



Havering

L O N D O N B O R O U G H

CHILDREN & LEARNING OVERVIEW & SCRUTINY SUB-COMMITTEE AGENDA

7.00 pm

**Tuesday
6 September 2016**

**Town Hall,
Committee Room 3A**

Members 9: Quorum 4

COUNCILLORS:

Gillian Ford (Chairman)
Meg Davis (Vice-Chair)
Nic Dodin

John Glanville
Viddy Persaud
Carol Smith

Keith Roberts
Roger Westwood
John Wood

CO-OPTED MEMBERS:

**Statutory Members
representing the Churches**

Lynne Bennett (Church of
England)
Jack How (Roman Catholic)

**Statutory Members
representing parent
governors**

Julie Lamb, Special Schools
Linda Beck, National
Association of Headteachers
Suzanne Summers, Parent
governors (secondary)
Steven McCarthy Parent
governors (primary)

Non-voting members representing local teacher unions and professional associations:
Linda Beck (NAHT) Keith Passingham (NASUWT) and Ian Rusha (NUT).

**For information about the meeting please contact:
Wendy Gough 01708 432441
wendy.gough@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 sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees 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 to the public.

The sub-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. These are considered by the Overview and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

Sub-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 or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

Terms of Reference

The areas scrutinised by the Committee are:

- Pupil and Student Services (including the Youth Service)
- Children's Social Services
- Safeguarding
- Adult Education
- Councillor Calls for Action
- Social Inclusion

AGENDA ITEMS

1 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) - receive.

2 DISCLOSURE OF INTERESTS

Members are invited to disclose 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 - 20)

To approve as a correct record the minutes of the meeting of the Joint Children and Health Overview and Scrutiny Sub-Committee held on 20th April 2016 and authorise the Chairman to sign them (attached).

To approve as a correct record the minutes of the meetings of the Sub-Committee held on 27th April 2016 and 10th May 2016 and authorise the Chairman to sign them (attached).

5 HEALTHWATCH ANNUAL REPORT 2015/16 (Pages 21 - 54)

The Sub-Committee are asked to note the Healthwatch Annual Report for 2015/16 (attached) as required by the *Matters to be Addressed in Local Healthwatch Annual Reports Directions, 2013*.

6 CORPORATE PERFORMANCE REPORT (Q4 AND Q1) (Pages 55 - 66)

The Sub-Committee will receive Corporate Performance Information for Quarter 4 of 2015 and Quarter 1 of 2016 relevant to its remit (reports attached).

7 LOCAL SAFEGUARDING CHILDREN'S BOARD - UPDATE (Pages 67 - 76)

The Local Safeguarding Children's Board Chairman will update the Sub-Committee on the work of the Local Safeguarding Children Board including the Wood report on the future of Safeguarding Boards (Government response to Wood report attached).

8 APPRENTICESHIPS 14-16 AND 16+

The Sub-Committee will receive a presentation from officers on the apprenticeships available for 14-16 year olds and 16+ year olds.

9 ENGLISH BACCLAUREATE

The Sub-Committee will receive an update on the English Baccalaureate (EBAC).

10 CHILD SEXUAL EXPLOITATION COORDINATOR

To receive a presentation on the role of the Child Sexual Exploitation (CSE) Co-ordinator.

11 WORK PROGRAMME REPORT - CHILDREN AND LEARNING OVERVIEW AND SCRUTINY SUB-COMMITTEE (Pages 77 - 80)

The Sub-Committee are asked to agreed the work programme for the 2016/17 municipal year (report attached).

12 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 Manager

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**MINUTES OF A MEETING OF THE
CHILDREN & LEARNING OVERVIEW & SCRUTINY SUB-COMMITTEE
(JOINT MEETING WITH HEALTH OVERVIEW AND SCRUTINY
SUB-COMMITTEE)**

Town Hall

20 April 2016 (7.00 - 8.05 pm)

Present: Councillors Gillian Ford (Chairman), Carol Smith (Vice-Chair), Nic Dodin, John Glanville, Joshua Chapman and Ray Best (In place of Philippa Crowder)

Co-opted Members: Lynda Rice and Lynne Bennett

Non-voting Member: Ian Rusha

Caolin Maclaverty, Consultant Obstetrician, Barking, Havering and Redbridge University Hospitals' NHS Trust

Tim Aldridge, Assistant Director, Children's Services was present as were three other staff members from children's services.

One member of the press was also present.

47 CHAIRMAN'S ANNOUNCEMENTS

The Chairman gave details of arrangements in case of fire or other event that may require the evacuation of the meeting room.

48 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

Apologies were received from Councillor Jason Frost.

49 DISCLOSURE OF INTERESTS

There were no disclosures of pecuniary interests.

50 FEMALE GENITAL MUTILATION (FGM)

A consultant obstetrician from Barking Havering and Redbridge University Hospitals' NHS Trust (BHRUT) explained that female genital mutilation (FGM) was most common in the Horn of Africa countries where there was in excess of 90% prevalence. It was emphasised that FGM was not endorsed by any faith and was considered as more of a cultural practice.

The consultant added that most cases were relatively minimal, involving the removal of the clitoris but other forms were more invasive. The most extreme cases of FGM often led to problems such as urine infections, menstrual difficulties, problems in childbirth and psychiatric problems. Most

FGM cases the consultant had seen were less severe but still caused a lot of physical and psychological distress.

The practice had been illegal in the UK since 2003 and it was also illegal for e.g. family members to take a child abroad for FGM. FGM usually took place between the ages of 5 and 10 and the consultant was not aware of any cases being performed in Havering although she did some cases that had been performed abroad. Around three deinfibulation procedures to partially reverse FGM were performed at BHRUT each year. This was a much lower figure than in hospitals in central London.

All pregnant women were asked, on their first visit to BHRUT about whether they had ever had genital surgery and were asked this again, even if they had answered no, at a later stage of their pregnancy. If signs of female genital mutilation were identified, patients would be referred by community midwives to the consultant's team for specialist treatment. FGM had only been seen in Havering in first generation immigrants with the consultant never having seen any cases in second generation immigrants.

Community midwives were also able to advise women that taking a child abroad for FGM was illegal in the UK. With effect from October 2015, any child born to a woman who had undergone FGM also received a safeguarding alert.

Any cases of girls under 18 seen at the hospital with FGM had to be reported to the Police. In addition, a referral would be made to the multi-agency safeguarding hub (MASH) and the safeguarding midwife would be informed. BHRUT had also introduced a 'time to talk' programme where a midwife spoke individually with a pregnant woman about any confidential concerns or issues.

Most cases of FGM were identified in maternity units but only 10% of these required surgical intervention. Referrals could also come from areas such as paediatrics and sexual health services. It would be the responsibility of social care staff rather than the hospital to contact a young person's school if FGM was suspected.

The Assistant Director, Children's Services explained that Kensington & Chelsea had received funding to work with Horn of Africa communities on this issue. This had led to the establishment of a specific clinic and support to encourage women in the community to take ownership of the issue. A helpline for cases of FGM had also been established at Homerton Hospital. The FGM issue was normally led by women although it was agreed that there would be benefits if men in the community could also be brought on side over the issue.

The consultant felt that the main reason FGM was carried out was to improve a young person's prospects of marriage within the community by preserving their virginity.

Steps could be taken to prevent a person of in danger of FGM leaving the country but this would require a far higher level of evidence than a MASH referral. Teachers were also trained to spot cases of FGM as part of school safeguarding responsibilities. FGM referrals could also be made by schools to the MASH and schools had been proactive in doing this. It was also confirmed that the FGM was illegal in countries such as Egypt and Nigeria but still took place in these areas.

Community midwives received training annually on FGM and the consultant agreed that the most severe forms of the practice were quite shocking. It was also felt that it was unlikely that mothers who had undergone FGM would wish to pass this on to their children.

There had not been any convictions for FGM to date in the UK. There had however been convictions in France where there was a higher prevalence of FGM. It was not currently the practice to check whether children presenting at hospital had mothers who had undergone FGM. The consultant felt this was a complex issue as parents often did not feel they were being cruel to their child. It was also important to make sure the victim did not feel like a criminal.

It was confirmed that the Council's Children's Services would carry out a child protection investigation if they felt a child was at risk of undergoing FGM. The police would warn parents that they were liable to prosecution and a medical examination of a child could be ordered if it was felt that FGM may have taken place. A FGM order could be quickly obtained through the courts if needed although strong evidence was required. The police could also use their powers of protection if it was felt there was a risk of imminent harm.

Severe cases of FGM could be reversed during labour if found and it was also confirmed that it was illegal to close back up a case of FGM. Safeguarding guidance was sent to schools on a regular basis and this would cover FGM issues. FGM was also discussed at the Local Safeguarding Children's Board. Full data was kept by the MASH on where FGM referrals originated from.

The Sub-Committee **NOTED** the position and thanked the consultant obstetrician for her attendance and input to the meeting.

Chairman

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**MINUTES OF A MEETING OF THE
CHILDREN & LEARNING OVERVIEW & SCRUTINY SUB-COMMITTEE
Committee Room 1-Town Hall - Town Hall
27 April 2016 (7.00 - 8.35 pm)**

Present: Councillors Gillian Ford (Chairman), Carol Smith (Vice-Chair), Jason Frost, Nic Dodin, John Glanville, Keith Roberts and Frederick Thompson (In place of Joshua Chapman)

Co-opted Members: Jack How, Julie Lamb and Lynne Bennett

Non-voting Member: Ian Rusha

The Chairman advised those present of action to be taken in the event of an emergency evacuation of the building becoming necessary

Apologies for absence were received from Councillors Philippa Crowder and Joshua Chapman

51 MINUTES

The minutes of the meetings held on 15th March 2016 and 31 March 2016 were agreed as a correct record and signed by the Chairman.

52 OFSTED UPDATE

The Sub-Committee received a brief update on the rolling programme of inspections being carried out by OFSTED. It was explained that almost half of England, and half of Greater London had been inspected and it was expected that Havering would be inspected in the coming months.

Officers were in place to support staff and members to ensure they were as ready as could be for the inspection.

OFSTED would look at all aspects of the service from the Front Door, how Social Workers dealt with cases, and follow them through over a four week period. They would speak with families, children, senior officers, social workers and members. OFSTED also looked into safeguarding to ensure that vulnerable families received the help

OFSTED look at the good practices within the organisation, from the young person and their families' point of view, care leavers, adoption and fostering panels through to the leadership and governance. A good authority would

all be moving in the same direction. Of the 23 boroughs already inspected, where there was inadequacy in leadership, this was also shown throughout the whole service.

The Sub-Committee noted that the next round of inspections would be in May, June and July and it was possible that Havering may be inspected in that time.

Officers explained that there had been substantial changes made in processing the requests for help and the flow of traffic at the front door. This was in the best interest of families and children and reflected what changes had been made to deal with vulnerable children and families.

Members raised concerns about the resource implication and if the service was in a position to be inspected. Officers stated that a lot of work had been done and there was confidence on what to expect from the inspection. Given the increase over the last year in larger families with complex needs coming into the borough, the service has reflected and changed its practices to have a clear direction to give consistency across all areas of the service.

Officers added that there were strong partnerships with the Overview and Scrutiny Sub-Committee, the Probation Service, Police, Health, Children in Crisis Centre and the Adoption and Fostering Council.

The Sub-Committee **NOTED** the update.

53 MULTI-AGENCY SAFEGUARDING HUB (MASH)

The Sub-Committee received a presentation on the Multi-Agency Safeguarding Hub (MASH). The purpose and how the MASH worked was explained. It was noted that the service was the front door for the Children and Young Persons Service. There was a triage team for all referrals. These referrals were given a BRAG priority (Blue – No further action necessary, Red – immediate safeguarding issue and decision within 4 hours, Amber – decision within 24 hours and Green – decision within 72 hours and Early Help referral).

It was noted that the MASH had a number of partners and its key functions included:

- Identification and early intervention:
 - Working with localities and early intervention service providers
 - Support children and young people
- Harm identification and reduction:
 - Identify the highest levels of harm
 - Partners working together.
- Co-ordinating partner agencies

- Working with vulnerable children and young people.

This was with a view to improved informed decisions leading to appropriate outcomes.

The Sub-Committee noted that a LEAN review had taken place following a high volume of cases going through the MASH, with a high level of referrals processing to social work assessment. This had resulted in a streamlined business process with a reduction in paper and with 28% of all referrals requiring no further action. It was noted that an initial £100,000 had been saved in staff costs. The review had led to significantly less interventions and more early help or signposting to other services.

The Sub-Committee was informed that there was good intelligence across the three Child Sexual Exploitation Police boroughs, and both borders and liaison was good. There was good tracking and triangulation to gang work and established relationships with other borough MASH.

Members asked what the next steps would be for the MASH. Officers explained that it would be difficult to estimate demand at the front door, but with the Early Help service this would assist with the flow at the front door. The service was looking to support families to become independent and if a family re-presented at the front door, investigations would be undertaken to find the correct threshold for that particular family. The benefits would be a reduction in case loads and more successes.

The Sub-Committee thanked officers for a very informative presentation.

54 **EARLY HELP**

The Sub-Committee received a presentation on the Early Help service. The definition of Early Help was explained as:

- To holistically engage with families at the earliest opportunity, offering the right service at the right time.
- Reduce the demand for complex services.
- Increase positive outcomes.

The creation of one Early Help service had brought together a number of teams. Since its creation there had been an increased number of referrals to the Early Help Service with a greater number of cases being managed by partner agencies. This also reduced the number of cases needing statutory interventions and services.

Officers explained that the service needed to be more flexible and that all family situations were different. The service was delivered in a more cost effective way. The new structure would create a service that was able to deliver its objectives in a reduced budget, the offer for under 5's would

provide a “hands-on” style of delivery, a holistic service would be delivered to build resilience within families, and a lighter assessment tool would give practitioners more time with families.

Officers explained that each family would be given an “outcome star” which they could use to visualise the work, set their own goals and aspirations and could carry out an assessment on their progress. The “outcome star” provided a grade against 5-6 demands which were reviewed on a 6-12 week basis. A shift should be seen over the review period with more cases being stepped down to Early Help.

The Sub-Committee noted that Early Help would be available from birth, with information being available at the midwife stage. There would also be liaison between pregnant girls on the Youth Offenders Team and daycare/nursery settings. Intelligence was key in ensuring that early help was in place to improve the outcomes for the whole family.

Officers reported that the Children’s Centres across the borough were successful in engaging with families, they were now more attractive and accessible and provided details of live birth data that could be used to identify any potential concerns. The two-year offer was essential for vulnerable families in securing daycare at an early stage to enhance life chances for the children.

The Sub-Committee thanked officers for a very informative presentation. It agreed that it would wish to see further information on Early Help be presented to a future meeting together with details on Children’s Centres and usable data from the Outcome Star.

