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Havering
LONDON BOROUGH

CHILDREN & LEARNING OVERVIEW & SCRUTINY COMMITTEE AGENDA

7.30 pm	Tuesday 21 October 2014	Committee Room 2 - Town Hall

Members 9: Quorum 4

COUNCILLORS:

Gillian Ford (Chairman) Jason Frost (Vice-Chair) Nic Dodin	John Glanville Reg Whitney Julie Wilkes	Joshua Chapman Philippa Crowder Carol Smith

CO-OPTED MEMBERS:	**Statutory Members representing the Churches**	**Statutory Members representing parent governors**
	Phillip Grundy, Church of England Jack How, Roman Catholic Church	Phillip Grundy, Church of England Jack How, Roman Catholic Church Julie Lamb, Special Schools Margaret Cameron, NAHT Keith Passingham, NASUWT Emma Adams, Primary Lynda Rice, Secondary Julie Lamb, Special

Non-voting members representing local teacher unions and professional associations:
Ian Rusha (NUT), Keith Passingham, NASUWT & Margaret Cameron, NAHT

For information about the meeting please contact:
Vicky Parish 01708 432436
vicky.parish@Onesource.co.uk

Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

What is Overview & Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

They have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.

2. Driving improvement in public services.

3. Holding key local partners to account.

4. Enabling the voice and concerns of the public.

The committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations.

Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for

anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research and site visits. Once the topic group has finished its work it will send a report to the Committee that created it and it will often suggest recommendations to the executive.

Terms of Reference

The areas scrutinised by the Committee are:

- School Improvement (BSF)
- Pupil and Student Services (including the Youth Service)
- Children's Social Services
- Safeguarding
- Adult Education
- 14-19 Diploma
- Scrutiny of relevant aspects of the LAA
- Councillor Calls for Action
- Social Inclusion

AGENDA ITEMS

1 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) - receive.

2 DECLARATION OF INTERESTS

Members are invited to declare any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any time prior to the consideration of the matter.

3 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

4 MINUTES (Pages 1 - 16)

To approve as a correct record the Minutes of the meetings of the Committee held on 14 September 2014 and authorise the Chairman to sign them.

5 OFSTED OUTCOMES

6 SEND TRAVEL (Pages 17 - 18)

7 CHILDREN'S PUBLIC HEALTH

Councillor Gillian Ford update to members

8 COMPLAINTS ANNUAL REPORT

Report presented by Veronica Webb

9 SEF & ACTION PLAN

10 IMPLICATIONS OF ROTHERHAM ENQUIRY

Report presented by Carol Carruthers, and Lorna Jacques (The Children's Society)

11 OFSTED INSPECTION

Information provided by Phillipa Brent-Isherwood & Craig Benning

12 TOPIC GROUP

13 REPORTS PACK

Summaries of work of:

- Corporate Parenting Panel
- Local Safeguarding Children Board
- MASH

Other reports to follow if available.

14 FUTURE AGENDAS

Committee Members are invited to indicate to the Chairman, items within this Committee's terms of reference they would like to see discussed at a future meeting. Note: it is not considered appropriate for issues relating to individuals to be discussed under this provision.

15 URGENT BUSINESS

To consider any other item in respect of which the Chairman is of the opinion, by reason of special circumstances which shall be specified in the minutes, that the item should be considered at the meeting as a matter of urgency.

Andrew Beesley
Committee Administration &
Interim Member Support Manager

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MINUTES OF A MEETING OF THE
CHILDREN & LEARNING OVERVIEW & SCRUTINY COMMITTEE
Council Chamber - Town Hall
10 September 2014 (7.30 - 9.00 pm)

Present: Councillors Gillian Ford (Chairman), Jason Frost (Vice-Chair), Nic Dodin, Julie Wilkes, Joshua Chapman, Carol Smith, Phil Martin and John Crowder

Co-opted Members: Phillip Grundy, Julie Lamb, Margaret Cameron, Emma Adams and Lynda Rice

Apologies for absence were received from Councillor Reg Whitney, co-opted member Jack How and non-voting member Ian Rusha

18 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies were received from Councillors Philippa Crowder (John Crowder substituting) and John Glanville (Phil Martin substituting).

