that these measures will address and remove any negative impacts identified and by when. Please also state how you will monitor the impact of your proposal once implemented.

State what the negative impact(s) are for each group, identified in section 2. In addition, you should also consider and state potential risks associated with your proposal.	Measures to mitigate negative impact (provide details, including details of and additional consultation undertaken/to be carried out in the future). If you are unable to identify measures to mitigate impact, please state so and provide a brief explanation.	What action (s) will you take to assess whether these measures have addressed and removed any negative impacts identified in your analysis? Please provide details. If you have previously stated that you are unable to identify measures to mitigate impact please state below.	Deadline date	Lead Officer

4. Public Sector Equality Duty

How does your proposal meet the Public Sector Equality Duty (PSED) to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
2. Advance equality of opportunity between people from different groups
3. Foster good relations between people from different groups

The Provider of the Adult Substance Misuse Service will “exercise public functions” for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay due regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver the Services accordingly. The Service will also respond positively to the needs of all groups who have a protected

characteristic within the Equality Act 2010 and will be required to demonstrate awareness/be responsive to the accessibility and needs of groups within protective characteristics either in or attempting to access services.

5. Outcome of the Equality Impact Assessment (EqIA) click the box that applies

Outcome 1

No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality of opportunity are being addressed

Outcome 2

Adjustments to remove/mitigate negative impacts identified by the assessment, or to better advance equality, as stated in section 3&4

Outcome 3

This EqIA has identified discrimination and/ or missed opportunities to advance equality and/or foster good relations. However, it is still reasonable to continue with the activity. Outline the reasons for this and the information used to reach this decision in the space below.

Include details here

100



REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	25 July 2019
Subject:	SEND Strategy, Commissioning Plan and Local Area Inspection Self Evaluation
Responsible Officer:	Paul Hewitt, Corporate Director People Services Javina Sehgal, Managing Director Harrow CCG
Public:	Yes
Wards affected:	All Wards affected.
Enclosures:	Annexe A: SEND Strategy Annexe B: 0-25 Commissioning Plan Annexe C: Local Area Inspection Self Evaluation

Section 1 – Summary and Recommendations

This report presents a suite of strategic documents related to children and young people with special educational needs and disabilities. The SEND Strategy, the 0-25 Commissioning Plan and the Local Area Self Evaluation together detail the context for SEND in Harrow, the areas of strength and those to prioritise for improvement and the strategic and commissioning priorities.

Recommendations:

The Board is requested to note the report and related documents.

Section 2 – Report

Background

1. Harrow Council and its partners, including parents, schools, colleges, health and the voluntary sector, are ambitious for all children and young people and are committed to supporting them to achieve their best outcomes. For children and young people with special educational needs aged 0-25, this requires partners, to work together to ensure that there is high quality, integrated and inclusive education, and support that is flexible and responsive as part of a life course for those with the most complex needs.
2. There is a good foundation in Harrow that partners, including the Local Authority, Clinical Commissioning Group (CCG), Harrow Parents Forum (HPF) and schools have established and are committed to continue to build on. This is important because there are different roles and responsibilities and statutory duties across the partnership, which at times present challenges and their resolution is essential to meet increasing and more complex needs of children and young people.
3. In addition, this is a period of considerable change across the public sector, nationally and locally. The education landscape is already changing with more diverse providers, increasing and changing needs of children and young people and the new national funding formula implemented from 2018 has significant financial implications.
4. The implementation of the NHS Long Term Plan (January 2019) with a central focus on service integration delivered locally through collaborative arrangements between different providers. Within the North West London STP this will create a single CCG across 9 now separate CCGs and develop a North West London Integrated Care System (ICS) area. Primary Care Networks will reconfigure GP practices.
5. The Local Authority continues to embed the SEND Reforms and, with partners is preparing for the Local Area Inspection. There are continued pressures on SEND funding and therefore ensuring that the available funding is maximised to secure value for money and good outcomes is essential. Cabinet agreed the SEND Strategy in February 2019 which sets out the vision and four strategic priorities for SEND and is now being implemented.
6. This report presents the Health and Wellbeing Board with three complementary and interrelated documents that together provide the context SEND in Harrow: The SEND Strategy and four Strategic Priorities; the 0-25 Commissioning Plan highlighting the joint working with CCG, LA and partners to commission innovative, effective and quality services for SEND and the Local Area Inspection Self Evaluation (SEF) providing a robust self assessment of strengths areas for improvement.

Options considered

7. The following options were considered:

Option: 1 Do nothing.

This is not recommended, because it would fail to maximise the positive impact on provision and services for children and young people with SEND and the use of available resources.

Option 2: Continue the development and implementation of the SEND Strategy, 0-25 Commissioning Plan and Local Area Inspection SEF.

8. Option 2 is recommended because it enables the Local Authority and CCG to fulfil their roles to champion vulnerable children and young people, parents and families including those with SEND and meet their educational and health needs most efficiently within available resources.

SEND Strategy

9. The Harrow Special Educational Needs and Disability (SEND) Strategy describes the partners' collective vision and aspirations for children and young people with special educational needs and provides a framework for partners to collaborate to deliver shared priorities for the next five years and setting out how they will be implemented. A copy of the SEND Strategy is at Annexe A.

Guiding Principles

10. To realise this vision, the implementation of the SEND Strategy will be guided by the following principles:
- Maximising the potential of a continuum of local provision in Harrow for children, young people and young adults from 0 to 25 years of age.
 - Developing partnerships with neighbouring Local Authorities, health other agencies and parents/carers to ensure effective collaboration to meet the needs of children, young people and young adults.
 - Developing an integrated approach in the development and delivery of personalised provision, that includes joint decision-making processes between education, social care and health.
 - Prioritising early assessment of need and ensuring timely intervention and support.
 - Every provider, school, college or other setting, in Harrow to have good or outstanding provision for children, young people and young adults with additional needs and have access to high quality professional development and support.

- Using all data available effectively to identify issues to inform the strategy and monitor its effectiveness over time.
- Including parents/carers and young people's voice in the development of the strategy.
- Ensuring that current and future SEND Reforms are an integral element of the SEND Strategy and progress towards implementation is monitored by appropriate bodies.

Strategic Priorities

11. The Strategy has four Strategic Priorities and within these priorities there is flexibility to review, up-date and re-focus accordingly. The four strategic priorities are:

- Strategic Priority 1: Review in-borough specialist provision in the context of a changing demographic profile, pre-school, school and college organisational changes and other developments
- Strategic Priority 2: Review current provision and need for children, young people and young adults with social, emotional and mental health needs to ensure continuum of provision and support. (previously SEBD)
- Strategic Priority 3: Improve local education and social care opportunities for post-16 provision working in partnership with other agencies
- Strategic Priority 4: Improve outcomes for children and young people (0-25) with SEND and ensure appropriate skilled and qualified staff in all provision.

12. The Harrow SEND Conversation has been launched to develop and implement the Strategic Priorities. Harrow Council is facilitating engagement with its partners in a conversation which is aimed at rethinking refocusing and improving its SEND arrangements. This approach presents an opportunity to:

- build on good practice and address the issues that need improving for Harrow's most vulnerable learners
- involve all partners across education, health and care have collective a responsibility for improving Harrow's inclusive arrangements for its most vulnerable young people
- work with young people with SEND and their families and all partners to construct a programme of activity to bring about the necessary change.

13. A series of workshops for each Strategic Priority are planned following on from the first Conversation event on 4th June 2019.

14. A SEND Strategy Stakeholder Reference Group is being established with representatives from schools, colleges, cross party members, CCG and Harrow Parents Forum to ensure that there is appropriate stakeholder engagement incorporated into the governance arrangements, to provide advice and guidance on the implementation of the SEND Strategy and to disseminate information to their constituent groups on a range of issues including:
 - Four Strategic Priority Progress and Up-dates
 - Embedding SEND Reforms
 - Financial and Resource Matters
15. The first meeting is planned for 8th July 2019.

0-25 Commissioning Plan

16. In line with the Children and Families Act 2014 and SEND reforms, the local authority's role is increasing as a commissioner of services rather than a provider. Harrow commissions a range of services for vulnerable children, young people and families, including those with SEND, either as a lead commissioner, or in partnership with the Clinical Commissioning Group (CCG). In addition, the CCG commissions health services for children and young people and adults with SEND and learning disabilities.
17. The 0-25 Commissioning Plan presents the approach to commissioning services for vulnerable children and young people including those with special educational needs and disabilities. There is a review of recent commissioning activity and the priorities over the period of the SEND Strategy are highlighted. A high level commissioning plan is also included. The 0-25 Commissioning Plan is at Annexe B
18. Commissioning for 0-25 is reported to the Children and Young Peoples Executive. This is a partnership group chaired by the Local Authority with senior representatives from CCG, Schools and People Services. The purpose of the group is to:
 - To jointly commission services for vulnerable children and young people.
 - To underpin the vision of the Health and Wellbeing board to help 'all' in Harrow to start well and live well.
 - To explore opportunities for Commissioning Services supporting transition to adulthood.
19. The Group works together to deliver better outcomes and a more cost-effective service for each partner, than by working apart. The agendas cover integrated, joint and aligned commissioning as well as updates about commissioning by individual partners e.g. commissioning intentions. The work of the Commissioning Executive contributes to the SEND Strategy and improving outcomes for Children and Young People with SEND.

Local Area Inspection Self Evaluation (SEF)

20. Duties for local areas regarding provision for children and young people with special educational needs and/or disabilities are contained in the Children and Families Act 2014 (the Act). The local area includes the local authority, clinical commissioning groups (CCGs), public health, NHS England for specialist services, early year's settings, schools and further education providers. Ofsted and the Care Quality Commission (CQC) are tasked to inspect local areas on their effectiveness in fulfilling these duties.
21. In preparation for the Local Area Inspection, as a partnership, the Local Authority (LA), the Clinical Commissioning Group (CCG) and the Harrow Parent Forum (HPF) have committed to a common self evaluation that identifies strengths and pathways for improvement. The self-evaluation has been informed and tested by the schools sector and voluntary sector representatives.
22. The Local Authority (LA), CCG and the Harrow Parents Forum (HPF) have formed the Local Area Working Group to continuously improve the quality of our work and our outcomes. The group also has representatives from mainstream schools, special schools and voluntary groups.
23. The Local Area of Harrow is ambitious to do better for our children and young people with a special educational need and/or disability (SEND) and to ensure that those who may have such a need are identified and sign-posted to the appropriate support and guidance. As a Local Area partners are able to demonstrate many successes, including the outcomes that children and young people with a SEND achieve. There is a mature culture of learning and challenge. The culture of improvement has been commented upon by OFSTED and by an independent (PeopleToo) analysis of the High Needs Block.
24. The Local Area, at this point in time, has come to a shared view of where partners are in their effectiveness in identifying the needs of children and young people, in meeting those needs and in securing good outcomes for them. Overall, there is much strength and the self evaluation is a statement of where the partners are now and their ambition for the future.
25. The self-evaluation serves as a joint exercise between partners across the Local Area to review the effectiveness of provision in relation to identifying, meeting needs and improving outcomes of children and young people with special educational needs and disabilities. All partners give priority to the views of children, young people and their parents/carers to enable a culture of support, ownership, continuous growth and development.
26. The self-evaluation is a dynamic tool for partners to reflect constantly on practice, to test assertions and to identify next steps. The Self-Evaluation will be reviewed every six months. Areas for development include those aspects already in place but for which have identified

further refinements to make them more efficient or effective. The LA's major priorities are captured in its SEND Strategy 2019-2024, other areas feature in the 0-19 Commissioning Plan. A copy of the SEF is at Annexe C.

Financial Implications

27. There are significant pressures on the High Needs Block (HNB) of the Direct Schools Grant (DSG) due in part to a new national funding formula for High Needs being introduced in 2018-19 and continued growth in demand for and complexity of Education Health and Care Plans (EHCPs) and children requiring specialist SEN provision. Part of this is as a result of the SEND Reforms 2014 which increased the age range of pupils eligible for EHCPs from 0-25 years old compared with 5-19 years old prior to this. No additional funding has been received in the HNB to recognise the extended age range.
28. A key priority of the SEND Strategy is to enable more children to be educated in the borough which is more cost effective than children being educated at out of borough SEN provision in either maintained/academy provision or particularly in the independent and non-maintained sector. In addition this also causes pressure on the SEN home to school transport budget which is funded through the Council's general fund.
29. There is currently £6.795m for SEN Provision in the capital programme for 2019-20 onwards.

Legal Implications

30. The Children and Families Act 2014 made significant changes to the way that educational provision was assessed and provided for to children and young people with SEND. Section 27 of the Act requires a local authority to keep under review its educational, training and social care provision for children and young people who have SEND and to consider the extent to which the provision is sufficient to meet need. In exercising its functions a local authority must consult prescribed persons, including children and young people with SEND and parents. The SEND Strategy sets out the existing consultative forums and consultation and engagement will be undertaken on specific activities as aspects of the Strategy are implemented.

Risk Management Implications

31. There are no immediate risk implications for this report. Risk registers will be developed and maintained for individual elements of the SEND Strategy and 0-25 Commissioning Plan as appropriate.

Equalities implications / Public Sector Equality Duty

32. Was an Equality Impact Assessment carried out? No

33. The overarching aim for the SEND Strategy, Local Area Self Evaluation and 0-25 Commissioning Plan is to improve outcomes for children and young people with special educational needs and disabilities. When new services are co-designed and commissioned and proposals for new and changes to provision, EqlAs will be undertaken.

Council Priorities

34. The SEND Strategy, SEF and 0-25 Commissioning Plan with the intention to improve the outcomes for children and young people with special educational needs and disability contribute to the Council priorities;

Building a Better Harrow:

- Ensure every Harrow child has a school place
- More people are actively engaged in sporting, artistic and cultural activities in ways that improve physical and mental health and community cohesion

Supporting Those Most in Need

- Empower residents to maintain their well-being and independence
- Children and young people are given the opportunities to have the best start in life and families can thrive
- Reduce the gap in life expectancy in the borough

Protecting Vital Public Services

- Healthcare services meet the needs of Harrow residents
- Everyone has access to high quality education
- A strong and resourceful community sector, able to come together to deal with local issues

Modernising Harrow Council

- Deliver excellent value for money services

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Name: Jo Frost	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 24 th June 2019		
Name: Sarah Wilson	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date: 24 th June 2019		

Name: Paul Hewitt

Corporate Director

Date: 24th. June 2019

Ward Councillors notified:
MANDATORY

NO

Section 4 - Contact Details and Background Papers

Contact: Johanna Morgan, Divisional Director People Services,
020 8736 6841

Background Papers: None

This page is intentionally left blank

Agreed By Cabinet February 2019

**Special Educational Needs and Disabilities (SEND) Strategy
2019 – 2024**

February 2019

CONTENTS

- 1 INTRODUCTION
 - 2 OUR VISION, GUIDING PRINCIPLES AND STRATEGIC PRIORITIES
 - Vision
 - Guiding Principles
 - Strategic Priorities
 - 3 NATIONAL POLICY CONTEXT
 - Children and Families Act 2014
 - National Funding Formula
 - Consultation on proposed new OfSTED Framework
 - 4 THE LOCAL PICTURE
 - **Harrow's SEND Pupil Numbers and Needs**

 - **Provision for SEND**
 - Early Years
 - Schools
 - Post 16 Provision
 - Out of Borough Special Schools

 - **Educational Performance**
 - Attainment and Progress for Pupils with SEND
 - Exclusions

 - **Implementation of SEND Reforms:**
 - EHCP Completion and Transfer
 - The Local Offer
 - Preparation for the Local Area Inspection
 - Personalised Budgets

 - **Commissioning**

 - **Engagement and the Voice of Children, Young People and their Families and Other Stakeholders**

 - **SEND Resources**
 - High Needs Funding
 - SEND Capital
 - 5 MONITORING AND EVALUATION
 - 6 LOOKING FORWARD 2019-2020 AND IMPLEMENTATION PLANS
- ANNEXE A SEND STRATEGY HIGH LEVEL IMPLEMENTATION PLANS**

1 INTRODUCTION

1. Harrow and its partners, including schools, colleges, health and the voluntary sector, are ambitious for all children and young people and are committed to supporting them to achieve their best outcomes. For children and young people with special educational needs aged 0-25, this requires partners, to work together to ensure that there is high quality, integrated and inclusive education, and support that is flexible and responsive. The Harrow Special Educational Needs and Disability (SEND) Strategy describes the partners' collective vision and aspirations for children and young people with special educational needs and provides a framework for partners to collaborate to deliver shared priorities for the next five years and setting out how they will be implemented.
2. The SEND Strategy was agreed by Cabinet in July 2014, with a vision, guiding principles and 6 priorities. The priorities were revised and subsequently agreed by Cabinet in July 2016. Whilst there was some progress against the priorities it was not consistent and the vision, principles, strategic priorities and implementation mechanisms were reviewed in the context of other changes both nationally and locally within schools, LA and CCG, in partnership with stakeholders including schools, the CCG and parents in 2018. As a result of the engagement the vision and guiding principles and priorities remained unchanged.
3. The SEND Strategy 2019-2024 outlines the current context for SEND nationally and locally, sets out the vision and guiding principles and four strategic priorities. For each Strategic Priority there is a summary of the progress to date with a high level action plans..
4. The SEND Strategy progress will be reported to Cabinet. In addition, it will be reported to the Children and Young People's Commissioning Executive. A joint commissioning group with representatives from the CCG, Schools and the Local Authority including Adult Social Care and Public Health; and the Local Area Inspection Group.
5. The success of the Strategy will be determined by the ability of the partners to collaborate and recognise their contribution to achieving outcomes for children, young people and their families, and seeing this as part of a life course for those with the most complex needs. It is not a strategy that stands in isolation; in particular it links with the Early Years Strategy and Learning Difficulty (LD) and Autism Strategy, but also the Carers Strategy and the CCG commissioning intentions.
6. The strategy will be implemented during a period when there will be considerable change both within education and across the public sector. The education landscape is already changing nationally and locally with more diverse providers, increasing and changing needs and the new national funding formula implemented from 2018 has significant implications.
7. This is not unique to education. Across the Public Sector significant funding reductions will undoubtedly change the current pattern of service provision within local authorities and the health sector.

8. Over the five year period of this strategy these changes will be embedded and the full impact will evolve overtime. It is therefore important that the strategy provides a clear direction, but retains flexibility to accommodate these changes as they become operational. The Strategy has four Strategic Priorities and within these priorities there is flexibility to review, up-date and re-focus accordingly.

2 OUR VISION, GUIDING PRINCIPLES AND STRATEGIC PRIORITIES

Vision

9. The vision for SEND is ambitious and aspirational, it stretches beyond the boundaries of the local authority to all partners and children and young people with SEND, with or without an EHCP. The vision for the SEND Strategy is:

All children and young people should achieve the best possible outcomes, to enable them to become successful adults. They should have access to a continuum of good and outstanding educational provision that offers choice, progression and pathways and are supported by high quality, integrated and inclusive services from 0-25.

Guiding Principles

10. To realise this vision, the implementation of the SEND Strategy will be guided by the following principles:
 - Maximising the potential of a **continuum of local provision** in Harrow for children, young people and young adults from 0 to 25 years of age.
 - **Developing partnerships** with neighbouring Local Authorities, health other agencies and parents/carers to ensure effective collaboration to meet the needs of children, young people and young adults.
 - Developing an **integrated approach** in the development and delivery of personalised provision, that includes joint decision-making processes between **education, social care and health**.
 - Prioritising **early assessment** of need and ensuring **timely intervention and support**.
 - Every provider, school, college or other setting, in Harrow to have **good or outstanding provision** for children, young people and young adults with additional needs and have access to high quality professional development and support.
 - **Using all data available** effectively to identify issues to inform the strategy and monitor its effectiveness over time.
 - Including **parents/carers and young people's voice** in the development of the strategy.

- Ensuring that current and future **SEND Reforms are an integral element** of the SEND Strategy and progress towards implementation is monitored by appropriate bodies.

Strategic Priorities

11. There are four strategic priorities

Strategic Priority 1: Review in-borough specialist provision in the context of a changing demographic profile, pre-school, school and college organisational changes and other developments

Strategic Priority 2: Review current provision and need for children, young people and young adults with social, emotional and mental health needs to ensure continuum of provision and support. (previously SEBD)

Strategic Priority 3: Improve local education and social care opportunities for post-16 provision working in partnership with other agencies

Strategic Priority 4: Improve outcomes for children and young people (0-25) with SEND and ensure appropriate skilled and qualified staff in all provision.

NATIONAL POLICY CONTEXT

Children and Families Act 2014

12. The Children and Families Act came into effect on 1 September 2014 and contained a range of measures focusing on vulnerable children and their families. Part 3 of the Act refers to reform in the law for the education of children and young adults up to the age of 25 with Special Educational Needs. The provisions of the Act applied from 1 September 2014 with the incremental introduction of Education, Health and Care Plans.

13. The Act introduced:

- new expectations that the views of the child and young person will influence decisions made for their education
- a new SEN Code of Practice (published January 2015)
- a requirement for schools and the Local Authority to publish their Local Offer
- integrated assessment of education, health and care needs for children with significant SEN
- the determination of special educational provision through an Education, Health and Care Plan, as well as any health and care needs the child or young adult may have potentially until the age of 25
- the potential for Local Authorities and Health Services to offer services to parents and young adults through a personal budget
- a duty on Ofsted and the Care Quality Commission (CQC) to inspect local areas on their effectiveness in fulfilling the new duties.

National Funding Formula

14. The Government introduced a National Funding Formula (NFF) for High Needs from 2018-19. High Needs funding has previously been based on historical allocations plus some annual amounts of growth. In order to manage increasing growth for demand and complexity of need, annual funding transfers from the Schools Block into the High Needs Block have been approved by Schools Forum. There is now limited flexibility in transfer and a maximum of 0.5% has been set by the Government. Furthermore, within the NFF, any deficit on the HNB will be the responsibility of the Local Authority.
15. There is a significant and growing shortfall within the HNB across London. A recent survey showed that London boroughs had a total shortfall of £78m in 2017-18 compared with HNB allocations, with 32 out of 33 boroughs reporting a shortfall. Up until now, some boroughs, like Harrow, have been able to contain this within the overall DSG by transferring funding between blocks and/or using brought forward contingencies whilst other boroughs are already reporting DSG deficits. However the introduction of the HNB NFF and restrictions on block movements has highlighted more clearly the significant level of underfunding in respect of High Needs.
16. In Harrow, the introduction of the High Needs NFF has led to a shortfall in funding, compared with the 2017-18 baseline, of approximately £2.9m. This is because there was an overall shortfall of DSG in 2017-18 which was funded by the use of a brought forward contingency managed by Schools Forum.
17. In addition, between 2013-19 there has been an increase in HNB funding of £5.128m (21%) compared with increase in HNB spend of £8.090m (34%) and an increase in EHC plans from 1,168 in January 2014 to nearly 1,700 by October 2018 (46%). The SEND Reforms in 2014 require LAs to support young people with EHC plans aged 0-25 years compared with (broadly) 5-19 years previously. This means that young people are not ageing out (as they previously would) of the system at 19 and more young people continue to enter the system and also at an earlier age.
18. The SEND Strategy will need to ensure that the total resources available are maximised and used most efficiently to deliver the best outcomes. This will be challenging and will require creative and will no doubt over time new ways of working will evolve.

