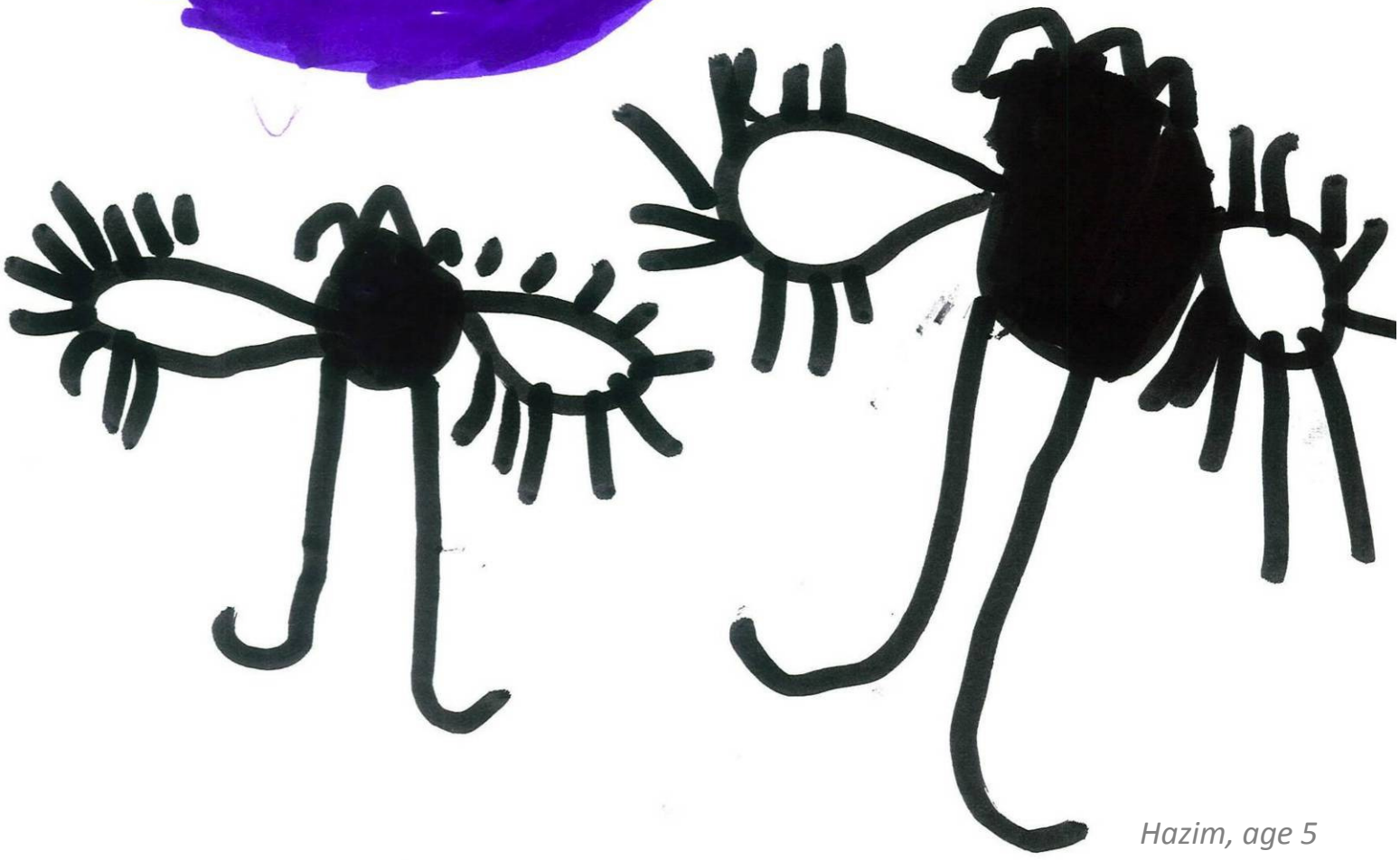
Our Plan: **Children & Families**

2013 to 2018



Hazim, age 5

This is our shared high level plan for improving the lives and outcomes for children and families in Harrow.

Our Plan describes how we are committed to doing the best with limited resources, and shows how partners such as Harrow Council, NHS Harrow, the Police and other providers will work together with children, their families and local communities. The plan includes high level outcomes that we are all signed up to, as well as the overarching needs of Harrow's children and young people, and actions we will take to commission and redesign services.

This version is a working document that will be refreshed following consultation with families and frontline staff.

It's in our hands: We promise our children and young people the best start in life.

www.harrow.gov.uk/children

Contents

To make it easy to follow, this document is divided into three sections: **Vision**, **Drivers**, and **Plan**.

I. Vision: Our Shared Vision

It's in our hands: We promise our children and young people the best start in life.

Our shared vision is about everyone in Harrow supporting our children – from statutory partners such as the Council, NHS Harrow, Schools and the Police, to community groups, the voluntary sector, and of course families themselves. It is this combination of support that gives a child or young person a good start in life: learning and developing, staying safe, being healthy and growing into an adult who contributes to society with economic security.

In Harrow Council, this vision is delivered through the following mission statement:

Harrow Council is committed to working with families and their communities to educate, support and protect children and young people, ensure they achieve their potential. We will work with partner agencies to provide a range of services that will build on family and individual strengths throughout every child's journey to adulthood.

In the next twelve months, we will develop the shared vision and outcomes more widely with children and families.
An important part of our vision is an agreement between parents and partners about how we will work together to co-produce better outcomes for children and young people.
The following co-produced outcome pathway is a working draft that forms the agreement between all parties. Together the

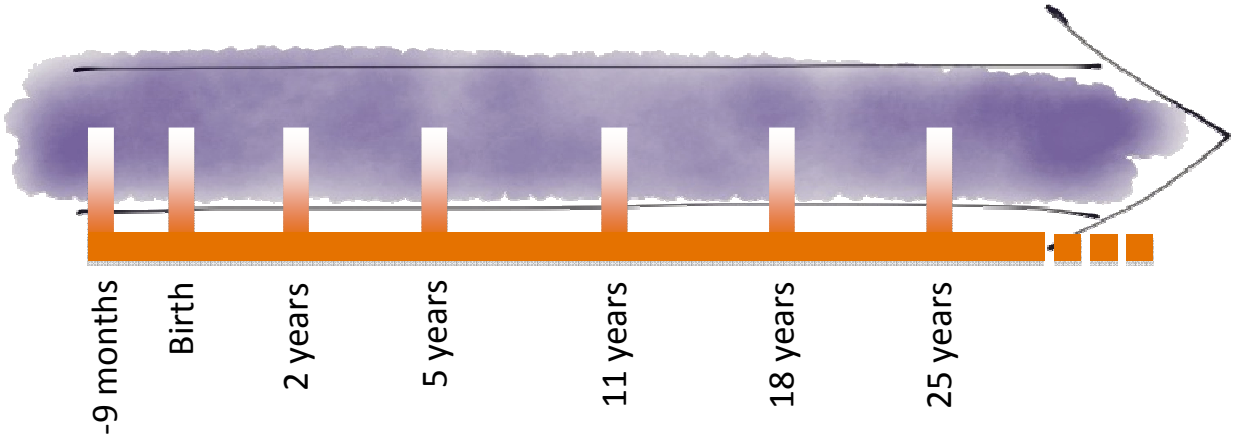
vision and outcomes drive all parts of children and family services, for example:

- Co-production agreements between professionals and families, e.g. Families First
- Core outcomes for commissioning strategies – driving the needs assessment
- Outcome measures and improvement actions in service plans or service specifications and contracts
- Personal development plans for all staff, e.g. Council IPADs, to show the 'golden thread' from outcomes agreed with families and individual performance.

