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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD
AGENDA

1.00 pm	Wednesday, 14 March 2018	Committee Room 3A - Town Hall

Members: 16, Quorum: 6 providing that there is one representative from each of Elected Members, Officers of the Council, Havering Clinical Commissioning Group and Other Organisations.

BOARD MEMBERS:

Elected Members:	Cllr Wendy Brice-Thompson (Chairman) Cllr Gillian Ford Cllr Roger Ramsey Cllr Robert Benham
Officers of the Council:	Andrew Blake-Herbert, Chief Executive Tim Aldridge, Director of Children's Services Barbara Nicholls, Director of Adult Services Mark Ansell, Interim Director of Public Health
Havering Clinical Commissioning Group:	Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group (CCG) Dr Gurdev Saini, Board Member Havering CCG Conor Burke, Accountable Officer,Barking & Dagenham, Havering and Redbridge CCGs
Other Organisations:	Anne-Marie Dean, Healthwatch Havering Matthew Hopkins, BHRUT Ceri Jacob, NHS England Jacqui Van Rossum, NELFT

For information about the meeting please contact:
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What is the Health and Wellbeing Board?

Havering's Health and Wellbeing Board (HWB) is a Committee of the Council on which both the Council and local NHS and other bodies are represented. The Board works towards ensuring people in Havering have services of the highest quality which promote their health and wellbeing and to narrow inequalities and improve outcomes for local residents. It will achieve this by coordinating the local NHS, social care, children's services and public health to develop greater integrated working to make the best use of resources collectively available.

What does the Health and Wellbeing Board do?

As of April 2013, Havering's HWB is responsible for the following key functions:

- Championing the local vision for health improvement, prevention / early intervention, integration and system reform
- Tackling health inequalities
- Using the Joint Strategic Needs Assessment (JSNA)and other evidence to determine priorities
- Developing a Joint Health and Wellbeing Strategy (JHWS)
- Ensuring patients, service users and the public are engaged in improving health and wellbeing
- Monitoring the impact of its work on the local community by considering annual reports and performance information

1. 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.

13:00

2. APOLOGIES FOR ABSENCE

(If any) – receive

3. DISCLOSURE OF INTERESTS

Members are invited to disclose any interest in any of the items on the agenda at this point of the meeting.

Members may still disclose any interest in any item at any time prior to the consideration of the matter.

4. MINUTES (Pages 1 - 8)

To approve as a correct record the minutes of the Committee held on 15 November 2017 (attached) and to authorise the Chairman to sign them.

13:05

5. HEALTH AND WELLBEING BOARD ACTION LOG (Pages 9 - 10)

Officers will confirm that all actions have either been completed or are on the agenda.

13:10

6. HEALTH AND WELLBEING BOARD INDICATOR SET MARCH 2018 (Pages 11 - 16)

Report attached.

Mark Ansell

13:35

7. HAVERING SAFEGUARDING CHILDREN BOARD AND HAVERING SAFEGUARDING ADULT BOARD 2016/17 ANNUAL REPORT (Pages 17 - 100)

Report attached.

Brian Boxall

13:20

8. HIGH NEEDS REVIEW AND STRATEGY (Pages 101 - 162)

Report attached.

Tim Aldridge

14:50

9. HAVERING END OF LIFE CARE ANNUAL REPORT 2017/18 (Pages 163 - 168)

Report attached.

Gurdev Saini

14:05

10. UPDATE ON EAST LONDON HEALTH AND CARE PARTNERSHIP AND NEL SUSTAINABILITY AND TRANSFORMATION PLAN (Pages 169 - 206)

Report attached.

Ian Tompkins

14:20

11. HEALTH AND WELLBEING BOARD STRATEGY (Pages 207 - 210)

Report attached.

Mark Ansell

14:25

12. UPDATE ON REFERRAL TO TREATMENT (RTT) DELAYS (Pages 211 - 216)

Report attached.

Steve Rubery

14:40

13. PHARMACEUTICAL NEEDS ASSESSMENT 2018-21 FOR CONSULTATION (Pages 217 - 228)

Report attached.

Andrew Rixom

14:50

14. FORWARD PLAN 2017/18 (Pages 229 - 230)

Report attached.

Mark Ansell

14:55

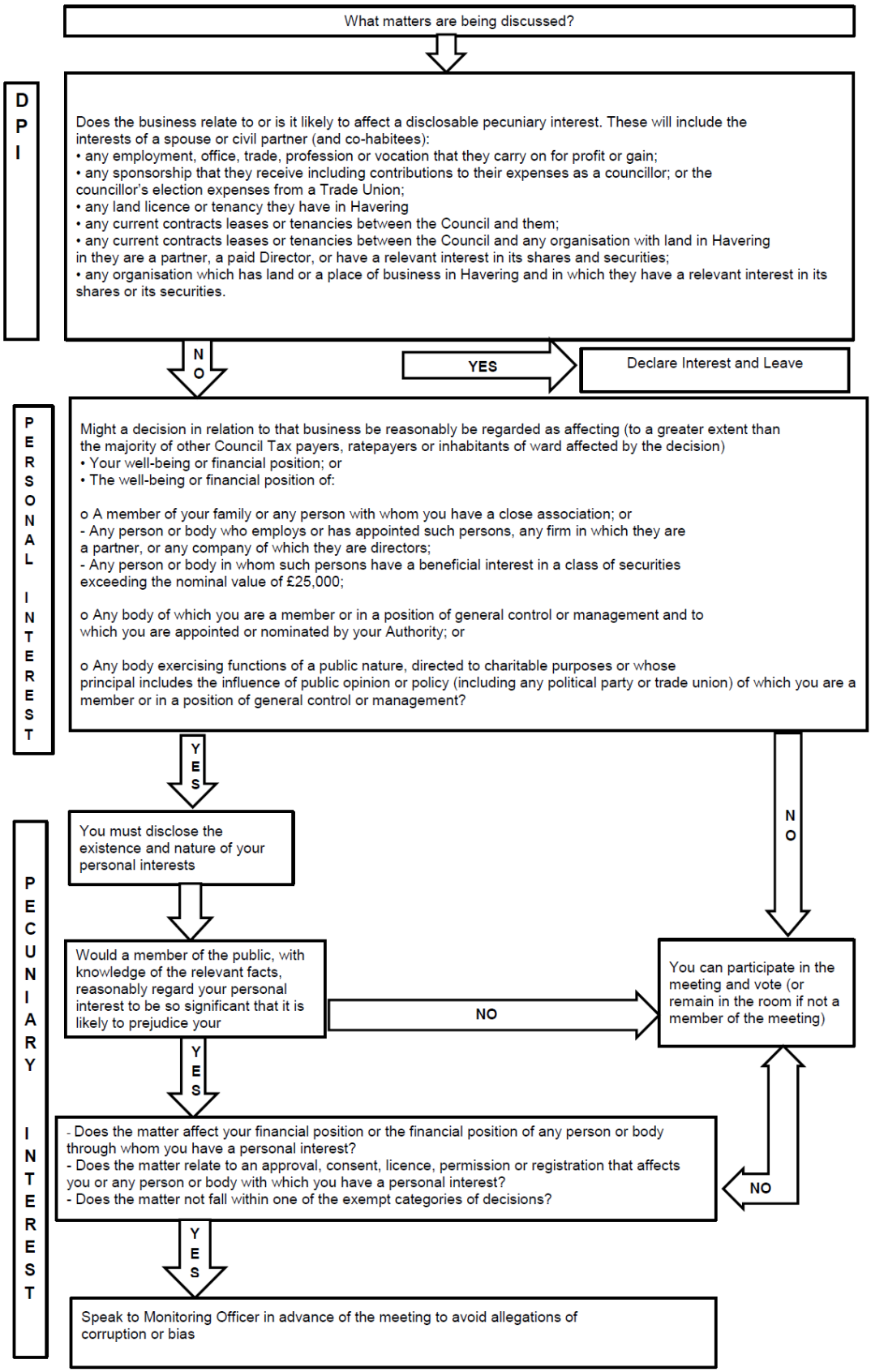
15. HAVERING LOCAL ACCOUNT 2016/17 (Pages 231 - 254)

Members are requested to note the attached report.