The restructuring of the Social Work Team and Early help would commence in June/ July 2016.

Members asked if staff had been made aware of these changes. Officer stated that the views and opinions of staff had been taken on board. Social Workers were already involved in the decisions about the step down process to Early Help and were clear about the Local Offers for both Social Work and Early Help.

It was important that consistency and trust of families was maintained, with a fluid approach to all cases. It was noted that the Early Help Service would also be included as part of the OFSTED review.

55 DEMAND MANAGEMENT CLUSTER NAVIGATOR

The Sub-Committee received an update report on Demand Management and the Cluster Navigator pilot. Following an increase in demand across children’s services over recent years it had been necessary to find ways of stabilising and/ or reducing this demand. The cluster navigator was a demand management pilot funded for the academic year 2015/16, and so

had only been in operation for two terms. There was no quantitative data available but some community links for schools had been developed and support to schools to navigate information sources within the local authority as well as national organisations was available. School representatives had discussed the identification of sources of quantitative and qualitative indicators to measure impacts of this. Whilst the primary and secondary phases were working well, the link with Early Years' settings was not fully embedded.

The schools involved had reported that the cluster navigator's post had reduced their frustration about the identification of services; giving them access to support, demystified the changing face of the local authority and they felt more able to identify key contacts that could support families. The schools involved in the pilot were aware that there was no further central funding for the cluster navigator post for the next academic year. Similar arrangements would therefore need to be sourced by the schools or external funds. Importantly, it was crucial that the benefits from this type of approach were woven into the recently reviewed Early Help offer moving forward.

The Sub-Committee **NOTED** the report.

56 **FUTURE AGENDAS**

The Chairman advised members of a future visit to the Children's Social Care department. This would be a tour of the service with a sense of what was being done.

The Corporate Parent Panel had been invited to the Children in Care Council on 9th May. Members were reminded to dress smart/casual. The meeting would be held in two parts. The first would be in the Committee Room with an informal discussion, and then the second part would take place in the Council Chamber with a number of questions posed on the Pledge using the voting system for an element of fun for the young people.

Chairman

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**MINUTES OF A MEETING OF THE
CHILDREN & LEARNING OVERVIEW & SCRUTINY SUB-COMMITTEE
Town Hall
10 May 2016 (7.00 - 9.30 pm)**

Present: Councillors Gillian Ford (Chairman), Carol Smith (Vice-Chair), Nic Dodin, John Glanville, Joshua Chapman, Keith Roberts and Dilip Patel (In place of Jason Frost)

Co-opted Members: Jack How, Julie Lamb and Lynne Bennett

Non-voting Member: Ian Rusha

The Chairman advised those present of action to be taken in the event of an emergency evacuation of the building becoming necessary

Apologies for absence were received from Councillor Philippa Crowder and Councillor John Wood and co-opted member Linda Beck

Two members of the public were also present

57 DISCLOSURE OF INTERESTS

Julie Lamb declared a personal interest as her son received SEND transport.

58 MINUTES

No minutes were available for approval, these were deferred until the next meeting.

59 CORPORATE PERFORMANCE INDICATORS (QUARTER 3)

The Sub-Committee received the Corporate Performance Indicators for Quarter 3 (2015/16) relevant to the Children and Learning Overview and Scrutiny Sub-Committee.

It was noted that the report identified where the Council was performing well (Green) and not so well (Amber and Red). The RAG ratings for 2015/16 were explained. There were 13 Corporate Performance indicators that fell under the remit of the Sub-Committee and related to Children's Services and the Learning and Achievement service.

It was noted that under the “People will be safe, in their homes and in the community”, there were eight indicators, relevant to Children and Learning. Three (37.5%) had a green RAG rating and five (62.5%) indicators had a red or amber RAG rating. The areas with a red or amber RAG rating were:

- Percentage of children who wait less than 14 months between entering care and moving in with their adoptive family;
- Percentage of young people leaving care who are in education, employment or training at the age 19 and at age 21;
- Percentage of looked after children (LAC) placed in LBH foster care;
- Percentage of referrals to Children’s Social Care progressing to assessment, and
- Percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time within 2 years.

It was noted that under the “Our residents will be proud to live in Havering”, there were five indicators all of which were RAG rated green. The highlights included that the apprenticeships remained on the increase as an attractive post-156 option amongst young people who want to secure employment rather than continuing on with A Levels or go to university. It was noted that the target was 514 and the actual performance was 570. This was attributed to the Raising the Participation Age (RPA) strategy.

The Sub-Committee agreed that growth needed to be looked into. The suggestion of the number of active placements for foster carers was discussed included ensuring that the right carers were in place for the children.

The Sub-Committee agreed that there needed to be adjustments in how indicators were recorded and reported.

60 IMPLEMENTATION OF SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) REFORMS UNDER THE CHILDREN AND FAMILIES ACT 2014

The Sub-Committee received a report setting out the progress to date in implementing the reforms brought about by the Children and Families Act 2014 in respect of children and young people aged 0-25 with special educational needs and disabilities (SEND). It noted that the Act came into force in September 2014 and this was the biggest reform of support across Education, Health and Social Care for children with SEND.

It was noted that some aspects of the legislation sought to bring about a cultural shift towards person centred approaches, greater inclusion of children and their families and some specific tasks and functions that must be acted upon. Officers stated that the implementation was half way through with an end date for implementation and completion of March 2018.

All Local Authorities are required to publish in one place a clear and easy-to-understand “local offer” of education, health and social care services to support children and young people with SEND and their families. Havering had a local offer, however had received feedback from users and their families, and was looking to review and refine the information available. A Local Offer Panel and Steering Group had been established and continued to meet to oversee the future updating and development of the local offer.

The Sub-Committee noted that the Education, Health and Care (EHC) plans had replaced the Statements of SEN and Learning Difficulty Assessments (LDA). The process of assessment and EHC planning had commenced for all new arrangements and work was underway to convert all existing statements to new EHC plans. The plans were now more outcome focused and better for the child. Officers stated that approximately a third of conversations had taken place in half the time period. It was noted that not all plans were in the correct format and positive feedback had been received from partners on improvements.

Personal Budgets were an allocation of resources to meet the needs of the child. These could be used in different ways with some necessary for a social care requirement. A personal budget could be requested when the local authority had agreed to a statutory EHC assessment and confirmed that an EHC plan will be prepared. It was noted that currently EHC plans were being sent to parents/ carers with a tick against No for Personal Budgets. Officers would investigate this issue.

Joint Commissioning was a strategic approach to planning and delivering services in a holistic way. It was a way for different partners commissioning education, health and care provision to deliver positive outcomes for children and young people with SEND. A Joint Commissioning working group had met regularly since November 2013 and had been instrumental in forging strong links with the Havering Clinical Commissioning Group (CCG). This had aided the appointment of the Joint Children’s Commissioner in May 2015, working both for the Local Authority and the CCG.

Officers agreed that there was further work to be done in this area and had identified a number of projects and opportunities for re-commissioning including Speech and Language Therapy, Special School Nursing and Children and Adolescent Mental Health Services (CAMHS).

The Sub-Committee noted that the engagement and participation of children, young people and parent carers was central to the reforms and was the driver behind the other work streams. A marked shift from consultation to full co-production had been seen. Local parent forums had been established and had been involved since the start, in planning and implementation of reforms under the Children and Families Act. It was anticipated that regular termly meetings would be held to discuss the priorities and progress in an open productive way.

It was noted that the Act sets out substantial new rights and protection for young people that do not exist in the previous system. Officer explained that this was transitional and new protocols had recently been signed off. This needed to be timely and flexible to the needs of the individual, and was essential that it started early in children with complex needs. Extensive work had taken place around additional Post-16 SEND provisions. The multi-agency approach which had been adopted would support developing personalised pathways. Independence skills, employment opportunities and individualised programmes would be at the heart of these pathways.

The Chairman asked that details of the different forums mentioned within the report were circulated setting out partners on each group, their remit and whom they engage with.

The Chair of Positive Parents was present at the meeting and made a number of observations about the report and its content. These included an assurance that parents would be involved in the working group for the local offer, to ensure that it was meaningful. It was noted that the local offer did not currently signpost to out of borough provisions and it was not clear for special schools.

Officers stated that a broader approach may be necessary to ensure that these issues were included. The local offer only included information that was readily available. However officers were keen to establish a steering group. The Chairman asked that this be established as soon as possible.

It was noted that schools were not consistent with their approach to EHC plans, and there was no engagement with providers (e.g. physiotherapists). It was further noted that the plans often have information missing. Officers stated that monitoring would be put in place to ensure that plans are written with the child at the centre. The Chair of Positive Parents added that the plans could only be used once agreed by the parents and all parties, this was not the case for a number of plans where only education were involved and there was no input from health or social care. It was suggested that the voice of the child was not considered as often they were not asked for their views. It was important that efforts were made to engage the child in the assessment, even for only 10 minutes.

The Chairman suggested that the children involved be invited to a future meeting of the Sub-Committee to discuss their experiences.

Other areas of concern included ensuring that there were trained and independent supports to assist parents together with the issues of personal budgets which, up until now, had not been allocated to anyone given the forms have the “no” box already ticked. This had been raised on a number of occasions but no action had been taken. Officers stated that Personal Budget Protocol had been drafted and this would be built upon.

The Sub-Committee thanked officers for the informative report.

61 SPECIAL EDUCATIONAL NEEDS AND DISABILITIES TRANSPORT UPDATE

The Sub-Committee received a report setting out the progress to date in addressing issues in the Havering Special Educational Need and Disability Transport Offer. It was noted that there were a number of children and young people who were transported in the borough, and the cost of this was rising.

Assessments for travel training were being carried out with young people together with more work with families as to how the cost of the transport could be reduced as well as the demand.

Officers stated that there were only 12 that were collected from a meeting point other than their home, and some could possibly, with training, also use the meeting points. This would be more efficient and the journey times would reduce. Independent travel was also an option for some individuals.

It was noted that a meeting with parents and engagement with the Heads of Special Schools and the college would be taking place to get a greater investment in independence. It was appreciated that this would be stressful and could cause anxiety to some children and young people and so would not be suitable for all. Meeting points would be used in a robust way and it was agreed that this was not a “one size fits all”.

It was made clear that funding of transport to out of borough schools would still be carried out and the policy was very clear that this should be continued.

The Chairman stated that concerns had been raised in the past about the suitability of the meeting points. Officers stated that they would ensure that the meeting points were in a safe and warm environment out of any inclement weather. Members of the Sub-Committee explained that an assessment had been done in the past which looked at how the meeting points could be utilised. This caused unnecessary stress and anxiety to the family dynamics and yielded very little. It was felt that the more high functioning children could benefit from the travel training as almost 54% of all students with learning disabilities were attending mainstream schools.

The Sub-Committee noted that stakeholder engagement had taken place with the Heads of Special Schools and the Deputy Principal of the College regarding the implementation of the transport policy. They were supportive of the aims and would actively identify students that they believed could both travel independently and would benefit from this approach. A detailed conversation had also been had with Positive Parents. A question and answer sheet had been sent to all parents about the consultation as all parents needed to be informed of the discussions being had. Positive Parents reported that they communicate with their members, and also

SENCO's, special schools and colleges. There had always been an issue in information being passed on from SENCOs in mainstream schools.

Officers stated that the tender process was commencing for the travel training provider in due course. Positive Parents were welcomed to join the panel in agreeing on the way forward.

The Sub-Committee thanked officers for an informative report.

62 PUPIL PREMIUM

The Sub-Committee received a briefing paper on the Pupil Premium Grant (PPG). The coalition government introduced Pupil Premium funding in 2011. The purpose of this targeted investment was to close the performance gap between disadvantaged pupils and their peers. These gaps had proved to be persistent and slow to narrow. In return for these significant levels of investment, schools and governors are held accountable for the impact of the expenditure and for reporting to parents.

The eligibility criteria for the PPG was as follows:

- Any child who had been entitled to Free School Meals (FSM) at any point in the last six years ("Ever 6");
- Children looked after for more than six months continuously at any point the child's history;
- Children who had been adopted from local authority care;
- Any child whose parents were serving in the armed forces.

It was noted that Havering's figures overall were lower than the national average with 22% in primaries and 26% in secondary, compared with the national figures of 26% in primary schools and 29.7% in secondary schools. The variation across schools in Havering was varied with the lowest PPG eligibility in 2015-16 was 3.3% and the highest was 53%.

The Sub-Committee noted that nationally the government was spending £2.5 billion a year on this initiative, which equated to approximately 6% of the schools budget. The rates for each category and allocation for Havering for the financial year 2016-17 were explained. It was noted that for primary pupils (4,068 pupils) the rate was £1320, for secondary (702 pupils) the rate was £935. For children adopted from care (100 pupils) and looked after children (203 pupils) the rate was £1900. It was explained that the schools were responsible to decided how the pupil premium allocated to their school was spent. Schools were held accountable for their use of the additional funding to support pupils from low-income families and the impact this had on educational attainment. Schools had to publish online details of their pupil premium allocation, their plans to spend it in the current year and the impact of their actions.

The Sub-Committee looked at a number of graphs which provided details of performance gaps comparing Havering to National, Inner London, Outer London and other statistical neighbours. It was noted that in Early Year Foundation Stage the gap had narrowed in Havering more quickly than it had nationally, however the gap was still wider than was generally seen across London and other statistical neighbours. In Key Stage 1 reading, writing and mathematics Havering pupil consistently perform significantly above the national average. This was higher than the rest of London but was in line with statistical neighbours. Attainment at Key Stage 2 was the biggest success with both FSM and Non-FSM pupils improving. It was noted that due to focused work, the FSM pupils' attainment had improved at a faster rate from -20% in 2013 to -13% in 2015. This was in line with the national average and our statistical neighbours.

At Key Stage 4, the gap between disadvantaged and non-disadvantaged students was narrower than both the national average and our statistical neighbours, though the gap remained wider than was usually found in London. Although the Havering gap was 25% in 2015 there was great local variation, with the smallest gap of 0% (where disadvantaged pupils did as well as their peers); and the largest gap was 35% (where the non-disadvantaged pupils out-performed the disadvantaged).

The Sub-Committee was informed of areas where the local authority could provide support, albeit, often as a voluntary traded arrangement. These included quality assurance teams visiting the schools to explore the use of PPGs, actions, outcomes and impacts. Training events on effective use of PPG for school leaders, governors, teachers, including the sharing of effective practice were also set up. Councillor Challenge Sessions (themes included Pupil Premium practices as well as other focussed areas. All of the above were well received.