Nikolas, age 6

II. Vision: Co-produced Outcomes

The diagram shows a simplified pathway of a child from pre-birth to 25 years old in Harrow, and the co-produced outcomes we expect at key stages in the child's development.[1]



The expected outcomes for children growing up in Harrow are:

From -9 months
- Parents are ready to have a family

At birth
- A healthy birth
- Baby is safe and cared for
- Brain is developing well and the baby is learning

By 2 years old
- Healthy and thriving
- Child is safe and cared for
- Continued brain development and learning

[1] In some cases the pathway will be different but we still aspire to these outcomes

By 5 years old
- Healthy and thriving
- Safe
- Ready for school

By 11 years old
- Healthy and thriving
- Safe
- Learning to potential
- Preparing for transition to adulthood

By 18 years old
- Healthy and thriving
- Safe
- Contributing to society and potentially in further education

By 25 years old
- Independent and in employment
- Achieving to potential through life-long learning
- Contributing to society

And for a family we expect the following outcomes (to support their role in the child's life)
- Ready to have a family
- Parents are confident and skilled in parenting
- Healthy and thriving
- Safe and protective
- Independent and in employment
- Contributing to society

Nikolas, age 6

III. Drivers: Our High Level Needs

This section summarises issues affecting Harrow's children and families from the comprehensive needs assessment of the local population that was completed by local partners in 2012.[2] These needs follow the pathway of a child from -9 months to 25 years old.

Analysis

Harrow is an area in North West London that is home to more than 230,000 people. It is a comparatively quiet and safe area by London standards, noted for good schools and plenty of green space, and a popular area for families and commuters. If we paint picture of 'Harrow Village', it is thriving community, with many births, new families settling, good general health and low crime. New schools are being built to make space for the growing numbers of children.

The population is one of the most diverse in England, with established Gujarati and Irish communities and more recently Asian, African and Eastern European communities. Harrow does not have a majority ethnic group. Community cohesion is strong and this is an important success to build on. Unemployment is low, and Harrow has the lowest rate of young people not in education, training or employment in England, at less than 3 per 100.

[2]All data from 2012 JSNA unless otherwise stated www.harrow.gov.uk/jsna

Despite this positive picture, there are some significant challenges for local people. There is increasing deprivation, particularly affecting children and young families, and significant health inequality. On average, women in Pinner South can expect to live more than 10 years longer than women in Wealdstone. Men in West Harrow can expect to live for five and a half years longer than men in Greenhill ward.

Zarha, age 7

Some of our successes:

- Harrow **children achieve better** at Key Stage 2 (end of primary school) and GCSE than statistical neighbours
- Absence rates are lower than average in Harrow schools
- Harrow has amongst the highest rates of young people in **education**, **training** and **employment** in England. Rates of young people continuing in education after school are also amongst the highest.
- The number of children **enrolled in Harrow's schools** is increasing significantly, currently primary schools in particular but forecast to impact on secondary schools in 2016-17 – we have been particularly successful in terms of our planning and continue to offer every reception child a school place
- Nearly 7000 children 0-5 accessed Harrow's **Children's Centres** in 2012, with nearly 3000 coming from Harrow's more deprived areas
- **Breast feeding** initiation rates are good compared to England and London as a whole as are the rates of breast feeding at 6-8 weeks[3]
- Harrow has one of the **lowest rates of child deaths and serious injuries from accidents** in the country
- **Teen pregnancy** rates are amongst the lowest in England. STI rates are low

[3]Local analysis shows that this is not exclusive breast feeding and many women are supplementing breast feeding with bottle feeding.

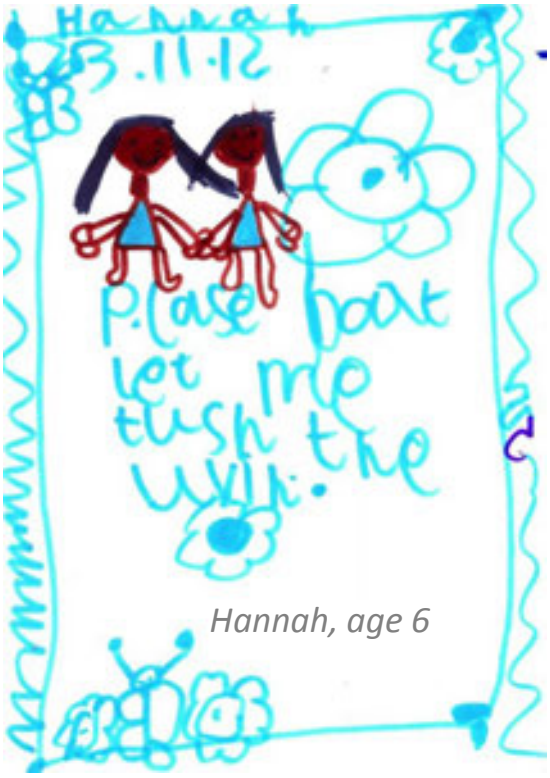
Issues affecting children and families:

- The proportion of women booking with maternity units before week twelve of their **pregnancy** is low but improving
- Half of all Harrow **births** are in the Asian population. Births are increasing year on year with most of the increase coming from the White Other and Asian groups.
- **Infant mortality** rates in Harrow have doubled, although the actual numbers are low and the 3 year average is not significantly different to England as a whole
- Low **birth weight** rates, which are closely related to infant mortality, are amongst the highest in London[4]
- Childhood **immunisation** rates are improving but remain low for some groups, especially incoming population
- Harrow **child development** for under 5s is improving but is not as good as the England average
- Rates of decayed, missing and filled **teeth** in under 5s are below London average but high for West London
- Less than half of the children in Harrow schools speak **English as a first language**. The second most commonly spoken language is Gujarati. The biggest recent increase is in Romanian-speaking children
- In terms of narrowing the **achievement gap** locally, there are some groups who need attention: some black and minority ethnic (BME) groups[5]; children with Special Educational Needs (SEN); those receiving free school meals and children looked after

[4]Although low birth weight is not a direct measure of infant morbidity, it is frequently used as a marker for poor health at birth because it is a leading risk factor for infant mortality and for subsequent morbidity among surviving infants.

[5] But note that some groups such as 'Indian' and 'Chinese' tend to be high achieving

- 21% of primary school and 25% of secondary school pupils are assessed as having some form of **special educational need**
- **Obesity** in reception year children is above England average but below London average. By year 6, obesity rates are lower than both England and London average
- Nearly 1800 children and young people received a service from Harrow **Social Care** in 2011-12[6]. Abuse or neglect are the biggest reasons for referral to social care, followed by domestic violence



Hannah, age 6

- **Domestic abuse** is high in the borough in comparison with the low overall crime rate. It is estimated that over 5000 women and girls aged 16-59 in the borough will have experienced some form of domestic abuse in the last year[7]
- Local services estimate that the police raise 14-18 alerts a day of incidents of **domestic abuse** involving children
- Harrow had 156 **children looked after** and 130 with **child protection** plans at the end of 2012/13. The rates of both of these groups per population are significantly lower than London averages
- The 2001 census suggested that there were 634 **young carers** in Harrow but the actual number is likely to be much higher than this

[6] CiN census 2012
[7] Home Office VAWG Reckoner

- National data suggests that 10% of 5-16 year olds have some form of **mental health** disorder, which would equate to over 3000 young people in Harrow
- National estimates suggest that there are around 4000 **young carers** in Harrow[8].