19 **DISCLOSURE OF PECUNIARY INTERESTS**

There were no disclosures of interest.

20 **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman announced details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

21 **MINUTES**

The Committee agreed the minutes of the meeting held on 15 July 2014 as an accurate record and authorised the Chairman to sign them.

22 **HAVERING YOUTH COUNCIL PRESENTATION**

A member of Havering's Youth Parliament, Tolu Akindayi spoke on behalf of her members to the Committee. The Youth Parliament had a vision to

eliminate child poverty in Havering and break the third generation cycle by encouraging students to stay in education or become an apprentice.

The Youth Parliament felt there was a lack of support and information from schools in regards to students' options when they leave school. In particular, there were concerns among Youth Parliament members that schools did not offer sufficient work experience opportunities. In response officers advised they had only limited influence over secondary schools' policies as most Havering secondary schools were now Academies. It was however suggested officers meet with Youth Parliament Members on a regular basis. The Chairman suggested the Youth Member spokesperson propose this idea to the other Youth Parliament Members. It was also felt it would be beneficial for Committee Members to attend a session of the Youth Parliament and efforts would be made to arrange this.

23 **SEN SCHOOL TRANSPORT ISSUES**

A Co-opted Member submitted to the committee a list of transport issues compiled by the Positive Parents group. Parents were extremely concerned about how early their children were being picked up and having to remain on buses leading to the children often being unsettled when they reached school. The Member also raised concerns over safety issues with inadequately trained staff.

The Head of Asset Management confirmed that all staff working on SEN transport received appropriate induction and training, both for drivers and welfare officers. New SEN transport arrangements would need to be introduced as part of the Children & Families Act and meetings were planned with head teachers to discuss this further, to take place by the end of September. School transport routes had been rationalised but this had been undertaken in conjunction with Learning and Achievement officers. Officers were keen to improve SEN transport, bearing in mind existing budgets and future savings required.

Officers felt there were most pressures in getting children to school at Dycorts as well as one rout to Corbets Tey. The routes to Ravensbourne generally performed better.

The Chairman would seek to discuss these areas further with the Lead Member. The Head of Asset Management would discuss the whole area of SEN transport further with the Head of Learning and Achievement.

The Committee **NOTED** the position with SEN transport.

24 **HEALTHWATCH HAVERING ANNUAL REPORT**

A director of Healthwatch Havering presented the organisation's annual report and informed the committee that Healthwatch were now working closely with the Positive Parents group concentrating on the welfare of children with disabilities. It was planned to concentrate on incremental changes for the better rather than promising huge changes that may be unable to be sustained.

It had been discovered that a large number of people with learning disabilities were not getting their annual healthchecks to which they were entitled. A recent Healthwatch Havering survey found only 23 out of 796 people entitled to these checks had received them. Officers would check if the healthchecks carried out in schools by community paediatricians covered the required healthchecks for children with learning disabilities. Officers confirmed that annual healthchecks were also required for all children in care.

The Committee requested that Healthwatch Havering look at how annual healthchecks could be made more meaningful and robust.

The Committee **NOTED** the annual report of Healthwatch Havering.

25 **SCHOOL ADMISSIONS - FIRST CHOICE DATA**

Officers reported that 40 children had presented without school places on the first day of term but all had now been successfully been placed. The statistics for first choice school placements were:

Primary school – 89% of children offered first choice school
Secondary school – 80% of children offered first choice school

The Chairman felt that these figures represented a positive outcome for Havering children and their parents.

26 **CORPORATE PERFORMANCE QUARTER 4 2013/14 AND ANNUAL REPORT 2013/14**

A Member questioned whether a target of 4% for the percentage of children becoming subject to a Child Protection Plan was putting too much pressure on agencies. The Chairman commented that a target is set to be

challenging but must also be realistic. Officers would check how a comparison could be made for the number of schools below the floor standard where fewer than 40% of pupils achieve 5 or more A* - C grades at KS4.