Pupil Premium "Health Checks" or full Pupil Premium Reviews in schools, on a traded basis were very successful and reviewed a number of areas including: Raiseonline, Schools website, Schools policy, Governor Accountability, Budgets and data systems. OFSTED also used the PPGs as a feature of schools with high aspirations and attainment levels.

It was noted that PPG was now being benefitted at an earlier stage, as the KS4 results showed that with earlier that PPG was introduced the better this was for the educational attainment of the child and the school. It was important that children were identified earlier, and it was essential that the link with Children's Centres was put in place for the under 5's.

The Sub-Committee NOTED the brief and thanked officers for the informative presentation.

63 TRADED SERVICES

The Sub-Committee received a presentation on Education Traded Services. It was noted that this was a brand for both statutory and non-statutory service provided by the local authority to education providers. The expertise ranged across a number of specialist areas including:

- Leadership and Governance
- School Improvement and Curriculum
- Facilities, Technical and Asset management
- Administration and Finance
- Pupil and Staff Wellbeing.

This portfolio of traded support services comprised 30 individual service providers spread across four service directorates. i.e. Children, Adults and Housing, Culture and Community, Communities and Resources and OneSource. Eleven of these traded services operated in the Learning and Achievement service.

The Sub-Committee noted that in 2013 the e-business had commenced, this was now a portal which was an efficient and cost effective professional service gateway enabling schools and settings to purchase services and training programmes. This was embedded with schools and early year settings; the service was looking to engage with child minders to use the services and training too.

It was noted that the customer base included 100% buy in from Havering primary schools, with the majority of Havering secondary schools continuing to purchase support services from the Council even though most of them had converted to academy status. There were also 63 non-Havering Schools and settings based in 10 Local Authorities purchases one or more services and booked training course with the Havering service providers in 2015/16.

Officers explained the challenges faced by the service. These included:

- Reductions in revenue resulting from academisation, particularly when schools join medium or large chains of Multi Academy Trusts.
- Ensuring the high standard across all services
- Ensuring that traded support services are focused and driven by outcomes through systematic review of impact of provision on school outcomes
- Securing current levels of service delivery and expanding customer base in the face of budget constraints and cost pressures.
- Competition from external Local Authorities and private sector providers.
- Competition arising from school to school trading support models.

The Sub-Committee thanked officers for an informative presentation and asked that the directory of traded services be circulated to all members.

64 **FUTURE AGENDAS**

As this was the last meeting of the municipal year, the Chairman asked that any suggestions for the future agenda be sent direct to the Committee Officer.

Chairman

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ANNUAL REPORT, 2015/16

Making a difference...

*Presented in accordance with
“The Matters to be Addressed in Local Healthwatch
Annual Reports Directions, 2013”*



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff and a number of volunteers, both health and social care professionals and people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforces the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution will be vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizens' needs.

***‘You make a living by what you get,
but you make a life by what you give.’
Winston Churchill***

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We will be sending copies of this Annual Report to the statutory recipients (including the British Library) and circulating it widely to local health and social care organisations. In the interests of the environment and economy, we are not producing printed copies this year but the report is available for downloading from our website, www.healthwatchhaverling.co.uk.

This report contains hyperlinks (in italic type) to the relevant sections and to external URLs. Healthwatch Havering is not responsible for the content of external websites.



Foreword

Anne-Marie Dean, Chairman, Healthwatch Havering

Welcome to our third annual report. Again this year we have had tremendous commitment and support from our volunteers enabling us to achieve an even higher number of Enter and View visits on behalf of local residents.

In Havering we consider this a very important part of our role. We are very pleased to report that Barking Havering and Redbridge University hospital, the North East London Foundation Hospital, St Francis Hospice and all of the nursing and care homes which we have selected to visit have been very supportive and co-operative.

Following a visit, we always write a report and provide recommendations. All of our reports are published on our website and you can view lots of other information about our role within the borough at www.healthwatchhavering.co.uk

Seeking the views of local people is also very important to us and during this year we have launched the 'Tell Us What You Think' cards scheme. This is the beginning of an evolving process. The cards offer residents the opportunity to provide comments and feedback on any local care service they are using on a simple reply paid card. Within the report you can read the first feedback that we have received.

We are increasingly working with a wider number of voluntary organisations and groups and this helps us formulate views on our priorities and how local care services can be improved. Working in partnership with the Clinical Commissioning Groups (CCG), the hospital trusts and the local authority enables us to be at the forefront of the changes and challenges which need to be understood and met. Most importantly to understand what the impact might be for residents.

Currently we are working with the Council's Health Overview and Scrutiny Committee to investigate and understand how and why so many patients have not had access to timely hospital health care such as investigations, outpatient appointments and surgical treatment. You can read more about this in the report.

The closure of the Meals on Wheels service provided by the borough is also being monitored by our volunteers. This is to ensure that some of our most vulnerable residents are properly able to order and access a wide and nutritional range of foods.

Accident and Emergency services continue to come under enormous pressure. It is important to understand the reasons behind our residents needing to use the Accident and Emergency services and how our residents can get the most appropriate, timely and relevant services for their needs. As part of that, recently in partnership with the CCG and other local Healthwatch we participated in a survey of over 1,000 patients across Barking & Dagenham, Havering and Redbridge seeking their views on the urgent and emergency care services. *The key headlines for Havering are contained within the report.*

There are a number of other examples of our work within the report and I very much hope that you enjoy reading about them.

Finally, I would like to thank you for reading our report, and our volunteers, residents and colleagues for their support.

The year at a glance

ENTER AND VIEW VISITS



This year we have undertaken 26 Enter and View visits to hospitals, community services, GP surgeries, nursing and care homes.

For every visit, our volunteers prepare a series of questions and issues that we want to discuss with the staff, patients and residents. This is based on feedback that we get from CQC reports, from relatives and patients, articles in papers and national issues which impact on health and social care. You can read all our reports and recommendations on our website at <http://www.healthwatchhavering.co.uk/enter-and-view-visits>

As the year ended, we carried out our first Enter and View visit to a GP surgery.

Read more about our Enter and View activities on page 11 and in Appendix 1

? - People asked – “How can we be sure that our loved ones are getting the best possible care?”

✓ - We have visited a large number of local health and social care establishments to ensure that they deliver good care and we have made recommendations for improvements where we felt it necessary to do so

URGENT AND EMERGENCY CARE - what have residents said about this service



This year we have undertaken a detailed consultation using a questionnaire. This questionnaire was completed by a wide range of people living and working in our borough. Over 1000 people completed the 8-page questionnaire which had been designed in partnership with the CCG and our Healthwatch colleagues in Barking & Dagenham and Redbridge. People who completed the questionnaire ranged from young professional people working in the borough to older residents who were actually waiting for treatment in A and E departments, Walk-in centres and GP practices. The information given by these people is already helping to shape the new care models for GP practices and helping Queen's Hospital think about how to re-design their services.

Want to know what local people said? - read about it on page 14.

? - People asked – “why do we have to go to A&E at hospital rather than have an appointment at our GP?”

√ - We have carried out a survey to find out what prompts people to go to A&E rather than their GP

INFLUENCING THE CHANGING SHAPE OF HEALTH AND SOCIAL CARE



It is very important that we all take part in helping to design the changes that are needed for health and social care. It is also very important that we think how best to use the services in a way that it is simple and easy for patients and carers. This year there have been two very significant national issues which will change how our care is delivered this is the **Accountable Care Organisation (ACO)** bid, which is about the three boroughs working together to design more integrated services. The **Sustainability and Transformation Plan (STP)** involves designing services across the whole of North East London. All health and social care organisations across England will be part of an STP. We are working with both the ACO and the STP to help ensure and assist with the consultation process which is vital to informing the new models of care.

More information about the plans can be found at:

Accountable Care Organisation (ACO)

<http://democracy.havering.gov.uk/ieListDocuments.aspx?CId=374&MId=3178&Ver=4>

Sustainability and Transform Plan (STP)

<https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/>

? - People asked – “How do we make sense of the changes going on around us?”

✓ - We are actively participating in planning for the ACO and STP to ensure that the voice of the patient, resident and carer is heard and taken into account as the plans are developed

THE LAUNCH OF 'TELL US WHAT YOU THINK' REPLY PAID CARDS FOR RESIDENT FEEDBACK



This year we have launched our 'Tell Us What You Think' reply paid, feedback cards which enable residents to send us their thoughts and views, positive or negative, on any health or social care service that they are receiving within the borough. We have received a number of responses, which has enabled us to begin developing a database which will enable us to provide useful feedback for CQC inspections and Enter and View visits, and better inform consultation processes. We believe that positive feedback is a powerful tool and so we welcome feedback on services which are responding to residents and working well.



? - People asked – “How can we tell you about the things we like – or the things we don’t like – about health and social care facilities?”

✓ - We have added “Tell Us What You Think” cards to the ways in which people can contact us and let us know what they think – in addition to contacting us by telephone, email, through the website or by personal call at our office

The governance of the organisation



Team work is what has made this year not only successful in respect of our achievements but also in our ability to be able to work in an open and transparent group in running our Healthwatch organisation.

Involving members in the governance of the organisation

Last year we told you about the changes that we intended to develop this year which expanded the full role of our volunteer members to influence the management of Healthwatch.

Probably the most significant is the autonomy that we have created regarding the selection and decision-making by the volunteer members in determining one of the most important aspects of Healthwatch work that is the statutory responsibility set out in the Local Healthwatch Organisations Directions 2013 - Section 211 activities.

The Enter and View Panel meeting takes place monthly. The Panel is made up of volunteer members and is supported by Healthwatch staff. The Panel undertakes the following roles:

- ✓ Determining the organisations and premises that will be receiving a visit
- ✓ Reviewing the current timetable of visits and amending it if required
- ✓ Setting the dates for visits and identifying the team members who will carry them out
- ✓ Organising the dates for the preparation meeting prior to visiting and the de-briefing session
- ✓ Reviewing outstanding reports, including comments received from organisations that have been visited

- ✓ Considering all intelligence received regarding services in the borough
- ✓ Providing the draft information to prepare the final reports and provides final comments before publication

Our organisation is governed by a management board which comprises the company directors, staff and volunteer members. The board:

- ✓ Receives reports from the Enter and View Panel
- ✓ Considers monthly and projected financial reports
- ✓ Reviews reports from visits and meetings attended by directors, staff and volunteer members
- ✓ Approves changes to policy documents
- ✓ Receives presentations on strategic issues
- ✓ Provides opportunity for hearing the views of the public which have been shared with board members

Healthwatch Havering is in legal terms, a company limited by guarantee called Havering Healthwatch Limited. As a company limited by guarantee, it has no shareholders and is prohibited by law from distributing any financial surplus (or profit).

Making a difference

The Enter and View programme - A TOTAL 26 VISITS



With Havering having the largest number of care homes in London and a District General Hospital placed in “special measures” by the CQC and under close supervision by the former Trust Development Agency (TDA) (now NHS Improvement), we concluded that a major part of our work would have to be the Enter and View programme, since only by seeing facilities at first hand is it possible to judge how well they provide and care for those who use them, which is a key function of Healthwatch following the failures identified at Mid-Staffordshire Hospital, Winterbourne View and other health and social care facilities.

Towards the end of the year, we became aware of patients’ complaints and concerns about a particular GP surgery in the south of the borough. Following consultation with local Councillors and the CCG, we decided to carry out an Enter and View visit to the surgery in order to gauge whether the concerns reported to us were valid and, if so, what might be done to address them. Our team had opportunity for an extended conversation with the practice partners and was also able to interview a number of patients who were waiting for consultations.

One of the issues highlighted to us was the lack of common training for reception and other front-line staff in GP surgeries - while recognising that each practice is, in effect, an independent small enterprise, all practices are an integral part of the NHS and it is in no one’s interest for there to be huge variations in the standards and knowledge of these key staff. We have therefore formally recommended to the CCG that the possibility of their providing common training for surgery staff should be investigated and have indicated that, if asked, we would be happy to contribute to such a programme.

In the year, we carried out a number of visits to different wards and departments of Queen's Hospital, Romford, to NHS Community Services and to a number of care and nursing homes across the borough. The full details of our visits are set out in *Appendix 1*.

We have decided to introduce a system of re-visiting the facilities where we have carried out Enter and View visits a few months after publication of the relevant report so that we can gauge what progress proprietors and management have made in implementing our recommendations.

Did any service providers or persons who had a duty to respond to Local Healthwatch not do so?

We would like to take this opportunity to acknowledge the commitment and openness that all organisations across the borough have demonstrated. This approach evidences to us that all the organisations that we have worked with this year are committed to improving the care provided and will actively work to achieve improvements by using the recommendations provided by our volunteer members and it has not been necessary to recommend to Healthwatch England a special review.

Making Enter and View effective

It has always been our policy to ensure that our members - whatever their professional background, knowledge and expertise - are trained not only in Enter and View procedures but also in safeguarding and mental capacity and deprivation of liberty awareness. In addition, and in conjunction with Saint Francis Hospice (which is located in Havering and is a well-recognised training organisation for the Gold Standard Framework for End of Life Care), this year a number of our volunteers received End of Life Care training and Dementia Friendly awareness training.

We encourage our members to use these skills to be confident that the residential care and nursing homes that we visit are offering good care for people who have dementia or who are nearing the end of their lives.

Influencing official bodies and others

Enabling our activities to have an impact on the commissioning, provision and management of the care services



Joint Review of delayed treatments (RTT)

In the autumn of 2015, it emerged that a considerable backlog of referrals to treatment (RTTs) had been found at the two hospitals (Queen's, Romford and King George, Goodmayes) provided by the Barking, Havering and Redbridge University Hospitals Trust (BHRUT), a clear breach of NHS Constitution standards and potentially having serious consequences for the health of a large number of local people.

While responsibility for this failure rested with the previous rather than current management at BHRUT, tackling the consequential problems was clearly a matter for BHRUT and a plan was put in place to achieve that.

Initial estimates suggested that as many as 90,000 out-patient appointments and some 6,000 surgical procedures may have been missed, although the outpatients backlog was subsequently revised to around 50,000 - a significant reduction but still an obviously totally unacceptable number.

The concern at this prompted Healthwatch and Havering Council's Health Overview and Scrutiny Committee to launch a Joint Review.

As the year under review closed, planning for the Review was well-advanced but it had yet formally to begin. A full report of the Review will be included in next year's annual report but, at this stage, it seems likely that the key themes to be explored will include:

- ✓ The robustness of the IT systems used by BHRUT to deal with RTTs, outpatient and inpatient appointments and the exercise of “Patients’ Choice”
- ✓ The effect of the delayed treatments on other patients’ RTTs
- ✓ The robustness of alternative arrangements for treatment (for example, rather than surgery being undertaken by BHRUT, it might be undertaken by GPs who have the requisite skills and facilities, non-NHS providers or other NHS hospitals)
- ✓ The relationship between BHRUT and GPs and the extent to which GPs follow up referrals that do not appear to have been actioned
- ✓ The extent to which commissioners were aware of, and sought to remedy, the failure to action RTTs

The objective of the Joint Review is to understand how and why the failure of process occurred, to ensure that the measures in hand to deal with it are sufficiently robust to ensure that all patients who have experienced delay are not further placed at risk and that the knock-on effects for others are minimised, and to seek assurance that all due “lessons” have been learned in order to avoid a recurrence of the problem.