Barbara Nicholls

16. DATE OF NEXT MEETING

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



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MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD
Town Hall
15 November 2017 (1.00 - 3.05 pm)

Present:

Elected Members: Councillors Wendy Brice-Thompson (Chairman) Roger Ramsey, Robert Benham and Gillian Ford

Officers of the Council: Andrew Blake-Herbert, Chief Executive, Tim Aldridge, Director of Children's Services, Barbara Nicholls, Director of Adult Services, Mark Ansell, Interim Director of Public Health.

Havering Clinical Commissioning Group (CCG): Dr Gurdev Saini, Board Member, Gina Shakespeare, Director of Delivery and Performance, BHR CCGs

Other Organisations: Anne-Marie Dean, Healthwatch Havering, Carol White (North East London NHS Foundation Trust (NELFT) (substituting for Jacqui van Rossum).

Also present: Elaine Greenway, Acting Consultant in Public Health, Lukas Van der Steen, Development Planning Team, Lee Salmon, Learning Disabilities and Autism Commissioning Manager, Anthony Clements, Principal Democratic Services Manager.

30 **WELCOME AND INTRODUCTIONS**

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

The Chairman welcomed to the Board Gina Shakespeare, Director of Delivery and Performance, BHR CCGs who replaces Alan Steward as Havering Clinical Commissioning Group member.

31 **APOLOGIES FOR ABSENCE**

Apologies were received from:

Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group (CCG)
Conor Burke, Accountable Officer, Barking, Havering and Redbridge CCGs
Matthew Hopkins, Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT)
Jacqui Van Rossum, North East London NHS Foundation Trust (NELFT) (Carol White substituting).

32 **DISCLOSURE OF INTERESTS**

Agenda Item 14. East London Health and Care Partnership Update.

Councillor Gillian Ford, personal interest disclosed, family relationship to report author.

33 **MINUTES**

The minutes of the meeting held on 20 September 2017 were agreed as a correct record and signed by the Chairman.

There were no further comments on the notes of the inquorate meeting of the Board held on 20 September 2017 and the following items were therefore agreed by the Board:

AGENDA ITEM 13: THE DEVELOPMENT OF A JOINT HAVERING AND BARKING & DAGENHAM SUICIDE PREVENTION STRATEGY

It was noted that this strategy was required to be agreed by the end of 2017.

It was agreed:

- to note that that there is a joint strategy in development
- to receive and comment on the final draft strategy and action plan in November 2017
- that, in order to meet the deadline that plans be produced by end 2017, the Chairman may subsequently take action to approve final versions of the strategy and action plan
- to confirm that, for Havering, the governance of the Suicide Prevention Strategy will be to the Mental Health Partnership Board (the governance of the MHPB is to the HWB)

AGENDA ITEM 14: EAST LONDON HEALTH AND CARE PARTNERSHIP

Work on the partnership (ELHCP) was linked to the emerging Accountable Care Systems and involved not just NHS and Local Authority staff but also the voluntary sector and organisations such as Healthwatch. Work was continuing on the payments systems issue and there would be further engagement on this.

A health and housing conference had been arranged for 18 October and thanks were recorded to Andrew Blake-Herbert and Barbara Nicholls for their agreeing to participate. A Flu campaign would commence on 9 October and a NHS winter plans campaign was scheduled for November 2017.

It was noted that the London Fire Brigade was keen to be involved with health work and include this in the Brigade's visits to schools.

The report was noted.

34 ACTION LOG

It was confirmed that all items on the action log had now been delivered.

35 TERMS OF REFERENCE - REVISION RE ALTERATION OF QUORUM

A report of the Principal Committee Officer recommended amending the Board's terms of reference in order that the quorum for a meeting be reduced from nine to six members of the Board. This was in accordance with the standard quorum for meetings of Council Committees and would assist smooth running of meetings by reducing the number of instances that meetings of the Board were inquorate.

The Board **AGREED**:

That the relevant paragraph of the 'Reporting and Governance' section of the Board's terms of reference be amended to read as follows:

- The Board is quorate when 6 members are present, providing that there is one representative from each of the following stakeholder groups, Elected Members, Officers of the Council, Havering Clinical Commissioning Group and Other Organisations.

36 LOCAL PLAN DEVELOPMENT

It was noted that the Local Plan set out where development would be directed in the next 15 years and how this would be managed.

LVdS described how Planning and Public Health officers had undertaken a Health Impact Assessment (HIA) of the Local Plan to maximise the positive health impacts and mitigate any potential harms identified.

A number of amendments to the draft Plan had been made as result. These include a new policy requiring developers to undertake an HIA of proposals for any major property development in the borough.

MA added that the HIA of the draft Local Plan would be the focus of the 2017 Annual Report of the Director of Public Health.

The Leader of the Council added that the minimum housing targets imposed on the Council would require extra resources for health facilities and it was essential that this was taken into account by Central Government and the Mayor of London.

Joint working between the Council and the CCG to develop an Infrastructure Delivery Plan was discussed.

It was noted that a report would be taken to Cabinet shortly on the Bridge Close development which would include proposals for a new health centre and school.

Members asked for an update on progress of the St George's Hospital development and plans to recruit more GPs in Havering. It was also noted that the East London Health and Care Partnership was developing a full estates strategy.

The Board **NOTED** the report.

37 PUBLIC HEALTH OUTCOMES FRAMEWORK

The PHOF is reported to the Board annually and gives an overview of the health and wellbeing of local residents and the delivery of key preventative interventions e.g. immunisation and screening.

The PHOF demonstrates that health outcomes for Havering residents are generally similar to if not better than the national average e.g. life expectancy.

However, a number of indicators where performance was less good were highlighted. This included the percentage of adults with learning disabilities living in stable accommodation. Further information was requested from Public Health about the definition of this indictor and if / how it might differ from similar indicators monitored by Adult Social Care.

It was noted that there was some overlap between the PHOF and the NHS and adult social care outcome frameworks that would be presented to the H&WB later in the year.

It was suggested that presentation of the 3 outcome indictor sets might help the Health and Wellbeing Board identify priorities to be addressed in a revised Joint Health and Wellbeing Strategy (JHWBS) for the 2018-22 period. A number of indicators were noted in this regard.

ABH noted that the JHWBS might also look at the challenge demographic growth and change poses to health and social care services in the borough.

The Board **NOTED** the report.

38 INTEGRATED CARE PARTNERSHIP/LOCALITY WORK

It was noted that the BHR Joint Commissioning Board (JCB) had agreed three priorities for action in 2018 : -

- Intermediate care
- Children and young people including those with SEND
- Diabetes.

Governance was to the Integrated Care Partnership Board.

On the other side of the developing Accountable Care System, the provider alliance had now met and was discussing ways in which providers could come together to operate in different ways.

There was a commitment to deliver services at locality level where possible. Three localities were being developed for Havering and work was in progress to ascertain what social care staff needed in each locality. A workshop with the locality design group would also consider how best to link with partners such as housing, GPs, pharmacies and community groups.

In addition, a pilot was underway in the north locality looking how this wide partnership of organisations could at supporting families for statutory intervention.

Members noted that a further review of plans to close A & E at King George Hospital had been announced.

The Board **NOTED** the progress reported and **AGREED** to receive further regular reports on these issues.

39 **DRAFT HAVERING AUTISM STRATEGY**

Officers advised that the strategy had been based on national guidance and policy but with a local focus. The strategy would cover five years and it was hoped to launch the strategy in February 2018.

The current diagnostic pathway for high functioning autism had received mixed feedback. Improving support to this group e.g. regarding support to find and maintain work was a priority. Service users had also input into the strategy. Regular updates on progress could be given to the Board and the Board was also asked to consider the front cover of the strategy which had been agreed by the steering group.

The Autism Partnership Board was co-chaired by Councillor Wise and a person with autism. The Council's head of disabilities was a member and there was also representation from Children's Services and Job Centre Plus. There was currently no CCG lead for autism.