Additional context for Harrow's Families

- Harrow is home to **49,000 children** 0-18 years
- There are around **93,000 households** in the borough
- Three areas of Harrow fall within the top 20% **most deprived** in England; these areas are found in the wards of Hatch End, Stanmore Park and Roxbourne. There are no areas in the top 10% of the most deprived nationally
- 11,000 households are likely to be affected by changes to **Council Tax benefits** – 67% of these households have dependent children and 61% are receiving Child Tax Credit[9]
- 650 households are predicted to be affected by the cap on **housing benefits** – 95% of these households have one or more dependents and 86% are claiming child tax credit
- 80% of all deaths are from three causes, **circulatory disease**, **cancer** and **respiratory disease**, with deaths from each occurring more frequently in the most deprived areas
- 17% of the Harrow adult population **smoke**, and rates are decreasing in all groups except young women and the 'routine and manual' group

[8] 2010 BBC research estimated 700,000 young carers nationally

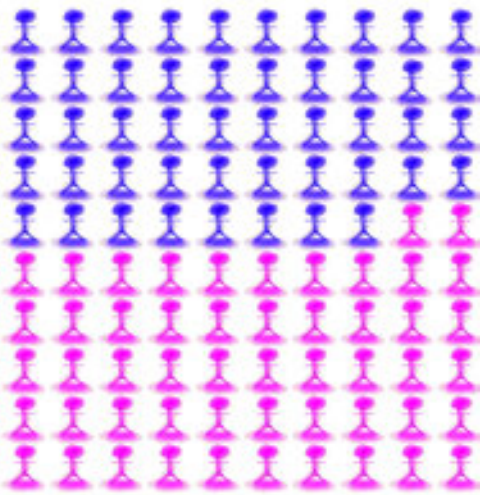
[9] Effects of 2012-13 welfare reforms from local analysis carried out within the Council during 2012

- There are estimated to be around 1300 **opiate** or **crack users** in the borough – in recent treatment programmes over 40% were parents, and around one third had children living with them
- Adult **obesity** rates are slightly higher than the London average and physical activity participation rates are well below average.
- Harrow has a low proportion of **binge drinkers** and a high proportion of people who drink no alcohol. In Harrow, the prevalence of both common mental health problems and neurotic disorders are lower than the England average but they still affect around 190 and 150 people per 100,000 population respectively
- **Crime** rates in Harrow are the fourth lowest in the Metropolitan police area. The geographical areas of concern are Harrow town centre / Greenhill ward; Wealdstone corridor, Edgware and South Harrow.

Shaganaa, age 8

The social context: Harrow Village – 100 children

Let's think about the London Borough of Harrow as a Village with just one hundred children and young people. This Village is a diverse and interesting place…



Gender

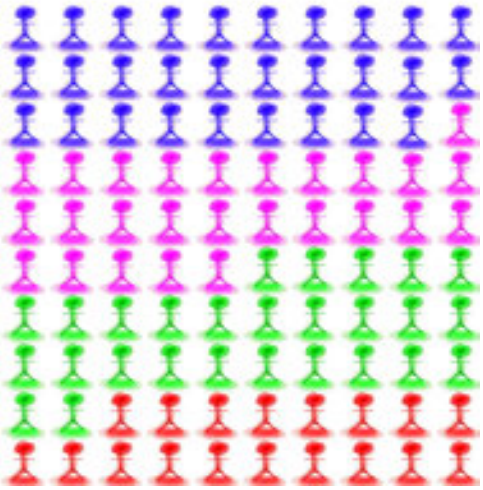
If Harrow is a Village of 100 children, we have the following number of boys and girls:

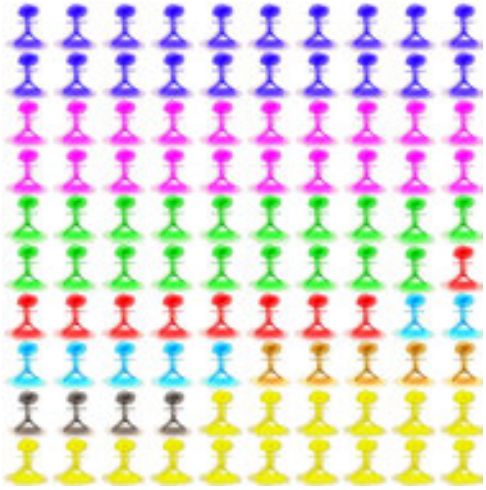
- 48 Boys
- 52 Girls

Age

In Harrow Village we have the following children and young people at different ages:

- 29 aged zero to four years old
- 26 aged five to nine years
- 27 aged ten to fourteen years
- 18 aged fifteen to eighteen





Ethnicity

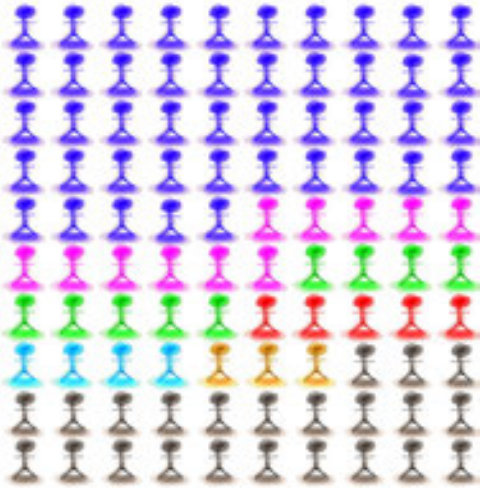
Our village is made up of children and young people with the following ethnicity:

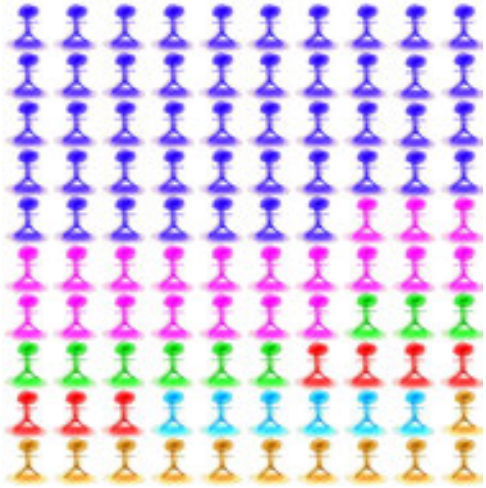
- 20 Indian
- 20 Asian Other
- 19 White British
- 9 Black African
- 7 White Other
- 5 Pakistani
- 4 Black Caribbean
- 16 Other ethnicity

First Language

The first language of children and young people in Harrow Village is:

- 45 English
- 11 Gujurati
- 9 Tamil
- 5 Somali
- 4 Urdu
- 3 Arabic
- 23 Other languages



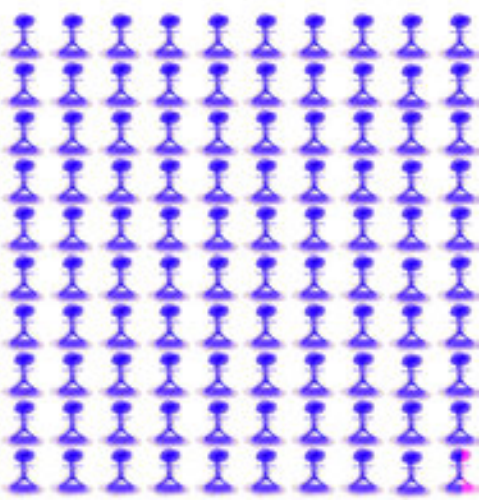


Religion

The parents of children and young people in Harrow Village practice the following religions:

- 47 Christian
- 20 Hindu
- 9 No Religion
- 7 Muslim
- 6 Jewish
- 11Other

Source: 2001 Census
(likely to change significantly for 2011)



Children in Care

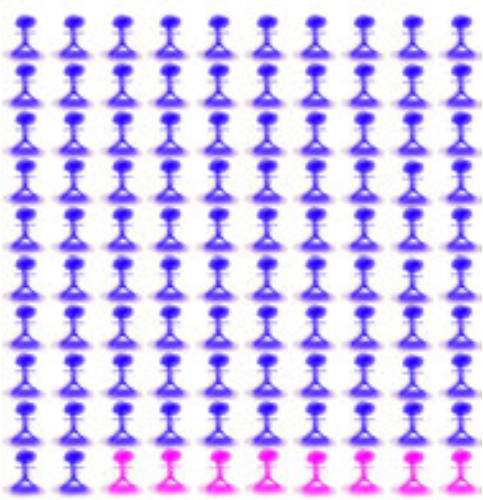
Some children and young people are looked after by the Council rather than their parents:

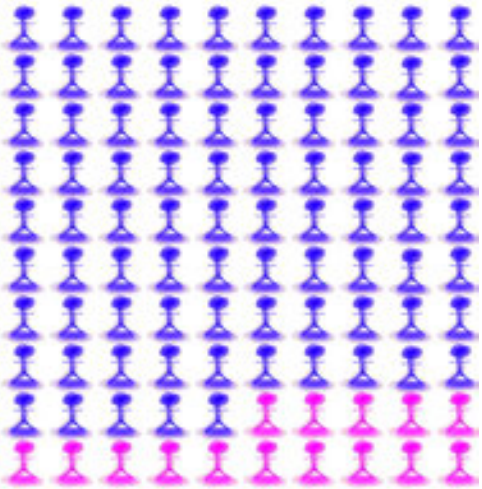
- 0.3 are looked after by the Council at any one time

Young Carers

In Harrow Village some children or young people must care for their parents or a relative:

- 8 children are acting as a young carer

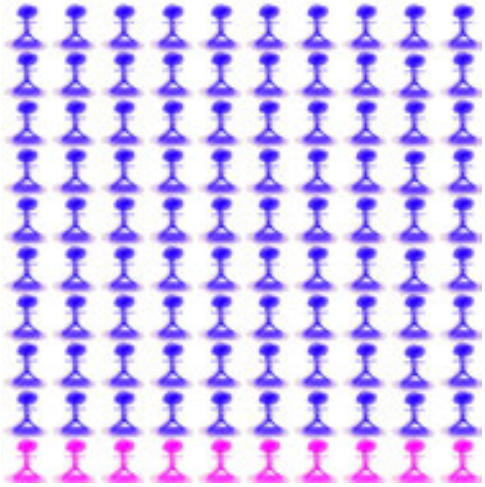




Body Weight

Some children and young people in Harrow Council are clinically defined as obese:

- 15 children are clinically obese



Mental Health

In our Village some children and young people suffer from mental health disorders:

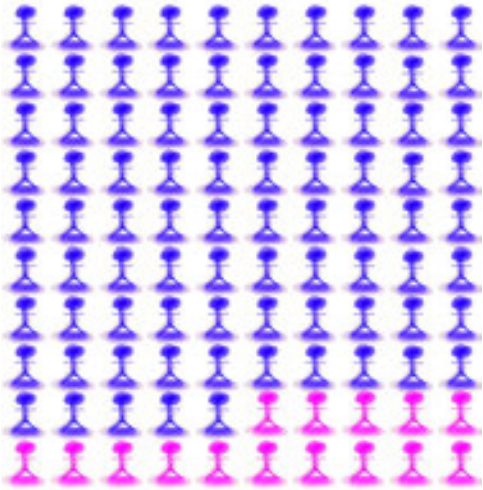
- 10 children will experience a mental health disorder

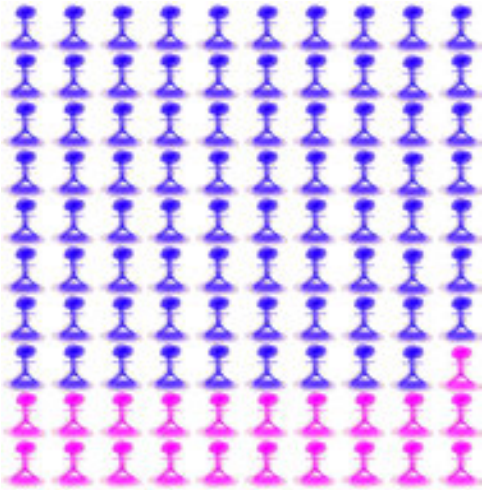
Domestic Abuse

Some children and young people in Harrow Village suffer from or witness domestic abuse:

- 15 children have experienced some domestic abuse

Source: based on average rates for 0-10 and 11-17 year olds from Stanley, Dartington)

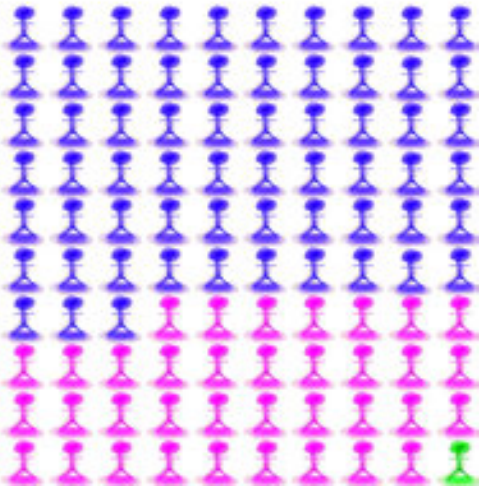




Poverty

In our Village some children and young people live in families that do not have sufficient income:

- 21 children live in poverty



Education

And finally, in Harrow Village children taking their GCSEs will achieve the following grades:

- 63 achieve five A* to C grades (including English and Maths)
- 1 child will achieve no passes in any qualification at this key stage

We can use this type of information to reshape and commission services in Harrow. For instance, would Harrow's population have overall better outcomes if we shifted resources to support for young carers, or to mental health, or from young people to babies. The actions at the end of this document will consider these types of changes and what is best for Harrow's children and families.

Hannah, age 6

IV. Drivers: Priorities for Improvement

To deliver the co-produced outcomes from -9 months to 25 years, statutory partners need to prioritise particular aspects of service delivery. We have four constant priorities for service improvement based on the prevalent needs in Harrow; these sit alongside the statutory priorities from central government. Our priorities do not describe everything we do for children and families, but are used to steer all commissioning and service improvement:

Rugayya, age 8

1. **Early intervention** – to identify and support the needs of children and families before they become acute.

   Early intervention is crucial to give children a good start in life. Low birth weight is an issue in the borough and the development of Harrow children at age 5 is improving but is below national averages. This can only be addressed by co-ordinated efforts amongst parents, schools, health workers, childcare providers and children's centres.

   Another example is how we support parents whose children are missing school or involved in anti social behaviour. This support creates self sustaining change, and prevents further escalation and the need for social care and police intervention.

   At all ages early intervention is the best strategy to create the most efficient, effective and sustainable services, but this requires up-front investment and improvements in targeting.

   This priority also links to the following Harrow Council corporate priorities:

   - Delivering services in the most effective way.

Emily, age 6

2. **Health promotion** – all partners prioritising the mental and physical health of all our children and families and again ensuring issues are addressed before they become acute.

   Overall health of children and families in the borough can be considered to be good, but there is significant inequality and different rates of disease and life expectancy in different areas of the borough. Specific issues affecting child health include tooth decay and immunisation rates. Obesity rates are below average but remain a concern. Information on prevalence of mental ill health in children is limited, but local organisations have historically reported significant levels of unmet need.

   This priority also links to the following Harrow Council corporate priorities:

   - Maintain life expectancy in the borough, but reduce the health inequalities gap.
   - Increase participation in art, sport, leisure and cultural activities.

Sonia, age 6

3. **Safeguarding** – ensuring everyone in Harrow is safe from harm, including children in need and those at risk from violence, bullying and abuse.

   We are constantly improving our safeguarding of children and our partner development plan for the 'Child's Journey' includes five themes of improvement:

- A culture that changes things for the child
- Working together for the child
- Improving the quality of case work and managing risks to the child
- Holding the child's perspective
- Developing good systems.

Harrow has around 160 children who are looked after and a similar number of child protection plans in place over the last few years. These numbers are expected to rise as the population and level of need increases, and as local services become better at identifying concerns.