Public consultation and participation



The opportunity to embrace working across a wide range of local people was achieved in partnership with the CCG and our colleagues in Healthwatch Redbridge and Barking & Dagenham, embracing over 1000 residents in face to face discussion.

In March 2016, the Barking & Dagenham, Havering and Redbridge (BHR) CCGs jointly commissioned the Barking & Dagenham, Havering and Redbridge Healthwatches to carry out a survey of patients about their understanding of urgent and emergency care.

This survey was part of research by the CCGs into the changes needed in urgent and emergency care provision to address the over-use of hospital accident and emergency services. A&E attendances at Queen's Hospital, Romford are the highest in Greater London and proportionately near the highest nationally, with ambulance attendances also excessive.

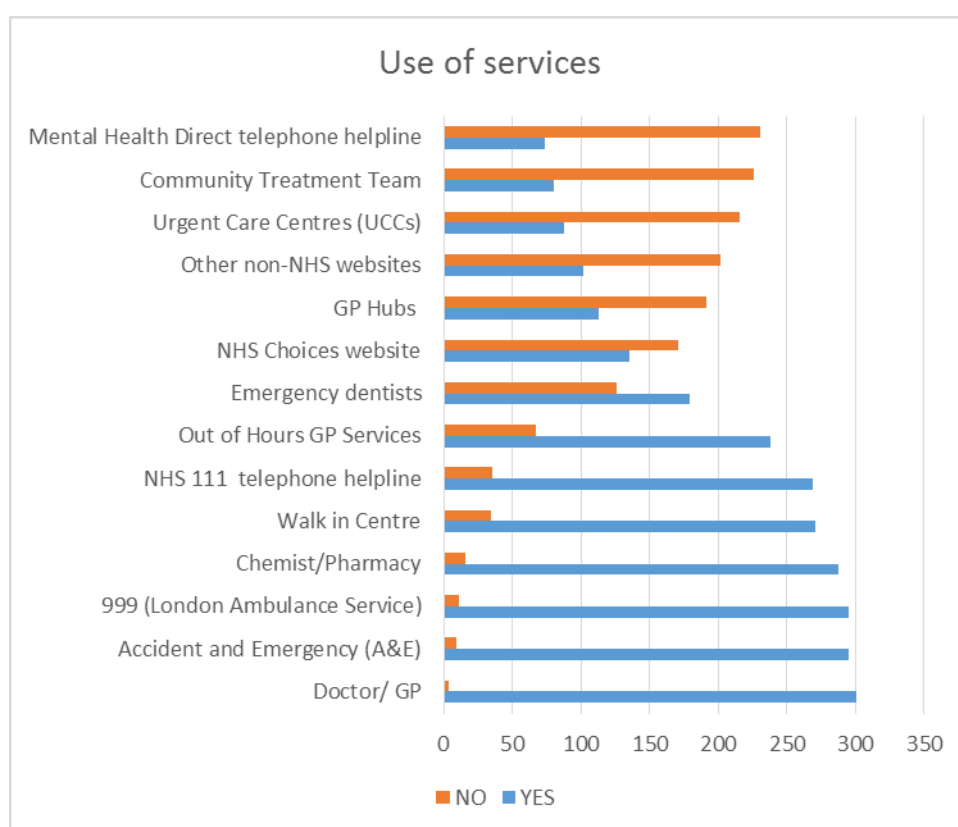
The purpose of the survey was to explore patients' understanding of the alternatives to attendance at A&E and how (or indeed whether) they would access advice before seeking treatment there.

Each Healthwatch interviewed, or saw in focus group/workshop settings, some 300 local residents. Venues used by Healthwatch Havering included a meeting of the Council's Health Overview and Scrutiny Committee, several GP surgeries, the urgent care centre at Queen's Hospital, Harold Wood Polyclinic, a training centre for young people with disabilities and the Havering Over Fifties Forum.

The survey revealed similarities and distinct differences between the three boroughs.

For example, Havering residents reported that they were less likely than the residents of the other two boroughs to seek advice before attending A&E - this is believed to be because Havering has a far more settled population than the other boroughs, so that people are more likely in Havering than elsewhere to decide for themselves where best to go and how to get there.

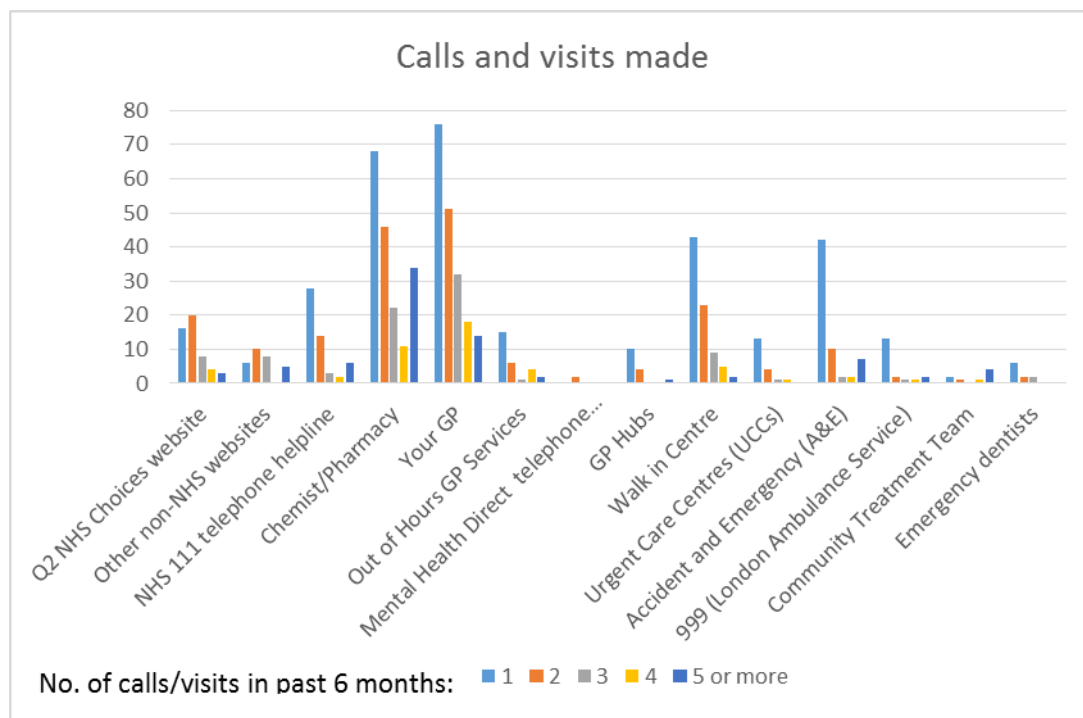
When asked what use they made of urgent and emergency healthcare facilities, the Havering residents surveyed responded as indicated in the following chart:



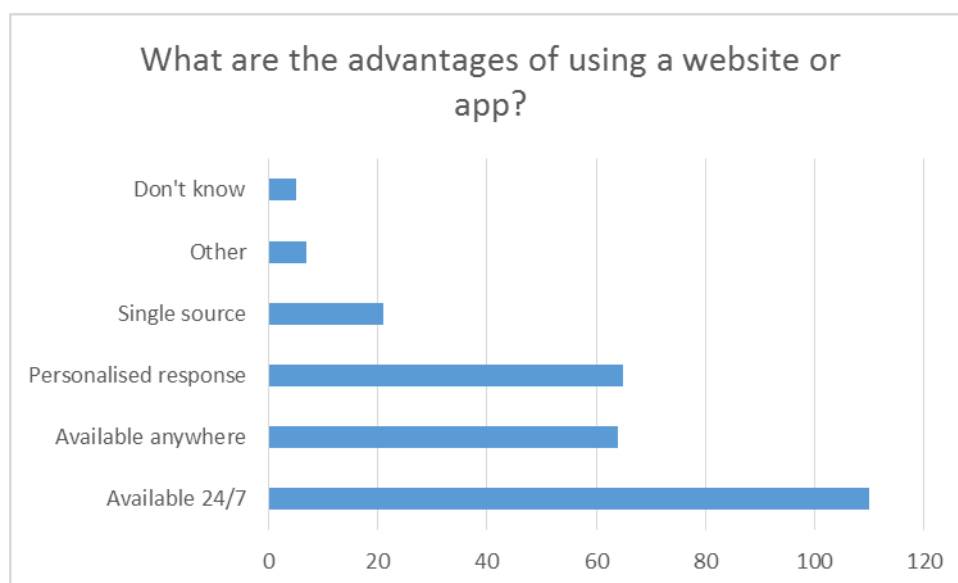
This clearly indicated that, for most of them, “traditional” sources of care and advice remained the places of choice from which to seek assistance. Unsurprisingly, by far the majority would seek assistance from their GP or from A&E in preference to other forms.

Likewise, when asked how often they had contacted the various sources of assistance, the GP was the most frequently used, though the pharmacy

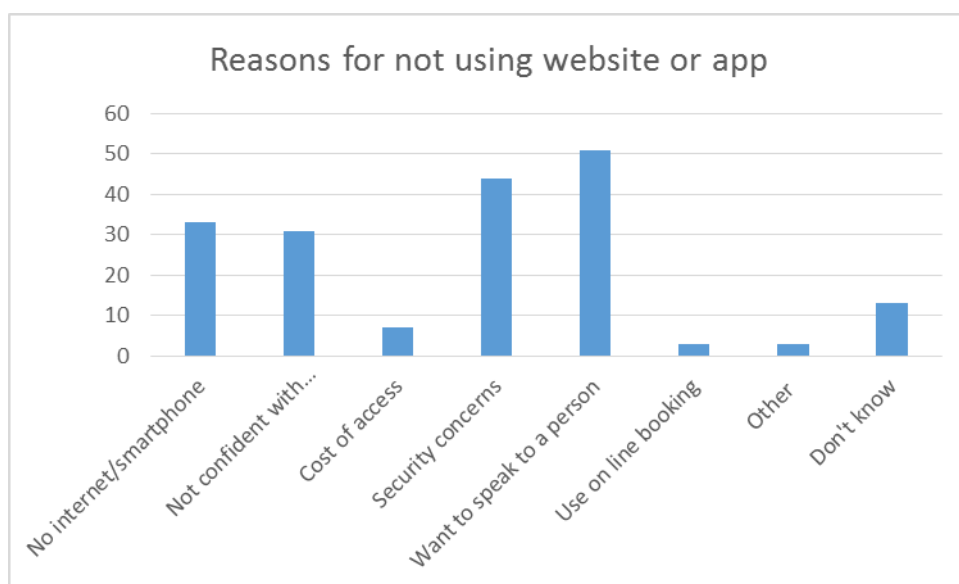
was also visited quite often - A&E and the Polyclinic (Walk In centre) were the third most frequently visited.



Participants were also asked to indicate whether they would use online facilities to seek healthcare assistance: a small majority (150 out of 272) indicated that they would. When asked what they saw as the advantages of using a website or app, respondents said:



Those who said they would not use a website or app gave the following as their reasons for declining to do so:



The clear message was that, for a significant minority of respondents, using a website or app was not considered an option because they wished to speak to a person, or lacked confidence in its security or in their ability to use it.

This survey is a rich data source for designing urgent and emergency care and these results will support the Vanguard pilot for urgent and emergency care of which Healthwatch will be a partner.

*Seeking the views of our local residents:
the pilot “Tell Us What You Think” cards*



In autumn 2015 we began piloting a new means of gathering service users' and others' views - “Tell Us What You Think” cards. These are reply-paid cards that are being distributed across the borough, which people can complete and return to us with comments about health and social care facilities. We made it clear that these cards were not “complaints forms” and would be used primarily to help inform and guide our activities, for example by drawing our attention to health or social care facilities where there was cause for concern - or for that matter, where an excellent service was experienced.

Our intention is to use the comments on the cards as intelligence to help us decide what facilities to visit using Enter and View powers or, where appropriate, to raise an issue with the relevant provider and to pursue it as necessary.

As of the end of March 2016, we had distributed several thousand cards through our meetings with local voluntary organisations and official bodies.

To our disappointment, only 46 cards had been returned by then; however, we are aware that many people are keeping them to use at an appropriate time for them. Despite the apparently low level of response, those that were returned contained much useful intelligence and so we have decided to continue their use. The experience gained in this initial first phase of the scheme will enable us to redesign the cards in order to increase their usefulness. In addition, we have bought a supply of dispensers that we can place in suitable locations to enable people to help themselves to cards.

Importantly, this data can be put on Healthwatch England's Customer Relationship Management (CRM) programme which enables us locally to support the national confidential data base, which looks at national trends.

Health and Wellbeing



Healthwatch is a statutory member of the Health and Wellbeing Board, which has the responsibility of championing the local vision for health improvement and specifically looking at issues such as prevention and early interventions. The Board has to consider how best to tackle health inequalities and uses documents such as the Joint Strategic Needs Assessment (JSNA), which is produced by the Director of Public Health's team to provide the evidence to help support and determine local priorities.

The Board also has the responsibility of ensuring that patients, service users and the public are engaged in improving health and wellbeing and monitoring the impact of the boards work on the local community by considering annual reports and performance information.

This year the board has discussed and approved a range of issues that include:

- ✓ Drug and Alcohol reduction strategy
- ✓ Obesity Strategy
- ✓ Better Care Fund Plan
- ✓ Sexual Health Reconfiguration consultation
- ✓ Adult Social Care issues which has included, adapted housing for people with physical or sensory disabilities, key issues around the provision of home care.

Adult Social Care is a key issue for the borough as Havering is a high importer of older people and has one of the highest numbers of older people in the country.

The Board also looks at wider structural issues affecting the delivery of health and social care, including the development of the Accountable Care Organisation (ACO) bid. We have been involved in current consultation exercises seeking the view of the voluntary sector and the local people they represent.

Learning disabilities



We continue to champion initiatives to make the day-to-day lives of people with learning disabilities easier. Also committed to helping parents and carers receiving the support they need. We regularly attend and support BHRUT's Learning Disability Working Group, which includes hospital staff, Community Learning Disability Team staff, people with learning disabilities and carers. At its meetings, concerns about the needs of people with learning disabilities using the hospital services are discussed, trying to ensure that all the needs of people with a learning disability are considered in all hospital policies and ensuring that reasonable adjustments are made to the treatments provided to people with a learning disability.