A member of the Board suggested some possible changes to the front cover. This feedback would be taken by officers to the steering group but service users had shaped the existing design.

Data for young people with autism was tracked by officers.

Concern was raised by a Board member regarding how the strategy would be implemented. It was also felt important that there should be more empowerment of adults with disabilities. Officers responded that a detailed action plan for the proposals would be produced and that it was possible that some work could be undertaken jointly with Redbridge and Barking & Dagenham.

The Board **AGREED** to formally ratify the draft Havering Autism Strategy and for this to be taken forward.

The Board **AGREED** that progress updates on implementation of the strategy should be brought to the Board.

40 MAYOR OF LONDON DRAFT INEQUALITY STRATEGY

The Board **NOTED** that the Mayor of London's draft Health Inequalities Strategy was now open for consultation.

41 SUICIDE PREVENTION STRATEGY

It was noted that all Local Authorities were required to have a local strategy on suicide prevention by the end of 2017. A joint multi-agency steering group had been established.

Havering suicide rates were lower than the national average. It was aimed to reduce suicide rates by 10%, during the lifetime of the local strategy

The strategy described six high level priority actions to reduce rates of suicide and to improve support for people affected by suicide.

It was suggested that the implementation of the strategy should take into account places of safety and the role of schools. It was suggested that awareness raising and training were important, including for GPs and for elected members.

The Board:

1. **AGREED** that comments on the draft strategy should be submitted to the author by 1 December 2017.
2. **AGREED** that the Chairman may take Chairman's action to sign off the final version of the strategy on behalf of Havering Health and Wellbeing Board (by 31 December 2017)
3. **AGREED** to receive an annual progress report on the implementation of the strategy's action plan and its impact on suicide rates.

42 PHARMACEUTICAL NEEDS ASSESSMENT

The current Pharmaceutical Needs Assessment (PNA) for Havering was due to expire in March 2018. A new PNA for Havering, Barking & Dagenham and Redbridge was currently being drafted. All member organisations of the Health and Wellbeing Board were statutory consultees and consultation would also be held with local residents. The final PNA would be brought back to the Board in March 2018.

It was anticipated that no new pharmacy premises would be required by the Board in the period covered by the PNA up to March 2021. A member

raised the issue of the loss of expertise to internet-based pharmacies and officers agreed that the community pharmacy landscape was changing. A change in the NHS funding model was likely to see a significant reduction in the number of pharmacy premises. There were likely however to be nearby alternatives if pharmacies had closed. The process for how the NHS released patient details to internet pharmacies would be investigated by officers and shared with the Board.

The location of pharmacies who could give access out of hours to end of life medication was mapped by officers and details were published by the CCG although Board members felt that this information was not clearly available on the internet. It was suggested that such information could also be published in the Council's Living magazine.

The Board **NOTED** the launch of the public consultation about the Havering PNA and **AGREED** to encourage their own organisations to respond as statutory consultees as appropriate.

43 EAST LONDON HEALTH AND CARE PARTNERSHIP UPDATE

The Board noted the update on the East London Health and Care Partnership work.

44 HEALTH AND WELLBEING INDICATOR SET (FOR INFORMATION)

The Board noted the additional information on Referral to Treatment Times and that the target of 92% of patients receiving treatment within 18 weeks was now on the dashboard. Performance had dipped slightly below the target in recent weeks. This was likely to lead an escalated process of enquiry and work was in progress to understand the reasons for this deterioration in performance.

It was **AGREED** that an update on Referral to Treatment Times would be taken at the next meeting of the Board.

45 FORWARD PLAN

It was **AGREED** that suggestions for the Board's forward plan should be sent to Public Health.

46 DATE OF NEXT MEETING

The next meeting of the Board would be on Wednesday 31 January 2018 at 1 pm at Havering Town Hall.

Chairman

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Health and Wellbeing Board Action Log (following November 17 Board meeting)

No.	Date Raised	Board Member Action Owner	Non-Board Member Action Owner	Action	Date for completion	RAG rating	Comments
17.19	15/11/17	Mark Ansell	Anthony Clements	Further to the agreement that the quorum for HWB meetings be reduced to six, the Terms of Reference also to include a further amendment: that attendance should be from at least four of the agencies represented on the Board.	31 Jan 18		Completed: actioned by Democratic Services
17.20	15/11/17	Barbara Nicholls	Andrew Rixom	Following the Board paper on the Public Health Outcomes Framework, further information to be supplied to the Board on the indicator "Adults with a learning disability who live in stable and appropriate accommodation" (described worse than London, worse than England, and ranked 29 out of 33 boroughs).	31 Jan 18		Completed: information circulated by AR
17.21	15/11/17	Mark Ansell	Andrew Rixom	Following a period of consultation, the final version of the Pharmaceutical Needs Assessment to be agreed by the Health and Wellbeing Board (March 18)	14 Mar 18		On agenda
17.22	15/11/17	Mark Ansell	Andrew Rixom	Further to concerns raised by the Board in connection with the marketing of online medicines distribution, information to be circulated to Board members regarding how Pharmacy2u is obtaining patient details.	30 Nov 18		Completed: information circulated to Board members
17.23	15/11/17	Wendy Brice-Thompson	Elaine Greenway	All HWB members to send comments regarding the draft Suicide Prevention Strategy to Elaine Greenway. The Strategy to be amended as appropriate and the Chairman to sign off the final	31 Dec 17		Completed: Strategy amended and signed off by Chairman.

No.	Date Raised	Board Member Action Owner	Non-Board Member Action Owner	Action	Date for completion	RAG rating	Comments
17.24		Gina Shakespeare		version of the strategy on behalf of the HWB. Update on Referral to Treatment Times to be presented at the next meeting of the HWB Board	Next meeting		On agenda

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HEALTH & WELLBEING BOARD

Subject Heading:	Health and Wellbeing Board Indicator Set March 2018
Board Lead:	Mark Ansell, Acting Director of Public Health
Report Author and contact details:	Elaine Greenway, Acting Consultant in Public Health Mayoor Sunilkumar, Senior Public Health Analyst

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

The Health and Wellbeing Board receives a Health and Wellbeing Indicator Set at each meeting, which provides an overview of the health of residents and the quality of care services available to them.

The set comprises

- ten core indicators, which remain constant all year
- additional indicators on topics of current and special interest to the Board which may be changed in year. Currently, the indicators of special interest are
    - access to Long Acting Reversible Contraception (LARC) and
    - Referral to Treatment (RTT).

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In the main, the Board receives the HWB Indicator Set for information, and anticipates more detailed discussions of the overall health and wellbeing of the local population once per year; typically when the Joint Strategic Needs Assessment (JSNA) is presented.

On this occasion, the Board is receiving this short explanation as several of the indicators on the accompanying HWB Indicator Set March 2018 have been updated.

Core indicators: five have been updated:

- In respect of four indicators (1,2,3, 8), there are no statistically significant changes/noteworthy changes in position
- In respect of the indicator regarding rates of obesity among children in year 6 in Havering (indicator 4), there has been an overall rise in levels of obesity in this age group in Havering. It has been agreed previously that the HWB receive an annual report on progress against the Havering Obesity Prevention Strategy in 2018. Therefore it is proposed to bring this annual report, containing more information about childhood obesity, to the HWB in July 2018.

Further indicators on topics of current and special interest: both have been updated

- Indicator 11 (Prescribed LARC): no change
- Indicator 12 (Referral to treatment): position worsened

RECOMMENDATIONS

1. The HWB is asked to note the changes.
2. The HWB is invited to request clarification on any aspect of worsening performance, whilst anticipating:
    - A more detailed report regarding healthy weight and overweight in July 2018, when the Obesity Prevention Strategy is due to be received
    - An indepth discussion on the health and wellbeing of residents during 2018-19 when the Board receives an update on the JSNA and deliberates on the priorities for a new Havering Health and Wellbeing strategy

REPORT DETAIL

No further detail

IMPLICATIONS AND RISKS

The indicator set is presented for information only.