Consultation on proposed new OfSTED Framework

19. OfSTED are currently undertaking a consultation on the Education Inspection Framework 2019: inspecting the substance of education. The proposed framework puts the curriculum at the heart of the new framework bringing the focus back to the substance of education. There are four judgements of Quality of Education, Behaviour and attitudes, Personal Development and Leadership and Management.
20. The draft criteria are clear that the expectation is that all learners receive a high-quality education. Inspectors will assess whether/when it is appropriate for the curriculum for learners with SEND to be amended to meet their age, aptitude and ability. OfSTED are emphasising the importance of the curriculum that is

designed for learners with SEND being ambitious and meeting their aspirations. The scoping of Strategic Priority 4 will need to reflect and incorporate any requirements that arise from the consultation and the final OfSTED Framework.

THE LOCAL PICTURE

Harrou's SEND Pupil Numbers and Needs

21. Like many boroughs, Harrow has experienced significant growth in the pupil population and has implemented strategies to increase the number of school places. Initially this rise in population was experienced in the primary sector and increasing pupil numbers are now starting to emerge at secondary level as the pupils move from primary phase to secondary. There has been an associated increase in demand for special education needs provision for those pupils without an EHCP (SEN Support) and with an EHCP.
22. The number of pupils with SEN Support has remained fairly constant since 2015 and is in line with both statistical neighbours and England. However, there is an increase from 3213 in 2016 to 3600 in 2018 just under 400 pupils. The needs of these pupils are usually met in a mainstream school. Table 1 below presents the data from annual School Census.

Table 1: SEN Support

	2014	2015	2016	2017
Harrow	4,840	3,900	3,213	3,600
	14.6%	11.4%	9.2%	10.1%
<i>Statistical Neighbours</i>	59,867	50,104	45,920	44,165
	14.8%	12.1%	10.9%	10.3%
<i>England</i>	1,181,850	986,325	912,170	918,780
	15.3%	12.6%	11.5%	11.4%

23. Overall since 2015, the number of pupils with an EHCP has increased by 37%. The table below presents the number of EHCPs by age and placement. The increase in ARMS placements relates to the increase of provision opened by the Council. The most significant increases are in the early years 157% and over 120 in FE/sixth forms. This increase has an associated impact on the demand for funding for the additional EHCPs. Table 2 below presents the number of EHCPs by Age and Placement.

Table 2: Summary of statement/ECHPs 2015-18 by placement provision

Phase	2015	2016	2017	2018	change	% change
Early Years	9	15	22	24	15	157%
Mainstream	537	537	538	552	15	3%
ARMS	69	73	88	114	45	65%
Special schools & academies	425	454	475	497	71	17%
INMSS	119	115	113	109	-10	-8%
AP/EOTAS	19	13	35	67	48	251%
FE/sixth form		93	181	219	219	x
ISP		17	25	29	29	x
Awaiting	7	18	0	13	6	88%
Total	1,185	1,335	1,477	1,623	438	37%

SEND Needs

24. In terms of the largest number of pupils there is an increased presentation of Autistic Spectrum Disorder (ASD) and Moderate Learning Difficulty (MLD). The impact of the increase in the number of pupils with Severe Learning Difficulty (SLD) and Profound & Multiple Learn Difficulty (PMLD) has required further expansion of Harrow's provision in special schools complemented by an increase in out-borough placements.
25. Ensuring that there is sufficient and suitable provision to meet the changing need for pupils is an essential outcome for the SEND Strategy. For particular groups there is a specific focus within the Strategy. For example, the increase in Social, Emotional & Mental Health (SEMH) is significant in terms of provision locally and is the focus of Strategic Priority 2.

Provision for SEND in Harrow

Early Years

26. The Local Authority is required by law to 'report annually to elected council members, and make this report available and accessible to parents'. To fulfil this duty the Council publishes The Childcare Sufficiency Assessment (CSA).
27. The Child Care Sufficiency Assessment (CSA) provides information on how they are meeting their duty to secure sufficient childcare including information about provision and children with SEND attending PVI pre-school settings and nursery classes in schools. There are a range of providers across Harrow and the Early Years Team works with the providers to secure sufficient and high quality support.
28. There are a greater proportion of children with EHC plans and in receipt of SEND support identified within reception classes than in PVI settings and school nurseries. This is due to more children having been assessed and any SEND having been identified, by the time they transition from nursery to reception. The lowest proportion of children requiring SEND support can be found in school nursery settings and the lowest proportion of children on EHC plans can be found within PVI settings.

29. The most prevalent primary need for SEND support children is speech and language/communication needs. This may partly be due to the large cohort of children who do not have English as a first language following large migrant communities settling in the borough, in particular recent arrivals from Romania. The most prevalent primary need for children on an EHC plan is autism spectrum disorder. However, many children with SLCN receive a formal diagnosis later.
30. There is a continuum of provision in Harrow for children with SEND in Early Years. This includes specialist provision at Hillview Nursery School for children with severe and complex needs, 12 FTE places will be available at recently commissioned PVI settings located in 4 Early Support Centres.
31. In addition, the DfE Inclusion Fund provides settings with support for 3 and 4 year olds with SEND (but who do not have an EHC plan) attending early years childcare providers and schools.
32. Providers can claim inclusion funding on a termly basis for funded 3 and 4 year olds identified as requiring SEND support and that are on their SEND register. Those children requiring SEND support are identified via information gathering from progress checks, assessments and observation in conjunction with parental information. The fund is delivered in order for these children to make progress with any or all of the following areas; communication and language, physical development and personal, social and emotional development. The local authority requests evidence on how funding is being used to support children for example, the setting:
- may wish to provide one to one support for a period during the day to provide focussed activities in order to promote listening and attention skills, or language acquisition.
 - may wish to create small group time on a daily basis for children who require additional support.
 - may wish to use the inclusion fund for additional resources such as ‘cause and effect’ resources to build a child’s focus, or purchase some resources which have a clear beginning and end i.e. puzzles for children who prefer to stay in open ended play and find it difficult to move on to another task.
 - may also use inclusion funding to up skill staff through training. This can be through the Harrow Early Years training schedule, bespoke training or outside specialist sources.

Schools

33. In Harrow, most children and young people attend a local mainstream school and there is a range of additionally resourced units to provide more specialist provision. For some children and young people their needs are met at a special school, in or out-borough.
34. Harrow has 59 schools, specifically 1 nursery, 41 primary, 13 secondary and 4 special schools. Additionally there is one Pupil Referral unit and one alternative provision. There is a changing landscape in the schools and they include academies, free schools, VA and community schools. There are the following special schools in Harrow:

Woodlands School - 3 - 11 years old pupils with severe and complex needs including autism. 135 places

Kingsley High School - 11 - 19 years old pupils with severe and complex needs including autism. 90 places

Alexandra School - 4 – 11 years old pupils with moderate learning difficulties autism and/or behaviour emotional and social difficulties. 80 places

Shaftesbury High School - 11-19 years old pupils with moderate learning difficulties (MLD)autism and/or behaviour emotional and social difficulties. 175 places.

35. In September 2015, new places were opened at three special schools Woodlands School, Kingsley High School and Shaftesbury High School. The greatest demand is for SLD including autism places particularly for early years and Key Stage 1. A further 12 places were provided at Woodlands Primary School. In addition, the year group sizes at Woodlands have been increased and Years 2 – 4 have approximately 25 pupils. Woodlands is operating at a temporary capacity 135, 15 places above its permanent size. Kingsley has approximately 12 places per year group and will be at capacity in by 2020.
36. An Expression of Interest for a special free school was submitted to the DfE in the Autumn. The bid was for a 130 place although schools for pupils with SLD and autism. This would make a substantial contribution to local provision. The outcome is awaited.
37. Additionally resourced mainstream schools make provision for those pupils with an EHCP to access mainstream school curriculum with appropriate support for emotional well-being and curriculum access. The 5 new ARMS provisions opened in September 2015 have designated places above the school's Pupil Admission Number (PAN) and others are included in the PAN. ARMS provide outreach support for other schools and also access outreach from special schools. Progression from a primary ARMS provision is likely to be into a mainstream secondary school with an ARM with a similar specialism or a special school. Current ARMS provision is presented in table 3.

Table 3: ARMS provision in Harrow

School	Specialist Provision	Number of Places
Hillview Nursery School	severe and complex needs	6
Aylward Primary School	autistic spectrum disorders;	12
Priestmead Primary School		12
West Lodge Primary School		18
Welldon Park Infant School	specific language impairment	7

Elmgrove Primary School	physical impairment	11
Cedars Manor School	hearing impairment	6
Earlsmead Primary School	moderate learning difficulties	12
Whitmore High School	physical impairment	9
	autistic spectrum disorders	12
Hatch End High School	hearing impairment.	9
Pinner High School	autistic spectrum disorders	8 (increasing to 12)
Bentley Wood School	MLD and autistic spectrum disorders	12

38. The model of ARMS provision is being reviewed to:

- Increase provision overall to meet rises in demand
- Provide an alternative to a special school for those parents who prefer a mainstream setting for their children with severe and complex needs.
- Ensure that there is a pathway from primary to secondary schools in ARMS provision where appropriate. Currently, there are 65 places in primary and 32 places in Secondary Schools.
- A further development will be the pathway into post 16 provision.

Post 16 Provision

39. All schools in Harrow have provision for sixth forms, and in the special schools there is provision to Year 14 for some pupils. The most frequent destination for pupils with SEND post 16/18 is HCUC (the merger between the former Harrow College and Uxbridge College). The provision is based at Spring House and has a focus on independence, pre-employment and access to mainstream where possible. There are strong links with Kingsley and Shaftesbury Schools to support transition. Other destinations include Independent Specialist Providers (ISPs) and Oaklands College.

40. Prospects are commissioned to provide independent advice and guidance to pupils for post 16. There are opportunities for access to employment via Project Search and supported internships. The Council works closely with West London Alliance (WLA) to secure opportunities for Harrow's young people.

41. The post 16 age group has experienced the highest increase in ECHPs arising from the SEND reforms and extension of the age range to 25 years. There is a need to increase provision in Harrow to meet the rising demand from the increased age but also the number of pupils in special schools. Strategic Priority 3 has a focus on post 16/18 provision and a 5 day offer. This Priority is very collaborative and requires input from the College, the voluntary sector as well as Adults Social Care (Children and Young Adults with Disabilities) and Xcite to ensure that there is provision in Harrow which is a pathway to adulthood.

Out of Borough

A number of Harrow residents with SEND attend out borough schools for a range of reasons. For example, for pupils attending a mainstream school, a school in a neighbouring borough maybe their closest school. Alternatively a specialist provision may not be available in Harrow to meet needs as assessed in an

EHCP. Since 2015, there has been an increase of approximately 125%. There is a corresponding impact on the funding for out-borough placements. Therefore by increasing local provision in collaboration with providers and parents there is the potential to reduce the dependency on out borough providers.

Educational Performance

Attainment and Progress for Pupils with SEND

42. The latest results for Harrow schools showed attainment and progress of pupils with special educational needs were overall above national attainment levels. However, work needs to continue to reduce the gap between their attainment and that of other learners. Nevertheless pupils with SEN in Harrow performed better than pupils with similar needs nationally.
43. The percentage of pupils with SEN in the Early Years Foundation Stage achieving a Good Level of Development (GLD) has increased each year, from 13% in 2013 to 25% in 2016, and has overall remained above the national average. However the results fell slightly to 22% in 2017, falling just below the national average of 23%. The SEN GLD gap widened from -53% in 2016 to -57% in 2017 which is four percentage points wider than the national gap figure of 53%.
44. At Key Stage 1, the proportion of pupils with SEN who met or exceeded the expected standard in Reading in 2016 was 31%, this increased to 33% in 2017, compared with 31% nationally. There was an attainment gap of -52% in both 2016 and 2017, which was 1 percentage point narrower than the national gap of 53%.
45. The proportion of pupils with SEN who met or exceeded the expected standard in Writing in 2016 was 24%, this increased to 29% in 2017, which compares favourably to the national result of 21%. There was an attainment gap of -53% in 2016 that narrowed slightly to -52% in 2017, and compared favourably to the national gap of -56%.
46. In Mathematics 32% of pupils with SEN met or exceeded the expected standard in 2016, this increased significantly to 40% in 2017, which is well above the national result of 32%. There was an attainment gap of -51% in 2016, which narrowed considerably to -45% in 2017 which is 6% narrower than the national gap of -51%.
47. At Key Stage 2, the proportion of pupils with SEN who achieved the 'expected standard' in Reading, Writing and Mathematics combined was 15% in 2016, the result increased substantially to 23% in 2017, compared to 19% nationally. There was an attainment gap of -54% in both 2016 and 2017, which was slightly wider than the national gap of -52% in 2017.
48. At Key Stage 4, pupils with special educational needs had an average progress 8 score of -0.24 in 2016 and -0.27 in 2017, which is much better than the national average of -0.59, however this is significantly less good progress compared to the -0.03 score for all pupils. The progress 8 score for pupils with EHC Plans in Harrow in 2017 is -0.71 which is much better than the national

score of -1.04. The progress 8 score for pupils with SEN Support in Harrow of -0.11 is much better than the national score of -0.43. The average **attainment 8 score** in 2016 was 35.6 compared to 31.3 in 2017, which is much better than the national score of 27.1. The attainment of the pupils with SEN at '**9-5 in English & Maths**' was 15.8% in 2017 compared to a lower result of 12.8% nationally.

49. Clearly the gaps in attainment are too wide for pupils with SEN; however the progress rates of these pupils are very good.

Exclusions

50. The proportion of fixed-term exclusions for pupils with a special educational need remains significantly lower in Harrow than in its Statistical Neighbours and in England. There has been an improvement over time in the proportion of children with an EHCP who have been permanently excluded. The number of permanent exclusions for children with an EHCP in Harrow's schools has fluctuated from 7 (0.7%) in 2012-13 to 4 exclusions in 2017-18 (0.4%); whereas the national rate has remained constant at 0.2% (2016-17). This shows an average improvement over time but still indicates a priority need.
51. In 2017-18 only 2 pupils (0.5%) in the primary phase with a statement/EHC plan received a permanent exclusion, down from 4 (1.1%) in 2012-13. For pupils with statements/EHC plans in the secondary phase, the number of exclusions dropped from 3 (1.3%) in 2012-13 to 0 in 2015-16 to just 1 (0.4%) in 2017-18.
52. The number of permanent exclusions for pupils on SEN support (therefore without an EHCP) has fluctuated over the last 5 years from 12 (0.2%) in 2012-13 to 33 (0.9%) in 2017-18. This is a significant increase and is a priority area for Harrow.

SEND Resources

High Needs Funding

53. High Needs funding is designed to support a continuum of provision for pupils and students with special educational needs (SEN), learning difficulties and disabilities, from their early years to age 25.
54. There is a duty to admit a child or young person if the institution is named in a statutory Education, Health and Care (EHC) plan. Local authorities use the high needs budget to provide the most appropriate support package for an individual with SEND in a range of settings, taking account of parental and student choice, whilst avoiding perverse incentives to over-identify high needs pupils and students. High needs funding is also intended to support good quality alternative provision for pupils who cannot receive their education in schools.
55. The following are funded from the High Needs Block (HNB).
- Harrow special schools, including academy special schools
 - Additional resourced provision in Harrow mainstream schools and academies

- School places in out of borough special schools and independent special schools
 - Educational provision contained in the Education Health & Care Plans (EHC plan) in mainstream schools and academies
 - Post 16 SEN provision including Further Education settings
 - SEN support services and support for inclusion
 - Alternative provision including Pupil Referral Unit (PRU) and Education Other Than At School (EOTAS)
56. The Government introduced a National Funding Formula (NFF) for High Needs from 2018-19. High Needs funding has previously been based on historical allocations plus some annual amounts of growth. In order to manage increasing growth for demand and complexity of need, annual funding transfers from the Schools Block into the High Needs Block have been approved by Schools Forum. Previously there was no limit to the value of transfer permissible.
57. The HNB funding is driven by:
- Basic entitlement factor for each pupil in a special school or special post 16 institution as recorded on the January Alternative Provision census
 - Historic lump sum equal to 50% of each LAs historical high needs blocks
 - Proxy factors for population, deprivation, health and disability, and low attainment.
58. While the DSG formula does include proxies for high need through deprivation and other measures, and does reflect changes in pupil numbers and general 2-18 population, it does not recognise increasing incidence of SEND.
59. The introduction of the High Needs NFF has led to a shortfall in funding compared with the 2017-18 baseline, of approximately £2.9m. This is because there was an overall shortfall of DSG in 2017-18 which was funded by the use of a brought forward contingency managed by Schools Forum.
60. In addition, between 2013-19 there has been an increase in HNB funding of £5.128m (21%) compared with increase in HNB spend of £8.090m (34%) and an increase in EHC plans from 1,168 in January 2014 to nearly 1,700 by October 2018 (46%). The SEND Reforms in 2014 require LAs to support young people with EHC plans aged 0-25 years compared with (broadly) 5-19 years previously.
61. From 2018-19 the Schools Block is ring-fenced and transfers to the HNB are limited to 0.5% of the Schools Block. For Harrow this equates to approx. £830k. The Schools Forum must be consulted and if it does not agree, the transfer can only be made with the consent of the Secretary of State for Education.
62. There is a significant and growing shortfall within the HNB across London. A recent survey showed that London boroughs had a total shortfall of £78m in 2017-18 compared with HNB allocations, with 32 out of 33 boroughs reporting a shortfall. Up until now, some boroughs, like Harrow, have been able to contain this within the overall DSG by transferring funding between blocks and/or using brought forward contingencies whilst other boroughs are already reporting DSG deficits. However the introduction of the HNB NFF and restrictions on block

movements has highlighted more clearly the significant level of underfunding in respect of High Needs.

63. In addition, between 2013-19 there has been an increase in HNB funding of £5.128m (21%) compared with increase in HNB spend of £8.090m (34%) and an increase in EHC plans from 1,168 in January 2014 to nearly 1,700 by October 2018 (46%). The SEND Reforms in 2014 require LAs to support young people with EHC plans aged 0-25 years compared with (broadly) 5-19 years previously. This means that young people are not ageing out (as they previously would) of the system at 19 and more young people continue to enter the system and also at an earlier age.

64. In addition to the reduced funding pressures on the HNB for Harrow include:

- Increase in EHCPs from 1,185 January 2015 to 1623 in January 2018. A further increase to just under 1,700 by October 2018.
- Complexity of need and cost of provision increasing
- More children with Severe Learning Disabilities (SLD) in Harrow. In-borough SLD provision cost on average £26k-£29k per annum per child compared with out-borough independent SLD day provision which cost on average £47k-£68k per annum per child
- Extended age ranges means CYP are not ageing out (as they previously would) of the system at 19 whilst more CYP continue to enter the system and also at an earlier age
- Increase demand for placements for post 16 and post 19 provision 70% and 156% respectively
- Majority of SEND provision in-borough is at capacity and therefore there are limited opportunities to increase local provision.
- Increase in the number of tribunals and the cost of outcome of tribunals

65. The SEND Strategy four Strategic Priorities will contribute to managing and reducing the pressure on the HNB, however projected overspends in the HNB are unlikely to be fully mitigated by the Strategy alone due to the increase in demand. In addition the Council is:

- Increasing more cost effective local provision and reducing transport costs. The average annual cost of a Harrow SLD special school place is approximately £25k per annum. Similar out borough maintained schools or INMSS are in excess of £30k and £60k per annum respectively. The proposed free school top up funding is £16-19k. these costs are broadly comparable with top rates in current Harrow special schools for a similar need and have recently been benchmarked and identified that they are average and slightly above average compared with out of borough schools and academies offering similar provision.
- Commissioning external advice for future provision, demand management strategies and SEND administration efficiencies
- Negotiating costs
- Maximising the efficient use of early support and intervention to improve SEN outcomes.

SEND Capital

66. The SEND Strategy will require capital investment to increase local provision, in particular Strategy Priority 1. In accordance with the DfE's Special Provision Capital Fund Harrow was allocated £3.16m over three years starting in 2018/19. Funding for 2018/19 was used to support the expansion of SLD places at Woodlands Primary School. Further proposals and options will be developed linked with the SEND Strategy.

Implementation of SEND Reforms

67. Harrow and partners have made considerable progress implementing the SEND Reforms and embedding the practice. Key highlights are as follows:

EHCP Completion and Transfer

68. 57.4% of pupils with SEND in Harrow receive new Education, Health and Care Plans within 20 weeks, above outer London borough's average performance of 56.6%. The London Borough of Harrow has made good progress in transferring Statement of SEND to EHC plans by achieving 99.2% performing better than the outer London borough average and that of Statistical Neighbours and England's averages. SEN levels in Harrow are either in line with or slightly lower than national averages suggesting that London Borough of Harrow is identifying additional support needs and formalizing these into SEN Support Plans or EHCPs appropriately.

The Local Offer

69. The Local Offer (LO) in Harrow has been in place since September 2014. It had a significant redesign in 2016 in our aim to provide an offer that is the 'go to tool' for all information in relation to national, local updates, policies and procedures in relation to SEND. Accessibility has been improved on the website by reducing the number of clicks needed to access information and there is an on line feedback form to capture views to tailor improvements in the offer. The Local Offer website now has a translation tool for ease of access for all families. All services are required to keep their entries up to date and the Council has provided training to so service changes can be updated regularly. The site is now mobile and tablet friendly.
70. The LA Education, Social Care and Health partners have ongoing engagement with parents from HP4DC to develop the Local Offer and raise awareness. The Local Offer Services Map on the HP4DC site is a one page birds-eye view of what is available on the main Local Offer website which describes the support available from each service.
71. There is an increase in the awareness of the Local Offer. Parents and Professionals alike have reported that they find it easier to access the website. Many SENCOs use it to support parents in mainstream schools. There is on-going promotion of the Local Offer and it is regularly updated.

Preparation for the Local Area Inspection

72. Harrow has established a Local Area Inspection Working Group with the CCG, NHS and school and voluntary sector partners to undertake the preparation for

the inspection but more importantly to continue to review the areas' approach to fulfilling its duties and improving outcomes for children and young people with SEND.

73. The Local Area self-evaluation (SEF) is being prepared with partners to identify strengths and weaknesses and an action plan is being developed to address specific issues. The action plan will mainly contain operational issues, but where there is overlap with strategic matters it is expected that elements will be incorporated into the Strategy.

Personalised Budgets

74. Personalised budgets are offered and in place for some young people aged 16-25 to support their educational and social care provision. The LA continues to consider how such options can be developed for young people aged 5-16 in Education.