Adult domestic abuse levels are high compared with the borough's overall crime rate and this is a significant factor is many cases coming to the attention of police, health and social care. Although substance misuse rates are not high in Harrow, one third of those in treatment have children living with them, so there is a significant impact on children.

This priority also links to the following Harrow Council corporate priorities:

- Ensure the most vulnerable children, young people and families are appropriately cared for, safeguarded from harm and abuse.
- Reduce the fear of crime and incidences of anti-social behaviour so people in Harrow feel safe.

4. **Narrow the gap** – we know that in England children from a poorer background generally do less well than their peers – we want to eliminate this gap in Harrow.

   Deprivation affecting children and young families is increasing in the borough, this is thought to be linked to incoming population as well as the economic downturn. Disadvantaged pupils achieve less well in school and narrowing this gap is a priority for local schools. In addition, some other groups perform less well in local schools, notably children from some 'Black and Minority' ethnic groups, 'White Other' category, as well as Children who Looked After. There is also a local priority to significantly reduce the gap for children with special educational needs.

   This priority also links to the following Harrow Council corporate priorities:

   - Reduce the gap between educational attainment of the more vulnerable and disadvantaged groups of young people and the general child population.
   - Residents are supported to have the necessary skills and education to be able to access employment, apprenticeships or training opportunities.

Sonia, age 6

v. Drivers: Why We Need to Change

This is a difficult message that will have real impact on children and their family's outcomes and lives:

1. The UK **economy** is in recession and in 2013 Gross Domestic Product (GDP) remains 3.5% lower than the peak – this has had a big impact on local communities.

2. All partners in Harrow have been forced to make **efficiency savings** to our services which are likely to continue to 2017. This is unprecedented.

3. **Demand** for our local services is increasing because of service reductions such as benefits – some of our families are facing real hardship. And our **population** is growing, particularly for school age children and older people in Harrow. Both of these increases are welcome but mean additional demand for services that is not being funded by central government.

4. And meanwhile, our shared **expectation** of service quality and outcomes for children remains rightfully high.

Theo, age 5

This is the 'perfect storm' of an economic downturn, budget reductions, growing demand and demographics, and continuing expectation of quality. All partners and services in Harrow will need to become more efficient at using resources, better at targeting need and early intervention, and improve the way we design the whole system of support.

Services in Harrow will therefore need to change, to transform, so that we can meet needs within a much smaller budget. We are committed to transforming all services by 2018 – to do the best for Harrow's children and families.

Darya, age 8

VI. Plan: Systemic Changes to Commissioning

We are making changes to both the way services are commissioned, and how they are provided. We are making these system-wide changes because we can meet the needs of local children and families better, and better tackle the four priorities of early intervention, health promotion, safeguarding and narrowing the gap.

In a nutshell: [10]

> ***Commissioning is how we deliver children and families' outcomes from all of the resources in the best way.***

There are lots of resources in Harrow such as the public money, the workforce and providers, buildings, communities, users and their families. Commissioning is about getting the most from all of these resources and designing the whole system of services. i.e. Getting *much more for less*.

We have described our commissioning in the Strategic Commissioning Framework – this is the set of rules and guidance for commissioning teams in Harrow Council and partner agencies. These are the teams that will have to find 35%+ efficiency improvements – working with partners, providers and users.

[10] A more complete definition and diagrams can be found in the Strategic Commissioning Framework.

One thing we are very clear about is the need for the child and family's voices to be at the centre of everything we do. From now on, we will ensure:

1. Services are **co-designed** with children and families. Whenever we transform services we will make sure that users are leading that redesign (e.g. parents helping to select provider for the new activities and short breaks market).
2. Every time a service is delivered, it will be delivered *with* the end user. i.e. children and families will help to choose the right service, and personalise it to their needs. We will **co-produce** outcomes with the child, their family and community (e.g. a young person helping to select their foster care placement).
3. We will make sure that the views of children and families are part of the **co-monitoring** information for all services – so that providers know that their performance is judged by user experience and service quality (e.g. user feedback on the quality of speech and language therapy services).

More principles for commissioning are in the Strategic Commissioning Framework.

Riya, age 5

VII. Plan: Systemic Changes to Provision

Children and families in Harrow draw on services from many partners including the Council, Schools, GPs and Health, Police, DWP and the voluntary sector. Wherever possible service teams will work together systemically, and we will co-locate services where they make most sense for children and families, for example, in:

1. Health settings such as GP surgeries
2. Children's Centres and nurseries
3. Schools, including mainstream, alternative, specialist and further education
4. Harrow Civic Centre for more intensive services such as the social care front-door
5. Youth and leisure centres such as Cedars, the Wealdstone Centre and Libraries.

There is no longer a culture of *doing services to people* but we work with them to *co-produce* the desired outcomes. Often we rely on individuals or their families to deliver most of the outcomes from services, e.g. early years, obesity, education, disabled children, teenage pregnancy, rather than the professionals.

We will always be clear about the short and long-term outcomes that we want to achieve, working with children and their families.

Our core principles for service provision are:

1. All services, interventions and decisions are based on a clear **understanding of outcomes** that we are delivering for the child
2. The **child and family's voice** is at the centre of everything we do – we co-produce outcomes with the child and family
3. We have **strong partnerships** between all partners
4. Wherever possible services are **co-located**, and delivered through **multi-agency teams** with **integrated** packages of care
5. There is **one point of contact** and one multi-agency front-door for urgent referrals
6. We operate a **single assessment** of need and effective information sharing between professionals
7. **Funding follows the child's needs**, e.g. through personalisation
8. We work in a **learning environment** – seeking personal development, challenge, user feedback and better practice.

See individual service plans for more details of principles for each service and improvement plans.

Janelle, age 8

VIII. Plan: Systemic Changes to Practice

One of our most important tasks is to improve the quality of practice by front-line professionals and managers, to make the biggest difference in the lives of children and families.

Each statutory partner has a workforce plan, and also reviews the workforce design when we commission internal or external services. We want all staff to work more systemically with families, i.e. to understand the family history and strengths and build their resilience, work with children and families to co-produce outcomes, and to integrate different services around the family.

Children and families in Harrow can therefore expect the following behaviours from our case-holding staff:

1. Clearly understanding **what needs to change** for the child, with a passion to work proactively to achieve that change
2. Articulate how partners and processes such as risk assessments, planning, core groups, strategy meetings and investigations are **adding value** to each child's outcomes
3. Reflect confidently on their practice and actively welcome **constructive questioning** and **challenge** as part of a **learning culture**
4. Take time to **talk to children on their own**, telling their story based on their lived experience, speaking confidently about how the family history has been used to inform decisions.

Making a difference – it's in our hands

The child	• Do I understand, through the child's eyes? • Have I taken time to understand and analyse the history? • What outcomes will we achieve together? When?
My practice	• Are the family and child making decisions with me? • Am I specific about what needs to change? • Am I taking into account new information?
What difference?	• Is the plan working? Can we point to the difference we have made? • If not, what needs to change/ happen now? • How is the child's experience different and better?