BACKGROUND PAPERS

No background papers

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Health and Wellbeing Board Indicator Set: March 2018

The following high-level indicator set reflects the priorities and themes of the Health and Wellbeing Board Strategy. The first 10 core indicators provide an overview of the health of residents and the quality of care services available to them. Below the core indicators are additional indicators covering those topics of current and special interest to the Board which will change over time.

#	Indicator (Healthy Life expectancy)	What is *Good*?	Trend	Havering	Comparators						Period	Update status
				Number of Years	London	RAG	England	RAG	Target	RAG		
1	Healthy life expectancy, male	High	-	66	64		63		-		2014-16	**Updated**
2	Healthy life expectancy, female	High	-	64	64		64		-		2014-16	**Updated**

#	Indicator (Other)	What is *Good*?	Trend	Havering		Comparators						Period	Update status
				Count	Rate (%)	London	RAG	England	RAG	Target	RAG		
3	Physically active adults	High	-	-	59	65		65		-		2015/16	**Updated**
4	Overweight (including) obese children, Year 6	Low	↑	1032	39	39		34		-		2016/17	**Updated**
5	Achieving a good (or better) level of development at age 5 (EYFSP)	High	-	-	71	71		69		73		2016/17	Unchanged
6	Good blood sugar control in people with diabetes	High	↑	-	57	61		62		-		2016/17	Updated
7	A&E attendees discharged with no investigation and no significant treatment	Low	↓	16,585	-	-		-		-		2016/17	Unchanged
8	NHS friends and family recommendation of NHS Havering GPs	High	↑	219	92	87		89		-		Dec-17	**Updated**
9	Satisfaction with Adult Social Care services	High	-	-	62	60		64		-		2015/16	Unchanged
10	Mortality attributable to air pollution	Low	-	-	5.1	5.6		4.7		-		2015	Unchanged
11	Prescribed Long acting reversible contraception (LARC) excluding injections	High	-	1,394	2.8	3.5		4.6		-		2016	**Updated**
12	Referral to treatment	Low	↓	16387	89.6					92		Dec-17	**Updated**

Trend rating: ↑ Increasing / better; ↓ Decreasing / better; ↑ Increasing / worse; ↓ Decreasing / worse

RAG rating: Significantly better than comparator; Significantly worse than comparator; Similar to comparator; Comparison not made

There are over 250K Havering residents. An increase of 10% in the last 10 years, with similar growth projected for the coming decade. Havering has the oldest population in London (46K residents aged 65 and older, 14K aged 80 or older) but the number of births each year has increased by 33% in the last 10 years to nearly 3.3k. Havering is gradually becoming more ethnically diverse, but 83% of residents are White British; a higher proportion than both London (45%) and England (80%). Havering is relatively affluent, but 10K children and young people aged <20 live in low income families and there are pockets of significant deprivation to the north and south of the borough. Average life expectancy is better than the national average with a significant gap berween the least deprived and deprived areas. Most residents enjoy good health but 18% of working age people have a disability or long term illness.

#	Indicator	Description
1	Healthy life expectancy, male	The average number of years a male newborn would expect to live in good health based on mortality rates and self-reported good health
2	Healthy life expectancy, female	The average number of years a female newborn would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health
3	Physically active adults	Percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer recommended guidelines (current method)
4	Overweight (including) obese children, Year 6	Proportion of children aged 10-11 classified as overweight or obese. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex
5	Achieving a good (or better) level of development at age 5 (EYFSP)	Percentage of pupils achieving at least the expected level in the Early Learning Goals within the three prime areas of learning and within literacy and mathematics; this is classed as having a good level of development
6	Good blood sugar control in people with diabetes	The percentage of patients with diabetes in whom the last IFCC-HbA1c is 59 mmol/mol (equivalent to HbA1c of 7.5% in DCCT values) or less (or equivalent test/reference range depending on local laboratory) in the preceding 12 months
7	A&E attendees discharged with no investigation and no significant treatment	Havering GP-registered patients who attend BHRUT A&E who are discharged without an investigation and with no significant treatment; this suggest that attendance at A&E was not appropriate
8	NHS friends and family recommendation of NHS Havering GPs	The Friends and Family Test asks patients how likely, on a scale ranging from extremely unlikely to extremely likely, they are to recommend the service to their friends and family if they needed similar care or treatment
9	Satisfaction with Adult Social Care services	The percentage of adult social care survey respondents who expressed strong satisfaction with the care and support services they received
10	Mortality attributable to air pollution	Percentage of annual all-cause adult mortality attributable to human-made particulate air pollution (measured as fine particulate matter <2.5 µm)
11	Prescribed Long acting reversible contraception (LARC) excluding injections	Percentage of LARC excluding injections prescribed by GP and Sexual and Reproductive Health Services per 100 resident females aged 15-44 years; a high figure suggests that there is access to a choice of contraceptive methods
12	Referral to treatment	Percentage of Havering GP-registered patients referred to BHRUT, treated within the expected timescales

See **This is Havering** for further key geographic and socio-economic facts and figures https://www.havering.gov.uk/info/20073/public_health/405/haverings_health

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HEALTH & WELLBEING BOARD

Subject Heading:	Havering Safeguarding Children Board and Havering Safeguarding Adult Board 2016/2017 Annual report
Board Lead:	Tim Aldridge and Barbara Nicholls
Report Author and contact details:	Brian Boxall Brian.boxall@havering.gov.uk

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☐ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☐ Theme 4: Quality of services and user experience

SUMMARY

The Havering Health and Wellbeing Board receives the annual reports of the Havering Safeguarding Children's Board and the Havering Safeguarding Adults Board.
The Havering Children and Adult Safeguarding Boards are both statutorily required to produce annual reports.
The reports highlight the strengths and weaknesses of the multi-agency safeguarding systems for adults and children as of the end of financial year 2016/17 They highlight the work of the boards and the future challenges. They set out the work of the statutory partners including individual agency challenges.

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RECOMMENDATIONS

For the HWB to consider the reports and take into account the issues raised when considering future planning of services for vulnerable adults and children in Havering

REPORT DETAIL

The annual reports of the Havering Safeguarding Children Board and Havering Safeguarding Adult Board for 2016/2017 summarise the work of the boards over the year in question and identify key issues for the safeguarding partnerships in the coming year.

IMPLICATIONS AND RISKS

None

BACKGROUND PAPERS

The Havering Safeguarding Children Board and Havering Safeguarding Adult Board 2016/2017 Annual reports are attached

Havering Safeguarding Children Board

Annual Report 2016-17

Havering Safeguarding Children Board Chair Forward

The HSCB continues to be well supported by both statutory and non-statutory partners and I would like to thank all members for their continued support and commitment. I would especially like to acknowledge the work of Alice Pleating. She held the role of board manager for 9 years but during 2016 she transferred to work within the MASH. Her support for all board members and myself has ensured that we have maintained a strong board for many years.

The focus of the past year has been on the Ofsted inspection in October 2016. This provided the board with an external review of the effectiveness of Children Social Care and the HSCB. Details of the review will be set out in the annual report. Whilst the Ofsted recommendation was 'requires improvement' for both Children Social Care and the HSCB, their report fully acknowledged that Children Social Care had made and were making exciting changes in approach and structure 'Face to Face' that will help to support children and families in Havering. This approach has been fully supported by the board. They were also very positive about the role of the Board, and were able to evidence the boards influence in challenging and helping to improve outcomes for children.

I would like to thank everyone involved in the inspection for their honesty an openness during the review. Detailed action plans have been produced which will be monitored by the board.

The past year has also seen a very major change in the structure of the Metropolitan Police. This has seen a move to a tri borough structure. Havering has been one of the pathfinder sites and the board has been very involved in consultation around the structure, focusing on the need to ensure safeguarding structures such as the CAIT remain strong.