With reference to looked after children, the data indicated that performance was below target. This was partly due to the fact that recruiting foster carers for teenagers was proving more difficult. A campaign to encourage carers to foster teenagers would continue through to 2015.

Officers would also confirm the benchmark area for Havering in addition to Bexley, Medway and Solihull.

27 **REPORTS PACK**

The Chairman advised the committee that a summary of recent meetings of the Corporate Parenting Panel, Local Safeguarding Children's Board and Multi-Agency Safeguarding Hub had been requested for Members' information. Any questions relating to the information in the reports pack would need to be raised between publication of the agenda and the meeting itself. The Committee noted the summary reports.

28 **FUTURE AGENDAS**

It was suggested that the use of Education Healthcare Plans be added to the agenda for the forthcoming meeting concerning children's health issues. The Committee also wished to consider the implications for Havering of the Rotherham inquiry and asked that representatives of the Children's Society be invited to join the discussions.

Officers would also feed back to the Committee on how often schools' child protection policies were reviewed.

29 **URGENT BUSINESS**

The Committee noted the Local Ombudsman's Annual Letter and that there had been a problem of statistical inaccuracy with the report.

The Committee also expressed concern at the broadening of use of the term 'maladministration' and the likely impact this would have on public confidence.

Chairman

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MINUTES OF A MEETING OF THE
CHILDREN & LEARNING OVERVIEW & SCRUTINY COMMITTEE
(JOINT MEETING WITH HEALTH OVERVIEW AND SCRUTINY COMMITTEE)
Committee Room 2 - Town Hall
23 September 2014 (2.00 - 4.20 pm)

Present: Councillors Gillian Ford (Chairman), Jason Frost (Vice-Chair), Nic Dodin, John Glanville, Reg Whitney, Julie Wilkes, Philippa Crowder, John Crowder and Frederick Thompson

Co-opted Members: Phillip Grundy, Julie Lamb, Margaret Cameron and Lynda Rice

Non-voting Member: Ian Rusha

30 **ANNOUNCEMENTS**

The chairman gave details of the action to be taken in case of fire or other event that may require an evacuation of the meeting room.

31 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies were received from Councillors Joshua Chapman (John Crowder substituting), and Carol Smith (Frederick Thompson substituting).

Apologies were also received from Phillip Grundy, co-opted member.

32 **DECLARATION OF INTERESTS**

Councillor Gillian Ford disclosed an interest in item 4 – healthy weight/obesity as she was a facilitator delivering the MEND programme.

Julie Lamb disclosed an interest in item 8 – teenage breakdown and CAMHS issues as her son was a user of CAMHS.

33 **HEALTHY WEIGHT/OBESITY**

Officers reported that within the London Borough of Havering, one fifth of children at reception were overweight or obese while one third of children of year 6 age were obese. This followed the trend of the national average, and

was marginally better than the London average. Historically, rates had been flat, but in recent years rates of obesity had been increasing with greater frequency.

Some ethnic groups were at higher risk (Black African and some Asian groups) and as the borough became more diverse, further action to address obesity may be required.

The short term impacts of obesity to children included being stigmatised and low self-esteem. The long term impacts included a risk of type-2 diabetes and cardiovascular issues, particularly within morbid obesity. Treating obesity was difficult. Havering's model within the partnership focussed on prevention, within a holistic approach, but there were a variety of factors involved which created an 'obesogenic' environment.

Some of the services provided included giving health advice to weaning mothers (including diet, nutrition and cooking information), promoting parks and green spaces healthy walking schemes for over 10 year olds, catering in schools, which met the national standards, and was now available free in infants schools including the restarted healthy schools programme, change for life clubs, leisure centres and smarter travel. Officers felt Havering had set a standard which was becoming best practice.

NICE, Public Health priorities and the MEND programme all focussed on healthy weight and obesity, and had been proven to work. MEND focussed on 4-5 year olds, but recruitment to the programme had decreased. It may have become stigmatised, and issues of being labelled as 'obese' could create obstacles.

A co-opted member posed the possibility that many families may understand nutrition, but there may be issues with specific children and their relationship with food (including eating disorders). This was within the remit of school nurses, who can provide a great deal of help and support to children and young people who required further information or medical intervention.