Commissioning

75. In line with the Children and Families Act 2014 and SEND reforms, the local authority's role is increasing as a commissioner of services rather than a provider. Harrow commissions a range of services for children and families with SEND. In line with the SEN Code of practice and the guiding principles for SEND these services have been co-designed with partners and stakeholders.
76. The commissioning of the Short Breaks Framework for Children and young People aged 0 – 25 with Disabilities involved parents/carers and children and young people with SEND in the development of services and activities so that they reflected the needs, were fun and exciting whilst contributing to the outcomes within their care plans and provided support to build family resilience. This was achieved through partnership working with the parent participation group Harrow Parents for Disabled Children (HP4DC).
77. The Chair of HP4DC was also a member of the Procurement tender panel and contributed to the award of a framework contract to 8 providers providing a wide range of activities. HP4DC led on the development of a parent/carer group to provide anonymised feedback of the services/activities from a service users' perspective that feeds into the quarterly performance monitoring carried out by the Commissioner.
78. Parents/carers were also involved in the development of the Carers in Harrow Strategy and Action Plan 2018-2021. The voice of the parent/carer continues to be heard through representation by HP4DC who attend and contribute to the quarterly Strategic Action Plan group meetings.
79. The Centre for ADHD and Autism have been commissioned until March 2021 to provide weekly drop-in sessions and a range of specialist parenting courses for parents/carers of children and young people with ADHD and/or Autism to support family resilience and reduce family breakdown. During 2019-20 a review of the services and the needs of families will take place in partnership with parents/carers and HP4DC.

80. The LA has a Service Level Agreement with Shaftesbury High School (a special school) to provide Independent Travel Training. This training enables children and young people to travel independently to and from home to school/college. The skills learnt through the training enable them to continue their independence as young adults and contributes to positive mental and physical health and wellbeing.
81. Harrow commissions Family Action to fulfil our statutory responsibilities in providing Special Educational Needs and Disability Information, Advice and Guidance (SENDIAS). The service receives referrals from parents and young people requiring support around education, health and social care needs.
82. Prospects are commissioned to provide Independent Careers Information, Advice and Guidance which includes a dedicated team of Careers Advisers for young people with learning difficulties and disabilities aged 16-25. Prospects have developed a good relationships with local colleges, employers and have been successful with supported internships for young people with special educational needs.

Joint Commissioning

83. Harrow Council and Harrow Clinical Commissioning Group (CCG) have established a strong foundation to develop joint commissioning across children's services and including services for children and young people with SEND.
84. The Harrow local authority and Harrow CCG collaborate to fulfil their duties for SEND. For example, the CCG is a member of the Tripartite Panel for residential placements. The CCG and LA signed an umbrella section 75 agreement in 2016. This provides a framework for joint commissioning and a clear funding mechanism for local authority and school contributions. This is important for future commissioning particularly where schools are buying services from the provider of the joint commissioned service.
85. Through the Government's 'Future in Mind' programme, the LA and CCG have jointly commissioning Harrow Horizons, a mental health and wellbeing service which combines the LA's statutory function for services for vulnerable children. An expression of interest was submitted for a Trail Blazer as part of the government's continued priority for young people's mental health.
86. The service for CLA Health assessments which includes the identification of the needs for those children with SEND is jointly commissioned. In addition there is joint work to implement the dynamic risk register for children and young people and the A&E pathway for children and young people with LD presenting to A&E.
87. Speech, Language and Communication services, which are jointly commissioned by the LA and CCG, are currently being reviewed in line with the whole system review to ensure that universal and targeted services are robust in supporting low level speech and language needs to improve early identification and reduce the needs escalating. HP4DC have been an integral partner in this process to ensure that the voice of the parents/carers and children and young people are heard and considered.

Engagement and the Voice of Children, Young People and their Families and Other Stakeholders

88. Harrow has established relationships with partners and key stakeholders is committed to developing and enhancing this. The local authority and Harrow CCG work collaboratively and meet on a regular basis as the Joint Executive with Corporate Director and Chief Operating Officer, the Health and Wellbeing Board and Children and Young Peoples Commissioning Executive. Representation by the local authority and CCG on related working groups and panels is established. For example, the Local Area Inspection Group, appointment of the CCG Children's Commissioner.
89. The local authority, including CCG where appropriate, engages with its partners including the regularly through the following channels:
- SENCO Forum
 - Clerks and Governors Termly Forum
 - Headteachers and Directors Meeting
 - Harrow Parents for Disabled Children (HP4DC) Parents Forum
 - Harrow Education Partnership Board
 - Young Harrow Foundation
90. Consultation and engagement with these forums has recently been used to gather comments and suggestions to inform the development of the Expression of Interest for a special free school, the SEND Strategy priorities, the Additional Resourced Mainstream Schools (ARMS) model, the expansion of Woodlands. There will be representation from a range of partners in the delivery of the SEND Strategic Priorities.

MONITORING AND EVALUATION

91. The SEND Strategy progress will be reported to the Children and Young People's Commissioning Executive. A joint commissioning group with representatives from the CCG, Schools and local authority including Adult Social Care and Public Health. Progress will also be reported to Cabinet.

LOOKING FORWARD 2018-2020 AND IMPLEMENTATION PLANS

92. For each of the Strategic Priorities there is a summary of the current position and an outline of the activities that are required over the next 2-3 years. The Strategic Priorities will be implemented through a range of mechanisms including task and finish groups, individual school projects, strategic projects with partners. There will be a senior officer from Education Services for each priority working with partners. The high level activities will be reviewed and developed accordingly with key partners.

Annexe A
SEND Strategy High Level Implementation Plan

Strategic Priority 1:

Review in-borough specialist provision in the context of a changing demographic profile, pre-school, school and college organisational changes and other developments.

Current Position

Since 2015 and September 2018, 177 new places have opened across 3 special schools, 5 ARMS units, a new free school, a local FE college and a nursery school. Whilst new provision has been opened further provision is required to reduce the number of out borough placements. There is relatively no potential to increase provision on the special school sites but there are opportunities within some mainstream schools to create ARMS provision using space available. There have been discussions with schools and partners to develop the ARMS model and a pilot is being planned for September 2019. Additional SEN places are planned in PVI settings from September 2019. An Expression of Interest bid for a 130 place special school for pupils with severe and complex needs and autism has been submitted. Harrow View Primary School, a new free school will include an ARMs provision, opening date to be confirmed.

Key Activities 2019

Workstream	Activity	Lead Officer
Early Years	<ul style="list-style-type: none">• Support PVI SEND provision in Early Support Centres opening September 2019 and monitor up-take of places.• Monitor and reviewing deployment of Inclusion Fund to support SEN provision with effect from September 2018.• Identify opportunities to support settings with SEND provision	Early Years Team/Early Support
Special School Provision	<ul style="list-style-type: none">• Develop data and intelligence sharing to inform future planning for specialist provision 0-25.• Respond to the outcome of the Expression of Interest for a special free schools.• Explore with special schools models of provision in the context of the free school and the development of ARMs provision	People Services Strategy/SENARs
Mainstream/ARMS	<ul style="list-style-type: none">• Develop ARMs model of provision to include provision for complex and severe needs.• Potential pilot provision from September 2019.• Bring forward proposals to increase number of places and ensure a pathway from primary through to FE.	People Services Strategy/SENARs
Respite Provision/Short	<ul style="list-style-type: none">• Explore options to increase respite provision within the borough including in-house provision, commissioning other providers	People Services Strategy and project

Breaks	<ul style="list-style-type: none">Investigate options to extend current models in People Services for ASC for example Enhance Home Care to support families in their home setting (ASC)	group.
--------	---	--------

Success Criteria:

- A phased expansion programme of SEND provision in Harrow to meet projected increases and changes in demand starting from Autumn 2019
- A reduction in the number of out borough placements because insufficient provision in Harrow
- An ARMS pathway of provision from Early Years to FE
- An increase in opportunities for short breaks/respice provision up to 25 from Summer 2019.

Strategic Priority 2:

Review current provision and need for children, young people and young adults with social, emotional and mental health needs to ensure continuum of provision and support. (previously SEBD).

Current Position

Mental Health is a priority for the Government and CCG STP. Related work being undertaken by Harrow’s Emotional Health and Wellbeing Board with the LA, CCG and voluntary sector partners includes initial mapping of the Local Offer for emotional health and wellbeing. This will inform the design of pathways and identify gaps. Greater identification of pupils and young people moving educational establishment with SEND, although not always assessed. There is also an increase in the identification SEMH as a primary need in EHCPs and there is a need to ensure that there is appropriate provision pathway for SEN Support and EHCP.

133

Workstream	Activity	Lead Officer
Monitor current Wellbeing Service	Harrow Horizons core offer for pupils with SEND up to 25 in place. Pathway established between ADHD Support and Harrow Horizons in place Monitor impact	People Service Commissioning
ASD Pathway and Joint commissioning with CCG	To work with ASC and CCG on the development and implementation of ASD pathways including CAMHs.	CYAD
Securing pathways and sufficient provision for pupils with SEND.	Review data on pupil movement for pupils with EHCP and those without from mainstream to other settings to identify trends and potential demand. Explore options to support pupils in mainstream schools to avoid unnecessary movements in both primary and secondary schools. Develop local provision in Harrow, including alternative provision, to meet identified need as supported by the evidence base.	People Service Commissioning
Design service model with Early Support	Established early support model to support Year 7-9 pupils building on pilot established at Canons High School. Engage with schools to develop Early Support model to meet specific school based issues	Early Support

Success Criteria

- Reduction in exclusions for pupils with SEND
- Responsive support for pupils with SEN with social, emotional and mental health needs leading to assessment if appropriate
- Pathway provision for pupils with SEMH

Strategic Priority 3:

Improve local education and social care opportunities for post-16 and post 18 provision working in partnership with other agencies including colleges and the voluntary sector.

Current Position

Prospects provide Careers Information, advice and guidance(CIAG) to young people including those with SEND aged 16-25. Leadership on supported internship, working closely with both the employers and young people and a strong interface with Excite, the Councils Economic Regeneration team, schools and FE Colleges. There are challenges in Harrow due to the absence of large employers; however there is a close working relationship with the WLA. Currently there are 10 places in Project Search and work with West London Alliance (WLA) to establish further supported internships. There are discussions with schools and colleges on curriculum pathways and an acknowledgement that the number of places for in-borough post 16/18 provision needs to increase to meet current numbers in special schools and which is attractive to young people and their families.

Workstream	Activity	Lead Officer
Task Group	Task group to be established to develop a five day offer. Initial focus on pathway for severe and complex needs post 18 developing a model in partnership with FE provider, adult social care and voluntary sector.	Education Services
Curriculum Pathways	Curriculum pathways from secondary to FE sector reviewed and aligned.	Education Services
Employment	Increasing opportunities for entry to employment aligned to pathway and independent and community Working with partners and providers to bid for funding to support increased pathways to and employment opportunities	Economic Development, Commissioning and Education Services
Planning and Transition	Reviewing the planning for transition process and timescale to ensure education, health and social care are aligned Review planning process	CYAD
Adult Social Care Offer	Map ASC offer and VCS. Identify gaps and opportunities. Link with Young Harrow Foundation and Lateral Pilot 5 day offer September 2019.	CYAD

Success Criteria

- Pilot 5 day offer starting September 2020 developed with partners and young people and parents
- Reduction in out of borough placements

Strategic Priority 4:

Improve outcomes for children and young people (0-25) with SEND and ensure appropriate staff skilled and qualified in all provision.

Current Position

There is a range of training and outreach support provided from within Harrow. This includes the SEND Knowledge Hub, Harrow Teaching School Alliance (TSA), special schools and ARMS Schools, Early Years Service, Educational Psychology Service. The offer combines support for individual pupils as well as staff training. The newly formed Harrow Education Partnership Board will be a forum to discuss SEND matters as a part of their wider school improvement role. There will need to sufficient staff for new planned provision eg ARMs, expansions but also for the increase number of SEN Support pupils in mainstream schools and settings. Consultation on new OfSTED Inspection Framework has an emphasis the importance of the curriculum that is designed for learners with SEND being ambitious and meeting their aspirations. There maybe training requirements arising.

Workstream	Activity	Who
Specialist provision	Mapping of training provision underway. Development of training offer in partnership with schools, colleges and TSA Exploring web based information sharing. Reporting take-up evolving needs	Education Services
Mainstream provision	Explore offers from Knowledge Hub and HSIP new model Link with specialist provision. Publish comprehensive plan	Education Services

Success Criteria

- Coordinated training programme that combines training to support individual pupils and schools meet SEND
- Aligned training to ensure support for whole systems approach with interface for universal provision and specialist eg SALT.
- Increased inclusion and reduction in specialist provision over time.
- Training for New OfSTED Inspection Framework (if appropriate)

This page is intentionally left blank

0-25 Commissioning Plan 2019-2024

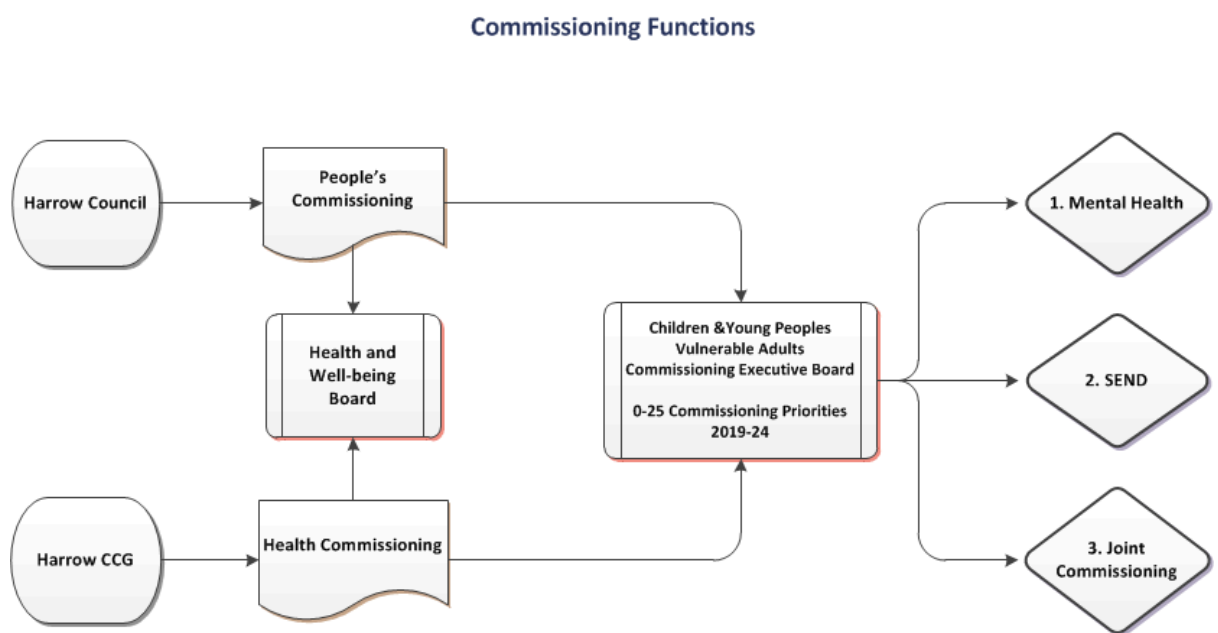
Introduction

1. In line with the Children and Families Act 2014 and SEND reforms, the local authority's role is increasing as a commissioner of services rather than a provider. Harrow commissions a range of services for vulnerable children, young people and families, including those with SEND, either as a lead commissioner, or in partnership with the Clinical Commissioning Group (CCG). In addition, the CCG commissions health services for children and young people and adults with SEND and learning disabilities.
2. This paper outlines the approach to commissioning services for vulnerable children and young people including those with special educational needs and disabilities.
3. There is a review of recent commissioning activity and the priorities over the period of the Plan are highlighted. A high level commissioning plan is presented at Annexe A.

Commissioning in Harrow

4. Harrow has established relationships with partners and key stakeholders are committed to developing and enhancing this. The local authority and Harrow CCG work collaboratively and meet on a regular basis as the Joint Executive with Corporate Director and Chief Operating Officer, the Health and Wellbeing Board and Children and Young Peoples Commissioning Executive. Representation by the local authority and CCG on related working groups and panels is established. For example, the Local Area Inspection Group, appointment of the CCG Children's Commissioner.
5. The Children and Young Peoples Executive is a partnership group chaired by the Local Authority with senior representatives from CCG, Schools and People Services. The purpose of the group is to:
 - To jointly commission services for vulnerable children and young people.
 - To underpin the vision of the Health and Wellbeing board to help 'all' in Harrow to start well and live well.
 - To explore opportunities for Commissioning Services supporting transition to adulthood.

6. The Group works together to deliver better outcomes and a more cost-effective service for each partner, than by working apart. The agendas cover integrated, joint and aligned commissioning as well as updates about commissioning by individual partners e.g. commissioning intentions.
7. Both the local authority and CCG have statutory priorities which are commissioned and are governed through their own structures and also reported to the Health and Wellbeing Board. The diagram below illustrates the relationship with the governance arrangements and the Commissioning Executive Board.



8. In the OFSTED Inspection report in 2016, Commissioning was recognised by Ofsted as contributing to improved outcomes for Children and Young People. Positive attributes included:

- Health and Wellbeing Board's 'a whole life journey' approach to identifying priorities, including a number relevant to the lives of children and young people.
- Clear and well-focused commissioning plan by the multi-agency children's commissioning group. Through this group, the local authority, including public health, works closely and effectively with the clinical commissioning group and schools to ensure that there is an appropriate range of commissioned services to meet children's needs.

- Children and young people are successfully involved in the design of service specifications and the commissioning process referencing specifically sexual health services and the recent 'Future in mind' re-commissioning of emotional well-being services. Leading to more targeted services.
- Active contract management ensures an on-going focus on the quality of services and through this, the outcomes achieved by children.
- Effective use of data and contract management is leading to the re-commissioning of services which produce better outcomes.

Looking Back

9. Across the CCG and Local Authority a range of commissioning activity has been undertaken, new services have commenced and other under review and development. The following section highlights a range of commissioning services for vulnerable children and young people including those with SEND, Children in Need and Children Looked After.

Local Authority Commissioning

10. The commissioning of the Short Breaks Framework for Children and young People aged 0 – 25 with Disabilities involved parents/carers and children and young people with SEND in the development of services and activities so that they reflected the needs, were fun and exciting whilst contributing to the outcomes within their care plans and provided support to build family resilience. This was achieved through partnership working with the parent participation group Harrow Parents Forum (HPF)
11. The Chair of HPF was also a member of the Procurement tender panel and contributed to the award of a framework contract to 8 providers providing a wide range of activities. HPF led on the development of a parent/carer group to provide anonymised feedback of the services/activities from a service users' perspective that feeds into the quarterly performance monitoring carried out by the Commissioner.
12. Parents/carers were also involved in the development of the Carers in Harrow Strategy and Action Plan 2018-2021. The voice of the parent/carer continues to be heard through representation by HPF who attend and contribute to the quarterly Strategic Action Plan group meetings.

13. The Centre for ADHD and Autism have been commissioned until March 2021 to provide weekly drop-in sessions and a range of specialist parenting courses for parents/carers of children and young people with ADHD and/or Autism to support family resilience and reduce family breakdown. During 2019-20 a review of the services and the needs of families will take place in partnership with parents/carers and HP4DC.
14. The LA has a Service Level Agreement with Shaftesbury High School (a special school) to provide Independent Travel Training. This training enables children and young people to travel independently to and from home to school/college. The skills learnt through the training enable them to continue their independence as young adults and contributes to positive mental and physical health and wellbeing.
15. Harrow commissions Family Action to fulfil our statutory responsibilities in providing Special Educational Needs and Disability Information, Advice and Guidance (SENDIAS). The service receives referrals from parents and young people requiring support around education, health and social care needs.
16. Prospects are commissioned to provide Independent Careers Information, Advice and Guidance which includes a dedicated team of Careers Advisers for young people with learning difficulties and disabilities aged 16-25. Prospects have developed a good relationships with local colleges, employers and have been successful with supported internships for young people with special educational needs.

Public Health Commissioning

17. Under the new 0-19 Health Visiting and School Nursing contract, new checks at 3.5 years have been introduced for vulnerable children. These will be rolled out to all 3.5 year olds, along with a new check for all children at 4-5 months once service redesign has been undertaken. Vision screening has been introduced for all pupils in reception from January 2019.
18. Public Health is currently refreshing the JSNA in collaboration with stakeholders and partners.

CCG Commissioning

19. Harrow CCG Commissions London North West Hospital Trust to deliver an integrated Speech and Language therapy, occupational therapy, physiotherapy, and Community Paediatric service. They also commission Central North West

London to deliver Child and Adolescent Mental Health services to meet its statutory Health requirements to support the integrated EHC needs assessment process.

20. Harrow CCG commission both universal preventative, targeted and specialist health services for children and young people with SEND, from early identification, throughout their school and college years and into the transition to adulthood.
21. The CCG commissions a range of services for SEND including; Children and Young People's Continuing Care, Children's Community Nursing team and a Wheelchair Service.
22. Harrow CAMHS has a Learning Disability Team, the team uses functional assessments of behaviour and follows a Positive Behaviour Support (PBS) framework focusing on proactive strategies to manage behaviour and enhance quality of life. Assessment and intervention is conducted across settings, often involving mostly community work, observing and working with children and young people in home, school and respite settings. Their PBS interventions involve working with the individual, family, school and often respite providers and social care, in addition to specialist health providers such as GOSH.
23. A range of services are commissioned for adults including young adults via the voluntary sector and local community services including the following:
 - Attention Deficit Hyperactivity Disorder (ADHD) (Harrow Health Limited Community Services Contract) The service provides assessment and diagnosis of ADHD in adults Overall the service responds to: transition of young people with ADHD into adult services where appropriate, assessment, diagnosis and management of adults referred by GP's provision of consultation, training and advice to general practitioners in Harrow
 - Harrow Mind Harrow Mental Health Information Line, Stepping Stones addresses health inequalities for people excluded by mental illness or cultural factors from engaging in physical activity, HUG ensures the meaningful involvement of users with serious mental health problems in planning, development, standards and evaluation of mental health services in Harrow.
 - Harrow Mind - Health Advocacy Project Harrow Mencap increase health professionals' awareness of people with learning disabilities to improve access and experience of health care for people with learning disabilities and their carers

- Harrow Carers; Positive Psychology sessions delivered through Clinical Psychologist (ACP). Groups and Psychological Education Sessions
- Kids Can Achieve (KCA), in partnership with the Centre for ADHD and Autism (CAAS) Behavioural management and support, Behavioural management and support to newly diagnosed adults with ADHD, Work with adults for a time limited period offering support and advice on living with an ADHD diagnosis, Work with families and carers of adults diagnosed with ADHD, Work with Harrow Health to reduce the current waiting list, Work innovatively to find solutions to problems, Support individuals to provide peers support.
- Mental Health and Learning Disability Services (MH) The Advocacy Service addresses inequalities and supports people to have their needs met significantly including mental and physical health needs.

24. All commissioned providers work in partnership with children, young people and their families in their assessment of a child or young person's needs and are guided by their views, wishes and feelings.