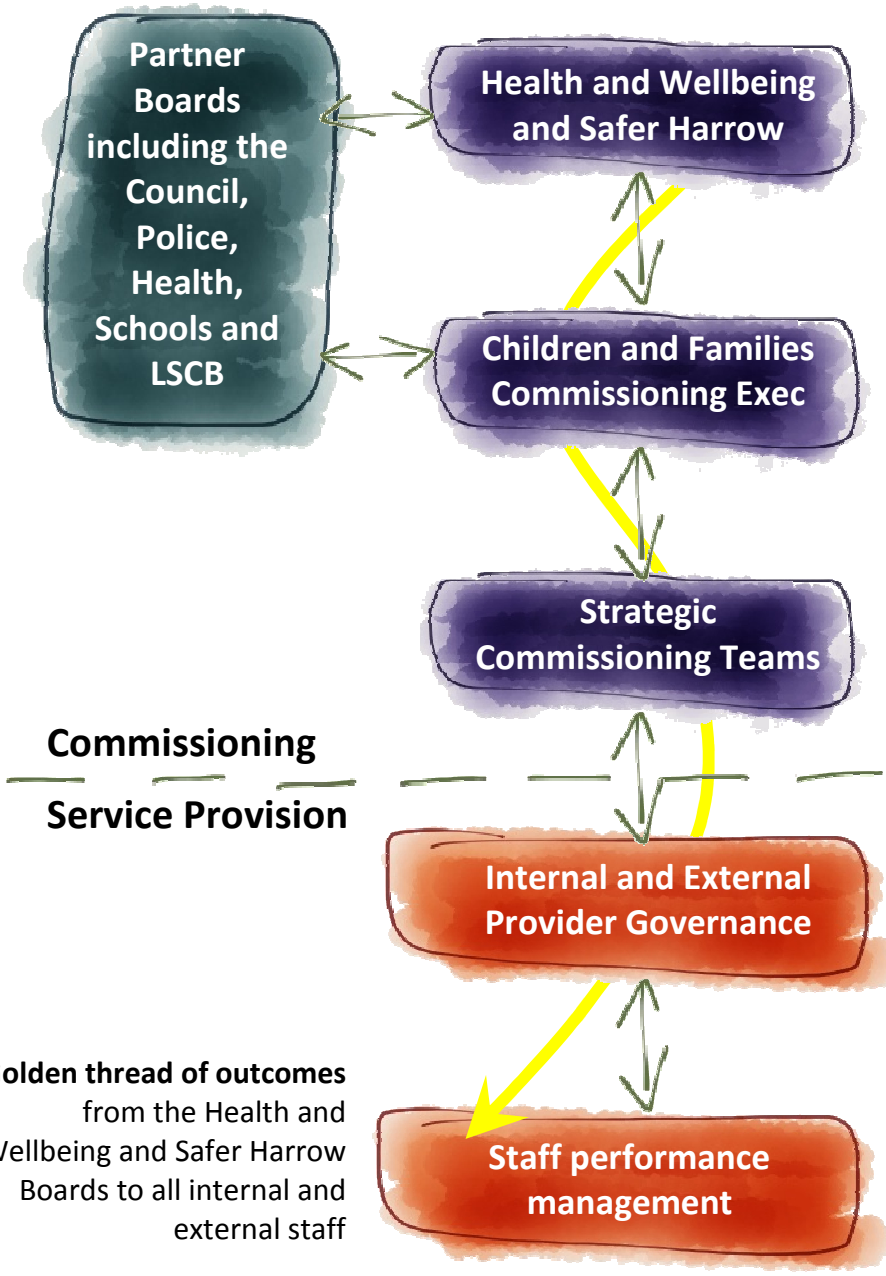
Harrow COUNCIL LONDON

IX. Plan: How we make Decisions

Harrow Council is in transition from a provider to commissioning-led organisation. We are therefore in the process of simplifying our governance and decision making, partly to reduce bureaucracy and partly to improve the way we design the system.

George, age 5

Our joint governance structure includes these main strands and levels:



The **Health and Wellbeing Board** and **Safer Harrow Board** include the Council, Health, Police and other partners. Together these partnership boards are responsible for setting and improving outcomes of all residents in Harrow. The Local Safeguarding Children's Board holds partnership boards to account.

The **Commissioning Exec** is dedicated to children and family outcomes and oversees all commissioning of internal and external services, following the commissioning framework.

Each partner agency has **commissioning teams** such as the Clinical Commissioning Group staff for Health, and the Children and Families Strategic Commissioning Team for the Council. These teams are responsible for commissioning strategies and outcomes.

Internal services are managed by Divisional Directors and Service Managers, external services are managed by company or charity boards. Each follows the service level agreement or contract in place agreed with Strategic Commissioning Teams.

Individual staff are performance managed by their managers, against the outcomes they are achieving.

Golden thread of outcomes from the Health and Wellbeing and Safer Harrow Boards to all internal and external staff

x. Plan: Important Documents

In order to work effectively we need to capture and communicate our plans and procedures. The following are the most important documents describing how we will improve outcomes for Harrow's children and families.

- **Corporate and Partnership Planning** – All partners have a planning and governance process, including setting priorities and targets for the year ahead. These help inform the outcomes and priorities for children and families in Harrow and are incorporated into all Commissioning Strategies. Examples include the Joint Commissioning Intentions that are agreed at the Health and Wellbeing Board to steer all joint commissioning between health and the local authority over the year. www.harrow.gov.uk/downloads/file/13787/corporate_plan_2013-2015

- **Joint Strategic Needs Assessment** – This is a high level needs assessment for all residents in Harrow. The JSNA is used when we develop any commissioning strategy as it is the overarching description of the outcomes that we want to achieve across all services. A summary of needs from Harrow's Joint Strategic Needs assessment is included in this document at section III. www.harrow.gov.uk/jsna

Khalisa, age 5

- **Strategic Commissioning Framework** – This framework sets the rules that we work by when commissioning services. It includes a common understanding of commissioning, principles that we are held to account for, and the agreed cycle of commissioning as well as helpful examples and templates.

- **Our Plan: Children and Families** – This document!

- **Commissioning Strategies** – For each service area (or set of outcomes) we will create a commissioning strategy. These draw on the Joint Strategic Needs Assessment, priorities and intentions from the Health and Wellbeing Board (and partner agency boards), as well as more intensive needs assessment and user engagement. Commissioning Strategies identify the outcomes required, user needs, resources available (money, people, buildings, community, etc), consideration of equalities, what works well, and options for improving outcomes from the resources. Children and families will be involved in designing the options. Commissioning Strategies are an intensive way of reviewing and transforming service areas, and are normally carried out every three to four years.