For parents who do not know about nutrition, or how to cook there was support available to teenage mums, but as obesity was so complex, this was an issue that ranged across departments, and further discussions needs to be completed to solidify the strategy. The MEND programme targeted most of this already, including building self-esteem, looking at cooking and targeted services as part of it, with a focus on children from 0 – 5 years of age.

Councillor Durant asked the Committee to recommend that Cabinet that Chafford School swimming pool be kept open to the public as it was a resource for health of residents in the south of the borough. Councillor Ford felt this was outside the remit of the meeting but did agree to write to the relevant Cabinet Member and head of service about the issue.

A Member asked if support for black and Asian groups had been focussed on, such as reaching out in alternative languages as these groups may include a number of second language speakers who may not understand the information given. Officers responded that, at the present time, there was not enough information to provide more specific guidance. It was possible to include ethnicity data within the borough performance statistics that were produced.

Members also asked if licensing of the number of fast food outlets could be reconsidered as the sheer quantity of junk food available may be a hindrance to the obesity reduction agenda.

34 IMMUNISATION

The officer from NHS England reported that The World Health Organisation (WHO) had stated that all Western countries will be without vaccine preventable diseases by 2020. Immunisation was the best chance to prevent the spread of disease.

An important change had recently been made; Hepatitis B was now a vaccination available for all of London and it was a requirement to jab three or four times before a child is 12 months old.

Havering was the national leader on flu vaccinations. Children as young as four-years-old had self-administered flu vaccines nasally. This had been received well, and put Havering at the top of the league for pilot schemes within schools.

All children in SEN schools were to be given flu vaccines, as well as all teachers, members of staff and parents of these children. Havering was unique in the UK in this respect.

Teenagers had been given ‘dovetailed’ vaccinations, having multiple vaccinations at the same time (HPV, School leavers’ vaccine and MENC). These had been available in schools, pharmacies and other locations, as opposed to doctor’s surgeries, to prevent overloading with immunisation. Records were forwarded to doctors to ensure full health records were maintained.

It had been recommended that all health care providers should have all front line staff vaccinated.

67,000 people had attended community pharmacies for seasonal flu vaccination, and pertussis (maternal whooping cough vaccination). Pharmacies had been working in collaboration with the Council, and now provided ‘at cost’ injections for flu to health and social care professionals.

Suggestions for venues for vaccinations were welcomed, as restricted opening hours of doctors surgeries had been identified as not matching the busy schedules of families, perhaps including children's centres.

Councillor Ford queried if schools were still providing vaccinations. It was advised schools had previously, but waste management issues made this problematic, though not impossible. The administering of HPV vaccines was currently being discussed and guidance on this was expected shortly from Public Health England. Around the borough, vaccination receivers were asked if the service was good. 65% said yes within GP surgeries. Within pharmacies, this figure was 92%.

It was not possible to say at this stage if there were any specific gaps of social groups or those with specific conditions or circumstances that had not received immunisation. Officers would check if a report detailing the social groups of those immunised could be produced. At this time social groups are not analysed.

There was also an issue of availability of immunisation with for example uptake of shingles vaccinations being poor, but GPs only being allocated 5 inoculations per week. The logistics needed to be changed in order to improve the rate of vaccination.

It was advised that all SEN children aged 2 – 4 years old presently received seasonal flu vaccinations, but it had been agreed to roll this out to every child from ages 2 – 19. There was a change in progress to make these self-administered vaccinations.

Social Workers and care workers were offered free flu vaccinations last year. It was confirmed that they, along with the remainder of the workforce in the Council will be also able to receive free vaccinations this year.

35 SCHOOL NURSES

School nurses were qualified nurses, specialists in public health, and provided both individual support to children and their families, but also dealt with wider issues of the school as a community and improving health across the board. Their priorities were keeping children healthy and happy, including issues of weight, ensuring sexual health, reducing the number of children requiring help, and reducing school absenteeism. Service had been variable between schools, and variable responses have been received. The Council had a mandate to measure children in the National Children's Measurement Programme including vision and hearing checks. NELFT was the current provider, providing 17 members of school nursing staff across 84 schools in the borough. Although more resources would increase the capacity of the team, the existing resources also had capacity for improvement. Parents had the right to opt out of the service if they chose to. Members asked if a glossary of health service terms could be provided.