Joint Commissioning

25. Harrow Council and Harrow Clinical Commissioning Group (CCG) have established a strong foundation to develop joint commissioning across children's services and including services for children and young people with SEND.
26. The Harrow local authority and Harrow CCG collaborate to fulfil their duties for SEND. For example, the CCG is a member of the Tripartite Panel for residential placements. The CCG and LA signed an umbrella section 75 agreement in 2016. This provides a framework for joint commissioning and a clear funding mechanism for local authority and school contributions. This is important for future commissioning particularly where schools are buying services from the provider of the joint commissioned service.
27. Through the Government's 'Future in Mind' programme, the LA and CCG have jointly commissioning Harrow Horizons, a mental health and wellbeing service which combines the LA's statutory function for services for vulnerable children. An expression of interest was submitted for a Trail Blazer as part of the government's continued priority for young people's mental health.
28. The service for CLA Health assessments which includes the identification of the needs for those children with SEND is jointly commissioned. In addition there is joint work to implement the dynamic risk register for children and young people and the A&E pathway for children and young people with LD presenting to A&E.

29. Speech, Language and Communication services, which are jointly commissioned by the LA and CCG, are currently being reviewed in line with the whole system review to ensure that universal and targeted services are robust in supporting low level speech and language needs to improve early identification and reduce the needs escalating. HPF have been an integral partner in this process to ensure that the voice of the parents/carers and children and young people are heard and considered.

Engagement and the Voice of Children, Young People and their Families and Other Stakeholders

30. The local authority, including CCG where appropriate, engages with its partners including the regularly through the following channels:
- SENCO Forum
 - Clerks and Governors Termly Forum
 - Headteachers and Directors Meeting
 - Harrow Parents Forum
 - Harrow Education Partnership Board
 - Young Harrow Foundation
31. Consultation and engagement with these forums has recently been used to gather comments and suggestions to inform the development of the Expression of Interest for a special free school, the SEND Strategy priorities, the Additional Resourced Mainstream Schools (ARMS) model, the expansion of Woodlands. There will be representation from a range of partners in the delivery of the SEND Strategic Priorities.

Looking Forward 2019-2024

32. The context for all public sector services will continue to be challenging with increases in demand, greater complexity and financial pressures. It is therefore imperative that there is a focus on ensuring value for money, efficient services and collaboration across all system partners to improve outcomes, avoid duplication and provide early intervention.
33. The education, health and social landscape will evolve and change over the period of the Plan. There will be new free schools and academies making provision for SEN potentially in Harrow but also neighbouring Boroughs. The NHS Five year vision will be progressed through the North West London STP

and the drive on integration with health and social care. A shared priority will be commissioning to support the implementation of the SEND Strategy 2019-2024.

34. Over the period of the 2019-2024 the joint commissioning priorities are:

I. Joint Commissioning

Continue to develop collaboration and integration with the CCG, Council and partners to ensure the best outcomes are achieved.

II. Mental Health

Planning sustainable services for children and young people following the end of the Harrow Horizons service and the opportunities of the NHS Trailblazer programme. Redesigning the local offer which develops a seamless pathway into different services taking into account varying level of need.

III. SEND and Learning Disabilities

Services to ensure health pathways offer seamless provision and system wide approach to across universal settings to specialist services.

35. The table at Annexe A sets out the details of the 0-25 Commissioning Plan 2019-2024.

145

Work stream/Service Provided	Service Provider	Childs Age Range	Category (CLA, SEND, MH)	Strategy	Contract Period	Future Commissioning Intention	Team
Local Authority Commissioning							
Careers, Information, Advice & Guidance	Prospects	16-19 up to 25 with SEN	CLA, SEND,	SEND Strategy 2019-24	March 2021	Review, redesign service for April 2021 start	People Services Commissioning
Special Educational Needs and Disabilities Information, Advice and Support	Family Action	0-25	SEND	SEND Strategy 2019-24	June 2023	Review service with Health	People Services Commissioning
Support for Parents of Children with ADHD and/or Autism – Resilient Families	The Centre for ADHD and Autism	0-25	SEND	SEND Strategy 2019-24	March 2020	Under review	People Services Commissioning
Short Breaks for Children and Young People Aged 0 – 25 with Disabilities	Framework Providers: Harrow Mencap, KCA, KIDS, CF Support Services, DARE, Norwood, Sense, Surecare	0-25	SEND, CLA, CIN	SEND Strategy 2019 - 24		Under Review	People Services Commissioning
Independent Travel Training	Shaftesbury High School	0-25	SEND		July 2019	Under review	People Services Commissioning
0-19 Health Visiting and School Nursing Service	Central North West London Hospital Trust	0-19	Universal		July 2018 - 2025	New Service – review in 2 years (2021)	Public Health Commissioning
Children & Young Peoples Advocacy	Community Solutions	0-25 with SEN	CLA, SEND	CLA Core Offer	April 2018 - 2023	Statutory service – continue commissioning	People Services Commissioning

Independent Visitors Service	Change, Grow, Live Service	8-25 with SEN	CLA	CLA Core Offer	April 2019-2020	Statutory service – continue commissioning	People Services Commissioning
Early Years Education delivered within LA Children Centres	4 separate Pre-School Providers	0-5	SEND	Early Support Offer	September 2019 - 2026	New Commission	People Services Commissioning
Harrow Young People’s Substance Misuse Service	Compass	under 18 and 18 - 24 (based on assessment/need)	Substance Misuse	Harrow Substance Misuse Strategy 2015-2020	October 2015 – March 2020	Two year direct award	Public Health Commissioning
Harrow integrated Sexual & Reproductive Health Service	London North West Hospitals NHS Trust	Age-wide Service including YP clinics and YP Outreach Service	Sexual & Reproductive Health	Harrow Sexual Health Strategy 2015-2020	August 2017 – July 2022	Option to extend until 2026	Public Health Commissioning
Joint Commissioning (LA and CCG)							
Emotional, Mental Health support	Barnardos – Harrow Horizons	8-18 up to 25 with SEN	MH inc CLA, SEND,	Future in Mind Local Transformation Plan 2015 - 2020	April 2017 - 2020	Extend to allow re-design of mental health offer	People Services & CCG Commissioning
SALT	London North West Hospital NHS Trust (LNWHT)	0-25	SEND, SEN	SEND Strategy 2019-2024		Under Review	People Services & CCG Commissioning
CLA Health assessments	CNWL	0-21 Up to 25	CLA	CLA Core Offer	June 2019-2025	Integrated with 0-19 Service	People Services & CCG

		with SEN					Commissioning
YOT CAMHS Worker - Emotional, Mental Health support	CNWL	8-18 Up to 25 with SEN	MH	Future in Mind Local Transformation Plan 2015 - 2020		Statutory Service – continue Commissioning	People Services & CCG Commissioning
Health Commissioning							
Specialist CAMH - Emotional, Mental Health support	CNWL	0-18 Up to 25 with SEN	MH, CLA, SEND	Future in Mind Local Transformation Plan 2015 - 2020	March 2020	Intention to be on going	CCG
Physiotherapy	London North West Hospital NHS Trust (LNWHT)	0-18	SEND and other health issues	Universal, Targeted, specialist services	March 2020	Intention to be on going	CCG
Occupational therapy	London North West Hospital NHS Trust (LNWHT)	0-18	SEND and other health issues	Universal, Targeted, specialist services	March 2020	Intention to be on going	CCG
Community Nursing	London North West Hospital NHS Trust (LNWHT)	0-18 Mainstream Education 0-19 Special Schools	SEND and other health issues	Universal, Targeted, specialist services	March 2020	Intention to be on going	CCG
Continuing Healthcare	CCG	0-18	SEND and complex care	Universal, Targeted, specialist	March 2020	Intention to be on going	CCG

147

				services			
Ophthalmology	Moorfields	0-18	SEND and other health issues	Universal, Targeted, specialist services	March 2020	Intention to be on going	CCG
Community Paediatricians	London North West Hospital NHS Trust (LNWHT)	0-18	SEND and other health issues	Universal, Targeted, specialist services	March 2020	Intention to be on going	CCG
CAMHS mental Health social worker	CNWL	8-18	MH, CLA, SEND	Future in Mind Local Transformation Plan 2015 - 2020	March 2020	Intention to be on going	CCG
Eating Disorders	CNWL	0-18	MH, CLA, SEND	Future in Mind Local Transformation Plan 2015 - 2020	March 2020	Intention to be on going	NWL CCG
Crisis Response	CNWL	0-18	MH, CLA, SEND	Future in Mind Local Transformation Plan 2015 - 2020	March 2020	Intention to be on going	NWL CCG
Digital support and online counselling	KOOTH	16-18	MH, SEND	Future in Mind Local Transformation Plan 2015 - 2020	June 2018-June2019	Intention to extend contract to cover 11-25 year olds	CCG

Transition Pathway							
Crisis pathway for young people with ASD	Multi agency	0-25	SEND -LD and ASD	LD & ASD Strategy 2016-2020	No contract [Pathway]	Not applicable Pathway review	Cross cutting LA/CCG
Harrow is Home	Care Providers	18 plus	LD and ASD including TCP Cohort	National Transforming Care program for people with LD and autism	Spot contract with a view of block contracting	Consideration for commissioning under a DPS or a local framework of Care Providers	Specialist LD Team
Transitional services 19-25. Preparing YP for adulthood	WLA/Prospects, Shaw Trust, LNWHT,	19-25	SEND -LD and ASD	LD & ASD Strategy 2016-2020	WLA contracts	Seek apprenticeships, traineeship and employment opportunities	Specialist LD Team and

This page is intentionally left blank



Harrow

Clinical Commissioning Group



Harrow Parent Forum

151

HARROW Local Area

Special Educational Needs and Disabilities (SEND) 0-25

Self-Evaluation Document: 20 June 2019

Introduction

As a partnership, the Local Authority (LA), the Clinical Commissioning Group (CCG) and the Harrow Parent Forum (HPF) have committed to a common self evaluation that identifies our strengths and our pathway for improvement. This self-evaluation has been informed and tested by the schools sector and voluntary sector representatives. The Local Authority (LA), CCG and the Harrow Parents Forum (HPF) have formed the Local Area Working Group to continuously improve the quality of our work and our outcomes. The group also has representatives from mainstream schools, special schools and voluntary groups.

The Local Area of Harrow is ambitious to do better for our children and young people with a special educational need and/or disability (SEND) and to ensure that those who may have such a need are identified and sign-posted to the appropriate support and guidance. As a Local Area we are able to demonstrate many successes, including the outcomes that children and young people with a SEND achieve. We have a mature culture of learning and challenging ourselves. That culture of improvement has been commented upon by OFSTED and by an independent (PeopleToo) analysis of the High Needs Block. We welcome, therefore, the critical and supportive framework of review so that we continue to learn from the expertise of colleagues charged with the duty of inspection on behalf of Harrow's children and young people. We welcome the opportunity to celebrate our strengths, be challenged on our areas for development and to share and learn through this process.

Our self-evaluation is a dynamic tool for us to reflect constantly on our practice, to test our assertions and to identify our next steps. Our forensic self analysis of outcomes leaves no stone unturned to improve outcomes for children and young people with SEND. Our Self-Evaluation will be reviewed every six months. Areas for development include those aspects already in place but for which we have identified further refinements to make them more efficient or effective. The LA's major priorities are captured in its SEND Strategy 2019-2024. As many areas for improvement have an impact across different aspects they are not included repeatedly in all sections. Where evidence can be found is collated at the end of each section (A,B,C) to avoid repetition. This SEF was prepared in advance of the Joint Commissioning Executive (CCG/LA/Schools) on 2 July 2019 and the Health and Wellbeing Board on 25 July 2019.

The Local Area, at this point in time, has come to a shared view of where we are in our effectiveness in identifying the needs of children and young people, in meeting those needs and in securing good outcomes for them. Overall, we believe that there is much strength. This self evaluation is therefore, our statement of where we are now and our ambition for the future. This evaluation, therefore, serves as a joint exercise between partners across the Local Area to review the effectiveness of provision in relation to identifying, meeting needs and improving outcomes of children and young people with special educational needs and disabilities. All partners give priority to the views of children, young people and their parents/carers to enable a culture of support, ownership, continuous growth and development.

The Schools Forum in Harrow too provides a robust and healthy challenge to the LA in relation to its use of resources. It continues to show the deep commitment of all local schools to be inclusive. In recent years it has used its contingency to relieve forward pressures on the High Needs Block (HNB), has supported additional resource for central sensory services and agreed the carry forward of Early Years' SEND Inclusion Funding. Currently the LA is working with schools on a new matrix banding model of funding for Education, Health and Care Plans (EHCPs) in mainstream schools. A consultation on this matrix banding and on special school funding will take place in the autumn of 2019.

Local Area Context

Previous Office for Standards in Education, Children's Services and Skills (Ofsted) inspections

- The LA operates one short-break children's residential home. It was judged to be outstanding at its most recent Ofsted inspection in November 2018. This home has achieved outstanding in every inspection for the last 10 years.
- The last inspection of the LA's safeguarding arrangements was in January 2017 under the Single Inspection Framework (SIF). The LA was judged to be good.
- The last inspection of the LA's services for Children Looked After (CLA) was in January 2017 as part of the SIF framework inspection. The LA was judged to be good.
- The LA was subject of an Ofsted Focussed Visit in October 2018. The visit focussed on Early Help and Front Door Social Care services. The visit identified 3 recommendations for improvement, and no priority area for improvement.
- The LA had positive feedback from the social care engagement meeting with Ofsted on 4 April 2019 and the DfE SEND Adviser Visit on 19 February 2019.

The Children of Harrow

The ONS Mid-Year Estimates suggest that approximately 57,825 Children and Young People (CYP) under the age of 18 years live in Harrow. This is 23% of the total population in the area. There are **37,261** children and young people educated in state-funded schools (aged 3-18), just under half of them in schools maintained by the Local Authority. The Income Deprivation Affecting Children Index (IDACI) shows that 16% of children in Harrow are living with families that are income deprived. A higher proportion of children living in poverty are in Wealdstone and in the south west area of the borough, but there are also 8 lower super-output areas (LSOA) which are in the bottom 20% nationally for income deprivation affecting children, spread across the borough of which 3 LSOAs are in the bottom 10%.

The proportion of children entitled to free school meals as at January 2018:

- in nursery and primary schools is 7.2% (the national average is 13.7%)
- in secondary schools is 10.2% (the national average is 12.4%)
- in special schools is 24.4% (the national average is 35.9%).

CYP from minority ethnic groups account for 69% of all children living in the area, compared with 21% in the country as a whole. The top five most recorded community languages spoken in the borough are English, Gujarati, Romanian, Tamil and Arabic.

From 1 September 2018 up to 6 June 2019 the Special Educational Needs Assessment and Review Service (SENARS) received 225 new requests for EHC needs assessment and 46 'movers-in' with EHCPs.

The total number of pupils with Special Educational Needs (SEND) of any kind in Harrow's schools has increased from 4,630 in January 2017 to 4,770 in January 2019; representing an increase of 3%. The % of CLA with SEN is higher than the national and statistical neighbours (SN) average. However, the % of CLA with an EHCP in Harrow is lower than both averages (*Draft Report for 11 June 2019 CPP*). Overall, educational outcomes for children and young people with SEND in the Local Area are good across all key stages and Post 16 which points to the effectiveness of arrangements in place. However, the Local Area remains committed to improvement in all areas.

Harrow's Community of Childminders, Early Years Providers and Schools

As at 31 May 2019, 99% of Harrow's 111 Private, Voluntary and Independent (PVI) settings are rated Good or Outstanding. 98% of Harrow's 153 childminders are rated Good or Outstanding. 100% of Harrow's 28 school nurseries are rated Good or Outstanding. Assessing the occupancy of childcare places shows that 3,395 of the 5,751 childcare places in Harrow were occupied by funded children (2, 3 and 4 year olds) as of the Spring Term 2018. This represents 59% occupancy of funded children and suggests there are sufficient places available for funded children. The maintained Harrow nursery is rated Good. All four of Harrow's special schools are judged as outstanding in inspection and the Helix, our Pupil Referral Unit (PRU), and The Jubilee Academy (Alternative Provider) are judged good. 45% of schools are judged outstanding, 47% as good and 5% as requiring improvement (3, of which 2 recently). No schools are currently inadequate although one was converted to an academy this year. This picture compares well to other areas and inspection reports indicate that the children with a SEN have their needs well identified and met by schools and colleges. The LA works closely with a local charity, Securing Success, to ensure that any unregulated schools would be brought to our attention. The high quality of educational settings overall leads to effective Quality First teaching which results in high standards for all pupils and an emphasis on inclusion.

The number of statements, (now EHCPs) has increased since 2007 and continues to rise reflecting the increase in the pupil population and the extended age-range for EHCPs. The percentage of the school population with SEND has remained fairly stable at 2.6%. The increase in EHCPs for post-16 is a particular area of increase under the SEND reforms. To meet this demand locally additional places for pupils with SEND have been opened in Harrow schools. This includes the expansion of three special schools and opening of Additional Resourced Mainstream Schools (ARMS). There is further projected unmet demand which includes the need for an additional 120 place special school, for children with severe and complex needs with Autism Spectrum Disorder (ASD). Many children and young people who have Education, Health and Care Plans (EHCP) are placed in mainstream schools and in specialised Additional Resourced Mainstream Schools (ARMS) in order to meet the needs of children with speech, language and communication needs (SLCN), physical disabilities, Autism Spectrum Disorder (ASD) and Hearing Impairment (HI). Children who are pre-school but have significant SEND are supported through the High Needs Block (HNB) and SEND Inclusion Fund even where they may not yet have an Education Health Care Plan (EHCP). Additional ARMS places have been provided in Early Years at Hillview Nursery for children with severe and complex needs and autism. The LA has also commissioned 4 PVIs to make provision for children with lower levels of need from September 2019.

Harrow has an **increasingly inclusive mainstream school system (SEN Data Profile 2018)**. The number and percentage of pupils with a EHC plan in Harrow's state-funded primary schools has fluctuated in the past 5 years from 340 (34.6%) in 2014 to 371 (33.4%) in 2018. Harrow's percentages have, however, consistently been much higher than the national. In Harrow's state-funded secondary schools, the number of pupils with an EHC plan has increased from 221 (22.5%) in 2014 to 263 (24.3%) in 2017 and then 257 (23.2%) in 2018. Harrow's proportion of pupils has remained lower than the national in each year from 2014 to 2015 but above national since 2016. In Harrow's special schools, the number of pupils with an EHC plan has gradually increased each year from 391 (39.8%) in 2014 to 447 (40.3%) in 2018, this represents a 14% increase. This overall trend is parallel to the increase nationally. However, the overall percentage of pupils with EHCPs in Harrow's special school remained below the national average from 2014 to 2018. The percentage of children identified in need of SEN Support has increased since 2016 (having declined) and now is in line with national at primary age and slightly above in secondary.

As at January 2019 (school census 5-16) there were 3,651 pupils with SEND Support and 1,119 pupils with a statement or EHCP in Harrow schools 5-16. These were not all Harrow residents and some Harrow residents with an EHCP are educated out of borough. The highest category of primary need is speech, language and communication needs followed by moderate learning difficulties. Harrow's school census and Performance data can be found in the **SEN Data Profiles of 2017 and 2018 summarised in the 'At a Glance' documents for each year**.

Since 2018, Speech, Language and Communication Needs (SLCN) has been the most common primary need for pupils on SEND support across Harrow's schools, representing just over one quarter (26%) of pupils with SEND. This is above national average (21.1%) but below statistical neighbours (27.9%). For pupils with a EHCP, Autistic Spectrum Disorder (ASD) has been the most common primary need in each of the last five years, increasing from 229 (24.0%) pupils in 2013 to 284 (27.1%) in 2018.

The highest proportion of pupils in receipt of SEND Support live in the following three Wards, Wealdstone (8.0%), Edgware (7.6%) and Roxbourne (6.6%). The highest proportion of pupils with a EHCP live in these three Wards, Roxbourne (8.4%), Wealdstone (7.5%) and Edgware (6.7%). Wealdstone and Roxbourne are Harrow's two most deprived Wards.

The overall absence rate of the pupils with SEND in Harrow's primary 5.2% and secondary schools is 6.4% lower than national 5.5% and 7.7%. The persistent absence rate of pupils on SEND Support and pupils with a EHCP in Harrow has dropped over the last three years; this is in contrast to the national trend. The proportion of permanent exclusions of pupils with a SEND in primary schools has remained low during the last five years. The proportion of permanent exclusions of pupils with a SEND in secondary schools has increased over the last five years, and was higher than national average but in the 2018-2019 school year shows a marked decline. This area, linked to behaviours, is an identified priority in the SEND Strategy and continues to be the focus for all schools. In 2018-2019 (to May 2019) there has been a significant reduction in permanent exclusion of children with an SEN. This should be seen in the wider context of the ambition of schools to be inclusive as shown by the relatively high level of EHCPs in the mainstream, the good levels of attendance of children with SEND and the very low level of fixed term exclusion of children with SEND. The Local Area is working with schools to acknowledge their strengths and to support them in the challenges

they face.

Pupil Residency (Schools 5-16): The proportion of pupils with a SEND in Harrow's schools residing outside of Harrow has increased from 465 (11.1%) to 562 (12.1%) in 2018.