The coming year will see some continued challenges with the impact of budgetary restraints which continue to be a challenge that must be a focus of the board during this next financial year. The Children Social Care Act which came into force in 2017. As highlighted last year this Act has major implications for agencies and specifically Children's Social Care. A new 'Working Together Guidance' will be introduced to support the new act and will continue to work with the Chief Executives and officers of the three statutory agencies, to ensure that Havering is in the best position to implement the new legislation.

I am pleased to be in a position to support the development of a strong and effective multi agency safeguarding offer to children and young people during the upcoming year.

Brian Boxall

HSCB Independent Chair

Introduction

The purpose of this report is to fulfil the statutory requirement set out in Working Together to Safeguard Children 2015, which states that all Local Safeguarding Children Boards must publish an annual report on the effectiveness of safeguarding in their local area.

Working Together 2015 asserts that LSCBs do not commission or deliver direct frontline services though they may provide training. While LSCBs do not have the power to direct other organisations they do have a role in making clear where improvement is needed. Each Board partner retains their own existing line of accountability for safeguarding.

Our Vision

Vision Statement

Keeping children and young people safe is the Havering Safeguarding Children's Board overarching priority. All partnership agencies are committed to raising safeguarding standards and improving outcomes for all the children and young people of Havering.

Our Six Strategic Aims

In order to meet our vision, the Havering LSCB has identified 6 strategic Aims

1. Ensure that the partnership provides an effective child protection service to all children and young people ensuring that all statutory functions are completed to the highest standards.
2. Monitor the effectiveness of the multi-agency early offer of help to children and young people in Havering.
3. Ensure that agencies work together to provide the most vulnerable children and young people with the correct help at the right time.
4. Ensuring an integrated multi-agency approach to respond to emerging themes and priorities identified by the Board and through national learning.
5. Assuring the quality of safeguarding and child protection to the wider community.
6. Ensure that partners learn lessons identified through local and national learning, and ensure that learning is acted upon and embedded in practice across all partner organisations.

This report will provide an overview of the following:

1. Ofsted Inspection
2. Overview of the 2016-17 safeguarding strategic aims.
3. Summary of the HSCB board sub group working and governance 2016-17.
4. Appendices: Each agency was asked to supply a summary of their responses to safeguarding in 2016-17. These reports are

attached to the annual report in the appendix.

Ofsted Inspection

2016/17 saw the Havering Children Services and the Havering Safeguarding Children Board being subject to an OFSTED inspection.

This inspection provided an independent overview of children safeguarding in Havering and it is important to highlight the inspection findings in this annual report.

Both Children Services and the Safeguarding Board received a grading of 'Requires improvement'. It was acknowledged by Ofsted that their finding was in light of major structural changes to children services with the introduction of the Face to Face approach.

The below comment sums up Ofsted's findings for Children Services:

- Ofsted recognised that there has been considerable and extensive changes to senior management structure in Havering since August 2015, which has resulted in robust and systematic actions to address operational weaknesses in the quality of service.
- Ofsted recognise that a newly recruited and experienced senior management team has started to make significant and sustainable changes to core social work practice and to key area such as reducing the risks of child sexual exploitation.

They identified the following weaknesses:

- Multi Agency Safeguarding Hub MASH Emergency Duty Team were weak leading to delays in initial responses for some children and families. children received a robust response to their needs once they have an allocated social worker.
- Quality of assessment and planning for children and young people is too variable.
- Services for Care Leavers was found to be inadequate, care leavers were not being well supported.

In respect of the HSCB Ofsted noted the following:

The board has been effective in raising some practice standards by providing challenge to multi –agency partners….. the board has worked effectively to influence increased staff resources to improve looked after children health assessments.

The HSCB provides effective leadership in tackling child sexual exploitation at both strategic and operational level.

Ofsted identified the following weaknesses of the board.

- There still remains a weakness in timely collection of data and effective use of data to ensure effective monitoring and evaluation of key Safeguarding services, including those for disabled children.
- Board must continue to ensure that thresholds are well understood and are operated effectively.
- Still need to increase oversight of private fostering arrangements.

- Ofsted found many good practices in both the Children Social Care and the board.

- Detailed action plans have been agreed and implemented and will be subject to future Ofsted review.

Board Challenge

- To implement the board action plan and monitor impact.
- To monitor the Children Social Care action plan.

Section 1

2016/17 Strategic Aims

The Front Door

The front door to child protection services in Havering is the Havering Multi Agency Safeguarding Hub (MASH). This was designed to facilitate better decision-making and outcomes in respect of vulnerable people. The Havering MASH is a co-located, multi-agency team working in a single, secure hub that receives notifications about potential risk and need. The partners involved in the multi agency team include Police, Public Protection, Health, Housing, Probation, Adult Mental Health, Early Help Advisor, Missing Persons, and Independent Domestic Violence Advocacy.

The aim of a MASH is to improve the quality of information sharing and decision-making at the point of referral. As highlighted in last year's report whilst the MASH has been effective it was identified that it was a victim of its own success as more referrals are received by professionals aware that they are likely to receive an effective response to their concerns. .

In order to address this a review of business processes (LEAN review) was undertaken between January and March 2016. The aim of the review was to:

- Reduce the number of referrals resulting in a statutory assessment.
- Create a joint front door with Early Help and MASH to target the most effective service to children and families at the earliest opportunity.

The impact of the review implementation is reflected in this year's figures.

Contacts are received in two locations the MASH and Early Help. This year's data has highlighted that 71% of all contacts were received by MASH and 29% by Early Help. The total number of recorded contacts has significantly increased but the percentage of contacts progressed to referral to children social care has dropped by 10% to 23%. An indication of increased quality referrals is the % of referrals that are then progressed to full assessment. That has increased from 81% to 89%.

Whilst the board has continued to see improvements concerns were identified by Ofsted. Their inspection highlighted that the MASH process is causing delay in responding to children and families. As has been previously highlighted the board will monitor the resultant Ofsted action plan.

Performance will be reviewed during future audits of MASH which will continue throughout 2017 to 2018. Findings will continue be presented to the HSCB Operational group.

Contact Sources

Whilst the number of contacts has risen during 2016/17 The source of the contacts has changed slightly from previous years. The Police remaining the main referral source at 44 %. Schools have increased to 14% of the number of the contacts from 7%. In numbers the school contacts have increased from 645 to 1472 over double which is a significant improvement.

Secondary Health contacts (inc A&E, Hospital, OT, Ward etc) have also significantly increased from 20 2015/16 to 255 in 2016/17. 49% of that total (125) were recorded in the 4Q.

In order to assist agencies identify and evidence referral the HSCB Threshold guidance document was revised. It is now much shorter and easier to use with regards to multi-agency involvement.

Board Challenge

- The challenge for the board (as identified by OFSTED) is to ensure that the threshold for referral is fully understood and applied appropriately by all agencies.

Child Protection

Whilst the MASH acts as the front door and provides the initial direction, it is the effectiveness of the multi-agency response to referrals that impacts on the life of the child and their family

The progress made in the MASH is further evidenced in Child Protection interventions. The number of section 47 child protection enquires is down 26% from 597 2015/16 to 443 2016/17.

34% (153) of the section 47 enquiries led to an Initial Child Protection Conference this is an increase of 4.5% on the previous year.

This again indicts that the quality of the referral

MASH Referrals and Assessments		
Years	2015-16	2016-17
Total number Contacts received by MASH and Early Help	5859	9293
Contacts received by MASH	5856	6608
Contacts received in Early Help	N/A	2685
Contacts progressed to referral	1937 (33%)	2130 (23%)
Referrals progressed to Assessment.	1842 (81%)	2194 (89%)
MASH contacts progressed to Early Help Service	2156 (37%)	3657 (39%)
Contacts subject to No Further Action	713 (12%)	2268 (24%)
Contacts progressed to Early Help Assessment	391	
Repeat contacts to social care within a year (of total contacts received in Triage/MASH)	2045 (35%)	3866 (42%)

from MASH to social care is improving and is starting to focus on appropriate cases.

The number of children subject to a Child Protection Plan by 31st March 2017 was 296. This was up 4% from the previous year.