Our work in this area has been centred around parents and carers in the community. We continue to chair (as a neutral participant) the quarterly meetings that bring together NELFT, the CCG, BHRUT, CAMHS, the local authority and Positive Parents, a representative group of parents of children who have learning disabilities. These meetings have gone from strength to strength in re-establishing a good working relationship between the parents and the service providers, who are all represented at a senior level. The meetings address long standing concerns and confident moves are being made towards designing services which reflect the needs of the children, their families and carers. Each meeting results in an action plan addressing the important issues for parents and carers of children with learning disabilities.

Our plan for 2016/17



We develop a work plan as a tool that helps us to identify the issues and activities that we need to undertake. The work plan is led and developed in participation with our volunteers. As an organisation that is grant funded, our work plan acts as a useful document contributing also to transparency as it is available to organisations that have a need to know what we are doing during this period.

Our priorities for 2016/17 are:

1 Mental Health Services

- (a) Examine initial access to Mental Health Services (in Q2/3)
- (b) Arrange training for Healthwatch members for Enter and View visits to Mental Health facilities
- (c) Include in the Enter and View Programme visits to mental health facilities across the borough

2 Learning Disability Services

- (a) Examine GP involvement with supporting patients who have a learning disability (LD), including health checks; and what use is made of CCG funding for GPs for LD support
- (b) Continue working with Positive Parents
- (c) Commence working with The Learning Centre, Harold Hill
- (d) Carry out a further Enter and View visit to Lilliputs complex (in Q4)

- (e) Examine the Adult Social Care programme of annual assessments

3 Acute Hospital Services

- (a) Continue Enter and View visits (including follow-up) to Queen's Hospital
- (b) Continue the Delayed Treatments Review jointly with Health OSC

4 Enter and View programme

- (a) Continue Enter and View programme
- (b) Continue review of GP Hub system
- (c) Begin a programme of visits to pharmacies
- (d) Begin follow-up visits to premises visited

5 NHS/Local Authority Vanguard and Accountable Care Organisation programmes

- (a) Strategic issues as programmes develop
- (b) UEC/UCC/A&E survey - follow up

6 Domiciliary Care Services

- (a) Examine provision and commissioning of Domiciliary Care Services
- (b) Examine care for those living with dementia in their own homes
- (c) Examine provision of alternatives to Meals on Wheels

Funding, staff and organisation

Funding

Havering Council provided grant in 2015/16 to fund our activities at the same level as pertained for the financial years 2013/14 and 2014/15, £117,359.

The survey carried out with our neighbouring Healthwatch organisations on behalf of the CCGs produced income of £7,240. Part of that was defrayed to meet the costs of our participation in that exercise; the rest was used to defray general expenses or added to reserves carried forward.

A summary of the annual accounts is set out in Appendix 2.

Allowing for Corporation Tax adjustments (and subject to audit), the amount carried forward at the end of 2015/16 was £2,325.

Staff

Staff remained unchanged during 2015/16 from those in post at the end of March 2015. There are three directors - two who are engaged in executive roles as Chairman and Company Secretary respectively for 21 hours per week, while the third undertakes a non-executive role - and two part-time employees, the Community Support Officer and the Office Administrator.

Organisational Structure

There have been no organisational changes since the end of March 2015. The new structure we agreed then has proved worthwhile and we continue to use it.

The “Healthwatch” logo and trademark



Havering Healthwatch Limited has a licence agreement with Healthwatch England governing use of the Healthwatch logo and trademark.

The Healthwatch logo is used widely for Healthwatch Havering activity. It is used on:

- The Healthwatch Havering website
- This Annual Report
- Publications such as reports of public consultation events and Enter and View visits
- Reports to official bodies, such as the Health and Wellbeing Board and Overview and Scrutiny Committees
- Official stationery, including letterheads and business cards
- Members’ identity cards
- Newspaper advertisements
- Flyers for events

Appendix 1: Enter and View Visits



Havering has one of the largest residential and care home sectors in Greater London and, consequently, there is a need for a large programme of Enter and View visits. Recruitment, training and careful planning of the programme meant that it was not until near the end of 2013/14 that the first formal Enter and View visit could be undertaken (this was reported on in the 2013/14 Annual Report). However, during 2014/15, the number of visits increased and, in all, we carried out 22 visits, including two visits to a particular home. That active programme continued during 2015/16, with a total of 26 visits being made, and a number of visits is in hand for 2016/17 too.

On the whole, our visiting teams were made welcome and managers and proprietors were very co-operative in facilitating the visits. The team members were made to feel welcome by staff, residents and residents' friends and relatives alike.

Our teams also visited a number of wards or units at Queen's Hospital and at Goodmayes Hospital; there too they were made welcome and their visits carried out with the full co-operation of management and staff.

Few problems were identified and mentioned in our teams' reports of their visits. Where we did make recommendations, we will be following up to see what effect they have had.

All reports of our visits have been published on our website (www.healthwatchhavering.co.uk/enter-and-view-visits) and shared with the home or hospital, the Care Quality Commission, the Clinical Commissioning Group, Havering Council and other relevant agencies.

Visits undertaken

In addition to these formal Enter and View visits, we have continued working informally to improve facilities for patients at a health centre/GP practice about which we had received a number of complaints.

We did not exercise Enter and View powers at a dental practice, community pharmacy or ophthalmology practice during this year.

The powers of Healthwatch to carry out Enter and View visits are set out in legislation¹ and most visits were carried out in exercise of them. On four occasions however, noted in the table that follows, visits were carried out at the invitation of the establishment's owners/managers and there was no need for the exercise of our statutory powers; but that has not affected how we have reported on such visits.

Date of visit	Establishment visited Name	Type	Reasons for visit
2015			
20 April	Queen’s Hospital: Elderly Care - Sky A Ward	Acute Hospital	<ul style="list-style-type: none">➤ Queen’s Hospital has been in special measures since 2013➤ Reported problems with discharge of elderly patients
27 April	Hillside	Nursing Home	<ul style="list-style-type: none">➤ CQC identified “care and welfare of people who use services” as requiring attention in October 2014 inspection report
1 June	Queen’s Hospital: Maternity Unit	Acute Hospital	<ul style="list-style-type: none">➤ Queen’s Hospital has been in special measures since 2013➤ Previous concerns about care provided in Unit➤ To review progress following previous E&V visits
2 June	Abbcross	Nursing Home	<ul style="list-style-type: none">➤ CQC rated as “Requires Improvement” in October 2014 report
24 June	Romford Grange	Residential Care for the elderly	<ul style="list-style-type: none">➤ CQC rated as “Requires Improvement” in March 2015 report➤ Previously visited in April 2014
6 July (visit by invitation)	Whipps Cross Hospital	Acute Hospital	<ul style="list-style-type: none">➤ Whipps Cross Hospital has been in special measures since May 2015➤ Accompanying a Group of Councillors from Outer North East London Joint Health Overview & Scrutiny Committee
6 July	Queen’s Hospital: Discharge Unit	Acute Hospital	<ul style="list-style-type: none">➤ Queen’s Hospital has been in special measures since 2013➤ Reported problems with discharge of elderly patients
6 July	Queen’s Hospital: Ambulance Arrival Lounge	Acute Hospital	<ul style="list-style-type: none">➤ Queen’s Hospital has been in special measures since 2013➤ Reported problems with discharge of elderly patients

¹ The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

Date of visit	Establishment visited Name	Type	Reasons for visit
9 September	Upminster Nursing Home	Nursing Home	➤ CQC rated as “Requires Improvement” in February 2012 report
21 September	Lilliputs Care Home complex and Day Care centre (registered by CQC as four separate units)	Residential and Day Care for people with a Learning Disability	➤ CQC reports rated Units as “Requires Improvement” (at various times since 2013)
1 October	Queen’s Hospital: Outpatients’ Departments	Acute Hospital	➤ Queen’s Hospital has been in special measures since 2013 ➤ Patients’ reports of problems with appointments and other aspects of clinic administration
1 October	Queen’s Hospital: Reception Areas (fire evacuation and security arrangements)	Acute Hospital	➤ Queen’s Hospital has been in special measures since 2013
1 October	Queen’s Hospital: Pharmacy	Acute Hospital	➤ Queen’s Hospital has been in special measures since 2013 ➤ Reported problems with discharge of elderly patients
9 October (visit by invitation)	St Francis Hospice	Hospice for End of Life Care	➤ CQC reported “met all requirements” in November 2013 ➤ Visit carried out as part of arranged tour of premises
10 November	Derham House	Residential Care for the elderly	➤ CQC rated in December 2014 as overall “Good” but “effective service” rated “Requires improvement”
16 November	Hornchurch Nursing Centre	Nursing Home	➤ Reported concerns about care standards
24 November	Queen’s Hospital: Ophthalmology Department	Acute Hospital	➤ Queen’s Hospital has been in special measures since 2013 ➤ Reported problems with appointments and other aspects of clinic administration
1 December	Lodge, The Lodge Lane, Collier Row	Residential Care for the elderly	➤ Rated by CQC in August 2015 as “Good” (but “Safe” Requires improvement) ➤ Concern expressed about care standards
18 December	Goodmayes Hospital: Sunflower Court in Turner Ward	Community Hospital (Mental Health)	➤ Concern expressed about care standards

Date of visit	Establishment visited Name	Type	Reason for visit
2016			
19 January	Queen's Hospital: Tropical Lagoon - (Paediatrics)	Acute Hospital	<ul style="list-style-type: none"> ➤ Queen's Hospital has been in special measures since 2013 ➤ Concern expressed about regarding delays and errors in dealing with patients
25 January	Barleycroft	Residential Care for the elderly	<ul style="list-style-type: none"> ➤ CQC rated in April and November 2015 as "Requires improvement" ➤ Concern expressed about care standards
11 February (visit by invitation)	Japonica Ward, King George Hospital	Community Hospital (Rehabilitation Services in Acute Hospital setting)	<ul style="list-style-type: none"> ➤ Visit by invitation to observe new care facility for elderly patients requiring rehabilitation before discharge
18 February	Ebury Court	Residential Care for the elderly	<ul style="list-style-type: none"> ➤ CQC rated in December 2013 as meeting all requirements and in February 2016 as "Outstanding" ➤ To view Namasté approach to End of Life Care in practice
16 March (visit by invitation)	Community rehabilitation: Gray's Court Dagenham (Community Treatment Team/K466 Joint NELFT-LAS Team/Intensive Rehabilitation Service)	Community Health Services	<ul style="list-style-type: none"> ➤ Visit by invitation to observe new care services
17 March	The Willows	Residential Care for the elderly	<ul style="list-style-type: none"> ➤ CQC rated in January 2015 as "Requires Improvement" ➤ Concerns about care standards
31 March	Rosewood GP surgery	GP practice	<ul style="list-style-type: none"> ➤ Following patients' reported concerns about changes in practice procedures

Future programme

Our future programme will be informed by CQC reports on establishments, by information gathered through meetings with local regulatory agencies and by complaints (and compliments, should we receive any) from service users.

We have already identified a number of establishments that we plan to visit during the course of 2016/17, including GP practices and pharmacies in the programme.

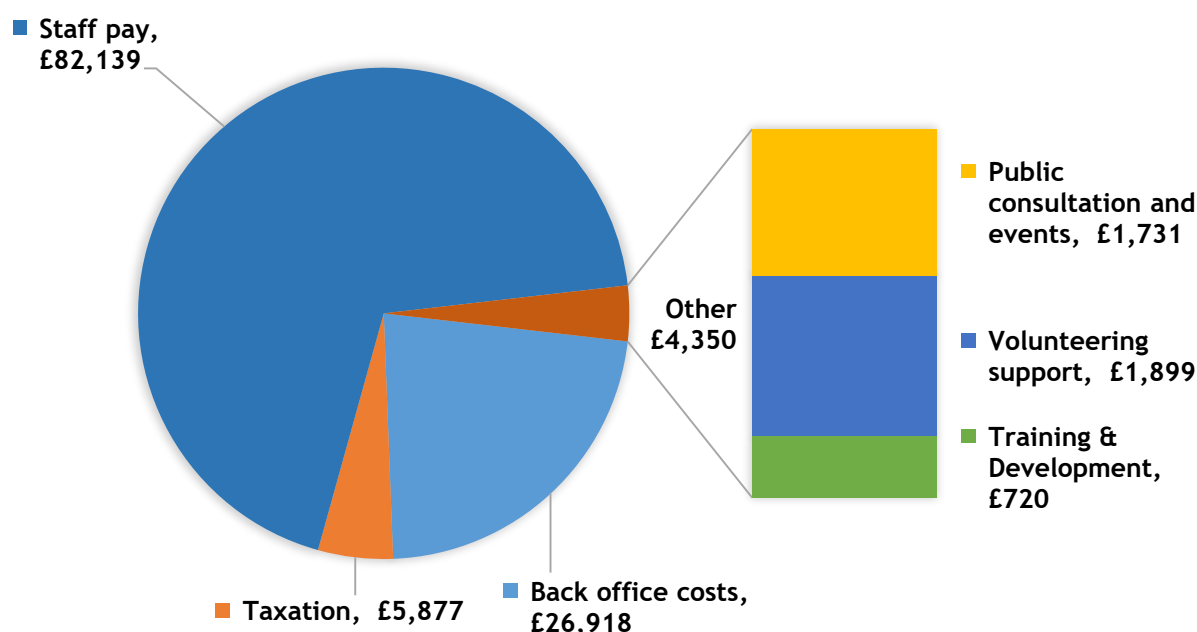
Appendix 2: Annual income and expenditure

The full details of our Annual Accounts will be published on the Financial reports section of our website, <http://www.healthwatchhavering.co.uk/our-activities>. Set out below is a summary version.

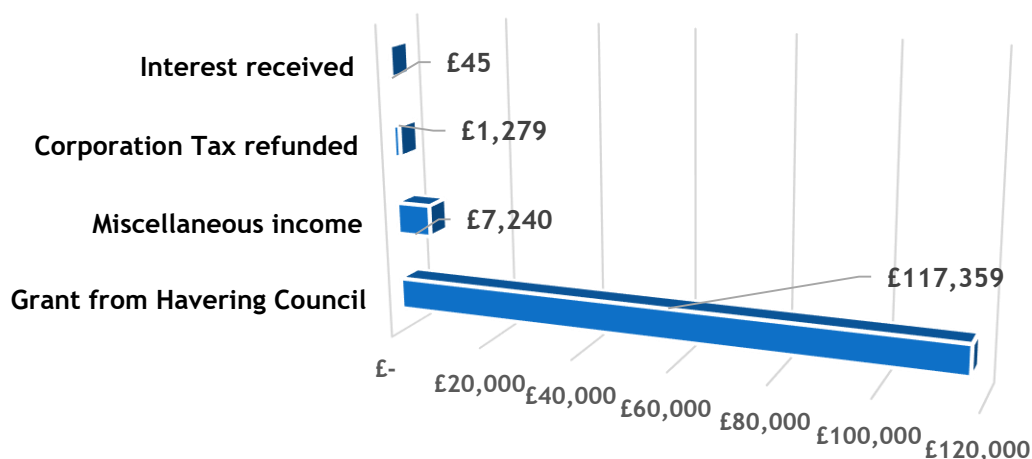
Please note that, at the time of preparing this Annual Report, the approved and audited Annual Accounts were not available. The summaries below are therefore based on the pre-audit accounts and are subject to correction. The Annual Accounts, once published, will be definitive.