Key Websites and Documents:

[Harrow Local Offer](#)

[Harrow CCG](#)

[Harrow Parent Forum](#)

[HPF Local Offer Services Map](#)

[Harrow CCG Commissioning Intentions 19/21](#)

[Harrow Ambition Plan](#)

[Harrow JSNA](#)

[Harrow JSNA Tool](#)

[SEND Strategy](#)

[SEND Capital Plan](#)

[Public Health Harrow Annual Report 2018](#)

[OFSTED Harrow Children's Services Inspection and Focused Visit](#)

[Children and Young Adults Disabilities Service \(inclusive of Strategy, Joint Commissioning Strategy and Short Breaks\)](#)

[Harrow Safeguarding Children's Board](#)

[Health and Wellbeing Board \(Strategy & Plan\)](#)

[Early Years SEND \(& via LO\)](#)

School Performance 5-16

SEND Data Profile 2018 & Appendices (Inc.: Post 16; Attendance, Exclusions and Phonics)

SEND Data Profile 2017

'At a Glance' (2017, 2018)

[LAIT](#)

[Intelligent London Harrow Overview](#)

Other Partners

[Harrow Schools Forum](#)

[Harrow MENCAP Annual Reports](#)

[Young Harrow Foundation \(Analysis\)](#)
[Harrow Horizons \(Mental Health\)](#)
[Local Short Breaks Provider Inspection](#)
 CQS Data Profile (Harrow)

Local Acronyms Explained:

LO- Local Offer; **HPF** - Harrow Parent Forum; **ARMS** – Additionally Resourced Mainstream School; **HCCHS** – Harrow Community Child Health Services; **EPS** – Educational Psychology Service; **ES** – Early Support; **EdS**-Education Services; **SENARS** – SEN Assessment and Review Service; **CST** – Children’s Sensory Team; **HSSE** –Harrow School Standards and Effectiveness Team; **HEPB** – Harrow Education Partnership Board; **HWBB** –Health and Well-Being Board; **HWBE** – Health and Well-Being Executive; **SF**-Schools Forum; **CYAD(S)** – Children and Young Adults with Disability Service; **LAWG** – Local Area Working Group; **HVS(or VS)**- Harrow Virtual School; **YOT**- Youth Offending Team; **CSB**- Corporate Strategic Board; **FIS** – Families Information Service; **EYT**- Early Years Team; **ESMT**- Education Services Management Team; **PSMT**-People Services Management Team; **CSA**- Childcare Sufficiency Assessment; **DR**- Dynamic Register; **JSNA** – Joint Strategic Needs Assessment;

Other: **CNWL**- Central and North West London (Mental Health Trust); **LNWHUT** – London North West University Healthcare NHS Trust ; **CYP**- Children and Young People; **YP**- Young People; **CCG**- Clinical Commissioning Group; **DSG**- Designated Schools Grant; **HNB** – High Needs Block; **DfE**- Department for Education; **SALT**-Speech and Language Therapy; **DCO**- Designated Clinical Offer; **SLCN** – Speech Language and Communication Needs; **SN**- Statistical Neighbours; **SW**- Social Work(er); **CAMHS** – Child and Adolescent Mental Health Services; **IRO**- Independent Reviewing Officer; **CDC** – Council for Disabled Children

A) How effectively the local area identifies children and young people with SEND (this includes children and young people being considered or assessed for or having EHC plans and children and young people who are being considered or assessed for, or receiving, special educational needs and/or disability support)

A.1 Timeliness

When potential needs are raised with the local area by the young person, parents and carers or teachers or other staff working with the young person; the efficiency and appropriateness of the response

Strengths

Key Outcome

- **The Local Area is effective in identifying children and young people with SEND early** in accordance with the Code of Practice. Harrow SEND teams are committed to working with all partners in the Local Area to enable early identification of need and ensure the right support is quickly made available at the appropriate time. To enable us to achieve this leaders have worked to ensure there is consistency in understanding levels of need and thresholds to enable children and young people's needs to be identified early and met through SEN support so that those with more complex needs can access the specialized support they need quickly.
- The Local Area promotes a Graduated Response for Individual Pupils and effectively facilitates early identification, intervention and monitoring. This has been promoted through the SENCO Forum. New guidance and templates were issued in 2014 following the Code of Practice (CoP) and revised in 2018. In schools the Graduated response ensures all stakeholders are 'heard' – pupil and parent voice ensure the process as part of the cycle of provision and intervention (evident in school processes and ARs).
- N103a: 80%; N103b 60.4% in Quarter 4; indicators suggest the Local Authorities timeliness in making assessments and issuing EHCPs are comparatively good within London but we strive for improvement.

Support for Pre-School Aged Children

- Support is provided to pre-school children by the Portage Service and the Children's Sensory Team (CST), both funded from the Dedicated Schools Grant (DSG). The DSG also funds a small ASD team that provides advice and support to schools and help with identification of need. These services provide essential and targeted support to schools and families to help children with disabilities make progress and achieve well; and in the case of Portage and CST in particular, to support their parents. In September 2018 the Portage home visiting service transferred 85 children successfully to early years' settings. These children may have birth diagnoses or developmental delays that emerge during the first year of life.
- Children who have hearing difficulties gain early access to more specialist assessments. Parents report positively about the specialist advice and support they receive during this early period of diagnosis. Families who meet key thresholds also appreciate the early support they receive from CST services.
- The Early Years Team (EYT) SENCO provides effective advice and support for pre-schools / PVI's
- The SEND Inclusion Fund (Early Years) targets support to children who may have a SEND. Public Health has funded a Busy Feet programme for children in settings with a low level of SEN to be more physically active.
- Advisory teaching staff, the EYT and EPS helps to ensure that children receive the support they need to be able to gain access to pre-school settings, nursery education and the Reception class in school.
- A dedicated Early Years Team (EYT) supports an integrated approach to early identification, learning and care. They work closely with schools, private and voluntary nurseries, childminders, parents/carers and early intervention services: Education Psychologists, Children's Sensory Team, Speech and Language Therapists, Health Visitors, Portage and SENCOs to ensure additional needs are identified early to promote the best possible outcomes for all children. Resources are targeted to priority wards and priority needs in response to the rich data analysed in the Childcare Sufficiency Assessment 2018. Once needs are identified, practitioners can access funding based on clear criteria which enables the Early Years SEND Register to be a live working document (A.5 below)

Support for School-Aged Children

- In the Local Area, CST work with any child or young person with sensory impairment in a Harrow school without an EHCP regardless of what borough they are from. This is a reciprocal arrangement with other boroughs.
- Advisory teaching staff, the early years' team and educational psychologists help to ensure that children receive the support they need.
- Highly skilled school based Special Educational Needs Coordinators (SENCOs) are adept at supporting their colleagues to highlight areas of concern regarding the children and young people they teach. SENCOs then ensure that quick and effective interventions are put in place to support each child or young people and, as a result most make good progress.
- SENCOs are effective in guiding children; young people and their parents to organisations that can help meet the families' needs and make regular use of the Local Offer in these conversations. On this specific point the Local Authority and the HPF are committed to understanding this picture better and responding to that challenge.
- The Educational Psychology Service (EPS) is highly regarded and has, as a result, a high level of buy-in to additional services through a Service Level Agreement (SLA).
- Special school referrals identify where a specialist placement might be required at the point of request for statutory assessment rather than waiting for the 20 week assessment to be completed.
- Assessment places at Special schools are used, where, possible for complex pupils moving into Harrow.

Early Support (All Ages)

- The number of children benefiting from the Early Support Services' coordinated, planned and consent based early-help response from the LA and partner agencies has been increasing in response to a needs analysis. The 2016 reorganisation resulted in a model of developing longer term community strengthening and resilience. Addressing parenting before it emerges as an issue for the Multi-Agency Safeguarding Hub (MASH) and wider social care is beginning to have an impact. In March 2019 the LA implemented a significant Early Support recording system, moving to an electronic system for recording and demonstrating impact. The first impact data will be available from September 2019.
- The Early Support Service offers a range of focused activities and resilience building opportunities to families who "walk in" to centres or are referred from other universal service providers. For example: The Citizens Advice Bureau (CAB) offers a satellite appointment service to families who find it difficult to travel to the central office, 2 year development checks are carried out by Early Support (ES) practitioners and Health visitors in suitable medical suites within the ES Hubs and delivery sites, developmental triage sessions follow out of universal groups where additional needs are identified.
- Specifically for SEND, the current Early Support model targets vulnerable communities and CYP and families with additional needs, aged pre-birth – 19 years and up to 25 years for young people with SEND and specific services include: Young People's Anger management, Speech and Language Therapy (SALT) / Universal TALK groups and Triage and SEND / Sensory Room sessions and groups.
- SALT (SLT/SALT) operate Early Help 'Drop-ins' for parents

Early Access for Identified Families

- The majority of support provided by the Children and Young Adults with Disabilities service (CYAD 0-25 service) is directed to children of school age.
- Referrals, assessments, and planning are done jointly with SEND and CCG services for the most complex and vulnerable children. This

has improved the implementation of EHCPs and greater access to continuing healthcare funding for the most disabled and complex children.

- A TCP Dynamic Register (DR) of those children is maintained by the CCG and LA and allows a multidisciplinary approach to supporting the most vulnerable disabled children and disadvantaged homes (currently 10 CYP on the local register).
- Disabled CYP and their families are able to access services such as short breaks, and social care packages where appropriate through the CYAD service.
- Data is checked through weekly reports run on Placement, an annual data cleansing as part of preparing for the Sen2 return and through support from Capita Team to create and run reports.
- Centre for ADHD and Autism provide drop-in coffee mornings and specific ADHD and Autism related training for parents of children with ADHD or Autism along with a Youth Group for children with Autism.
- VS Clinical Psychologist (CP) provides training to schools, social workers and carers on 'Identifying Students with Mental Health Needs and undertake clinical assessments for all CLA students with mental health needs who do not meet the criteria for CAMHs interventions
- Unaccompanied Asylum Seeking Children (USAC) have an EAL assessment which screens for any SEN; reports are shared with carers, schools. Any further actions are followed through by the school's SENCO.

Areas for Improvement

Data

- CST, Portage and Early Years further integration of data to contribute to projected need.
- The LA is in discussions with NWL CCGs re. developing the WSIC dashboard as a tool for understanding projected need.
- Explore improved data logging and tracking systems across health, social care and education.
- Discussions with IT systems specialists as to how to support SENARS to improve the data quality on an on-going basis
- SENARS aim to establish a data/finance position and appoint to the role from September 2019
- Provide clear guidance around more accurate coding of SEND categories by schools to enable the LA to have a true picture of SEND need. (This is particularly evident for CYP with SLCN as their primary need, where this may be recorded as SEBD.)

Service Development / Review

- Review and structure the EPS offer in Early Years' settings through an extended SLA or a core offer of EP Support Attendance of social care professionals at weekly SENARS panels
- The Local Area is considering whether the streamlining of panels would be more efficient without loss of effectiveness; such as combining the CYAD Panel and Transition Panel.
- Ensure the efficient processing of annual reviews in SENARS so that delays are minimal. Outcomes and response to schools' requests for support will be part of the 'SEND conversation'.
- Clarify the Travel Assistance Policy by continuing to work with parents to manage parental expectation of what should be provided in the current context. Further improve processes which ensure that transport access is part of the early conversation.
- Early Help Support Services - There is a need to continue to embed the Family Led Needs Analysis / Youth Led Needs Analysis

process throughout all teams across the borough ensuring widespread use and understanding of how to access Early Help Services.

Co-production / Joint working

- Continuing the co-production approach, review the suite of documents for the EHCP process including the EHCP/annual review templates and guidance documents support consistency and quality of approach from drafting up an EHCP to an annual review
- Work towards a greater multi professional approach to ensure a smoother transition between education, health and social care services including supporting parents to understand different systems (discussion about what is possible to manage expectations.)
- Harrow Mencap to continue to work alongside CYP, parents/carers to identify gaps in need, expanding existing services and consider developing additional services, especially for post 19 with complex needs
- Harrow Mencap to continue to engage clients to identify their social care needs and develop methods to address those needs.
- The Harrow CAMHS Learning Disability Team to work more closely with Health Visitors and the Early Intervention Educational Psychologists to discuss pathways and joint working opportunities
- Health staff to enable CYP and families to work more closely with the family GP.
- Early Support - Further engagement with the wider partnership related to youth is required to agree an overarching Youth Engagement Strategy for the borough with aims and objectives to engage young people and develop a comprehensive youth service offer.
- Develop support and signposting mechanisms to support families at points of diagnosis/transition.

Training

- Continue to work with SENCOs and upskill staff to reinforce expectations of schools for quality first teaching for all pupils – audit need
- Provide training for community nursing teams on SEND processes and advice for EHCP
- Explore ways to further support more settings to be inclusive of for 2 year olds with specific needs

A.2 Appropriate monitoring arrangements to ensure assessment information remains up to date

Strengths

- EHC plans are reviewed on an annual basis. Guidance has been provided on how to undertake an effective review. Person-centered reviews are now well-established within the special schools. The SENARS team writes to schools to inform them when reviews are due.
- Additionally, assessment information is reviewed through the Education Psychology Service (EPS) annual meetings with schools and in Planning and Review Meetings termly.
- The VS attends the annual review meetings for CLA; PEP targets are aligned to the child's EHCP
- EPs have termly Planning and Review Meetings with 53 mainstream schools (or twice a year in settings with low SEND/no SLA). In the 4 special schools, in Harrow College, in Helix/Jubilee, and in Hillview/Herga/Chatter Tots. Children of concern are discussed, and schools and settings are supported to consider how best to meet the child's needs (including, but not solely EP involvement i.e. EPs assist their thinking as well as planning EPS involvement)
- Educational psychologists use their termly planning and review meetings with schools to ensure an up-to-date picture of the needs across the school. Reports and psychological advice have a greater focus on outcomes and co-production.

- SENARS have termly meetings with the four special schools in the Local Area to monitor transition / phase transfers and complex issues.
- The Divisional Director Education Services meets with the special school headteachers each term.
- Children in need plans are reviewed at least six-monthly to ensure they continue to reflect needs and that progress is being made towards outcomes.
- In Planning and Review meetings, the progress of children and young people with EHCs are reviewed, and the EPS prioritises involvement around children with EHCs where there is a significant change in need / view that the child's needs are not being met within the current provision, and/or forthcoming transfer to a new school. This leads to some 'Core' reassessment work with children with EHC Plans.
- The Virtual School for Children Looked After (CLA) monitors attainment and progress data for all children in care. The Virtual School receives Personal Education Plan (PEP) reviews which are monitored and quality assured.
- Pupil Premium is effectively targeted to meet the needs of children in the care of the LA by tracking and monitoring their key indicators of success and providing additional tuition and support where required.
- All reviews from out of borough settings, and residential placements where we retain educational responsibility, are monitored and responded to through the Annual Review process. LA Officers make attendance at reviews in out of borough residential schools a priority.
- Appropriate monitoring ensures assessment information remains up to date, for individual children receiving SEN support as well as for children with an EHCP. EHCP are subject to senior management sampling of plans to check compliance with the requirements of the Code of Practice, quality of content in relation to accuracy of assessment, whether provision is aligned to meeting needs and achieving outcomes
- Early Years Moderation /monitoring of provision are triangulated and robust. Members of the early years' team visit schools and PVI settings regularly to ensure as soon as need is identified, that intervention can be appropriately targeted in PVIs.
- All CYP accessing medical & therapy services are subject to regular review of their progress with written reports provided to parents and other professional involved.
- The Harrow CAMHS Learning Disability Team ensure in depth assessments matched to intervention are completed through joint setting of goals with the family to ensure support is focused upon their goals/needs at that time.
-

Areas for Improvement

- Continue to support the monitoring, evaluation and analysis of progress and outcomes for children and young people on SEN Support to inform practice and advice
- Review the quality and effectiveness of the annual review process across pre-schools, schools and colleges
- Roll out a new training programme for pre-schools and colleges in relation to the new guidance and templates with particular emphasis on pupil/student voice
- SENARS to provide termly data to all settings on EHCP needs assessment and annual reviews to be held in the following term
- SENARS to re-offer training to social care services on the SEN graduated approach
- There is scope for improvement in how young people are encouraged to attend and participate in their annual reviews and encouraged to actively engage in setting their Preparation for Adulthood outcomes.

A.3 The effectiveness of routine assessment of educational attainment and progress, including the application of national assessment arrangements

Strengths

- See A.12, C.1 and C.2
- Harrow special schools are engaged in on-going work with school in Brent and Hertfordshire to develop, apply and moderate effective assessment tools to record small steps of progress for pupils who have complex needs
- Harrow Virtual School (HVS) monitors the social and emotional well-being of students via the Strengths and Difficulties Questionnaire (SDQs) which is embedded within the e-PEP. The data is triangulated with the carer and pupil, the CLA Health Team, Independent Reviewing Officer (IRO) Health lead, Social Care Managers and the VS Clinical Psychologist. Students with high (above 17) SDQ scores have appropriate interventions in place. These are reviewed at the termly Education and Health CLA monitoring meetings. 36% of students with SDQ scores above 17 have an EHCP.
- Through the work of the Harrow Education Partnership Board (HEPB) schools have retained a strong school to school support process for improvement and provided an offer of school improvement advisers. In some cases these come from local schools, trained by an experienced out of borough team. School improvement continues to have a focus on better outcomes for all children with SEND and disadvantage.
- The Harrow School Standards and Effectiveness Team undertakes a desk top annual school analysis for all schools in the Local Area which identifies any causes for concern. The HSSE will offer a level of support to all school as appropriate.

Areas for Improvement

- Continue to increase understanding across all services of the local support available through the graduated approach, the process of EHC needs assessments and thresholds for specialist provision.
- To focus on Priority 1 of the SEND Strategy through which there is a focus on inclusion to ensure that CYP wherever possible effectively have their needs met in mainstream and in more cases, locally in mainstream or special
- Continue to work with settings to increase the knowledge and understanding of YP about their EHCP what it means and how it informs planning for their education and outcomes.
- Continue to support all members of the SEN team to attend training to help them manage difficult conversations and manage conflict
- Mencap to work creatively to overcome specific challenges due to financial restrictions with families' funding; continue to develop Families Connect and apply for funding as appropriate
- The Harrow CAMHS Learning Disability Team need to provide further training/ joint working with school nursing/ midwives about the team and its offer; continue to build upon relations with educational psychology and Portage to aid early identification of children who could benefit from services.
- To develop a pan disability youth participation forum to capture the youth voice and ensure all children and young people can take part

in key decision making process which is also representative of all BAME communities.

- CLA placed outside of Harrow can have longer waiting times for their EHCP to be initiated.
- Harrow Virtual School (HVS) to continue to review the impact of multiple placement and school moves on pupils with identified SEND
- Early Years team to continue to supporting partnership working, co-commissioning and sharing of resources to build the capacity of individual settings, schools and clusters of provision

A.4 How social care needs of children and young people are identified and assessed

Strengths

- **The Social care needs of children and young people are suitably identified and assessed because by the** Children and Young Adults with Disabilities service (CYAD 0-25 service). There are good working links at an individual child & family level between clinical staff and CYAD. The HCCHS are aware of referral pathways to social care, completing referrals and share appropriate information as required through the Harrow MASH. This results in multi professional meetings to ensure CYP and families being supported appropriately. Within the Children in Need Service (CIN) there is good multi-agency delivery for children subject to EHCP.
- The majority of support provided by the Children and Young Adults with Disabilities (CYAD) service is directed to children of school age. However, pre-school referrals (where the child has an assessed developmental delay) will be considered on a case by case basis, in consultation with the relevant multiagency professionals. This will be particularly important for children who have not been formally diagnosed, where, as for all referrals, the Multi Agency Safeguarding (MASH) service will process and screen any requests for children's services to make a judgement about the appropriateness of passing the referral to the CYAD service.
- The education lead in the MASH team and the Local Authority Designated Officer (LADO) works closely with education providers and are readily available for advice. Clear systems and processes are in place to enable settings and schools to make any necessary referrals to social care.
- There is access to a Learning Disability (LD) Child and Adolescent Mental Health Service (CAMHS) social worker within the service who offers therapeutic social work (SW) support to disabled children and their families. This supports the NHS England's Transforming Care agenda with the post based in CYADS and funded by the CCG. Since September 2017 when the LD CAMHS SW post began the team have successfully diverted children from crisis and Accident and Emergency (A&E) admission and helped them remain at home with their families.
- A crisis response pathway has also been piloted jointly with the CCG and as part of this the CYAD service is able to provide a more rapid and joined up approach to escalations of behaviour and difficulty in the home avoiding breakdown of care. This is having a positive impact, and feedback from families has been overwhelmingly positive.
- There is a strong working relationship between Education Services (including SEN services) and CYAD, supported by the decision in 2004 to co-locate services. CYAD have access to SENARS files in SharePoint.
- The Harrow CAMHS Learning Disability Team work closely with social care as part of the holistic assessment process facilitating a coordinated approach through joint appointments
- Harrow Mencap deliver various workshops around a young person's Social Care Needs to raise awareness and early identification including Emotional Wellbeing, Sex and Relationships, Safeguarding and Bullying.

- Children who are Electively Home Educated (EHE), where known, are assessed in relation to any need as appropriate in conjunction with the MASH and advised of support if an SEND is a possibility. The parents of children already known to SENARS and the EHE are regularly contacted by those services and advised appropriately.
- Harrow's School Nursing service have written to every family that has told the LA they are home educating their child with health information and contact details for the school nursing service if they have any concerns.
- In relation to the Post 16 ASD Pathway, a meeting was held with parents in May 2019 at Cedars Youth Centre to gather parental views on transition.

Areas for Improvement

- The Short breaks teams are exploring the possibility of utilizing **MyCommunity e-purse**, a technology for personalization and direct payments, to provide an even wider choice of providers that families can access with a direct payment and enhance the process for those with a commissioned service by utilizing providers on the framework.
- Enhanced Home care for Complex needs work stream will support families with complex needs & will avoid crisis and family breakdown. Commissioners will be working on developing a short and long term plan for enhanced home care
- HPF to develop the relationship with SENCOS, reach and represent more parents with children and young people in mainstream settings.
- Evidence of health and social care involvement is not always fully reflected in EHC plans even though needs are reviewed.
- Social Care - to strengthen processes of co-production. We have a clear process for gathering information as part of new requests but need to fine tune the process for capturing social care information following annual reviews.
- Enable a social worker role to be based between CAMHS and CYADS to develop and co-ordinate liaison between services
- Build and increase confidence of non-specialist Early Help Teams and Social Care Teams.
- Follow advice from the Council for Disabled Children regarding a proportionate approach to assessing needs as it opens the door to others working with parents and young people to identify needs and what can be done to address them through signposting to organisations that may help (local and national), information services, universal services and targeted services (e.g. sensory support teachers may be better placed than social care services to advise parents on how they can support their child's development needs).
- Review the offer from School Nursing for EHE pupils for academic year 2019-20.

A.5 The effectiveness of the use of information from early health checks and health screening programmes

Strengths

- The Harrow Community Child Health Services (HCCHS) work with the Neonatal unit at Northwich Park Hospital to ensure transition and access for neonates with disabilities to community health services. Therapy staff-run a joint 'at risk' clinic for neonates who are at risk of developmental difficulties or disability referring on to community health services as appropriate. This work continues to inform strategic planning.
- Effective screening processes are in place to identify need in new-born infants.
- The performance for the Health Visiting New Birth Visit is good.
- The Health Visiting team visit at home all infants who transfer in to Harrow who are under the age of 12 months, as well as those

classified as vulnerable (which includes those who have an SEND) and those not previously seen by a health visiting service.

- The new model for integrated 2 year checks will see more regular contact between the health visiting service and PVIs.
- Under the new Health Visiting contract there will be a new 3.5 year health check in order to improve school readiness and help pick up children whose SEN may have emerged later. This was started for targeted children in January 2019. (Targeted includes children who have developmental delay, medical conditions or learning difficulties and that the service knows about.) It is intended to roll it out universally.
- Professionals respond well to identified need and offer appropriate early support. Where children are identified as having a disability / developmental concerns likely to lead to significant SEN these are notified to services so they are aware of the needs of pre-school children with significant SEN so can support early intervention.
- The school nursing element of the 0-19 service has started vision screening for Reception age pupils in January 2019. 2,500 vision screenings have been completed (as at June 2019) of which 388 were referred to opticians for general vision check. An additional 54 have been advised to attend an optician for review prior to referral to Moorfields.
- Under the new 0-19 Health Visiting (HV) and School Nursing contract, additional checks on 4 month old babies and 3.5 – 4.5 year old children not in early years' settings will be added, in order to have contact with vulnerable groups and ensure they are ready for school (as set out above the 3.5 year check is already being delivered to targeted families which includes children with an identified SEND).
- The Children Sensory Team (CST) have a 48 hour response throughout the year for New Born Screening (Hearing Impairment) and a 5 day response for all other (VI, HI, MSI) referrals term time only. CST also triggers EHCP assessments through early identification which involves working closely with Health, Education Services, Social care and parents.