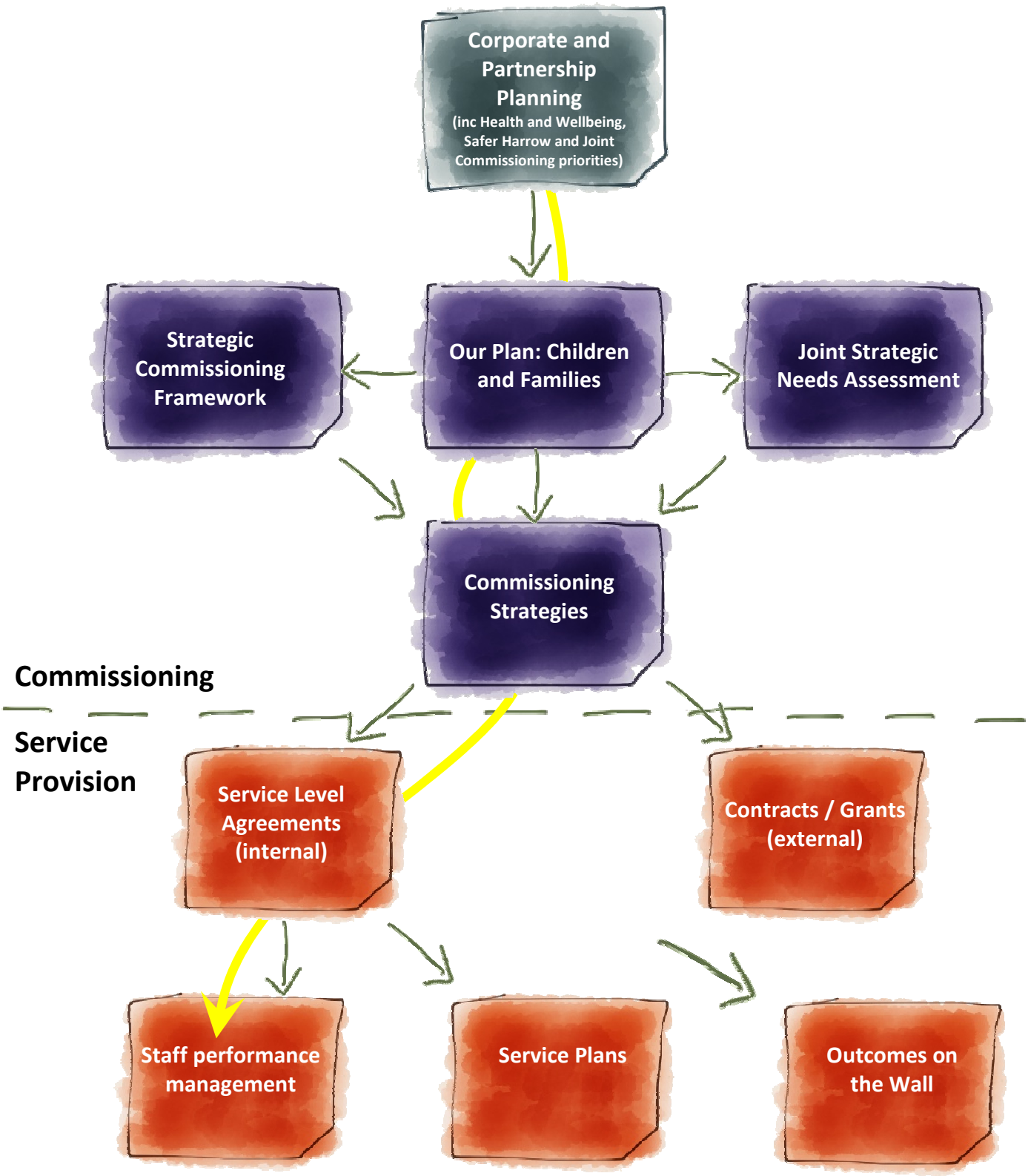
Darya, age 8

- **Contracts / Grants / Service Level Agreements** – The result of a commissioning strategy is often to put an agreement or contract in place with providers (external or internal respectively). These agreements show clearly the outcomes to be delivered as well as legal requirements and performance management. This gives a clear 'golden thread' from strategic priorities and the Joint Strategic Needs Assessment to individual agreements and contracts.

- **Service Plans** – These are the plans written in response to the service level agreement or contract. They are often internal to the service and include actions for improvement over the course of a year or more.

- **Outcomes on the Wall** – It is incredibly important to be clear about the outcomes that each team is delivering. We are now mandating that these outcomes and proxy-measures for outcomes are visible and celebrated by each provider by maintaining a large display on the wall that is updated monthly to demonstrate success in delivering outcomes.

- **Staff performance management** – Each individual is performance managed against the outcomes identified for their service area (in the contract or service level agreement). This is the 'golden thread' from population outcomes defined at the highest level to each and every professional on the front-line.



This diagram shows key documents and their relationships. Follow the arrows to see the flow of information and the 'golden thread' relating outcomes and priorities to commissioning strategies, service level agreements, service plans and individual performance management.

XI. Plan: Journey to 2018

Because we are facing a 'perfect storm' of challenges, we need a plan that will wholly transform services for children and families in Harrow. The following short and medium term actions begin our transformation journey, preparing for a very different public sector in 2018.

Our Journey to 2018 is shared by all partners in Harrow as well as community groups, parents, children and young people.

Note that this plan does not pre-empt the results of the commissioning cycle, but sets out when and how services will be strategically reviewed, transformed and re-commissioned. i.e. *How* we will change, not *what* will change. Commissioning will follow the standard process agreed by partners in Harrow's Strategic Commissioning Framework. A 'golden thread' links the actions set out here and more detailed service planning.

Emily, age 5

Service or Outcome Area	Short and Medium Term Actions
Early Intervention	
1.1. Early Years	• Improve outcomes for children at the age of five and reduce the attainment gap. Transformation is in two stages, pre-conception to two years old, and two to five. Three priorities for change: Broadening participation, Building capacity, and Quality for all. • Transformation to include initiation and continuation of breast feeding and healthy weaning, reducing post-natal depression, and support to parents who have problems during antenatal care. • For children aged two to three years an assessment programme including communication and behavioural needs will be developed. • Key principles for transformation are to shift resource to the home learning environment, align pathways and referrals, peer support and training, and to co-produce outcomes. January 2013 to April 2014.
1.2. Families First and Early Intervention Services	• Evaluation and research of what works including action testing of models to inform redesign. June 2013 to June 2014. • Review of parenting support across Early Years and Early Intervention Services. July 2013 to December 2013. • Identify vulnerability factors for families through combining partner data. April 2014 to March 2015. • Redesign of early intervention services to widen scope of the service model from 395 families (central government target) to 1000+ families with a spectrum of additional needs. Testing

Service or Outcome Area	Short and Medium Term Actions
	and prototyping of different models of support for different levels of need. August 2013 to March 2014. • Business case development for increasing partner investment in early intervention and family support through the community budget programme. August 2013 to March 2014.
1.3. Speech and Language Therapy	• Joint commissioning of SALT services between the Clinical Commissioning Group and Local Authority to a new outcome based specification with stronger and more frequent performance management. September 2012 to April 2013. • Based on the performance management, review SALT services including options for schools to commission the service (through a framework), and / or sub-regional commissioning with WLA members (linked to SEN changes). July 2013 to March 2014.
1.4. Positive for Youth	• Recommissioning of a variety of activities for young people, co-designed with users. April 2013 to June 2013. • New commissioning model for activities, potentially through a prime / sub-contractor model with multi-year length of contract. January 2014 to June 2014.
1.5. Community / Volunteer Mentoring	• Redesign of all internal and external services and the support and referral processes. February 2013 to September 2013. • Scale up mentoring (and other volunteering) to rapidly increase capacity and number of children, young people and families who are mentored. May 2014 to August 2014.
1.6. Counselling	• Redesign of services (linked to back office function for Community / Volunteer Mentoring) to improve efficiency and outcome based

Service or Outcome Area	Short and Medium Term Actions
	monitoring of delivery (and segment users of mentoring / coaching / counselling / bereavement services based on need). August 2013 to November 2013.
1.7. Family Information and Resource	• Redesign of the service, tied to the Menu of Support and following the transformation of Early Years. Redesign will make use of community involvement to share knowledge of services, and maintain the Menu of Support for professionals to access. September 2013 to December 2014.
1.8. Housing Support, Benefits, Supporting People	• Redesign of housing support and supporting people services for adults and young people. To refocus on families first, young people on the edge of care and leaving care. July 2013 to March 2014. • Develop a cross partner approach to supporting families affected by welfare reform. Ongoing.
1.9. Parents with mental health or substance misuse issues	• Review of support for parents with mental health or substance misuse issues, where this is impacting on the experience of the child. To include improved identification and support packages in coordination with local authority and health adult services, and public health awareness campaigns for responsible drinking and links to mental health. January 2014 to June 2014.
Health Promotion	
2.1. School Nursing	• Novation of contract to the Council and re-specification of services around outcomes. Service to be based in Children's Centres / Schools. October 2012 to March 2013. • Redesign of School Nursing and Health Visiting to streamline the services and target to those most in need. Potential option to share

Service or Outcome Area	Short and Medium Term Actions
	services. December 2013 to April 2014.
2.2. Health Visiting	• Plan for novation of contract from NHS Commissioning Board to the Council. 2013 to 2014. • Redesign of Health Visiting and School Nursing to streamline the services and target to those most in need. Potential option to share services. December 2013 to April 2014.
2.3. Midwifery	• Modernise midwifery services in line with 'Call to Action' agenda and align with health visiting changes. April 2014 to April 2015.
2.4. Substance Misuse	• Novation of contract to the Council and re-specification of services around outcomes. October 2012 to May 2013. • Redesign of substance misuse services with one lead commissioner across the Council, aligned to partner agencies. September 2013 to September 2014.
2.5. Sexual Health	• Novation of contract to the Council and re-specification of services around outcomes. October 2012 to March 2013. • Review of needs and recommissioning of sexual health services across partners. December 2013 to March 2014.
2.6. Emotional Health and Wellbeing	• Tri-partite panel in place where funding streams are required from the local authority, devolved schools grant and health. February 2013 to July 2013. • Clinician / School led review of gaps in provision, referrals and pathways including the whole spectrum of behavioural, emotional and mental health needs. Redesign of local authority, schools and health service system including thresholds and referrals. Reduction in length of stay in specialist services. January