The charts below summarise our Income and Expenditure for 2015/16. The surplus will be subject to Corporation Tax and the net surplus will be carried forward into 2016/17.

EXPENDITURE SUMMARY



INCOME SUMMARY



Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call us on **01708 303 300**; or email
enquiries@healthwatchhaverling.co.uk



*Healthwatch Havering is the operating name of
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CHILDREN AND LEARNING OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:	Corporate Performance Report: Annual 2015/16
SLT Lead:	Tim Aldridge, Acting Director Children's Services and Mary Phillips, Assistance Director Learning and Achievement
Report Author and contact details:	Craig Benning, Policy and Performance Business Partner (Children, Adults and Housing)
Policy context:	The report sets out the annual 2015/16 performance for indicators relevant to the Children and Learning Overview and Scrutiny sub-committee

SUMMARY

The Corporate Performance Report provides an overview of the Council's performance for each of the strategic goals (Clean, Safe and Proud). All of the indicators relevant to this committee contribute to the achievement of the strategic goals that the people of the borough will be safe, in their homes and in the community, and will be proud to live in Havering.

The report identifies where the Council is performing well (**Green**) and not so well (**Amber** and **Red**). The RAG ratings for 2015/16 are as follows:

- **Red** = more than the '**target tolerance**' off the annual target and where performance has *not improved*.
- **Amber** = more than the '**target tolerance**' off the annual target and where performance has *improved or been maintained*
- **Green** = on or within the '**target tolerance**' of the annual target

Where performance is more than the '**target tolerance**' off the annual target and the RAG rating is '**Red**', '**Corrective Action**' is included in the report. This highlights what action the Council will take to address poor performance.

Also included in the report are Direction of Travel (DOT) columns, which compare:

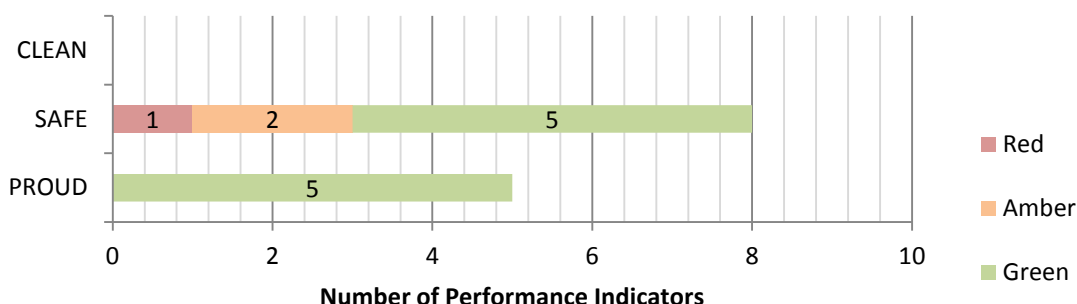
- Short-term performance – with the previous quarter (Quarter 3 2015/16)
- Long-term performance – with the same quarter the previous year (Quarter 4 2014/15)

A green arrow (↑) means performance is better and a red arrow (↓) means performance is worse. An amber arrow (→) means that performance is the same.

OVERVIEW OF CHILDREN AND LEARNING INDICATORS

13 Corporate Performance Indicators fall under the remit of the Children and Learning Overview & Scrutiny sub-committee. These relate to Children's Services and the Learning and Achievement service.

Annual 2015/16 RAG Summary for Children and Learning



Of the 13 indicators, all have been given a RAG status in the annual report. 10 (76.9%) are **Green** and 3 (23.1%) are **Red** or **Amber**.

The current levels of performance need to be interpreted in the context of increasing demands on services across the Council. Also attached to the report (as **Appendix 2**) is a Demand Pressure Dashboard that illustrates the growing demands on Children's Services and Learning and Achievement, and the context that the performance levels set out in this report have been achieved within.

Measuring customer satisfaction

Whilst the PIs currently included in the Corporate Performance report provide both Members and officers with vital performance information that can be used to improve services, there are few PIs that focus on customer satisfaction. There are various options to address this, from undertaking small surveys on a quarterly basis, to larger surveys on an annual basis, consulting focus groups to setting up consultation panels, as well as many other options in between. So that the Council may fully understand the options available and what the benefits and resource implications of each option may be, the Communications Service is currently seeking views from an external consultant to gain expert advice on how we can gauge residents' satisfaction in the most meaningful way. This will inform any new performance indicators to be included in the Corporate Performance Report during 2016/17.

Future performance reporting arrangements

As approved by the Cabinet through the Quarter 2 Corporate Performance Report, from quarter 1 of 2016/17 onwards the quarterly and annual Corporate Performance Reports will be considered first by the individual overview and scrutiny sub-committees, then the Overview and Scrutiny Board and finally the Cabinet. This will allow the Overview and Scrutiny Board to maintain oversight of the value the individual committees are adding in monitoring and influencing performance and would also allow the Cabinet reports to reflect any actions the overview and scrutiny committees may be taking to improve performance in highlighted areas. Work has been undertaken with Committee Services when setting the annual corporate calendar to ensure that the Overview and Scrutiny Board and the Cabinet will still receive the reports within the same timescale as currently, but with the added benefit that the individual scrutiny committees would already have had the opportunity to scrutinise the data and commission relevant pieces of work in response. The time taken to complete the entire reporting cycle will therefore be shortened.

RECOMMENDATIONS

That Members of the Children and Learning Overview and Scrutiny Committee:

1. **Review** the levels of performance set out in **Appendix 1** and the corrective action that are being taken; and
2. **Note** the content of the Demand Pressures Dashboard attached as **Appendix 2**.

REPORT DETAIL

PEOPLE WILL BE SAFE, IN THEIR HOMES AND IN THE COMMUNITY.

Currently there are eight indicators relative to Children and Learning under the SAFE goal, of which five are currently shown as having a green RAG status:

- Percentage of looked after children (LAC) placements lasting at least 2 years;
- Percentage of Child Protection (CP) Plans lasting more than 24 months;
- Percentage of children and families reporting that Early Help services made a positive and quantifiable difference to assessed needs;
- Percentage of referrals to Children's Social Care progressing to assessment; and
- Percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time within 2 years.

Three indicators are currently shown as having a red or amber RAG status:

- Percentage of children who wait less than 14 months between entering care and moving in with their adoptive family;
- Percentage of young people leaving care who are in education, employment or training at the age 19 and at age 21; and
- Percentage of looked after children (LAC) placed in LBH foster care;

Highlights:

- The percentage of child protection plans ceasing that lasted more than two years continues to perform well with none of Havering's children and young people falling into this category during 2015/16. By the end of March, 298 children had ceased their CP Plan, none of whom had remained on their Plan for more than 24 months. At this point last year there had been 7 cases lasting over 24 months. The current position also compares favourably with our statistical neighbours and the England average.
- The percentage of children and families reporting that Early Help services made a positive and quantifiable difference to assessed needs is higher than target (where bigger is better), and also higher than the previous quarter. The pilot has now ceased and moving forward this measure will be reported via the Outcomes Star which has recently been commissioned.

Improvements required:

- The percentage of children waiting less than 14 months between entering care and moving in with their adoptive family was consistently lower than target throughout the year. Performance against this element of the Adoption Scorecard is fundamentally tied to the effectiveness of a whole systems approach to permanence and adoption in particular. Following a review at the beginning of the 2016/17 financial year, changes have been applied to the tracking and monitoring processes which have strengthened oversight mechanisms in this area to ensure that potential delay is anticipated, understood and immediately addressed. There is consistent and detailed management oversight and scrutiny of each individual case to ensure that the Council is acting in the best interests of the child(ren) as opposed to "chasing targets". Sometimes the Council will intentionally take longer to place a child where it feels that additional work needs to be undertaken prior to placement to ensure the best possible outcomes for that young person. It should also be noted that the cohort of children in Havering who are adopted is relatively low, usually totalling 10 or fewer each year. This low cohort size means that delays in just one case – particularly where the case involves a sibling group of children – can significantly alter the outturns against all the Adoption Scorecard measures. Performance against this measure is also impacted by external factors over which the Council has no control, such as the courts,

which have recently tended to favour placements within a child's extended family, even where the local authority may not agree that this is in the child's best interests. Children's Services is working on a regional and pan London basis to ensure that the experiences and best practice from other agencies is regularly reviewed and applied within the service.

OUR RESIDENTS WILL BE PROUD TO LIVE IN HAVERING.

Currently there are five indicators relative to Children and Learning under the PROUD goal, of which all are currently shown as having a green RAG status:

- Number of apprentices (aged 16-18) recruited in the borough;
- Percentage of Early Years providers judged Good or Outstanding by Ofsted;
- Percentage of 16 to 19 year olds (school years 12-14) who are not in education, employment or training (NEET);
- Percentage of schools judged to be Good or Outstanding, and
- Number of new in-house foster carers.

Highlights:

- Apprenticeships remain on the increase as an attractive post-16 option amongst young people who want to secure employment rather than continue on with A Levels or go to university, with 2015/16's performance being 7.6% above target.
- The Council continues to perform well in relation to the proportion of 16 to 19 year olds not in education, employment or training (NEET), ending the year lower than target (where smaller is better). Havering's performance is also better than that of the East London comparator group. This has been achieved by continuing to track young learners using the targeting toolkit to identify potential people who are NEET and ensure early intervention.
- 19 in-house foster carers were recruited during 2015/16. This is a significant improvement on Havering's 2014/15 performance, when 12 were approved.

IMPLICATIONS AND RISKS

Financial implications and risks:

Adverse performance against some Corporate Performance Indicators may have financial implications for the Council. Whilst it is expected that targets will be delivered within existing resources, officers regularly review the level and prioritisation of resources required to achieve the targets agreed by Cabinet at the start of the year and throughout the year.

Human Resources implications and risks:

There are no direct HR implications or risks, for the Council or its workforce, that can be identified from the recommendations made in this report.

Legal implications and risks:

Whilst reporting on performance is not a statutory requirement, it is considered best practice to review the Council's progress against the Corporate Plan and Service Plans on a regular basis.

Equalities implications and risks:

The following Corporate Performance Indicators rated as 'Red' or 'Amber' could potentially have equality and social inclusion implications for a number of different social groups if performance does not improve:

- Percentage of children who wait less than 14 months between entering care and moving in with their adopting family;
- Percentage of young people leaving care who are in education, employment or training at age 19 and at age 21; and
- Percentage of looked after children (LAC) placed in LBH foster care.

The commentary for each indicator provides further detail on steps that will be taken to improve performance and mitigate these potential inequalities.

BACKGROUND PAPERS

The Corporate Plan 2015/16 is available on the website at <http://www.havering.gov.uk/Documents/Council-democracy-elections/Corporate-Plan-on-a-page-2015-16.pdf>

RAG Rating	Direction of Travel (DOT)	Description
Green	On or within the 'target tolerance' of the annual target ↑	Short Term: Performance is better than the previous quarter Long Term: Performance is better than at the same point last year Corporate Plan Indicator Outturns reported cumulatively (C) Outturns reported as snapshot (S) Outturns reported as rolling year (R)
Amber	More than the 'target tolerance' off the annual target but where performance has improved or been maintained. →	Short Term: Performance is the same as the previous quarter Long Term: Performance is the same as at the same point last year
Red	More than the 'target tolerance' off the annual target and where performance is worsening ↓	Short Term: Performance is worse than the previous quarter Long Term: Performance is worse than at the same point last year

Ref.	Indicator	Value	2015/16 Annual Target	VariableTarget Tolerance	2015/16 Annual Performance	Short Term DOT against 2015/16 (Q3)	Long Term DOT against 2014/15 (Annual)	Comments		Service	O&S Sub-Committee	
SAFE: Supporting our community												
(C)	Percentage of children who wait less than 14 months between entering care and moving in with their adopting family	Bigger is Better	70%	±10%	33% (4 of 12) RED	➡	33% (4 of 12)	⬇️	33% (6 of 17)	Of the 7 children that have had their adoption orders granted this period and the 5 currently placed with their adoptive families awaiting orders, 4 (33.3%) waited less than 14 months between starting to be looked after and moving in with their adoptive families. This is no change on our Q3 performance, and in line with the 2014/15 year end figure, but significantly below the 2015/16 annual target. It should be noted that last year this measure referred to 16 months rather than 14. Corrective Action: Changes have now been applied to the tracking and monitoring processes which have strengthened oversight mechanisms in this area to ensure that potential delay is anticipated, understood and immediately addressed. The service also continues to ensure that family Group Conferences are arranged at an early stage in order to speed up timescales, and is working on a regional and pan London basis to ensure that experiences and best practice from other authorities is regularly reviewed and applied within the service. This indicator is also impacted by external factors, most particularly the courts.	Children's Services Reported to Department for Education (DfE)	Children & Learning
(C)	Percentage of young people leaving care who are in education, employment or training at age 19 and at age 21	Bigger is Better	80%	±10%	58.6% (41 of 70) AMBER	⬆️	54% (27 of 50)	⬆️	52.0%	The proportion of young people (19-21) leaving care in education, employment or training (58.6%) is below the 2015/16 target (80%), but an improvement on the previous quarter (54%). It should also be noted that our 2015/16 outturn exceeds the 2014/15 outturns for Havering (52%), England (48%), London (53%), and our statistical neighbours (46.1%). Of the 29 care leavers not in education employment or training (NEET), 10 (14.3%) are due to illness or disability, 8 (11.4%) are due to pregnancy or parenting, and 11 (15.7%) due to other circumstances. Remaining in touch with care leavers is critical to strong performance against this indicator. Regular reporting has been put into place to assist the service with performance around this measure and improvements have been seen in the last month. We continue to work with children in care to raise aspirations and encourage more young people to access higher education.	Children's Services Reported to Department for Education (DfE)	Children & Learning
(S)	Percentage of looked after children (LAC) placed in LBH foster care	Bigger is Better	40%	±5%	33.6% (77 of 229) AMBER	➡	33.6% (77 of 229)	—	NEW	The proportion of looked after children (LAC) in LBH foster care (33.6%) is below target (40%) but has been maintained from Q3. The balance between Independent Fostering Agencies (30.1%) and in-house provision has remained consistent during quarter 4. This is a new corporate indicator for 2015/16, so a long term DOT cannot be provided. This indicator is linked to the number of new in-house foster carers, which has met its target. This in turn will assist with performance for LAC placed in LBH foster care. There is a new panel in place to review young people placed in residential settings, with a view to transferring young people to in-house carers where appropriate.	Children's Services Local performance indicator	Children & Learning