NELFT provided information on children's health checks, conducted at ages 4/5 and 10/11. They ensured records were transferred across areas preventing children missing inoculations if they moved areas.

School nurses did not dispense the morning-after pill, but they could advise teenagers to attend a community pharmacy to obtain this if they deemed it appropriate.

School nurses were commended as always attending any meeting regarding a child or group of children's health, providing a thoughtful and professional service.

36 0-5 TRANSITION (EARLY YEARS)

It was explained that 0-5 transition started antenatally within the midwife plan and birthing plan. Havering now had 27.5 health visitors. Twelve of the staff were not qualified workers but are support officers or volunteers. There had been a recent boom in recruitment to local health visitation, early years commissioning, midwifery, nursery nursing and registered nursing.

Local performance data would be produced monthly from October for the London Boroughs and parts of Essex involved in NELFT. These reports will also feed in to the department of health.

There was a lack of data around resident population in some areas. At primary school age, there was a 7% difference in GP registrations and the numbers in the school cohort. At a senior level, this was a 47% difference.

NHS London would provide to Members a copy of the new mandate of what was expected of a health visiting service as well as the National Health Visiting Specification which complemented the mandate.

The Havering allocation of budget in this area was extremely small, and had not increased despite the caseloads increasing. Caseload calculation was completed in 2008, and has not been reviewed in light of the demographic churn, however it was hoped this issue, which had disadvantaged several authorities, could be overcome.

37 TEENAGE BREAKDOWN AND CAMHS ISSUES

There were four tiers of CAMHS services:

1. Primary mental health workers, via a range of providers including the CCG and NELFT.
2. Early intervention
3. The threshold for multidisciplinary help
4. Inpatient services at the Brookside unit in Goodmayes which were commissioned through NHS England (services for young people who were too at risk for community support)

Locally there was a significant growth in CAMHS and prevalence of child mental health issues. There had been a 6% increase of self-harm from 2011 (7%) to 2013 (13%). Within young people there was a 4% increase of rates of prolonged sadness or unhappiness. There are increased risks associated with this, such as sexual risk, self-harm, smoking, drinking, drug-taking, and recklessness.

Although it had been suggested that CAMHS did not work for everyone, the Tier 4 service Havering offer was nationally acclaimed; the borough's budget allocation was however small which limited the work that could be done. Communication and access to CAMHS was being worked on. A review was conducted recently to ascertain how easily the correct support was given, and the service rated well. It was accepted that CAMHS information on the relevant websites could be made clearer and more accessible.

CAMHS was generally available for 5 – 19 year olds, although some under 5's will be seen by CAMHS if deemed appropriate, and services were offered up to the age of 25 if there were more complex needs.

A Member asked why the rate of referrals had almost doubled and if this was due to an increase of reporting. Although schools, Early Years and Troubled Families teams had all become better at identifying these issues, there had in fact been an increase in prevalence as this was a growing national problem. Some of the factors included increase in pressure around exam times, general issues of teenage years, social networking, and the change of social interactions globally.

Referrals often came from school nursing services, intervention support, early years, parents, GPs or even self-referral. It was necessary to simply referral routes, as these could be quite complex and confusing.

A member queried if teachers can refer a child themselves on their own grounds, or if they required the school nurse or a parent's consent in order to be able to do so, without having to do it anonymously. It was felt that the issue of consent could be overcome but this may be one of the complicated issues that needed to be simplified.

Parenting support was offered at tier 1, to give support and guidance in dealing with mental health issues, which may help prevent future referrals. It was accepted however that more could be done to strengthen the prevention aspects.