Areas for Improvement

- Ensure the consistency of information sharing from the health services in referrals to the EY service and explore consistency regarding implementation of pathways
- Further develop the health visiting antenatal offer.
- The health visiting service to continue the performance improvement trajectory for the mandated checks.
- Improve information sharing between SENARS to health visiting. (Currently with data protection colleagues.)

A.6 Performance towards meeting expected timescales for EHC needs assessments, including for conversion of existing statements of special educational needs to EHC plans

Strengths

- **Education Health Care Plan (EHCP) completion and transfer is timely** as the proportion of pupils with SEND in Harrow receive new EHCPs within 20 weeks, which is above the outer London borough average performance (see Performance Q4 report).
- Harrow has made excellent progress in transferring Statements of SEND to EHCPs by achieving a rate of 99.2%, performing better than the outer London borough average and that of statistical neighbours and England's averages. As discussed with the DfE advisor in January 2018 who placed Harrow well into the top quartile of performance of London LAs on this measure. All (with the exception of 2 statements) had been converted by the time of the 31 March 2018 deadline. This positive picture was confirmed by the DfE Adviser visit in

February 2019.

- There has been a re-refresh of the suite of documents supporting the EHCP process
- Overall, timescales in Harrow are either in line with or slightly lower than national averages demonstrating that the Harrow Local Area is identifying additional support needs and formalizing these into SEND Support Plans (in schools) or EHCPs in a timely manner.
- Performance on the 20 week timescales for 2018 is likely to be slight improvement on the 2017 figures
- Thursday Panel is a Plan, Provision and Placement Panel (PPP) organised by SENARS at which the DCO attends. All drafts are presented at this panel for QA purposes.
- ARs are processed by casework officers in pairs. Complex cases go to seniors who carry out fortnightly supervision and if particular issues regarding placement funding these go to the weekly Wednesday/Thursday panels.
- SENCO Forum- Training has been delivered to SENCOS on completing the annual reviews and exploring how best to capture the pupil voice. Training is provided on an annual basis.
- Training has been provided and is on offer to all social care teams on the EHCP statutory process explaining duties and responsibilities
- The Designated Clinical Officer (DCO) is part of the multi-agency panel and this has been helpful in addressing any quality issues with contributions from health providers
- There is evidence of good contributions from therapy services that enable the identification of health needs, outcomes and provision. However, there are issues over waiting times for neurodevelopmental assessments and mental health assessments.
- All statement/EHCP transfers have been completed
- For children transferring to schools all EHCPs are reviewed by the February deadline.
- Harrow has experienced considerable growth in the demand for and number of EHCPs. The growth in EHCPs has been in line with the growth nationally and for outer London. The number of requests for EHC assessments per 1,000 of the 2-18 population has been below national averages which would suggest that the thresholds between SEND support and statutory assessments has been maintained. The main areas of growth have been early years and post 16 / post 19 but also some growth in EHCPs for school aged children.
- There is a single point of notification of EHCP assessment to Harrow Community Child Health Services (HCCHS). The service monitors response times and reports these to commissioners. Annual audits monitoring timeliness of availability of medical advice for EHCP, has reported 98% reports are being sent on time. Additionally the service routinely records receipt of draft EHCPs and final EHCP documents. There are clear guidelines and processes for therapy and medical staff regarding the completion and content of EHCP advice.
- Systematic tracking, monitoring and reporting of timescales is in place, including analysis for the reasons any fall outside the required timescale.

Areas for Improvement

- Work on pathways to improve social care and health input into EHCP.
- For young people who started Further Education (FE) in September 2018 it was not possible to meet the statutory timescale of naming placement by end of March 2018 as there were a significant number of cases of young people (parents) unsure about the preferred establishment and /or preferred programme of study.

A.7 The timing of assessments in preparation for a child or young person's move from one provider to another, or into adult services

Strengths

- Timing is effective because agencies monitor the transition of CYP at key points in their education e.g. entry to school, transition between primary and secondary schools, transition into FE or adult services and support CYP and families as needed
- In the past, the differing timescales of providers has made it difficult for special schools to support smooth transition. Placing children and young adults with disabilities into an all-through social care department (CYADS) is beginning to have a positive impact.
- SENARS is responsible for the phase transfer of R5, Primary to High and YP moving into FE so is focussing on transition for all CYP with SEND through building on a range of tasks to enable CYP to successfully prepare for phase transfer and transition to adulthood
- SENARS has linked officers for all colleges and although it is not possible due to capacity to attend all reviews, where there are issues SENARS will prioritize attendance.
- Regular funding and commissioning meetings are held with the colleges and Head of SENARS at least twice a year to ensure smooth transition for learners and transparency of provision and funding.
- The new EYFS transition document provides vital information that can lead to early identification of needs and thus early intervention.
- Secondary schools enable transition through processes that engage pupils on SEN support.
- Transition links with Shaftesbury and Kingsley schools. College staff attend transition reviews for all Kingsley students and Harrow College staff know most of the students from Shaftesbury due to the link college programme
- For children with EHCP, the HCCHS completes transition assessment information and shares this with the Local Authority, providers out of area, relevant agencies within timescales requested. Where appropriate YP have specialist transition clinics and transition passports. Transitions pathways for YP with disabilities are clear so services to support transition to adulthood are accessible.
- Harrow Educational Psychology Service / Portage Home Visiting Service/ Advisory teachers for Autism Spectrum (ASD) have frequent contact with local preschool settings, schools and colleges. They are also accessible by phone and email and respond quickly to the initial enquiry. The nature of follow up responses will vary with the need.
- The CYAD offers bespoke packages of training for parents whose children have complex needs this is heightened at transition points (commissioned with Centre for ADHD & Autism service, Harrow Association for Disabled People and Harrow Mencap including advocacy).
- The CYAD 0-25 service aims to achieve a 'no gap' in provision through transition from children to adult services and this also extends to carers. Carers of young disabled adults should therefore have their social care needs assessed in advance of their child reaching 18 years.
- The CYAD 0-25 service aims to achieve a 'no gap' in provision through transition from children to adult services and this also extends to carers. Carers of young disabled adults should therefore have their social care needs assessed in advance of their child reaching 18 years.
- College staff are invited to transition EHCP reviews and also to an additional leavers' conference in Kingsley High School. The college staff know most pupils from Shaftesbury and Kingsley due to the college link programme.
- The service supporting the child or young person will be best placed to also complete the parent carer and carer social care assessments.
- CYAD since 2016 has been an all-age service which is able to bridge these transitions for children with disabilities more efficiently and effectively.

Areas for Improvement

- Transition at pre-school level – the planning mechanism at this level remains informal – these could be more formally monitored in order to enable better planning for CYP
- Further improve transition to adulthood by: developing a greater understanding across the local area that preparing for adulthood starts early and should be central to aspirational outcomes set when a child is in Year 9; support GP's to actively engage with transition processes.
- Transition at key points: ensure that attendance at key meetings by professionals is a priority for all services so CYP are supported through a multi-agency approach.
- Ensure all professionals and providers understand the assessment and commissioning for post 16 placements.
- To further develop the EPS offer to colleges.
- Joint commissioning in making preparations for SALT/OT and Physio for students Post 18
- Develop transition pathways with social care following on from college courses
- Working with Harrow College to develop a 5 day offer education/social care
- Continue to work with post 16 providers to further develop the capacity of college to meet the needs of the most complex in accordance with the SEND strategy.

A.8 How school census data is used to identify possible inconsistencies in identification of needs.

Strengths

- Schools census data is extensively analysed and used to identify areas for development.
- The data is also used to inform reports and make presentations to stakeholders.
- The data sets are detailed and explore almost every aspect of performance for CYP with SEND. These datasets (The School Profile) is shared across educational settings 5-25; the NHS and CCG and the HPF so that all partners can use the data to evaluate their effectiveness and set objectives. This performance data and data on the SEND cohort from the school census are shared annually. This data helps to identify areas of achievement and of challenge and informs the priorities of the Local Area.
- The Early Years' services are increasing their gathering of SEND data in childminding and PVI settings and using that to inform the allocation of the SEND Inclusion Funding and, together with the Childcare Sufficiency Assessment (CSA) to identify future priorities and geographical areas to target.
- Children and young people identified with SEN data is used by the Education Services and the Harrow Education Partnership Board (HEPB) to inform discussions with schools and any anomalies explored.
- School SEN census data is shared with the Portfolio Holder for Children and Young People, the Shadow Portfolio Holder, across the Peoples Directorate, with the CCG and NHS and with the HPF to support their work with schools and to enable to Local Area to be held to account for its work on behalf of children and young people with SEND.
- Data analyses linked to the SEND Strategy have helped to identify projected placement short-falls and enabled the LA to provide evidence

in seeking funding for new provision.

Areas for Improvement

- Improve the way in which schools census data in relation to SEND is made explicit in reporting and planning so that the reasons for change are clearer in some areas.

Quality of identification - Evidence of how information is used for:

A.9 Establishing a baseline for setting targets for progress and improvement towards meeting education, health and social care support or therapy needs

Strengths

- Therapy advice states baseline levels of ability and the resources required to support these needs. Advice also defines clear short-term and long-term outcomes. Additionally, therapy staff link with education staff to monitor progress and review outcomes.
- Medical health needs and the monitoring of specific medical conditions are documented as teams/hospitals are responsible for providing the care listed. This is shared with parents and relevant professionals
- The PEPs that are in place for CLA are routinely monitored by the Virtual School to ensure they are suitably aspirational and focus on relevant outcomes with input from the school, social worker and other agencies.

Areas for Improvement

A.10 Informing joint commissioning, predicting the need for services and putting in place provision that meets the needs of children and young people

Strengths

- The LA and CCG are joint members of the following executive boards: Health and Well-Being Executive; Joint Commissioning Executive, Safeguarding Children's and Safeguarding Adults Boards and the Emotional Well-Being Board (Mental Health) and on the operational Tripartite Panel and Residential and College Panel. The Leader of Harrow Council, Chief Executive Officer and the Corporate Director of Children's Services meet regularly with the Chair of the Clinical Commissioning Group.
- The CYP and Vulnerable Adults Commissioning Executive Board is well established, and the "whole life journey" approach taken from the Health and Wellbeing Board has proved productive in identifying the joint commissioning priorities relevant to the lives of CYP. This multi-agency commissioning group is clear and well-focused and synergies with the CCG, public health and schools have proved productive.
- The CCG and LA signed an umbrella section 75 agreement in 2016 which provides a framework for joint commissioning and a clear

funding mechanism for LA and school contributions.

- Most notably, CYP have been fully involved in the design of service specifications for example, school nursing services, sexual health services, short breaks and Harrow Horizons which provides support for additional mental health services for those who are not eligible for CAMHs. The additional provision caters for and benefits many children and young people in mainstream settings who otherwise would continue to exhibit mental health issues and challenging behaviours. Families affected also benefit from having their young person supported in this way.
- There have been systemic improvements in the use of data to re-commission services, producing clearer outcomes and monitoring of services through contract management, for example, People Services Directorate (PSD) has an established integrated structure and realignments of Commissioning and Children and Young Adults with Disabilities Service (CYADS) is now fully embedded. Recent alignments of Public Health within PSD have been implemented smoothly and efficiently and re-commissioned services will successfully target vulnerable children through school nurse and health visitor (HV) provision
- LA and CCG Leaders and managers meet regularly, share information and jointly commission services including Speech and Language Therapy (SLT), Youth Offending Teams (YOT) Child and Mental Health Services (CAMHS). This enables more effective joint commissioning and integration of services. There is an emerging performance and outcomes culture; this is promoted across the Local Area by the support and challenge of the SEND working Group.
- Strong strategic commitment across the Local Area partners to person centred approaches and cohesive, collaborative working at both Locality and Strategic level.
- Harrow LA and CCG have set up a Dynamic Register to avoid unnecessary family breakdown and or hospital admission. The multidisciplinary team review outcomes and actions to manage complex and out of hospital cases. The register identifies and supports young people in transition into adulthood services. The Dynamic Register (DR) is a central point for sharing and recording information that monitors whether an individual with a moderate to severe Learning Disability and/or Autism is at risk of family crisis and/or hospital admission. It enables regular desktop review by a multi-disciplinary team to evaluate an individual's needs, support and contingency plans, risk assessing and increasing input and resources if necessary. The aim is to find alternatives to A&E presentations, prevent unnecessary admission to Tier 4 inpatient services by assisting Children and young people and their families in crisis to remain in the community, wherever it is safe to do so. Meeting monthly the group reviews each case to ensure individual care planning for all those on the register who may be at risk of hospital admission, to mitigate that risk. The young people are ragged in terms of risk and vulnerability.
- The TCP / Dynamic Register Group (CCG, CNWL, LA) aims to delivery the Transforming Care Partnership Programme, as defined within the local Harrow TCP Programme, to provide a clear, transparent and robust process for decision making regarding Harrow Children/Adults; to make decisions on assessed need and based on best available evidence and NICE Guidance and to establish and promote good practice and decision making across learning disability placement and treatment processes.
- Person centred Care, Education and Treatment Reviews (CETRs) ensure that the individual's wishes along with those of their family, carers and advocates are carefully considered and planned for, with the benefit of challenge and support from an independent clinician and an independent expert by experience.
- Strategic planning for SEND services at a population level is now beginning to be better informed with real time use of needs and outcome data. A reporting suite is being developed with potential for use within individual teams, services and/or schools to inform capacity and service planning.

- Analysis of school census data has been used to inform the strategic development of educational provision for young people with SEND. For example, there is good specialist provision for young people with autism. Emerging needs were promptly identified leading to development of enhanced services at two special schools.
- Strengthened partnership integration and implemented innovative practice projects resulting in comprehensive reach covering all levels of need, for example:
 - the Learning Disability and Autism Joint Strategy 2016-2020 and implementation plan is effective and focuses on agreed pathways, employment opportunities, accommodation, promoting independence and promoting wellbeing
 - the Specialist Learning Disability service which includes the 0-25 CYAD team, is underpinned by the community resilience model which is defined as *'empowering citizens to maintain their well-being and independence, strengthening support networks within their families and communities; enabling them to be stronger, healthier, more resilient and less reliant on formal social care services.'*
- HCCHS share information around needs of CYP accessing Harrow services routinely with commissioners to contribute to their strategic understanding and planning
- SALT provision continues to be jointly commissioned by LA & CCG so children and young people aged 0-25 are identified and receive an intervention within the most appropriate setting. Those with complex needs (including health needs) are met through a coordinated approach.
- Two workshops led by independent professionals, including a speech and language therapist, from the Council for Disabled Children were held with representatives from the SALT provider, Education, Health, Parents and voluntary organisations to develop a Harrow whole systems approach to speech, language and communication.
- The Occupational Therapy (OT) and Physiotherapy specification was reviewed and finalized May 2018 (to be signed off) taking account of the views of partners. This service is being delivered by the London North West University Healthcare NHS Trust (LNWUHT) and demonstrates joint working with the provider, CCG and LA to ensure children receive equipment in a timely way.
- The LA and CCG are currently reviewing the commissioning of education related OT and developing clear pathways.
- NHS England funds a full time Youth Justice Liaison and diversion worker in Harrow's YOT which enables vulnerable young people to be screened whilst at the police station. A dedicated worker completes screenings around emotional and physical health, alongside other factors, and supports young people to access services
- The CCG also jointly commissions a CAMHS YOT worker two days per week. This role provides professional guidance to YOT staff and direct services, including assessments and treatment
- The Emergency Response Pathway for Children and Young People Presenting in a Crisis with a Learning Disability or Neuro-Developmental Disorder has been tested. Identified gaps have been addressed with a Dynamic Register (DR) in place led by a multi-disciplinary group impacting on a reduction in high cost placements and avoiding unnecessary hospital admissions
- Tripartite panel – Health, social care and education panel which examines joint planning and funding for children with complex needs which meet the continuing health care criteria.
- Public Health provide support to all schools to complete the Healthy Schools London (HSL) award. All special schools have engaged with the award and have the Bronze award and Woodlands achieved Gold this year. Public Health will also aim to support the other special schools move to Silver and Gold this year.
- Public Health support Early Years and nursery providers with the Healthy Early Years London award (0-5's) supporting settings in the

following domains:

- Public Health dieticians carried out a school lunch audit – Woodlands Special School
- In response to the data re. poor oral health in Harrow, Public Health put together a bespoke training programme for schools, health visitors, school nurses, nurseries and PVI's which included specific reference to how CYP with SEND can be supported
- The Child Poverty Strategy makes reference to supporting children with SEND.

Areas for Improvement

- Outcome by 2020 to improve Emotional Health & Wellbeing of CYP, including children with Special Educational Needs & Disabilities (SEND). There are commitments to: (i) continue to deliver the Harrow Future in Mind Transformation Plan; (ii) embed the CYP Eating Disorder Service; (iii) plan for the implementation of the Mental Health Support in Schools Green Paper; (iv) deliver the CAMHS Out-of-Hours and Crisis service in line with the NWL Transformation plan; (v) collaboration with adult CCG commissioners, develop and embed an integrated ASD & Attention Deficit Hyperactivity Disorder (ADHD) pathway (with paediatric and CAMHS input); (vi) Deliver the CYP elements of the Transforming Care Plan (TCP); (vii) Integrate CAMHS LD, social care and paediatric provision
- Through the joint Learning Disability and Autism Joint Strategy 2016-2020 continue to: - improve employment, training and education opportunities; - integrate citizens into community provision and services; - promote independence; - monitor and review pathways; - improve access to specialist LD and ASD services; - consider supporting living accommodation options are available for people with LD and Autism locally to support people to move through services as their needs change
- In response to growing demand, there are ongoing discussions with commissioners regarding CYP with SLCN including those in the youth justice system and those with ASD. Shortfalls in SLT provision and Clinical psychology support have been highlighted – the LA is working to find a solution
- The needs of CYP 19-25 years need to be further addressed and require further engagement of adult health providers and commissioners to ensure appropriate support is provided
- The Education Psychology Team to continue to forging links with local colleges
- To further develop work with the Virtual School through service level agreements particularly focusing on children and young people who do not have an EHC plan.
- HVS - to further embed work with other LA Admission and SEN services to avoid unnecessary delay or drift in securing a school for children living outside Harrow
- Public Health is in discussions with the coroner's office to obtain more granular data on suicides in Harrow – including whether the person had SEND.

A.11 Informing planning for effective teaching and other education, health and social care support or therapy

Strengths

- Harrow's EHCP Panel is well-established and meets every week, making decisions on applications for EHCPs. It is comprised of multi-agency decision makers, including Harrow's Designated Clinical Officer (DCO) who provides oversight and CCG sign-off for EHCPs. A

well-established tripartite panel, chaired by the Corporate Director of People Services, has oversight of joint funding arrangements between health and social care for children with highly complex needs. To help ensure early identification of young people with complex needs who will transition to adult services, the panel includes CCG, LA, Continuing Health Care, SENARS and the DCO.

- A Residential and College Panel consists of SENARS, CYAD social workers, social care and CCG representatives and is chaired by the Divisional Director for Education Services.
- For pupils in receipt of SEN support, schools use outcome measures to monitor the effectiveness of interventions, they work in partnership with parents and education providers to establish CYP's strengths, needs and areas for improvement and agree any further support required to meet these. These contribute to the assessment of the CYP's educational attainment. Specific medical health related safety advice is documented to ensure the safety of CYP in schools, including emergency health care plans for epilepsy, allergy and anaphylaxis.
- Where pupils are working below NC expectations at either SEN Support or EHCP, there is collaborative work between our special schools and mainstream settings to offer process that identify progress and next steps (Woodlands Growth Model). Shared practice and training is/has been a standing item at SENCO Forum.
- Routine audits of school and parental views of HCCHS service involvement are completed and shared with commissioners to inform future commissioning priorities HCCHS also provide evidence around numbers and reasons for discharge from the service. The service reports key performance indicators as agreed with commissioners on a monthly basis.
- The Harrow CAMHS Learning Disability Team enable effective teaching by providing additional training for a range of teams including: Paediatrician registrars, Schools, A&E, Third sector, Psychiatrist Specialist Registrar, Forensic YOT teams as well as liaising with professional teaching bodies
- The Education Psychology Service, through a service level agreement, offer training to schools on a variety of topics including psychological methods such as solution focused work. All training is evaluated and feedback shows it is consistently of a high and well-regarded standard.

Areas for Improvement

- Ensure that information from health and social care colleagues is consistently incorporated into all EHCPs and is securely outcome focused with targets that are SMART and which are set by health and care professionals
- Continue to develop and embed the language and understanding of SEN Support in partnership with settings to enable parents and carers to be well informed and to further increase engagement
- More rigorous care plan is cited on the EHC plan.