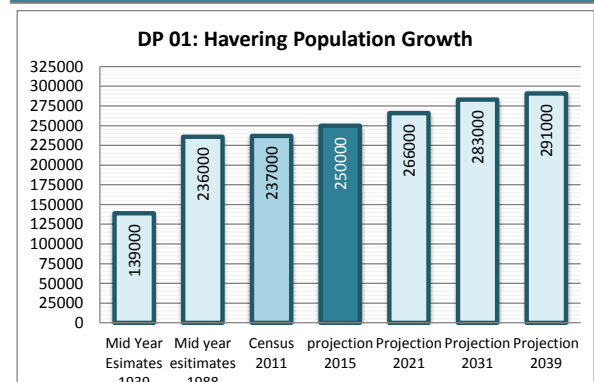
Ref.	Indicator	Value	2015/16 Annual Target	VariableTarget Tolerance	2015/16 Annual Performance	Short Term DOT against 2015/16 (Q3)		Long Term DOT against 2014/15 (Annual)		Comments	Service	O&S Sub-Committee
(S)	Percentage of looked after children (LAC) placements lasting at least 2 years	Bigger is Better	70%	±10%	70.6% (36 of 51) GREEN	↑	70% (35 of 50)	↓	83% (44 of 53)	At the 31st March 2016, 70.6% of our eligible LAC aged under 16 years had been in the same placement for at least 2 years, which means that we have exceeded our 2015/16 target of 70% (where bigger is better). This also means that we should continue to perform in line with, if not exceed the England average and our statistical neighbours' performance in relation to this PI. One of the reasons for the end of year figure being worse than the previous year is due to a large sibling group of 5 children who have recently hit the 2.5 years trigger, but have not been in the same placements continuously for at least 2 years.	Children's Services <i>Reported to Department for Education (DfE)</i>	Children & Learning
(C)	Percentage of Child Protection (CP) Plans lasting more than 24 months	Smaller is Better	5%	±10%	0% (0 of 298) GREEN	→	0% (0 of 211)	↑	4% (7 of 173)	By the end of March, 298 children had come off a CP Plan, none of whom had remained on their Plan for more than 24 months. At this point last year there had been 7 cases lasting over 24 months. The current position compares favourably with the most recently available national data, with our statistical neighbours at 6% and England at 4.5%.	Children's Services <i>Reported to Department for Education (DfE)</i>	Children & Learning
(C)	Percentage of children and families reporting that Early Help services made a positive and quantifiable difference to assessed needs	Bigger is Better	80%	±5%	93.1% (27 of 29) GREEN	↑	83.3% (5 of 6)	–	NEW	A pilot took place to monitor the impact of Early Help through the use of a Viewpoint survey. Overall 31 respondents completed the survey and 29 responded to the specific question “Based on the needs/actions in your Early Help Assessment, has the Early Help service made things better, same or worse?” with 27 reporting a positive impact. Two respondents felt that there was no change.	Children's Services <i>Local performance indicator</i>	Children & Learning
SAFE: Using our influence												
(C)	Percentage of referrals to Children's Social Care progressing to assessment	Bigger is Better	90%	±10%	81% GREEN	↑	73%	↓	95%	The proportion of referrals progressing to assessment (81%) is within the target tolerance but lower than the same period last year (95%). Between April 2014 and May 2015 levels had remained above 92% but over the past 10 months numbers have dropped back to an average of 81%. Regular meetings take place between the Multi-Agency Safeguarding Hub (MASH) and Assessment Team ensuring that thresholds are being considered. This has resulted in the Early Help service experiencing increased activity. A review of 'front-door' processes took place in Q3 to ensure the threshold for referral is appropriate which has had a positive impact on this measure.	Children's Service <i>Local performance indicator</i>	Children & Learning
SAFE: Leading by example												
(C)	Percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time within 2 years	Smaller is Better	5%	±10%	5% (20 of 397) GREEN	↑	6.1% (19 of 313)	↓	1.6% (4 of 251)	By the end of March, 397 children had become the subject of a new CP Plan, 20 of these children for the second time within two years. At this point last year there were 4 children in this position with 251 new CP Plans having been started. The current position compares favourably with the most recently available national data for this KPI with our statistical neighbours at 13% and England at 15.8%.	Children's Services <i>Local performance indicator</i>	Children & Learning
Ref.	Indicator	Value	2015/16 Annual Target	VariableTarget Tolerance	2015/16 Annual Performance	Short Term DOT against 2015/16 (Q3)		Long Term DOT against 2014/15 (Annual)		Comments	Service	O&S Sub-Committee
PROUD: Using our influence												
(C)	Number of apprentices (aged 16-18) recruited in the borough	Bigger is Better	660 AY 2014/15	±10%	710 GREEN	↑	570	↑	680	Havering has seen an increase in apprenticeship starts against this time last year and has exceeded the annual target. Apprenticeships have seen a big push from local schools where learners are opting for a more practical route. The local apprenticeship offer also provides flexible entry points for starts.	Learning & Achievement <i>Local performance indicator</i>	Children & Learning
(S)	Percentage of Early Years providers judged Good or Outstanding by Ofsted	Bigger is Better	80%	±10%	79% GREEN	→	79%	↑	76%	Quarter 4 performance is in line with that of quarter 3; an improvement on quarter 4 of 2014/15, and within the target tolerance for 2015/16.	Learning & Achievement <i>Reported to Department for Education (DfE)</i>	Children & Learning
(S)	Percentage of 16 to 19 year olds (school years 12-14) who are not in education, employment or training (NEET)	Smaller is Better	4%	±10%	3% GREEN	↑	3.4%	↑	3.5%	Benchmarking information for March 2016 is not available at the moment, however Havering continues to perform well and has ended the year below our 2015/16 target (where lower is better). This has been achieved by continuing to track young learners using the targeting toolkit to identify potential people who are NEET and ensure early intervention.	Learning & Achievement <i>Reported to Department for Education (DfE)</i>	Children & Learning
(S)	Percentage of schools judged to be Good or Outstanding	Bigger is Better	76%	±10%	74% GREEN	↑	73%	↑	73%	Havering's performance has improved slightly in Q4 compared to both Q3 and Q4 of the previous year. There have been far fewer inspections by Ofsted during 2015/16 compared to the previous year due to a new framework rollout and accompanying training for Her Majesty's Inspectors (HMIs).	Learning & Achievement	Children & Learning

Ref.	Indicator	Value	2015/16 Annual Target	VariableTarget Tolerance	2015/16 Annual Performance	Short Term DOT against 2015/16 (Q3)	Long Term DOT against 2014/15 (Annual)	Comments			Service	O&S Sub-Committee
PROUD: Leading by example												
(C)	Number of new in-house foster carers	Bigger is Better	15	±10%	19 GREEN	⬆️	12	⬆️	12	This year there have been 19 new households registered - which means we have exceeded our target of 15 new foster carers by the end of the year. This is also an improvement on this point last year when there had been 12 new carers approved.	Children’s Services <i>Local performance indicator</i>	Children & Learning

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Appendix 2: Quarter 4 2015/16 Demand Pressure Dashboard

Annual POPULATION

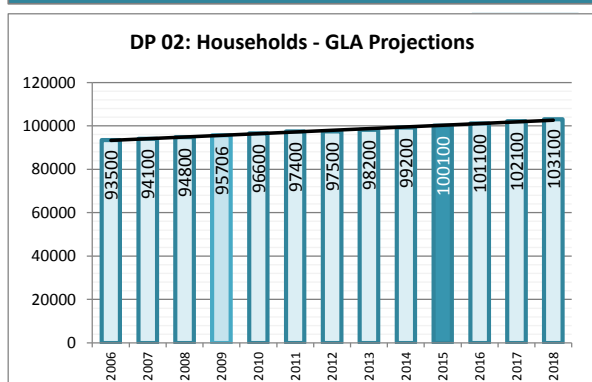


Source: ONS population estimates; 2011 Census; GLA 2013 round capped SHLAA projections

One ONS population estimates, the 2011 Census and GLA 2013 round capped SHLAA Projections show that Havering's population has seen the second largest proportional increase in London from 1939-2015 (80%). Hillingdon has the highest (82%) and Bromley saw the third highest proportional increase in London (35%).

* Figures rounded to nearest 100

Annual POPULATION

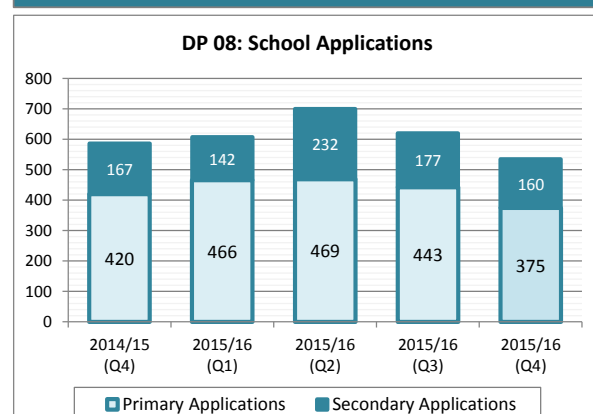


Source: GLA Round Demographic Projections, 2014

Using GLA estimates of the total number of households by borough, 1991-2041, the number of households in Havering has grown by 6,600 households (as at 2015) and is projected to grow by a further 3,000 households by 2018.

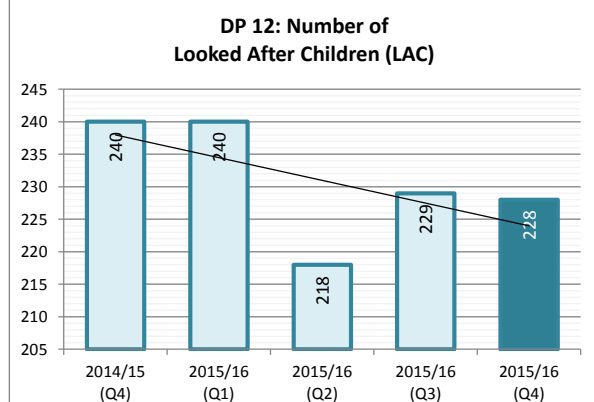
* Figures rounded to nearest 100

Quarterly SCHOOL APPLICATIONS



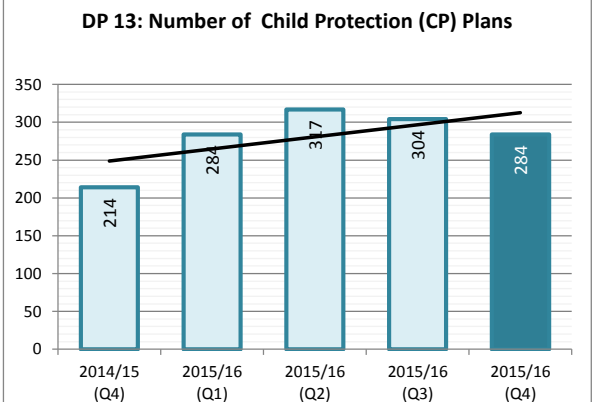
School applications have decreased by 52 applications since the same period last year (Q4 2014/15). The biggest reduction is seen within primary applications.

Snapshot CHILDREN'S SERVICES



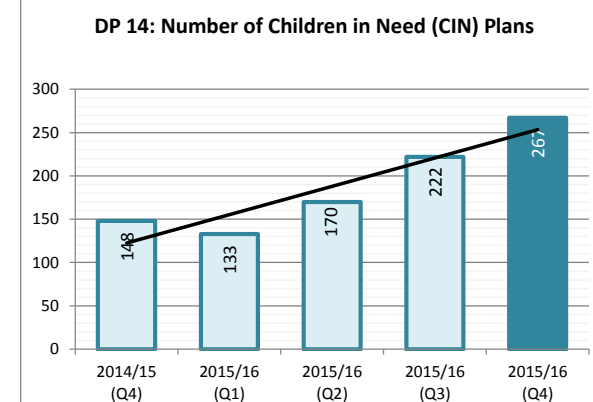
The number of looked after children has decreased when compared to Q4 of the previous year.