Category	2015-16	2016-17
Average Number of children on CP plan at the end of March.	284	296
Average Number of Children on CIN plan		193
Average Number of other LA children on CP plan	17	24
Average Number of new section 47 investigations per month	50	37

Havering continues to have a high percentage of children subject to a Child Protection Plan under the category of Neglect 66.8% compared to English average of 44%. This may be due to Havering not using "Multiple" categories.

Timeliness

The number of case conferences being held within the required fifteen-day timeline has again increased to 65% increase from 58 per cent 2015-16. It is noted in the data that in Q3 the total reached 80 per cent.

Completion of assessments with 45 days is an area where Children Social Care whilst improving is still underperforming. By the end of March 2017, the figure was 63% up from 49% for the previous year. In Q1 Q2 the figure reached 86% and 83 % There are indications that at the latter end of the year the % was increasing, with 83% and 86% of assessments being completed within timescale this dropped back to 43% in Q4.

Once the process has commenced the timeliness of the review conferences continues to be very good remaining steady at 94%.

Board Challenge

- To continue to monitor and challenge timeliness.

86 per cent of active CPPs during 2015 – 16 had been in place for twelve months or less which indicates effective timely protection plans.

The continued use and development of the Family Group Conferences in the more complex and high need cases has proven to be an effective mechanism to facilitate better family engagement. This includes the identification of risks and the actions required to reduce them. This is helping to achieve positive outcomes for children and young people with improved family engagement.

Child in Need (CIN)

CIN plans have continued to increase over the year so at March 2017 there were 301 children subject to CIN plans an increase from the 267 as of Mach 2016. The ethnicity of the children has remained reasonable consistent with the pervious, white British children from 60% 10% Black African 5% Black Caribbean 5% Asian.

The percentage of CIN cases that are linked to the "Toxic Trio" (Mental Health, Domestic Violence and substance abuse), has remained static at 33%

10% of children with a CIN plan are disabled.

Children's Social Care

During 2015-16 Havering Children's Social Care under its new director formulated a new way of working.

The new F*ace-to-Face* programme was launched in April 2016 and aimed to support practitioners to spend more time working directly to support children and their families in Havering.

To strengthen this programme HSCB supported the Local Authorities bid for government innovation funding. Havering Children's Services were successful in a bid to the Department for Education's Innovation Fund. Havering where awarded £2.4m over two years to fund a ground breaking new approach to working with children and young people. This investment will enable Havering to work closely with young people and co-produce a new delivery model in conjunction with a range of partners from the statutory and voluntary sector.

This investment will be used to develop services for young people Leaving Care and help to bridge the gap between Children's Services and Adult Social Care and ensure they have access to the best opportunities as they move away from the care system.

The programme will also allow us to share our approach to systemic practice with other agencies and foster carers, supporting a common evidence-based approach in our work with young people.
The Innovation and Improvement team (formerly the Transformation Team) will work alongside practitioners to deliver this innovative programme.

With the succession of the Innovation funding Havering now go ahead and define the programme with a plan to launch in September 2017. Havering are aiming to incorporate :-

- Face to Face Systemic training
- Systemic Fostering, working with a small cohort of carers 11-18yrs with complex needs with a supervised social worker.
- Group of foster carers will work together
- Strengthening the Leaving Care Service with an additional 6 practitioners to be recruited.
- Provide a much more effective service offer with regards to teenage pregnancy and mental health issues.
- Leaving Care Service, more support up to the age of 25yrs.
- Support young people with complex needs.
- Partners will be working with us to deliver the Innovation programme.
- See Change Film company on board to film young people about their experience whilst being in care.

As can be seen the funding will help to support the response to Ofsted.

Board Challenge

- To continue to monitor the funding usage and impact.

Staffing

One of the biggest risks identified by the board and which continued to be a challenge during 2016-17 was staffing.

The HSCB has during 2016/17 monitored the work force across the agencies. Agency staffing levels now form part of the HSCB data collection.

Social work staffing continues to be the most challenging with 30 % of the establishment covered by agency staff. However, there has been a significant increase in the number of case holding social workers from 79 at Q1 to 110 by the end of 2016/17. This is being monitored and managed by the Local Authority through its Recruitment and Retention Strategy. In response to increasing demand on the service the Local Authority has employed a further 24 agency staff over the agreed establishment.

This increase has been reflected in the average social worker case load which has decreased from 18 to 14 by the end of the year.

In respect of other agencies, the years saw an increase in the number of health visitors from 26 to 29 which is to be welcomed. Whilst the health visitor average case load is still high it has decreased from 821 to 727.

School nurse numbers have decreased by 1 from 16 to 15. Each school nurse has responsibility for 2-3 secondary schools and up to 9 primary schools. The service case load is 4464 which equates to an average case load of 281 for each school nurse. Up from 248 for the end of year 2015-16.

Board Challenge

- For the board to continue to seek information regarding workforce stability and assurance that staffing levels do not have an impact on the provision of services, and to challenge when necessary.

Looked after Children (LAC)

Looked after Children are vulnerable and the HSCB needs to be continually satisfied that they are in receipt of timely support in a stable environment.

Looked After Children		
As of end March	2016	2017
Total	229	248
In Borough	114	109
Out of Borough	110	131

Legal Status

There are a number of orders that can be applied for under the Children Act 1989.

- *Section 31 Full Care Order*
- *Section 38 Interim Care Order*
- *Section 20 Voluntary Agreement.*

Section 20 does not require a court order just agreement of a parent or guardian that the local authority can accommodate their child.

The use of section 20 still remains high. The use of section 20 will be subject of audit to ensure other forms of care order are not more appropriate for the LAC.

	S31 Care Order	S38 Interim Care Order	S20 Voluntary Accommodation	S21 Placement Order	
2014-2015	74 (31%)	26	115	17	
2015-2016	88 (39%)	28	96	18	
2016-2017	96 (39%)	35	101	17	

Placement Stability

Placement Stability meetings bring professionals from relevant agencies together to agree the most appropriate support package and placement for each LAC. The meeting predominantly focusses attention on children and people that are in long-term care.

In most cases it is better to allow a LAC to remain in the local area. In some cases assessment, would indicate that movement away is the best option. The percentage of children now in a placement out of the borough has increased from 49% 2015-16 to 53% 2016-17. The percentage of those children that are in placement more than 20 miles from where they used to live has also slightly increased by 1% to 17%.

Of concern is the declining of percentage of children under 16 years of age who have been in the same placement for at least 2 years. That has reduced from 70% 2015-16 to 59% 2016-17 .In 2014-15 the percentage was 83% so the decline over a two year period is concerning. And has fallen below the national average of 68%.

Missing

LAC children represent a high number of the missing reports taken and LAC children are more likely to be vulnerable and at risk of CSE. The board required assurance that the response to missing children and LAC in particular was appropriate and effective.

Health

There is a statutory requirement for all children to undergo a health assessment within 20 working days of becoming 'Looked After'. Thereafter children under 5 require review health assessments every six months and over 5 require review health assessments annually. There is a slight reduction in percentage with up to date medicals decreasing from 91% to 88%.

Education

LAC generally achieve more poorly within education than their peers. In response to this Havering council has established a LAC Education Panel to oversee the drive to improve educational amongst this group: HSCB will monitor the stability of education placements for LAC matched to their educational achievements during 2015 -2016. This will support the HSCB to identify whether an increase in educational placements impacts negatively on attainment.

Each LAC should have in place an up to date Personal Education Plan (PEP). This has improved over the year from 64% to 72% by the end of 2016-17. This needs to be maintained and improved.

Board Challenge

- To ensure LAC out of borough placements are appropriate and that the children are receiving good quality support

- The Board will continue to monitor the LAC Improvement plan and the LAC education plan, which focus on placement stability, improving outcomes and increasing the numbers of LAC placed in family placements within the borough

Young Carers

A young Carer is:

A person under 18 who provides or intends to provide care for another person (of any age, except where that care is provided for payment, pursuant to a contract or as voluntary work). This relates to care to any family member who is physically or mentally ill, frail, elderly, disabled or misuses of alcohol, or substances.