Service or Outcome Area	Short and Medium Term Actions
	2013 to January 2014. • Align or joint commission between NHS Harrow and Council for children's mental health services, including raising awareness of mental health issues in schools. April 2014 to April 2015.
2.7. Continuing Care	• Jointly develop an operating policy for tri-partite assessment, service planning and decision making between the Council and NHS Harrow. January 2013 to April 2013. • Phase in joint commissioning of packages of complex packages of care, prioritising high cost placements. April 2014 to April 2015.
2.8. Paediatrics	• Identify the extent and nature of childhood injuries and accidents through hospital and GP data. 2013 to 2014.
2.9. Leisure and Obesity	• Review obesity and physical activity in Harrow. Implement a school-based wellbeing programme. Review access to leisure and social activities, green spaces and safe areas for children to play (including 27 playgrounds in Harrow parks). April 2014 to December 2014.
Safeguarding	
3.1. Domestic Abuse	• Commissioning of Domestic Abuse specialists in Family First services. January 2013 to March 2013. • Transformation of services to support victims of Domestic Abuse with all partners through a community budget. March 2014 to December 2014.
3.2. Looked After Children and Leaving Care	• Develop the West London Alliance fostering framework. August 2012 to March 2013. • Refreshed commissioning strategy and redesign of outcome specification, performance

Service or Outcome Area	Short and Medium Term Actions
	management against outcomes, and user choice in placement decisions and reviews (co-production – leading to an increase in stability). January 2013 to June 2013. • Improving health outcomes including early identification and referral to the MASH. 2013 to 2014. • Commissioning of packages of care including from a new menu of support. April 2013 to September 2013. • Increase choice of support and accommodation for care leavers, and improve transition planning. April 2013 to March 2014. • Identify corporate-parent champions for each child and young person in care for more than six months. September 2013 to December 2013.
3.3. Youth Offending	• Redesign of the Youth Offending Team service, including PCT / LA funded post for mental health. April 2012 to May 2013. • Alignment of commissioning to reduce Gang Activity between the local authority, police, schools, Mothers Against Gangs and other partners. August 2013 to December 2013. • Recommissioning of services to reduce gang activity, and youth offending services. April 2015 to March 2016.
3.4. Children in Need and Front-Door	• Redesign of front-door processes to improve performance. December 2012 to April 2013. • Development of service planning outcome measures for performance management. April 2013 to June 2013. • Implementation of The Child's Journey improvement plan including culture, process, case work, child protection conferences, participation and system changes. April 2013 to December 2013.

Service or Outcome Area	Short and Medium Term Actions
	• Implement POD team design and systemic approach to interventions. February 2013 to December 2013. • Review of social work including retention, recruitment and motivation. May 2013 to March 2014.
3.5. Advocacy	• Redesign of advocacy services and integration with Healthwatch. October 2012 to March 2013. • Updating of services to include web access and a market of provision (via frameworks). October 2013 to March 2014.

Narrowing the Gap

4.1. Education	• Ensuring sufficient high quality provision. Children and young people attain well and make good progress in high quality educational provision. On-going. • Quality assurance. Educational opportunities for all children and young people are of the highest quality. Ongoing. • Improving outcomes for pupils. Ensuring young people succeed in learning pathways. Ongoing. • Enhancing provision. Enhancing the participation and attainment of new and vulnerable communities, and engagement of voluntary and community providers. Ongoing.
4.2. Harrow Tuition Service	• Recommissioning of the Harrow Tuition Service / Pupil Referral Unit including relocation. January 2013 to August 2013.
4.3. Enhancing participation	• Recommissioning of Information, Advice and Guidance services to improve efficiency. October 2012 to March 2013. • Redesign of Information, Advice and Guidance services with options for sub-regional

Service or Outcome Area	Short and Medium Term Actions
	commissioning or commissioning by schools (through a framework). To include a review of apprenticeships and graduate placement opportunities in local businesses and required through statutory partner contracts. July 2013 to February 2014. • Identify potential bursaries to enable young people in poorer families to go to university, and support the application process. 2013 to 2014.
4.4. Special Educational Needs and Children with Disabilities	• Redesign of Special Needs Transport (SNT3) to improve efficiency of transport routes without impacting on children's outcomes. June 2012 to March 2015. • Commission to redesign SEN to improve personalisation and implement legislative changes. January 2013 to March 2015. • Capital funding to help mainstream and specialist services to be more accessible for disabled children. Changes are based on a social model of disability. Applications will be judged by parents of disabled children. March 2013 to August 2013. • Recommissioning of all SEN placements to improve value for money. April 2014 to December 2014.
4.5. Young Carers	• Review the support provided to young carers, to increase the reach of the service. Redesign to make best use of community and universal service provision to maintain schooling and continuing to live with parents. October 2013 to June 2014.
4.6. Activities and Short Breaks	• Transformation of Activities and Short Break services. New service is designed around direct payments, parental choice, better monitoring, and dramatically increasing the choice of

Service or Outcome Area	Short and Medium Term Actions
	traditional and new services accessible to parents. June 2012 to December 2013. • Transition of Activities and Short Breaks to Shop4Support website with funding following the user. August 2013 to March 2014.
System Change	
5.1. Internal service level agreements	• Commissioning of internal services enabled through new service level agreements with all Council services. Outcome based performance measures established, with links to IPADs and Outcomes on Wall. March 2013 to June 2013.
5.2. Programme Management	• Establishing a new programme management office and processes in Children and Families Directorate. December 2012 to July 2013. • Running the PMO and rolling out to all major projects and programmes. On-going.
5.3. Quality Assurance	• Strengthening our quality assurance of front-line services, including performance management against outcomes. On-going.
5.4. Menu of support	• Menu of support services to be developed – this large range of services (e.g. volunteer mentors, family group conferencing, counselling) will be available to EIS and commissioning for looked after children. Further development will make the services more widely available, e.g. to social workers. April 2013 to March 2014.
5.5. Database of all families	• Refresh and maintain a database of all families in Harrow and their needs, linked to data from Experian Mosaic. Develop risk predictions. Database will be used to radically improve the efficiency and effectiveness of early intervention. September 2013 to June 2014.
5.6. Harrow School Improvement	• Review of delivery models for Harrow School Improvement Partnership (HSIP). September

Service or Outcome Area	Short and Medium Term Actions
Partnership	2013 to August 2014.
5.7. Non-core procurement spend	• Transition of procurement for non-core spend (e.g. cleaning) to Buying Solutions for aggregated buying power to reduce spend. December 2012 to April 2013.
5.8. Shared services – WLA	• Continued exploration of options for shared services with WLA members. On-going.
5.9. 2018 Transformation	• Developing and piloting 'Enabling our Transformation' training – open for all partners to access. December 2012 to July 2013. • Drawing on learning from the Cabinet Office Commissioning Academy, and sending a senior delegation. June 2013 to August 2014. • Develop a new relationship with families based on co-production – building on the early years transformation and working with Community, Health and Wellbeing Services, and the Big Volunteering campaign. April 2014 to March 2016. • Improving commissioning capacity, capability and culture to enable transformation – including new commissioning framework and guidance, refreshed governance, internal and external team training and development, recruitment, new relationships with providers and market management. On-going. • Supporting the transformation programme for Harrow post 2018. On-going.