The NELFT officers also advised that she would look at further advertising of CAMHS services, potentially including in GP's surgeries, schools and community centres. The YMCA was also suggested as a possibility for the advertising of CAMHS services

38 SEXUAL HEALTH AND TEENAGE PREGNANCY

Poor sexual health included sexually transmitted infections, pregnancy and sexual abuse, but also encompassed wider social implications including domestic violence, and poor mental health, amongst others.

In 2008 there was a steep decline in teenage conception rates, particularly focussed on 16 – 17 year olds. Repeat abortion rates were however increasing amongst young people.

There was a national increase in the prevalence of sexual infections. The long term consequences included risk of infertility. Havering however had the lowest rates of HIV in London, but the highest proportion of late diagnoses.

High quality treatment and prevention services were commissioned but the critical change needed to be young people taking charge of their own sexual health, including how to properly use contraception.

The sexual health service was currently being re-commissioned, focussing on treatment, but there was also a new focus on prevention including better use of GP surgeries and pharmacies in getting messages out of promoting healthy relationships in schools. Apps on mobile devices would also be used to spread awareness of the services on offer. There was presently a pilot in GP services registering a point of care HIV testing service, in an attempt to normalise the testing. When this was offered within GP's surgeries, patients tended to decline.

A request was made to attempt to identify the conception rates of under 16's more clearly, through a more thorough breakdown of the information and officers would seek to provide this.

It was confirmed that emergency and routine contraception was available to young people without the knowledge of their parents, if it was deemed appropriate.

A Member suggested that sex education in schools may need to be reviewed in line with modern social changes. It was also suggested that as young people had free access to conception, the morning after pill, both available without parents' consent, and abortion rates had still increased there was an issue with the way children were taught in schools on these crucial matters.

Havering officers advised that there were still issues to be resolved, however good quality mandated Personal, Social and Health Education (PSHE) was already available in all Havering schools. OFSTED inspected all providers and ensured that they provided good information and support for children and young people, however due to social and media changes, the sexualisation of children and young people had been increasing.

The implications of the Rotherham Inquiry were due to be scrutinised part of the next Children's OSC meeting. The CCG was working on providing clearer information to women about effective long term contraception after an abortion. It was agreed that more details of the sexual health services available at GPs should be given to all Councillors.

39 **EDUCATION HEALTH PLANS**

Officers would provide a paper on this issue to accompany the minutes. The new legislation framework in Social Care which commenced on 1st September, and combined early years, social care, schools and colleges was working closely to put in place Children's and Young People's provision from 0 – 25 years for children with Special Educational Needs and disabilities.

There were four strands:

1. *Education:* Education health plans put parents and young people at the heart of the decision making process. Parents and young people needed to be able to see that advice, guidance and decision making methods that met their needs were all in place.

   It was important that everyone was aware of what was available within the 'local offer' of support to children, families, young people and carers, which included NELFT, leisure services and other available information. Officers would work to improve the accessibility of and information on the local offer that was available on the Havering website.

   Any corporate body or organisation was subject to 'open text response' and needed to be aware that anyone could now review their services using this new method for review and information sharing.
   The Council was keen to quality assure everything on the local offer, including the health offer. NICE (National Institute for Health and Care Institute), OFSTED and other partners were working with the Council on this.

   Specialist services were not provided locally in Havering, but there were substantial links with pan-London specialist services.

2. *Education Health & Care Plans: The Local* Offer was being built into new care plans. It would take approximately two years to convert all of the current Statements over to Education Health and Care plans. The thresholds remained the same, but new processes including health, social care and education were also in the directory.

   The conversion timetable was on-going, with a parallel system in place to accommodate all of the older formats and newer formats. At

a rate of 100 conversions per month, the timescale was on course to be met. All 2, 3 and 4 year olds would get the new formats first. Those 16 and over may not receive new formats, as they would not be prioritised, as they will reach the upper age-limit at the deadline.

Joint commissioning was also being worked on. As there was one plan, there needed to be one process and one pulled budget for services for adults and children.

3. *Personal Budgets:* Parents and young people could receive the equivalent budget rather than the service that would be provided automatically by the borough (budget holding), or receive a nominal budget (to receive budgetary information only).

   Officers were keen to find a way to get as many of these people back into the standard system as possible, as this would keep costs down with more people using the services, and provide a more inclusive service if all users trusted the service provided.