Snapshot CHILDREN'S SERVICES

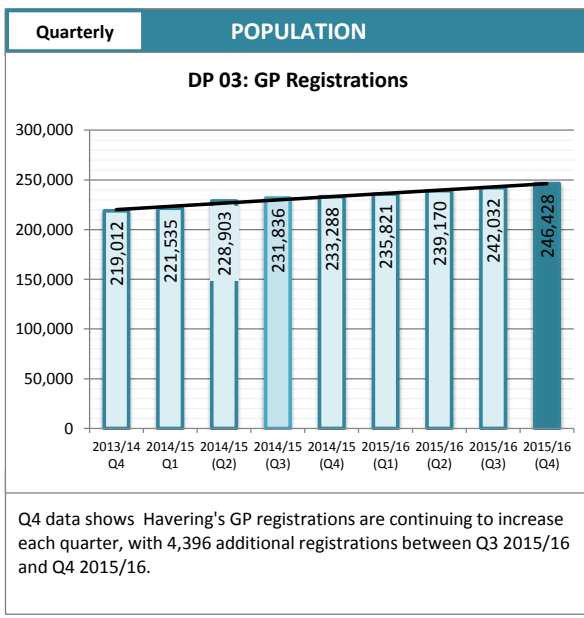
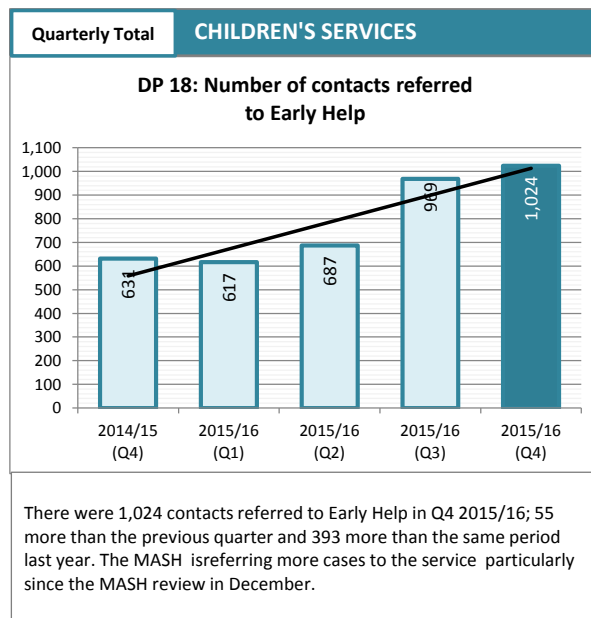
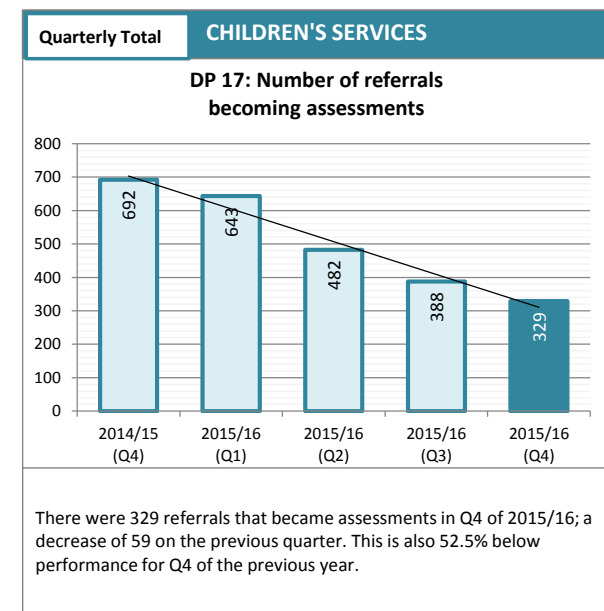
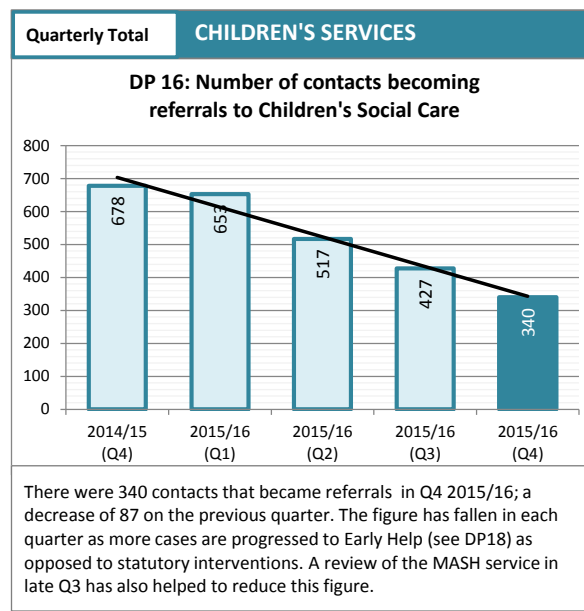
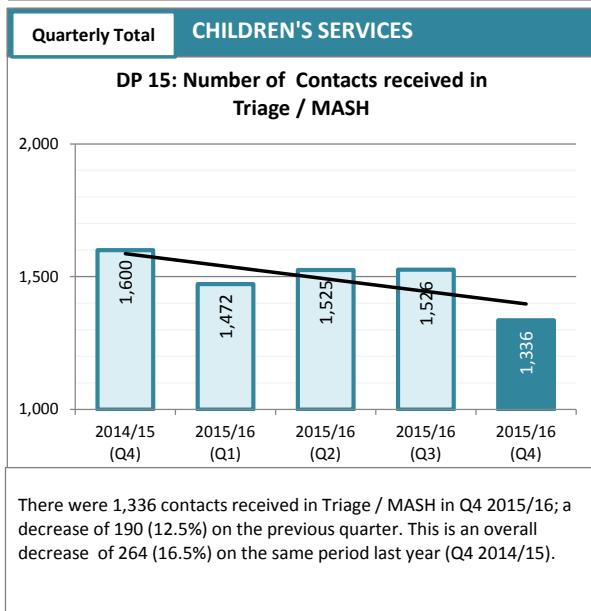


The number of CP cases (284) had been reducing since Q2, although remains 32.7% higher than that of the previous year.

Snapshot CHILDREN'S SERVICES



We have seen a continued increase in the number of CiN plans throughout the year, including as CP Plans step down. An 80.4% increase in activity is seen when comparing Q4 2015/16 to Q4 2014/15.





Department
for Education

Review of the role and functions of Local Safeguarding Children Boards

**The government's response to Alan
Wood CBE**

May 2016

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Review of the role and functions of Local Safeguarding Children Boards

Foreword from the Secretary of State and the Minister of State for Children and Families

Local agencies are the front line when it comes to safeguarding our children and it is vitally important that they work well together. That is why we asked Alan Wood to undertake a review of Local Safeguarding Children Boards. Alan's wide experience in the sector has been invaluable in this review.

We are grateful to Alan for his hard work and for the thorough and insightful approach he has brought to it. We are also grateful to the many individuals and organisations who have contributed. There was an impressive response to the consultation for this review, meaning that the report significantly deepens our understanding of how local multi-agency arrangements for safeguarding children are currently operating. This leaves us in a strong position to make the right decisions about how the system can be improved for the future.

We want strong and effective arrangements for local agencies to work together to improve outcomes for children and their families and share information effectively. Alan's review has set us on the right road to enable local areas to build on the best of what already exists and to think innovatively about how wider improvements can be made. This document sets out the government's response and what we intend to do to strengthen multi-agency working and improve practice at local and national level.

The Government's response

Introduction

1. Nothing is more important than promoting the welfare of children and protecting them from harm. Our goal is to support and enable local agencies to work together in a system where:

- Excellent practice is the norm;
- Partner agencies hold one other to account effectively;
- There is early identification of 'new' safeguarding issues;
- Learning is promoted and embedded;
- Information is shared effectively;
- The public can feel confident that children are protected from harm.

2. The Prime Minister announced on 14 December 2015 that ministers had asked Alan Wood CBE to undertake a fundamental review of the role and functions of Local Safeguarding Children Boards (LSCBs) within the context of local strategic multi-agency working. This included consideration of the child death review process, and how the intended centralisation of serious case reviews (SCRs) would work effectively at local level.

3. The next sections set out our response to the Wood Review, what the proposed new arrangements will look like, and how we will implement them.

Local Safeguarding Children Boards

4. The Wood Review argues that strong, effective multi-agency arrangements are ones that are responsive to local circumstances and fully engage the right people.

5. The review found widespread agreement that the current system needs to change in favour of a new model that will ensure collective accountability across the system. This is the view that has emerged from extensive consultation with a wide range of individuals and organisations and with independent experts such as Lord Laming and Baroness Jay.

6. We agree with that. Current arrangements are inflexible and too often ineffective. Meetings take place involving large numbers of people, but decision-making leading to effective action on the ground can be all too often lacking.

7. We will introduce a stronger but more flexible statutory framework that will support local partners to work together more effectively to protect and safeguard children and young people, embedding improved multi-agency behaviours and practices. This framework will set out clear requirements for the key local partners, while allowing them freedom to determine how they organise themselves to meet those requirements and improve outcomes for children locally.

- **To ensure engagement of the key partners in a better coordinated, more consistent framework for protecting children, we will:**

Place a new requirement on three key partners, namely local authorities, the police and the health service, to make arrangements for working together in a local area. This would not change the existing statutory functions or duties on any of the agencies individually, but it will require more robust and much clearer arrangements to promote effective joint working, in relation to safeguarding and promoting the welfare of children.

- **To ensure these arrangements are multi-agency in their approach, we will:**

In addition to the new duty on the three key agencies, place an expectation on schools and other relevant agencies involved in the protection of children, to co-operate with the new multi-agency arrangements.

The leaders from the three key sectors will be able to call on the support and co-operation of partner agencies, to form a clearer picture of how agencies are performing, and to make evidence-based decisions on how to achieve the best possible outcomes for children.

- **To simplify and strengthen the existing statutory framework around multi-agency working, we will:**

Remove the requirement for local areas to have LSCBs with set memberships, often leading to large and unwieldy boards. Local areas that have strong and effective arrangements for multi-agency co-operation delivered through their LSCB will be able to retain them as long as they meet the new requirements. That means that the three key partners will take the decision to continue the arrangements because they see this as the most effective form of securing coordination. However they will be able to take advantage of much greater flexibility in developing arrangements that respond to local need and in which agencies are better invested. That flexibility will enable joint identification of and response to existing and emerging needs and priorities and improve outcomes for children.

- **To ensure that local areas have robust arrangements in place for how the key sectors will work together, we will:**

Bring forward legislation to underpin the new arrangements. We will support this with statutory guidance and we will work with the inspectorates to establish suitable review arrangements.

Require the three key sectors to establish governance arrangements and decide a range of issues, including the following:

- The area or region which should be covered under the joint arrangements;
 - How they will involve and work with other agencies who have a key role in protecting children;
 - A plan setting out details of the arrangements, which they will publish;
 - Resourcing for the arrangements;
 - How they will ensure a strong degree of independent scrutiny of the arrangements.
- **In cases where local arrangements do not work effectively, we will:**

Provide for the Secretary of State to have power to intervene in situations where the three key agencies cannot reach an agreement on how they will work together, or where arrangements are otherwise seriously inadequate.

Serious Case Reviews

8. The Wood Review argues that we need a fundamental change, bringing to an end the existing system of serious case reviews, and replacing it with a new national learning framework for inquiries into child deaths and cases where children have experienced serious harm.

9. The review sees the essential components of the new framework as:

- high quality, published, rapid local learning inquiries;
- the collection and dissemination of local lessons;
- the capacity to commission and carry out national serious case inquiries;
- a requirement to report to the Secretary of State on issues for government derived from local and national inquiries.

10. We agree. We therefore intend to:

- **Replace the current system of SCRs and miscellaneous local reviews with a system of national and local reviews in order to:**
 - bring greater consistency to public reviews of child protection failures;
 - improve the speed and quality of reviews, at local and national levels, including through accrediting authors;
 - make sure that reviews which are commissioned are proportionate to the circumstances of the case they are investigating;
 - capture and disseminate lessons more effectively, at local and national levels;
 - make sure lessons inform practice.
- **In order to make a centralised system work effectively, we will legislate to:**
 - establish an independent National Panel which would be responsible for commissioning and publishing national reviews and investigate the most serious and/or complex cases relating to children in circumstances which the Panel considers will lead to national learning;
 - require Local Safeguarding Children Boards (and their successor arrangements) to carry out and publish the lessons from local reviews into cases which relate to a child or children in the local area and which are likely to lead (at least) to local learning.

11. We will use the planned What Works Centre for children's social care to analyse and disseminate lessons from both local and national reviews. Up to £20m has been announced by the Government in the latest spending review, to fund both the What Works Centre and the centralisation of SCRs.

Child Death Overview Panels

12. The Wood Review found that the gathering and analysis of data on child deaths is incomplete and inconsistent, leading to a gap in our knowledge. It suggests that child deaths need to be reviewed over a population size that gives a sufficient number of deaths to be analysed for patterns, themes and trends of death. It also suggests that regionalisation should be encouraged and that consideration should be given to establishing a national-regional model for child death overview panels (CDOPs).

13. The review argues that child death reviews should continue to be hosted within local multi-agency arrangements but CDOPs should be hosted within the NHS, and that ownership of the arrangements for supporting CDOPs should move from the Department for Education to the Department of Health.

14. We agree with that. Evidence suggests that over 80% of child deaths have medical or public health causation and that only 4% of child deaths relate to safeguarding.

15. Therefore we intend to:

- Put in place arrangements to transfer national oversight of CDOPs from the Department for Education to the Department of Health, whilst ensuring that the keen focus on distilling and embedding learning is maintained within the necessary child protection agencies

Conclusion

16. This is the beginning of a time of considerable change. It is essential that partners continue to work together in LSCBs as we take forward the work to make that change happen. We know that there is good practice in the system and the review has shown that there is much openness to change. The new arrangements will enable good practice to continue and improve further, as well as support deeper and longer-term reform.



Department
for Education

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CHILDREN AND LEARNING OVERVIEW AND SCRUTINY SUB-COMMITTEE

Subject Heading:	Sub-Committee's Work Programme
CMT Lead:	Daniel Fenwick – Director, Legal and Governance
Report Author and contact details:	Wendy Gough Committee Administration 01708 432441 wendy.gough@havering.gov.uk
Policy context:	To agree the Sub-Committee's work programme for the 2016/17 municipal year.
Financial summary:	None – overview and scrutiny work will be covered by existing resources

SUMMARY

At this stage of the municipal year the Sub-Committee is required, so far as is practicable, to agree its work programme for the forthcoming year. This applies to both the work plan for the Sub-Committee as a whole and to the subject of any topic group run under the Sub-Committee's auspices.

RECOMMENDATIONS

That the Sub-Committee agree its work programme for the 2016/17 municipal year.

REPORT DETAIL

Shown in the schedule at the end of the report is a draft work programme for the Sub-Committee's four meetings during the municipal year. The issues for the first meeting have been drawn up by officers following initial discussions with the Chairman.

Members will note that a significant remainder of the workplan has been left blank at this stage. This is to reflect the fact that Members may wish to select further issues for scrutiny. In addition, previous experience has shown that it is beneficial to leave some excess capacity for scrutiny in order to allow the Sub-Committee to respond fully to any consultations or other urgent issues that may arise during the year.

Additionally, the Sub-Committee has the power to select an issue for more in depth scrutiny as part of a topic group review. Council has recommended that, in view of limited resources, only one such topic group is run at any one time. The Sub-Committee is therefore requested to consider what should be the subject of its next topic group review, if any.

IMPLICATIONS AND RISKS

Financial implications and risks: None – it is anticipated that the work of the Committee can be supported from existing resources.

Legal implications and risks: None

Human Resources implications and risks: None

Equalities implications and risks: None

BACKGROUND PAPERS

None.

Schedule: Draft Work Programme for the Children and Learning Overview and Scrutiny Sub-Committee.

Children and Learning Overview and Scrutiny Sub-Committee Work Plan 2016-17				
Meeting 1 (6 September 2016)	Meeting 2 (3 November 2016)	Meeting 3 (12 January 2017)	Meeting 4 (26 April 2017)	Meeting 5 (July 2017)
Corporate Performance Report (Q4 and Q1)	SEN Transport	School performance data	School expansion programme (early years and schools)	LSCB Annual Report
English Baccalaureate (Ebac) – brief update paper	PRU Reconfiguration	Governing bodies	SEND	
Child Sexual Exploitation – new CSE coordinator	Pupil Referral	Domestic violence	Face to Face Programme Update –	
Apprenticeships – 14-16 and 16+	Children and Young People Services Complaint and Compliments Annual Report	Troubled families	Workforce issues	
Local Safeguarding Children's Board including Wood report on the future of Safeguarding Boards – LSCB Chair	Learning and Achievement Complaint and Compliments Annual Report			

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