Section 96 of the Children and Families Act 2014

Young carers are in many cases a hidden group who are often hard to reach.

Havering during 2016-17 commissioned IMAGO Young Carers Service to support Havering's Young carers.

This service is currently supporting 80 Young Carers in Havering. A number are being supported also by social care:-

- Children Protection 9
- CIN 4
- Early Help *8
- Family Assessment 2

It is of note that 83% are caring for their mother. 30% are caring for an individual with a disability and 45% with a long-term condition. Up to 10 of the Young Carers are spending up to 45 hours a week caring.

There work with these young people are intended outcomes are:

1. Reducing impact of caring
2. Enjoying a life outside caring
3. Aspirations for, and achievement of their educational and employment potential
4. Increased confidence, self esteem
5. Remaining safe, healthy
6. Help young carers to better meet their own need.

The above starts to provide a picture of Young Carers in Havering. But there will also be many Young Carers hidden.

IMAGO have put on Chill Clubs to enable Young Carers to have a rest and provide them with fun and an opportunity to chill. They have also undertaken 9 drop in sessions at local schools.

It is still a new service but there is early signs of success. It has to acknowledge that funding is limited which impacts of the totality of the service that can be provided but it is making a difference, it is raising awareness and helping organisation to identify Young Carers.

Board Challenge

- To continue to monitor the impact of service.
- To listen to young carers.

Independent Reviewing Service (IRO)

Purpose of service and legal context

The Independent Review Officers (IRO) role is set within the framework of the IRO Handbook and the Care Planning Regulations. The responsibility of the IRO is management of the Review process which requires regular

monitoring between Reviews with young people, parents and professionals. The IRO has a key role on the scrutiny of Care Planning for Children Looked After (CLA) and for challenging drift and delay. Within Havering, the IRO function also encompasses children subject to Child protection plans (CPC) as they hold a mixed case load within both areas.

The Independent Reviewing Service falls under the Safeguarding and Service Standards Unit (SSSU) within Havering's Children and Young People Service (CYPS). The unit is based at Mercury House and direct line management for the IROs is undertaken by the SSSU Group manager (IRO manager), who in turn reports to the Principal Social Worker (PSW). The service has responsibility for independently chairing Looked after Children reviews (LAC) and Child Protection Conferences (CPC). All the IROs are experienced senior social workers/ managers and are registered with the Health & Care Professions Council (HCPC), and bring knowledge, expertise and practice awareness to strengthen the effectiveness of care planning.

The service is composed of 1 (FTE) Group Manager and 7 (FTE) IRO posts with an additional interim IRO post to meet service demand. Of the 7 FTE IRO posts, 4 are full time and the remainder work compressed or part time hours thus there are 9 staff undertaking IRO roles. There is also 1 FTE LADO officer 1 FTE IRO resigned from the service in March 2017 and there is a recruitment campaign in place to recruit to this post. The Group manager post was held by an interim consultant, but has now been permanently recruited to: started in post June 2017. Additional posts held under SSSU, and overseen by the PSW are 1.20 outcome and audit officers, 1 (FTE) senior administrator, 3 (FTE) CP and LAC administrators and 1 (FTE) finance and administrative officer. The line management regarding the administration posts will change following the consultation period for the service from June 2017.

In 2016/17, SSSU considered several actions as below. Whilst this was reviewed during 2016/17, it was updated to reflect the aspirations and ambitions we have following Ofsted 2016. The actions were:

IRO's:

- *Continue to implement an effective child protection conference service and delivering key statutory requirements:* IRO's have continued to develop and embed good practice. The use of signs of safety model within child protection meetings has been utilised to reflect not only risks, but also the strengths. Further training took place on the 21st April 2017 on how this model can be consistently used, understood and developed further.
- *Meaningful participation so voices of children and families are heard at the individual and service wide levels and inform service delivery and developments:* there has been stronger and wider discussion across the organisation to embed the use of MOMO within both LAC and CPC meetings. From March 2017, we have utilised a revised and SMART record of minutes and plans which would capture the child's voice, but also the parent's views.
- *Implement effective performance management arrangements to deliver a highly effective service:* there are clear and accountable process in place. Management oversight is more evident and frequent discussion takes place across of services to consider what has gone well, what needs to improve. There is a clear line of direction and practice requirement for practitioners in place

which feeds into better outcomes for children. These are age appropriate, understandable and represent what they want to change.

- *IRO's to ensure that children have emotional physical & legal permanence at first review:* this is discussed at the 2nd review (4 months), managed throughout the duration of their LAC journey. SMART minutes, plans and review of cases is taking place, but this remains an area for further development within 2017/18
- *Continue to monitor the quality of work by effective management oversight:* this is reflected in clear and robust supervision of cases with IRO's. Challenge and discussion is reflected in the child's records, but also relayed to parents and professionals,
- *Principal social worker, Group Manager and IRO's to lead with improved content and format of plans including modification to CCM:* there is ongoing review and discussion taking place about a new IT system. Part of the challenges is how we can adapt the plans, formats held on CCM. Some changes have been made, but there is a level of restriction on what we can achieve at this point pending a new IT system being confirmed.
- *Children in need of protection have clear effective and time-limited child protection plans:* improvements have been observed, but further work is required. Plans have been Quality assured in several cases and a revised template is now in use from March 17. However, plans are not always routinely SMART and can at times lead more towards case management or supervision, rather than be outlined. Additional challenges have been that plans are not always progressed in-between CP conferences or core groups, thus do not always reflect the most recent concerns. IROs will increase and record more frequently midway reviews. This remains an area of further review and investigation for 2017/18
- *Strive to ensure children are not made subject of Child Protection plans unnecessarily:* there is evidence this has taken place and IRO's are robust in terms of decision making and stepping down plans where appropriate. Support services such as early intervention is now in place, records reflect an overview of risk.

Recommendations for future development

During 2017/18, the Independent Reviewing Service will continue to focus upon the development of its quality assurance and practice development functions. This will include Specific, Measurable, Achievable, Realistic and Timely (SMART) outcomes so that we can measure the impact for children and young people. The Independent Reviewing Service will continue to work with young people and parents to seek feedback from them about the service we provided. This could take place after reviews or in the form of 360-degree feedback for PDRs. This feedback will enable us to improve the services we provide both within SSSU, but also to improve our effectiveness. The group manager will continue to regularly quality assure minutes and plans, observe IRO's and ensure the standards are maintained so that best practice is shared. SSSU has an updated service plan and information regarding leaflets on LAC and CPC's. This has been shared within the SSSU, but also the wider organisation. Peer and review evaluations will be explored with a (good) comparator to support further development of SSSU. Peer audits will triangulate with outcomes, performance data and feedback and establish a

stronger presence in planning and communication within the wider service. In 2017/18, there will be further team development days which will focused on developing the team identify and achievements.

Board Challenge

- To continue to monitor the impact of the IRO function.

Private Fostering

Private Fostering is still a major challenge. This was highlighted by Ofsted. The number of registered privately fostered children remains low, and has reduced over the past year despite extensive publicity and training. Action is being taken to address this situation and is led by Children Social Care. This remains a priority for the HCSB.

Board Challenge

- For the board to ensure that partners continue to promote and raise awareness of Private Fostering in order to ensure that such arrangements are identified and registered.

Child Sexual Exploitation and Missing Children

There have been significant developments of CSE during 2016/17, The Ofsted Inspection identified the following findings in relation to CSE:

"Children who are at risk of sexual exploitation, or who go missing from home or care, get the right help and this makes them safer".

Arrangements to tackle child sexual exploitation and cases of children going missing from home and care are prioritised, and most children receive a well-coordinated multi-agency response to their needs. The multi-agency sexual exploitation (MASE) meetings are purposeful and provide an effective framework to reduce risks. However, return home interviews are not always timely and some are not sufficiently thorough or analysed.