A.12 Evaluating the effectiveness of the teaching and other education, health and social care support or therapy provided

Strengths

- Children and Young People with SEND in Harrow schools and colleges achieve well overall. The full picture may be found in the yearly SEND Profile analysis (and 'At a Glance' summaries and appendices) carried out by the LA and shared with partners and in national data sets. The attendance of children and young people with SEND at school is good and relatively few days are lost for fixed term exclusion. Few young people with SEND at NEET at the end of the formal schooling. In summary here;

- The proportions of pupils on SEN Support in schools in the Early Years who attained a Good Learning Development (GLD) outcome and reached expected standards in all Early Learning Goals (ELGs) has increased (in both aspects) each year from 2013 to 2018 and are now above statistical neighbour and national averages.
- By the end of Key Stage 1 the percentage of Harrow's pupils with SEN Support reaching the expected standard in Reading increased from 35% in 2016 to 40% in 2018, with the latter being above the national result of 33% but below the statistical neighbour average of 43%. The results for writing increased from 27% in 2016 to 32% in 2018, a slight dip from 33% in 2017, but significantly above the 2018 national result of 25% and in-line with the statistical neighbour average of 32%. Harrow's SEN Support pupil's maths results increased from 37% in 2016 to 40% in 2018, a dip from 45% in 2017, but well above the national result of 36% but below the statistical neighbour average of 46%. Pupils with a Statement or EHCP reaching the expected standard is more of a mixed picture, however the results have increased consistently in four subjects from 2017 to 2018, whilst remaining above the national results for every subject over this period. The results for Reading increased from 13% in 2016 to 16% in 2018, above the 2018 statistical neighbour average of 14% and the national average of 13%. The Writing result in 2018 increased to 12%, following a dip to 8% in 2017. Harrow's 2018 result is above both the statistical neighbour and national averages of 11% and 9% respectively. The results for Maths increased significantly from 10% in 2016 to 21% in 2018, significantly above both the 2018 statistical neighbour and national averages of 14% and 13% respectively.
- By the end of Key Stage 2 the percentage of Harrow's pupils with SEN Support reaching the expected standard in Reading, Writing and Maths increased from 17% in 2016, to 28% in 2017 but fell slightly to 27% in 2018. Harrow's 2018 result of 27% is below the statistical neighbour average of 29% but above the national result of 24%. The progress scores of Harrow's pupils with SEN Support were as follows: their reading test score decreased from 0.3 in 2017 to 0.1 in 2018, which is above the 2018 statistical neighbour average score of -0.3 and national score of -1.0; the writing TA score decreased from -1.2 in 2017 to -2.1 in 2018, which is lower than the 2018 statistical neighbour average score of -0.8 and national score of -1.8 and the maths test score increased from 0.0 in 2017 to 1.2 in 2018, which is significantly higher than both the 2018 statistical neighbour average score of 0.0 and national score of -1.0.
- Pupils with a Statement or EHCP decreased from 11% in 2016 to 9% in 2017 but increased significantly to 15% in 2018. Harrow's 2018 result of 15% is higher than both the statistical neighbour average of 12% and 9% nationally.
- The progress scores of Harrow's pupils with a Statement or EHCP are as follows: the reading test score fell from -4.3 in 2017 to -5.3, which is lower than the 2018 statistical neighbour average score of -2.7 and the national score of -3.8; the writing TA score fell from -3.7 in 2017 to -4.6 in 2018, which is also lower than both the 2018 statistical neighbour average score of -3.0 and national score of -4.1; the maths test score also dropped very slightly from -3.2 in 2017 to -3.3, however this is higher than the 2018 national score of -3.8 but lower than the statistical neighbour average score of -2.3.
- By the end of Key Stage 4 the average Attainment 8 score of Harrow's pupil's with SEN Support decreased from 35.2 in 2017 to 33.4 in 2018. Harrow's 2018 score is above both the statistical neighbour average score of 36.0 and national score of 32.2.
- Harrow's pupil's with SEN Support Progress 8 average score decreased from -0.11 in 2017 to -0.32 in 2018. Harrow's 2018 score is above the national score of -0.43 but below the statistical neighbour average score of -0.13.
- The average Attainment 8 score of Harrow's pupil's with a SEN Statement or EHCP fell from 18.5 in 2017 to 15.4 in 2018. Harrow's 2018 score is higher than the national score of 13.5 but lower than the statistical neighbour average score of 16.7.
- The average Progress 8 score of Harrow's pupil's with a SEN Statement or EHCP dropped from -0.71 in 2017 to -0.85 in 2018. Harrow's 2018 score is better than the national score of -1.09 but below the statistical neighbour average score of -0.81.
- Although fixed term exclusions are very low, permanent exclusion of students on SEN Support has risen but shows a marked decline in

2018-19 to date (31 May).

- Performance management information evidences that those subject to CP and safeguarding procedures meet all formal targets with good outcomes. The majority of the children are stepped down to a short breaks / CIN plan and are doing better with their families.
- Analysis, following on from a query at the Ofsted annual education conversation, does not indicate that 'off-rolling' from schools is a feature in the Local Area.
-

Areas for Improvement

- Strengthen the process for evaluating the effectiveness of Annual Reviews
- Continue to work with all partners, including through the strands of the SEND Strategy to reduce the incidence of permanent exclusion for children and young people on SEN Support or with a EHCP
- Work to develop skilled and trained workforce – SEND Strategy Strategic Priority 4

Evidence Section A: How effectively the local area identifies children and young people with SEND

SEND Strategy priorities 1, 2, 3 and 4; Early Years inclusion funding requests/decisions, portage referrals/panel meetings, CST early hearing screenings, TRIP panel minutes showing joined up approach pre EHCP; pupils accessing short breaks, Woodlands/Hillview place planning records showing placements identified before EHCP in place, special school referral lists; Parent/carer feedback, SEND Needs Assessment, Stakeholder Group minutes, Task & Finish group minutes, Strategic Board minutes; SEN Team database; Challenge Day reports; Virtual School monitoring documentation; Social Care record; EPS recording of termly planning; Commission for PVI providers in Early Support Hubs (this was undertaken jointly with Commissioners, early Support and Early Years); Panel agendas and minutes; leaflets and info on ASD pathway; CYAD and parents transition meetings; Weekly monitoring of plan completion, SEND Local Area Process Pathways.

5 Day offer work with College; **Draft** Transitions Protocol; SEND data included in the annual School Organisation Report to Harrow Cabinet; SEND Strategy, Interim SEND needs assessment (April 2016); ASD Adults Pathway, Key Performance Indicators SEND Reforms, SEND Tribunals data, short break consultation reports.; SALT workshops with CDC; Harrow SEND Data Profiles (Attainment, Progress and other indicators) and appendices; DfE national performance data sets; Intelligent London Report (April 2019); Ofsted Inspection Reports (Local Authority, schools and colleges);

Spring School Census Return 2014 to 2018;

<https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018> ,
<https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2017> ,
<https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2016> ,
<https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2015> ,
<https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2014>;

B) How effectively the local area assesses and meets the needs of children and young people with SEND (this includes children and young people being considered or assessed for or having EHC plans and children and young people who are being considered or assessed for, or receiving, special educational needs and/or disability support)

B.1 Engagement and co-production with children and young people, and their parents and carers

How well the local area engages with children and young people in the identification, assessment and provision of their needs. How well children and young people understand their needs and how involved they are in setting targets for their own progress. The extent to which they have co-ownership of both the process and decisions that affect how their needs are met.

Strengths

- The Special Education Needs and Review Service (SENARS) works to provide challenge and support to schools and settings through visits to schools and SENCO Forums to ensure the voice of the CYP is captured and that they are actively involved in their annual reviews. The team have worked with the Education Psychology Service to develop guidance on gathering views of CYP with complex needs.
- Co-production in the early stages of EHCP development is effective. All parents get a call and a conversation and an offer of a visit. The take up of the visit offer is low.
- Significant SLA to schools (approx 625 commissioned days of EP time per academic year, across approx 50 settings). This is largely SEN Support level casework, and training. Assessment/consultation involved guidance on appropriate provision to meet needs.
- For EHC Needs Assessments, in nearly all cases EPs meet with children and young people to discuss their views, and with parent and staff together, to discuss outcomes for the child's EHC Needs Assessment (approx 200 Psychological Advice for EHC Needs Assessment completed per academic year); supporting the 'participation' element.
- The SENARS continues to work closely with parents/carers, children and young people through HPF on developing statutory documents, templates and guidance including the '*All About Me*' form designed to capture the voice of the child. The service manager attends all HPF meetings
- For children in O/B Residential schools and day independent schools SENARS and the EPS prioritize attendance at reviews.
- CST co-production in setting trends priorities 2017-2020 plan and record CYP views in running records and CST reports, involve parents in early years assessment and invite every parents to school age CYP each September. CST involves CYP in setting targets and pupils' views are involved in the assessment. CST encourages CYP to be self advocates in relationships to their needs.
- The majority of young people with SEND are educated in their local school. School satisfaction surveys record positive outcomes; children feel cared for and supported. Good pupil outcomes are evidence of this. CST provides support for transition into local schools from 0-25 services.
- Each CYP who accesses Harrow Mencap is required to complete a CYP registration form. This ensures that Harrow Mencap are able to offer care which is relevant and personalised to the young person, and best supports a client with their behavioural needs.
- The Virtual School ensures all pupils are encouraged to attend their PEP meeting. Pupils who are not able to communicate their wishes

and feelings verbally- are able to use other modes of communication e.g. writing, drawing or any other communication tool. This is shared in the Pupil Voice and Learning Targets sections of the e-PEP. Carer, parents, schools and social workers support pupils with this. PEP quality has risen from 90% to 95% (June 2019).

- Personalised budgets are offered and in place for some young people aged 16-25 to support their educational and social care provision. The LA continues to consider how such options can be developed for young people aged 5-16 in Education. There are limited options and demand for personalised budgets in education but they do feature as part of the offer and are used more at Post 19 and in travel. However, a small number of families receive personalised budgets for activities pre 19.
- Schools are required to demonstrate that they have undertaken a graduated approach before applying for an EHCP, through the comprehensive Guidance for the Co-ordinated Assessment of CYP with Educational, Health and Care Needs provided by the LA.
- The Harrow Special Educational Needs and Review Service (SENARS) are experienced and effective in coordinating the EHCP assessment process which includes contribution from a multi-disciplinary Panel, a Provision and Placement Panel, a monthly Residential Panel, the Tri-partite Panel and a Transforming Care Panel. Harrow's DCO provides oversight of the CCG involvement in the development of EHCPs.
- The CCG reviews outcomes for Child Looked After (CLA) via their initial health and review health assessments on a quarterly basis. As of December 2018 all targets were met for both initial health assessments and review health assessments. The CLA team have strong relationships with key partners including the Local Authority, social care teams, commissioners and the virtual school, and voluntary sector providers.
- The Children and Young Adults with Disabilities Service (CYAD) – is an important development for Harrow. From listening to the feedback from parents/carers and young people the former children's and adults disability teams joined into an all-age team in 2016. This was very well received by families as it helps to avoid the potential Post 18 transition difficulties that may arise. The CST also works closely with CYAD on school cases.
- Partners across education, health and social care work closely with the Harrow Parents Forum (HPF) ensure their involvement in strategic planning. Parents are represented on strategic boards and have contributed to: the SEND Strategy; SEND Transport Plan (Travel Assistance); SEND School Placement; SEND Reforms Parent Advisory Group; the Local Offer; Short Breaks Partnership Board; SEND Reforms Working Groups; Autism Spectrum Disorder (ASD) and learning disability (LD) Health and Social Care Focus Group; Local Area Inspection Working Group. The Forum has been represented by their members on procurement panels and provided a member of the interview panel for the appointment of the Children's Health Commissioner. Local Authority officers and the HPF attend the SENCO Forum and Officers attend the HPF Coffee Mornings. The HPF have also attended sessions in mainstream schools.
- The commissioning of the Short Breaks Framework for Children and young People aged 0 – 25 with Disabilities involved parents/carers and CYP with SEND in the development of activities so that they reflected needs, were fun and exciting whilst contributing to the outcomes within their care plans as well as providing support to build family resilience. There were approximately 20 young people and 120 parents/carers who were involved in the consultation.
- Children and young people are always involved in setting and reviewing targets for progress as far as is possible depending upon their age and capabilities. As an example, Harrow Mencap are proud of the outcomes and positive relations [as presented through this film \(Harrow Mencap\)](#)
- Through consultation, the Early Support team have created a new Early Help Assessment Tool - Family Led Needs Analysis and the Youth Led Needs Analysis which is used by all staff and partners designed to support analysis, clearly identify needs and lead to a co-

ordinated response within defined timescales. Staff plan and deliver enabling groups and, at times individual, interventions that build on family strengths, promote independence, and support them to recognise their own resourcefulness and resilience. This offers the best opportunity to achieve positive change and improved and sustainable outcomes.

Areas for Improvement

- Speech and Language Therapy Services which are jointly commissioned by the LA and CCG, are currently being reviewed in line with the whole system approach, to ensure universal and targeted services are robust in supporting low level speech and language needs. HPF have been an integral partner in this process to ensure that the voice of the parents/carers and children and young people is heard and considered.
- Improve the quality of social care advice by:
 - o Improving the form on which advice is requested in consultation with social care
 - o Developing a better system for updating social care advice in annual reviews as some EHCPs do not contain most current information
 - o Provide additional training to colleagues in social care on statutory process
- Explore if and how parents may have a role at statutory panels
- Explore with the HPF a role in anonymised EHCP quality assurance process
- Develop better processes for collating information from parental feedback forms in SENARS
- Explore with schools and parents better ways of increasing parental presence at the initial drafting meetings for EHCPs alongside SENARS caseworkers and linked EP
- Continue to support Early Years settings to improve the quality of their interventions and the recording of interventions so that whether practice is meeting needs this is explicit in referrals.
- Continue to support Early Years settings in understanding and delivering best practice in the commissioning of EP work.

B.2 How successfully parents and carers feel that the local area provides the necessary information and support to help them engage in assessing and meeting their children’s needs. The effectiveness of parent and carers’ involvement in the identification of needs, reviewing how well they understand their children’s needs and are involved in setting targets for progress.

Strengths

- The Local Area, Harrow Parent Forum (HPF) is and has been involved in a significant number of consultations and is an [active member of many SEND related groups](#). This can be seen through this link. This demonstrates the Local Area’s active commitment to the participation and engagement of parents and carers offering them the opportunity to influence at individual and at a strategic level.
- The HPF also has regular meetings with the Divisional Director Education Services and the Head of Service, SENARS
- Survey feedback from the HPF and the LA to the DfE is shared and agrees broadly on our strengths and areas for development in partnership working.
- HCCHS routinely collects parent feedback through: friends and family test; analysis of complaints and compliments received; user audits; individual feedback form young people and parents. Information gathered from the feedback if used to change/adapt/improve support services
- CST Portage home visitors work regularly in the family home and jointly set and review targets for progress. Feedback from parents indicates that they find it valuable to be involved in all aspects of identifying and meeting their children’s needs.
- The Early Years team engage parents and seek views to inform their ongoing processes and levels of support - See parent/carers survey in Harrow’s [Childcare Sufficiency Assessment \(CSA\) 2018](#)
- Practitioners from education, health and social care regularly engage with Harrow Parents Forum to gather views which then inform practice (For examples, see section on Strategic Planning)
- The Keeping Families Together (KFT) service has proved instrumental in supporting the pathway for young people returning to the care of their family. Final review meetings are delivered prior to discharge, without Independent Reviewing Officer (IRO) requiring formal escalations. In 2018-19 of the 94 who ceased to be looked after, 28 returned to family members, and a very small minority of 3 have become looked after again.
- The LA commissions the local support organisation Centre for ADHD and Autism Service (CAAS) to provide a range of training services for parents with children and young people with ADHD and Autism. CAAS has supported over 1131 individuals from Harrow. Commissioned support includes: drop in session, specialised workshops to cover such issues as avoidant eating and school refusal. Youth Programmes such as WhyTry and CALMS; Social Groups for young people such as a Girls Group and Film Group and therapeutic support for siblings

Areas for Improvement

- Continue to explore with the HPF routes and strategies to engage with those parents that are “harder to reach”
- Consistent identification and feedback given to parent/carers as to the actions taken as a consequence of what they raised.

B.3 The use of impartial information and advice and support services, including advocacy where appropriate, to support children and young people's needs.

Strengths

- Harrow LA commissions KIDS to provide a mediation service for families/YP who are dissatisfied with the content of an EHCP and who are minded to appeal to a Tribunal. The contract is up for renewal in April 2020. As the national trial of redress is under way if there are issues involved with Health. Health are invited to the mediation meetings. So far there have only been a few cases that have involved Health. Going forward the LA will work jointly with health to jointly commission mediation. The LA is satisfied with the support from KIDS who are well established in this field.
- SENDIAS have recently had funding approved as part of an IAS bid which means they will be recruiting a part-time young person Lead, part-time SENDIAS caseworker and part-time communication business officer. They are at their final stages of pre-employment checks and will commence their induction with us very shortly. The LA supported the bid.
- The Harrow Complaints Team provide an additional route for parents/carers to complain about services, complaints are very few and tend to be linked to transport appeals. The service also offers an SLA for schools in relation to mediation.
- HPF continues to act as a champion for parents/ and carers who may have difficulty with access to services and developed the Local Offer Map and, with the LA and CCG, the PowerPoint for the display screen in doctors' surgeries and a video to explain the LO. This is due to go live in the w/c 24.6.19.
- The Housing Department is advertising the Local Offer in their publications to tenants and leaseholders.
- The Home to School Travel Policy and Appeals Process provides a platform for the voice of parents/carers to be heard and decisions re-considered.
- The LA commissions Harrow Mencap to provide our statutory children and young people Advocacy service which will also support parents with special needs on a case by case basis. A review of timeliness remains good at 98.7%.
- In addition the Council commissions a Support and Wellbeing Information Service (SWISH) for anyone in Harrow aged 18 years and over who wants information or advice about local support services and ways to keep safe and well. The service can be accessed via multiple agency referrals and has given the youth population with SEND a dedicated portal.
- The EPS works to the HCPC professional standards, to put the child's needs at the forefront.

Areas for Improvement

- Linking Health with SENDIAS and jointly commissioning the service. This is timely as the contract is up for renewal April 2020

B.4 Robust procedures for protecting sensitive information when sharing this across agencies. Procedures used by the local area for sharing information should meet statutory requirements and government guidance.

Strengths

- Information Sharing Agreements specific are in place with all relevant partners
- [Harrow Council](#) and [Harrow CCG](#) have published statements on privacy for all their services
- All staff across the Local Offer are aware of their roles and responsibilities in protecting sensitive information, using secure emails, password

<p>protection and have mandatory Information governance training and updates to ensure records are secure and accessed only by those services who need them to support the CYP.</p> <ul style="list-style-type: none"> – For the purpose of <i>example</i> only; The Early Years Team, Virtual School and Harrow Horizons use Egress, to ensure sensitive information is protected. – All Council staff have completed on-line training for GDPR. Breaches are very few. – No education or social care officer can visit schools without a pre-booked appointment and in compliance with published policy.
Areas for Improvement
<ul style="list-style-type: none"> - Ensure that all LA, CCG and NHS teams complete regular mandatory training on information governance and continue to embed training and workforce development around secure data transfer
B.5 Effectiveness of coordination of assessment between agencies in joint commissioning – clear roles, responsibilities and accountability of partners in assessing and meeting needs.
Strengths
<ul style="list-style-type: none"> – There is positive aspiration by professionals and agencies to work well together. Service improvement is driven through collaboration between partners at strategic levels has resulted in positive productive outcomes and progress. – Key relationships have appropriate governance and key decision making is carried out by appropriately constituted groups with terms of reference (TOR). – All services across the Local Offer work to together to provide a holistic framework of assessment and intervention for CYP and families. This facilitates timely care for the child/family and reduces repetition of information – Harrow Council works closely with health professionals to ensure reasonable adjustments, unique to the persons needs are made, when accessing services. Transition Passports for young adults are now live and capture their views in relation to the adjustments needed. The Learning Disability nurse at the local hospital, Northwick Park has introduced an external referral form for the Learning Disability and Autism Specialist Service to be able to identify reasonable adjustments needed ahead of appointments. In hospitals, easy read menus now support people with learning disabilities. – The EPS, SENARS, CST and CYAD are co-located at Alexandra Avenue, making for effective coordination of assessment between agencies. The Early Years Team SENCO also has a desk there for part of every week. For example, the EPS conduct joint visits and assessments with Portage and with CST and representatives from the EPS sit on decision-making Panels e.g. weekly SEN Panel, and Social Communication Diagnostic pathway. – Although there are few instances of personalised budgets used in Education these are good examples of joint up working with Education, health and social care
Areas for Improvement
<ul style="list-style-type: none"> – Greater alignment required in key decision making processes at a local level across education, health and social care to ensure fully holistic assessment/planning and consistency in the use of person centred approaches.

<ul style="list-style-type: none"> - Implement an SEND support process to further ensure effective co-ordination of agencies. - Ensure that plans are fully co-produced with health and social care colleagues and are consistently outcome focused with targets that are SMART.
<p>B.6 Satisfaction of parents and carers/satisfaction of children and young people.</p>
<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> - Active commitment to the participation and engagement of parents and carers offering them the opportunity to influence at individual and strategic level. - Specialist SEND Services actively seek the views of young people as to the quality of the service they receive and the difference it makes. This is consistently positive. - Formal complaints against SEN services are very low in number and tend to be transport related - All services across the Local Area work closely with parents/ carers and CYP so regularly seek feedback both informally and formally through surveys or focus groups which in turn informs next steps to service improvement. We are proud of our positive relationships. - Parental and carer and young peoples' feedback on specific services (statutory, non-statutory and voluntary) and the outcomes from inspection point to a general satisfaction with the provision for Special Education Needs and Disability. For example, the Children's Sensory Team carries out a survey every two years which shows high levels of satisfaction. - The EPS Service Level Agreements are popular with schools and the high level of take up and regular feedback points to significant satisfaction with the offer.
<p style="text-align: center;">Areas for Improvement</p> <ul style="list-style-type: none"> - SENARS to revise feedback form, ideally electronically. We are working towards sending out correspondence electronically where ever possible and so would like to include in this a link to an on line survey - Reduce the level of tribunals through ensuring that there is increased confidence in the support that can be provided to meet needs within a graduated approach.
<p>B.7 The suitability of EHC plan, (including where relevant alignment with child in need and child protection plans)</p>
<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> - Audit of new EHCP shows they are strong at capturing child and young people's views and aspirations and parent/carer views, effective use is made of the One Page Profile and the majority of plans are judged as person centred. The identification of child/young people's abilities, likes and preferences was rated positively. - Parents/carers and young people were involved in a consultation on the format of the EHCPs. - Outcomes indicate that EHCPs are fit for purpose because plans are developed in partnership with young people, their parents and agencies in the Local Area. They capture the voice of the children and young people (CYP) and family and reflect real needs resulting in good outcomes. School representatives, social care and the CCG sit on appropriate panels to evaluate and agree the best provision in

light of their wishes. Case work officers prioritise attending Child Protection (CP) / Personal Education Plan (PEP) / Children in Need (CIN) / Continuing HealthCare (CHC) meetings for children with an EHCP. Increased joint working between SEND/social care /virtual school/ early years/ YOT ensures issues are quickly resolved and not passed between teams.

- Following early identification and referral, the relevant services contribute to drafting a relevant and ambitious EHC Plan suitable to meet the needs of the CYP, which takes account of the views of parents/carers and the child/young person. See EHC plans for examples of the range of services/agencies who contribute. Case work officers prioritize attending CP/LAC/CIN meetings for children with an EHCP. A senior casework officer works closely with the Virtual school team.

Areas for Improvement

- Continue to ensure that plans are fully co-produced with health and social care colleagues and are consistently outcome focused with targets that are SMART.

B.8 The Local Offer, including its development, accessibility and currency

Strengths

- From January 2018 to April 2019, **32,617** visits have been made to the Local Offer (LO) website with a balance between education and health pages visited. The LO site has also been used in schools and for training of governors, SENCOs and Private, Voluntary and Independent (PVI) settings (as examples only). A much smaller number of parents/carers also access SEND information directly through the Early Years website (approximately 15 a month).
- Between September 2017 and March 2018 there were also **31,293** hits on the Harrow Family Information Services web pages.
- There is a reflective approach to the Local Offer involved parents/carers, young people and schools to ensure it is comprehensive, accessible to young people with SEND and their families and develops over time
- Parents/carers and young people were involved in developing the Local Offer, directly informing the design, layout and content.
- It is straightforward for young people and parents/carers to provide feedback on the Local Offer.
- A keyword search tool on the front page makes it easier for users to find the information they are looking for quickly and easily
- The LO has a translation tool for many languages
- There is a good range of content, including good, clear information about how to request an assessment
- The majority of information is within the Local Offer site, so that users do not need to be re-directed to other websites
- The site is visually-appealing with a clear and bright colour scheme, has a translation tool available on most digital devices and is mobile phone compatible.
- Content is regularly updated to take account of feedback and changes in services
- The LO site is promoted on school and college websites

Areas for Improvement

- Search functionality needs to be reviewed as there are occasional problems with it.
- Take forward planned developments of website e.g. calendar of events; review and rating of services, video, promotion on screens in GP surgeries

- The “*You Said We Did*” feedback section of the site has not worked well and this is something we need to revisit. Few comments were requiring about or commenting on services (2,996 visits to the LO were to Local Info and Advice pages which may have therefore met needs).
- Further develop the Local Area Working Groups remit to ensure information is shared with staff teams but also that feedback from teams and stakeholder surveys is used to aid planning and next steps
- Although each team is responsible for updating their areas of the local offer website, assign responsibility for oversight of the Local Offer website to monitor quality and relevance, use this information to provide regular updates for all staff on the Local Area arrangements
- Create promotional materials advertising the local offer so they can be available to share with local professionals’ children and families.