   Personal budgets were too much work too many parents, who tend to avoid them as they required employing staff to fulfil the caring roles that would be provided as part of normal council and associated bodies' duties.

4. *Streamlined Services:* This included the children's disability team, and would now be known as the 'Children and Adults with Disabilities Service'. Havering would be only the second Council nationally to combine services in this way.

A co-opted member pointed out health representatives occasionally failed to attend Statement meetings. Officers advised that although there were no particular issues, there were still limited resources. If however a number of parents sought to take up personal budgets, it would put the service under further resource pressure.

Offices felt that, whilst no one would be forced to take either option, personal budgets were not something that parents generally wanted.

There were different thresholds for Children's and Adults personal budgets. One of the reasons for streamlining the services was not to change the statutory thresholds, but to transition between the two age groups in a much clearer and more transparent way.

Each personal budget case was awarded on its own merit, and the personal budget equated to the actual cost of what the authority would have spent on that individual for the specific care that they required.

The Chairmen of the Children & Learning and Health Overview and Scrutiny Committees would meet to discuss future work plans in relation to children's health.

Chairman

Havering Special Educational Needs and Disability Update

Introduction

The Special Educational Needs and Disabilities (SEND) section of the Children and Families Act l (the Act) has arisen out of the Green Paper Support and Aspiration which was published in March 2011. The intention of the legislation is to create a more family friendly SEND process which draws together the support a child requires across education, health and care (EHC). Statements of Special Educational Needs, which are mainly education documents, are replaced by a single plan called an Education, Health and Care plan. The regulations and Code of Practice (COP) have now been published and have been implemented on 1st September 2014. A number of Local Authorities across the country have received funding as pathfinders for the new approach. Havering is working with Bexley and Bromley who are London Pathfinder Champions.

Project Governance

A SEND Project team with representatives from across education, children's, adults, parents and health services has been set up. It reports to the senior management team of the CCG and local authority and the Health and Wellbeing Board. Working groups that are set up cover all of the major changes. There is a Parents Forum and an advocacy group are working at gathering the views of children and young people.

The Changes

There are 4 major areas of change and development.

- The Local Offer
- Education Health and Care Plans from 0-25
- Joint Commissioning
- Personal Budgets

The Local Offer

It is a requirement of the new legislation that the Local Authority will publish its local offer of services for children with SEND on its website. The Local Offer must show parents how services can be accessed and include health, education, social care, schools and the voluntary sector.

Our Local offer went live on 1st September. Over 50 parents with children across the age range have been consulted about how the offer should look and how they would wish to access it. Parents were unanimous in wanting the site to be divided in age ranges and to be very clear about thresholds and criteria. Three working groups looked at services at early years, school age and post 16. Templates were created on which to gather the information and many services have completed them so far. Mainstream schools and early years' providers have links from the website to the SEND section of their own sites.

Education Health and Care Plans

Clause 25 of the Children and Families Act requires Local Authorities to ensure the integration of education, health and social care for children and young people with SEND up to the age of 25. The

Code of Practice says that there must be a single assessment procedure (involving parents and children) on which health, social care and education agree so that families do not have to repeat their story a number of times.

We have produced a simpler system with a single point of access and we piloted this before going live in September.

Joint Commissioning

Clause 26 says there must be joint commissioning arrangements between education, health and social care in order to ensure that sufficient resources are provided to assess children and then provide for their needs. There must also be a formal mechanism for resolving complaints and difficulties between the agencies. We have been working closely with colleagues in the CCG to take this forward and a working group continues to meet.

Personal Budgets

As part of the changes parents of children with SEND must be offered a personal budget for the services their child requires. This can range from a managed budget in which the parents understand all that is spent on their child's plan so that they can redirect spending if necessary to direct payments for all or part of the services in the plan. We are currently finalising our short breaks policy working closely with Adult Social care colleagues to ensure consistency.

Implementation

From September 2014 all new assessments must come under the new system and that over 2 or 3 years all children and young people should have their statements changed to EHC plans after consultation with parents.