B.9 Planning is appropriate to meet the needs of children and young people receiving special educational needs and/or disability support.

Strengths

- The outcomes of children and young people with SEND suggests that planning is appropriate to meet their needs and that services are well targeted to support them
- The open culture between partners allows for continued growth and improvement as we also look critically at where children are doing less well over time and this informs our planning
- High quality special schools with all 4 judged as outstanding. Alternative Provision (PRUs) very effective and judged to be good.
- Strongly inclusive approach to meeting needs locally with high percentage (33.4%) of young people with EHCP/statements in local mainstream primary schools and in secondary schools (23.2%). These are above national averages.
- Local specialist and mainstream provision is predominantly meeting needs. Overall performance data supports this view.
- Respite for young people with SEND is rated as outstanding.
- A rigorous analysis of pupil need resulted in using the SEND Capital Fund to increase provision. Harrow has expanded three special schools and worked in partnership with Harrow College to increase capacity for post 16/18 students. The Local Authority continues to work with schools to use [Additionally Resourced Mainstream Schools \(ARMS\)](#) to make provision for those pupils with an EHCP to access a mainstream school curriculum with appropriate support. The 5 new ARMs provisions opened in September 2015 have designated places above the school’s Planned Admission Number (PAN) and others are included in the PAN. ARMS provide outreach support for other schools and also access outreach from special schools. Progression from primary ARMS is likely to be into a mainstream secondary school with an ARM, a similar specialism or a special school.
- As part of the SEND strategy and development of post 16 provision the LA has worked very closely with Harrow College to develop and put in place provision for learners with complex needs.
- All schools in Harrow have provision for sixth forms. In the 2 secondary special schools there is provision to Year 14 for some pupils. The most frequent destination for pupils with SEND post 16/18 is Harrow College and Uxbridge College (HCUC). The provision is based at Spring House and has a focus on independence, pre-employment and access to mainstream provision where possible. There are strong links with Kingsley and Shaftesbury Schools to support transition. Other destinations of high quality include Independent Specialist Providers (ISPs) and Oaklands College. Where a setting has a changed inspection outcome, the Local Authority works with the parents to decide the best way forward.

Areas for Improvement

- Manage budget pressures strategically to minimise impact on capacity within services to meet need
- Further work is needed within the Local Area to clarify the offer, pathways and specialist services in relation to the provision of health services for children with complex needs, including children and young people in special schools, to embed best practice everywhere and ensure services are efficient, effective and sustainable.
- Through professionals SEND Forums maintain and build upon Pathways to ensure they are explicit and accessible to local families via the local offer. Refer to the local offer service map.
- Develop the commissioning structure in SENARS, specifically on residential placements and Post 16, and work closely with the WLA on developing a Dynamic Purchasing System

Evidence Section B: How effectively the local area assesses and meets the needs of children and young people with SEND

EHCPs; CST running records, CYP/views record in CST reports; HPF Coffee Morning feedback; Consultations on SEND Strategy, Short Breaks, special free school; SENDIAS Q3 report; LA SEND Working Group minutes, SEND Strategy Group minutes, DfE Adviser feedback, Ofsted reports (Local Authority, schools and Colleges), The Local Offer website;

C) How effectively the local area improves the outcomes of children and young people with SEND (this includes children and young people being considered or assessed for or having EHC plans and children and young people who are being considered or assessed for, or receiving, special educational needs and/or disability support)

Outcomes – for health and care, as well as academic achievement in relation to how well the local area prepares young people for adulthood as detailed in the Code of Practice.

C.1 Children and young people’s preparedness for: higher education/employment, independent living, participation in society, being as healthy as possible in adult life.

Strengths

- Young people are prepared well for adult life firstly by being well placed in high quality centres of education, by attending well, by being rarely excluded (fixed term) and by achieving good standards of attainment and progress.
- The Children and Young Adults Disability Service (CYAD) have been proactive with supporting the child and family in a person centred way. This includes making sure the journey from childhood to adulthood is simplified in a team of Social Workers covering 0-25. With a team manager dedicated to supporting disabled children 0-18 and a Transitions team manager based in the same service supporting young people into adulthood the child and its family now have dedicated managers to work together and support the journey into adulthood. A crisis response pathway has also been piloted as part of this service to provide a more rapid and joined up approach to escalations of behaviour and difficulty in the home (implemented from May 2017 partly in response to two children ending up in A&E due to family not coping with challenging behaviours).
- The CYADS have been proactive with supporting the child and family in a person centred way. This includes making sure the journey from childhood to adulthood is simplified in a 0-25 team of SWs. With a team manager dedicated to supporting disabled children 0-18 and a Transitions team manager based in the same service supporting young people into adulthood the child and its family now have dedicated managers to work together and support the journey into adulthood.
- For young people with complex need Harrow has developed with Harrow College the [Spring House](#) Provision for high needs learners. Stanmore College has been judged Good.
- Prospects are commissioned to provide Independent Careers Information, Advice and Guidance (CIAG) which includes a team of qualified Careers Advisers, with dedicated specialist advisers for young people (16-25 years old) with learning difficulties and disabilities. Early CIAG along with a detailed Next Step Careers Action Plan is provided to young people in EET who have an Education Health Care Plan (EHCP), at key transition times. Prospects works closely with Harrow SENARS and have developed good relationships with local schools and colleges. This supports robust tracking of the cohort allowing for early identification of any young people becoming NEET. Careers Advisers work actively with these identified young people to move them into positive outcomes, with each NEET young person having an allocated adviser to offer ongoing support. **As a result, the LA has a lower number than the vast majority of other areas of young people with SEND who are NEET**

- Relatively few Harrow children with SEND are not in education, employment or training (NEET) Post 16 compared to regional and national averages. The % of all 16-17 year olds in employment and training is above national averages.
- % of 19 year olds with statements/ EHCPs attaining level 2 was above the national average (but below that for SN)
- A supported internship programme for young people with SEND provides placements for **12 young people a year** with the support of the NHS and the West London Alliance
- The EPS has supported the Project Search Supported Internship programme through 'skills assessment interview days' / supporting staff understanding of EHC Plans / and through steering group.
- Care Leavers in Harrow have positive outcomes regarding pathway planning being effective in providing support for their ambitions regarding Education, Employment, and Training. In 2017/18, 24% of Harrow Care Leavers were NEET, compared to statistical neighbours average of 35.3%, and the England average of 39%.
- The Transitions pathway for YP with disability ensures that YP are prepared for transition to adulthood, that information is shared with relevant agencies and the transitions plans are integrated within EHCP advice; where appropriate YP have specialist transition clinics and transition passports
- The Harrow is Home Project aims to reduce spend on residential accommodation and improve outcomes provided to learning and physically disabled adults, including younger adults transitioning from children's services to adulthood. This project considers the 18 to 35 years age group that have a Learning Disability and Autistic Spectrum Disorder (ASD). The aim of the project is to enable Harrow residents to live in Harrow, empower and promote independence with access to specialist LD/ASD services, enable social integration within the community.
- Harrow Horizons run Personal, Social and Health Education (PSHE) programmes that promote healthy lifestyles. There are high levels of participation in programmes targeting employability (e.g. the internships). Harrow is currently into its 2nd West London Alliance (WLA) Supported Internship Programme (Project Search) which is based at Northwick Park Hospital which has been successful and has supported young people into paid employment.
- Harrow Mencap provides post-19 services which allows for joint working on the care plan. All Harrow Mencap clubs empower young people into their adult lives and promote independence. For example, the Cook 'n' Jive Club, teaches young people cooking skills, promotes healthy living and builds on their social skills
- Through the Virtual School, pupils are given support by the in house Careers team. Pupils supported by Prospects have further insight into university life and are considering this as an option when they leave school. Pupils in KS 4 and KS 5 are invited to attend the Aim Higher University Project. 10% (1/10) of the pupils who attended the Aim Higher University Programme had an EHCP. Pupils visited 5 universities in London and took part in specialist programmes to include, Law, Drama, Sport Science and Psychology
- Children and Young People Services in Harrow are performing at a good standard across the whole children's pathway. The council continues to prioritise its financial commitment to CYPS and in business support to ensure that workloads will be maintained at a manageable level. The workforce has responded by delivering consistently good outcomes for local schools.
- The Council committed to expanding the SENARS team on the ending of the SEND Reform Grant and to adding additional capacity to address growing demand. There is also an additional resource in the EPS.

Areas for Improvement

- The CYAD service is working very closely with Education Services to develop the 5 day offer Post 19 and the pathway to adulthood.

Harrow is seeking to develop the post 16 offer through the development of:

- Housing
 - Implementation of transforming care to reduce the need for residential / inpatient services
 - Application of Harrow's [resilient communities](#) approach for adult services to young adults with complex SEND
- To sustain these high standards by training and developing our practitioners; growing our future managers and leaders through embedding our culture of learning, support and challenge; and by putting children's welfare and success at the heart of what we do.
 - Work with Post 16 sector the development of life skills options including further strengthening independent living skills
 - Continue to develop options for supported employment and appropriate pathways to that employment
 - To align Early Support services, case recording and performance management data to better evidence impact
 - CYPS directorate structure has successfully developed a strengths-based / systemic approach to working with families in the Social Care Pod model embedded across FRT/CIN. This way of working will be further developed through the service design of a 16+ service integrating CLA and Leaving Care services. This will enhance the young person's journey through pathway planning and transition into adult citizenship
 - Although Partnership working has improved with the integrated / risk-based approach to child sexual exploitation (CSE) in 2017/18. The priority area for improvement is to extend this focus so that partnership working is focused on a strengths-based approach, integrating targeted attention to young people vulnerable to sexual / criminal exploitation and violence (VVE). This work will move beyond a focus on working with specific families, but will extend to a contextual safeguarding approach to young people, peer groups, school and community settings
 - Meeting the strategic challenge with statutory and voluntary sector partners to manage the increase in serious youth knife crime in Harrow and across London.
 - Ensuring the strong partnership arrangements embedded in HSCB are maintained during any changes flowing from the Children and Social Work Act 2017. Alignment / cooperation with HSAB must be maintained in order to support young people's transition into adult citizenship.
 - A project is underway mapping the 'as is' and the 'to be' for the Early Support pathways including the use of systems to record, track and report on performance. This is driving towards one suite of data for a comprehensive management overview and scrutiny of the early help offer in Harrow to identify where gaps in services are; where there is the most need and the impact on services on CYP and their families.

C.2 How securely progress towards these outcomes is based on high expectations and aspirations taking into account the age and needs of the individual children and young people.

Strengths

- The outcomes achieved by children and young people in each key stage of their education and in their transition to adulthood points to the secure and sustained ambition of educational settings and Local Area services as well as to the ambition that parents and carers have for their children.
- In most areas over time high standards of attainment and progress support the view that the Local Area is effective in identifying need, meeting need and improving outcomes.
- The tracking of educational progress is very effective in schools and as a result schools are good at identifying and providing intervention to meet those needs and improve outcomes. Governing Bodies effectively hold schools leadership teams to account for high standards.
- Virtual School closely monitor and track the progress and attainment of young people with SEND who are CLA and establish high expectations. Virtual school have CLA pupils with an EHCP who are outside the LA. Through the PEP the targets, which match the outcomes in the EHCP are reviewed termly.

Areas for Improvement

- Increase the progress of the EHCP CYP across all phases and curriculum areas so that the gap between them and others continues to close because the local area has high expectations
- Further refine outcome data to act upon differences in progress from different starting points
- Develop further through MASH and FRT pathways for families accessing a suite / full range of Early Support services; further work is required to accelerate consistent application of Family Led Needs Analysis (FLNA) / Youth Led Needs Analysis (YLNA).

C.3 Leaders' assessment of the effectiveness of the local area in improving outcomes for children and young people - how leaders across the local area examine the quality and sufficiency of the information on which the local area has evaluated its own effectiveness in meeting the needs and improving the outcomes of children and young people who have special educational needs and/or disabilities

Strengths

- **Local leaders understand the local arrangements and the Local Area well** because considerable progress has been made during 2017/18 regarding agreed priorities for 0-25 year olds. Consultations with stakeholders and co working have informed improvements in the following commissioned areas: Joint Learning and Disabilities Implementation plan has been refreshed, a Joint Carers Strategy has been developed, improving accommodation for vulnerable young people and adults with a learning disability (LD) and ASD, recommissioning of the 0-19 Health Visiting (HV) and School Nursing (SN) service, Advocacy, SALT, Independent Domestic Violence Advisor (IDVA), and information advice and guidance (IAG) strategy.
- High expectations for improving the outcomes for young people with SEND are set at all levels of LA and CCG. The Council is committed to

supporting SEND through its Ambition Plan and the CCG through its commissioning intentions

- Local Area Working Group meets regularly and consists of partners, including the HPF, from all sectors. This group evaluates the gaps in provision, the quality of the self-evaluation and next steps. This group is chaired by the LA and Vice Chaired by the CCG.
- The Corporate Parenting Panel (CPP) receives and scrutinises reports from the Virtual School and Social Care on the performance of CLA.
- DFE produced Data Matrix which points to high attainment for SEN and overall
- A paper on SEND went to the CCG Executive Board on 23 April 2019 and another paper on the CCG's compliance is going on 11 June 2019 and then to the CCG Governing Body on 18 June 2019 so that these bodies can hold the CCG to account for delivering on the SEND Reforms and on outcomes for CYP.
- The work of social care, including CYAD, has been positively evaluated through the OFSTED inspection of Children's Services (2017) and the Focused Visits (2018) and Annual Engagement Meeting (4 April 2019)
- The termly DFE SEND Adviser visit (February 2019) confirms the broad strengths of the Local Area in relation to the SEND Reforms.
- The LA has carried out a review of its use of the High Needs Block, led by an independent consultancy group, PeopleToo, in 2018/19 and the outcomes were reported at the Member-led Quarterly Performance Group and to Members. This found that the HNB resources were well used and supported the SEND Strategy as the key route to change over time. In forming their views PeopleToo also engaged with the local SENDIAS.
- Cabinet (Harrow Council) have approved the SEND Strategy and Capital Plan (February 2019)
- The Portfolio Holder and Shadow Portfolio Holder have received regular updates on SEN and provide scrutiny and oversight. They test the accuracy of senior officers updates by appropriate questioning. Both members are very experienced in their respective functions.
- The Harrow SEND Data profile (school census and performance) 5-16 is a detailed analysis of performance for children with SEND and is shared with all schools and colleges to inform their planning and self-evaluation. It is also shared with all relevant LA services the Harrow Parent Forum, the CCG and NHS and with Elected Members. This data has been used to forge our Local Area future priorities but also to provide a sound basis for all bodies to self-assesses and identify their next steps.
- The School Exclusions data is shared with the Harrow LSCB. The Divisional Director Education Services held to account through a sub-committee of the LSCB.
- In 2019 the LA is carrying out a review of special school funding led by an external agency and a review of mainstream funding for EHCPs which is considering a Matrix model (current model is based on hours)
- In 2019 the LA is running a programme to support the work of its SEND strategy (beginning 4 June 2019) which is led by independent consultants SEND4CHANGE and involves local partners including schools and the HPF.
- The Schools Forum receives regular updates on how the HNB is allocated and provides a challenge to the LA
- The LA, and the Local Area through the Working Group, receives feedback from the HPF, SENCO Forum on how services are delivered to children and young people.
- The Children's Sensory Team (CST) carry out a survey every 2 years on its work, which has (June 2018) reported an excellent evaluation from parents/carers, social care and health. This is published on the Local Offer.
- The LA, including CYAD, and the CCG attend HPF regularly by invitation and receive feedback from parents directly through that route.
- The feedback from parents and young people through the statutory assessment processes is used to inform practice.
- Prospect deliver on improving outcomes for young people with SEND (including NEET and CLA) and deliver a termly report on progress at a performance meeting with the commissioners and Heads of Service.

- Elected Members, to meet growing demand, approved a growth in establishment funding in SENARS and EPS in 2019 at a time of stringent financial controls. In 2017 the Schools Forum approved additional capacity for the Sensory Team to meet demand.
- The SENARS, EPS and CYAD are involved in strategic decision making forums within the LA to shape the development of provision (Panels, Tribunals, Critical Incident Support; Community drop-in project etc.)
- The LA avoided budget reductions in services in relation to SEND and has expanded capacity in some areas, including some in partnership with the Schools Forum.
- Through the EPS the LA offers free critical incident advice to all schools. This service is greatly valued.

Areas for Improvement

- The SEND Strategy will be an agenda item at the Health and Wellbeing Executive Board on 10 June 2019 and at the Health and Wellbeing Board on 25 July 2019.
- To further improve the engagement of Health providers in strategic groups locally including review and implementation of the SEND Strategy and Learning Disability and Autism Joint Strategy (LDAS) to enable greater sharing of intelligence and influence over the way forward to improve outcomes
- Community nursing teams to have further training on SEND processes and advice for EHCP.
- Harrow CAMHS Learning Disability Team to continue working and reviewing services across agencies to build upon quality and further improvements
- Continue to develop capacity for SEND inclusion in 220 settings and in school Reception classes through SEND training, partnership development, improvement reviews and the development of a best-practice and setting-based specialist provision register
- Harrow Mencap - Continue to reach out to communities of young people and support them to engage in our programmes.
- To build further capacity in the Education Psychology Service to support inclusion in mainstream schools and greater capacity in specialist provision to meet local demand as well as further increase additional support to mainstream schools through the traded offer
- The CCG needs to make preparations for the delivery of 0-25 year old services; establish baselines and model trajectories, including: ensuring commissioned services meets the specific needs of under-5s and 18-25s; mapping and analysing need and existing service provision for these groups; and undertaking stakeholder engagement.
- The CCG is making preparations for the delivery of 0-25 year old services; establish baselines and model trajectories, including: ensuring commissioned services meets the specific needs of under 5s and 18-25s; mapping and analysing need and existing service provision for these groups; and undertaking stakeholder engagement.
- Health input into EHCPs for the 18-25year cohort remains a challenge.
- Further monitoring and oversight of EHCPs including process's in place for the auditing and deep dive scrutiny of individual plans including demand and cost to inform gaps between need and provision
- Uptake of personal health budgets and dovetailing of Children's Continuing Care/Continuing Healthcare assessment and SEND assessment processes.
- Improving our external communication with our providers and families about our health offer particularly for Early Intervention, SEND

support, transition, development of pathways, including placing expectations on providers through the commissioning process to address transition and have a transition policy.

- Further engagement and co-production of services with parents/carers and CYP

Evidence Section C: How effectively the local area improves the outcomes of children and young people with SEND

- SEND Data Profiles (2017, 2018) and appendices; Reports to Cabinet, Harrow Council; Ofsted Inspection reports (Local Authority, schools and colleges); SEND Overview Report LAIT, School Review Records, Exclusion analysis, SEN Data Profiles, Early Years SEN Inclusion Fund Interim Report, special school outcomes; DfE national performance data sets; Intelligent London Report (April 2019);
- SEND Overview Report LAIT, School and Service Improvement Review Records, Exclusion analysis, School and College Ofsted Reports, SEN Data Profiles, Early Years SEN Inclusion Fund Interim Report, special school outcomes.

- Absence Statistical First Releases

<https://www.gov.uk/government/statistics/pupil-absence-in-schools-in-england-2017-to-2018> ,
<https://www.gov.uk/government/statistics/pupil-absence-in-schools-in-england-2016-to-2017> ,
<https://www.gov.uk/government/statistics/pupil-absence-in-schools-in-england-2015-to-2016>

- Exclusions Statistical First Releases

<https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2016-to-2017> ,
<https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2015-to-2016> ,
<https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2014-to-2015> ,
<https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2013-to-2014>

EYFSP Statistical First Releases

<https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2017-to-2018> ,
<https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2016-to-2017> ,
<https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2015-to-2016> ,
<https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2014-to-2015> ,
<https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2013-to-2014> ,
<https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2012-to-2013>

Key Stage 1 and Phonics Statistical First Releases

<https://www.gov.uk/government/statistics/phonics-screening-check-and-key-stage-1-assessments-england-2018> ,
<https://www.gov.uk/government/statistics/phonics-screening-check-and-key-stage-1-assessments-england-2017> ,

<https://www.gov.uk/government/statistics/phonics-screening-check-and-key-stage-1-assessments-england-2016>

Key Stage 2 Section

Key to Success (Data downloaded with the results of our Schools)

<https://www.keytosuccess.education.gov.uk/cgi-bin/kts/index>

Key Stage 2 Statistical First Releases

<https://www.gov.uk/government/statistics/key-stage-2-and-multi-academy-trust-performance-2018-revised> ,

<https://www.gov.uk/government/statistics/national-curriculum-assessments-key-stage-2-2017-revised> ,

<https://www.gov.uk/government/statistics/national-curriculum-assessments-key-stage-2-2016-revised>

Key Stage 4 Section

Key to Success (Data downloaded with the results of our Schools)

<https://www.keytosuccess.education.gov.uk/cgi-bin/kts/index>

Key Stage 4 Statistical First Releases

<https://www.gov.uk/government/statistics/key-stage-4-and-multi-academy-trust-performance-2018-revised> ,

<https://www.gov.uk/government/statistics/revised-gcse-and-equivalent-results-in-england-2016-to-2017> ,

<https://www.gov.uk/government/statistics/revised-gcse-and-equivalent-results-in-england-2015-to-2016>

Destinations of KS4 and KS5 pupils

Destinations of KS4 and KS5 pupils Statistical First Releases

<https://www.gov.uk/government/statistics/destinations-of-ks4-and-ks5-pupils-2017> ,

<https://www.gov.uk/government/statistics/destinations-of-ks4-and-ks5-pupils-2016> ,

<https://www.gov.uk/government/statistics/destinations-of-ks4-and-ks5-pupils-2015-revised>

Attainment by age 19

Attainment by age 19 Statistical First Release

<https://www.gov.uk/government/statistics/level-2-and-3-attainment-by-young-people-aged-19-in-2018>

Post-16 Participation

Post-16 Participation Statistical First Release

<https://www.gov.uk/government/publications/neet-and-participation-local-authority-figures>