Child Sexual Exploitation is a key priority for the local authority and its partners. There is a good awareness of child sexual exploitation among family support workers and social workers, and the quality of practice appropriately safeguards the needs of children and young people. The local authority is refining the risk assessment tool to be more specific and to capture information more robustly. Mapping meetings for individual children ensure that information is shared effectively and there is a well - coordinated response to risk in most cases. In cases seen by inspectors, children at risk of sexual exploitation who are subject to child protection plans receive well-targeted help based on a thorough multi-agency understanding of risk.

A key priority area for the Borough is the improvement of the quality and frequency of the completion of return home interviews.

CSE Co-ordinator role (Strategic and Operational response)

In July 2016, it was recognised that a CSE Co-ordinator role was necessary to develop the Operational and Strategic response to CSE and Missing, this post was filled on the 1 August 2016 with the following priority areas:

- Coordinate the development and completion of a multi-agency Strategy document which

sets out the direction of travel for CSE and the focus areas for periods 2016-2018. In December 2016, the three year Strategy was ratified by the HSCB and can be found on the London Borough of Havering's LSCB website.

- Coordinate the development and completion of the multi-agency Missing protocol which sets out key guidance on how The London Borough of Havering and its partners seeks to operate in relation to children from home, care, education and those children who are placed within the Borough by other Local Authorities. In December 2016, when the missing protocol was ratified by the HSCB and can be found on the London Borough of Havering's LSCB website.
- The Strategic and Operational panels has been streamlined to improve the "joined up working and information sharing" across the forums.
- Training has been offered conducted for Havering staff on CSE, Missing and Return Home Interviews across Havering social care.
- Training has also been provided on CSE, Missing and Return Home Interviews for multi-agency staff during October 2016 safeguarding week.
- Police have offered training on CSE, Missing and Operation Makesafe to all Foster Carers in December 2016, this is due to be repeated and refreshed at the end of September 2017.
- A police and social care data set has been set out in draft format capturing information from January 2017. This data set is based on the recommendations of the University of Bedfordshire. This is a key focus area for the data analyst going forward.

Havering Professionals Forums

The following Havering professional's forum's takes place in Havering:

- **CSE Operational Panel** – This is a monthly meeting which considers all operational matters relating to CSE. This includes new case referrals for the month, a rolling review of opened cases, an analysis of emerging themes and patterns relating to locations of concern, people of concerns and perpetrators and impact on the safeguarding of associated children in Havering. The panel also considers what matters require referral to the MASE panel which is the Strategic mechanism for CSE. This panel also has standing agenda items on county lines, related panels e.g. Missing panels and Ending group violence panel. This is attended by keyworkers who are able to provide case information. This panel also seeks to ensure that key performance mechanism e.g. strategy meetings take pace and that there is good multi-agency attendance. Consultation on CSE cases is also available on a one-one basis across children's social care and related partners, so that there isn't a requirement to wait until the panel for a case discussion.

- **Missing panel** – This is a monthly multi-agency panel which reviews the children generating the highest number of missing episodes, those high risk cases where there are multiplies concerns i.e. Missing, County Lines, CSE, gangs; as well as any themes and patterns emerging from Return home interviews relating to concerning associated persons and locations of concern. The panel also considers any linked information from linked panels and considers whether specific

cases require referrals to strategic panel e.g. EYGV panel/MASE panel for a Borough wide response.

- **MASE Panel –** This is a monthly strategic panel which considers those cases where CSE, Missing and County Lines require a strategic response, where themes, patterns and locations of concern and persons of concern which require a multi-agency intervention and/disruption plans. This panel is attended by decision makers who are able to make onsite decisions on funding, specific multi-agency intervention plans for prevention, disruption and prosecution.

CSE Awareness Raising

- There has been a rolling plan of CSE Awareness across the Borough. The CSE Coordinator (Strategic and Operational) has provided briefings and training sessions for key staff areas e.g. YOT, social workers, family support workers. The Coordinator also acts as a point of contact for partner and external agencies seeking support on cases where CSE and missing are key issues. The below are some areas covered from August 2016 – current.
- Schools awareness raising : The Safer Neighbourhood Board and Community safety team in conjunction with MOPAC (Mayor's Office for Policing and crime) funded an awareness raising project through the Arc Theatre – Broadcast. This was offered to all Secondary schools in Havering to raise awareness on CSE, image sharing and the use of social media. This was done through two delivery streams and also included the delivery of a Junior Broadcast for Year six schools. Please see the attached report detailing the schools awareness raising (Havering Broadcast report Project Report: Winter 16/Spring 17 Tour and Havering Broadcast report spring 2017 tour).

Parents and Carers and Wider Community

- Senior member from Social care/Lead Counsellor and Police to raise awareness on Time FM. This was done by Superintendent John Ross and two Youth parliament representatives.
- Social media Campaign through the promotion of Havering Intranet, Web pages, and social media sites i.e. Twitter, Snapchat, Facebook.
- Local media: Communications department arranged for awareness raising through the Havering Living Magazine, Havering E-newsletter.
- Awareness raising in Key Forums e.g. LGBT Forum, BME Forum, Interfaith Forum, Corporate Parenting Panel.
- Briefing sessions have taken place for Senior leadership and key forums e.g. Corporate parenting panel (September 2016) and Inter-faith Forum (March 2017)
- Police from the Central policing partnership team have arranged to conduct briefings on CSE, Operation Makesafe and Missing for Safer neighbourhood staff in Havering in preparation for the summer holidays, this is due to take place on the 28 July 2017.
- Police from the Central policing partnership team are also due to deliver training to all foster carers at the end of September 2017, this is on CSE, Missing and Operation Makesafe with a particular focus on practical guidance on information gathering, reporting of incidents and information that police would require to locate children quicker.

Missing and Return Home Interviews:

The following mechanisms exist for the oversight and Borough response to Missing and Return Home interviews:

- Weekly missing data is produced (on a Monday and Friday) to identify those children that are missing weekly and over the weekends. This list serves as one of the triggers to identify those cases that require strategy meetings and planned multi-agency actions to find them, conduct return home interviews and plan for reducing missing and harm.
- Case consultations are held one a 1:1 basis for those cases where there is high risk, this would also involve attendance at high risk strategy meetings for individual and groups of children that have been missing or have multiple concerns were missing is a feature.
- Systemic consultation is also sought where there are particular blockages to service delivery and entrenched missing patterns.
- Monthly data is produced to identify high risk and high frequency missing children – these form the basis of discussions at the Missing panel – see point 1b above.
- Patterns and themes are identified i.e. teams where there are high missing episodes and requiring specific support in the completion of good quality Return home interviews.

Return Home interviews (RHI's)

This is an area of particular focus and the Borough recognises the requirement to improve the recording, quality and completion of RHI's across Early Help, Mash and Assessment and Intervention and Support services.

- The completion of RHI's is monitored by the Business Support team , the CSE and Missing Coordinator and Head of Service with a reminder and alert system built in for emails to be sent to staff where RHI's are required reminding them of timescales for completion. An escalation system has been built in for those RHI's that remain incomplete for Deputy Team Manager, Team Manager and Head of Service oversight.
- Team training sessions and briefings are regularly offered to all staff conducting Return home interviews to understand the whole missing episode e.g. How to prepare for a Return home interview from either receiving the police report identifying a child as missing, how to gather information from key people that may have seen the child before they went missing and may have key information on events/triggers that may have contributed to the missing episode, how to identify key patterns relating to County Lines, sexual/gang exploitation, perpetrators and associates.
- The completion of RHI's and analysis of information obtained from RHI's are regularly reviewed and analysed at strategy meetings, missing panels and associated panels where links are established.
- It is acknowledged that this is an area that requires continuing scrutiny and a high degree of focus from the different systems responding to return home interviews. It remains a high priority area and there continues to be robust

explorations of ways to improve the quality of return home interviews.

.Gangs and CSE Analyst

MOPAC funding (Mayor's office for Police and Crime) has been secured through the Community Safety unit for a Gangs and CSE analyst, this role is essential to identify themes, tracking of cases through the multi-agency data set and to contribute to the CSE problem profile. This role has been recently filled and the new post holder is going through a period of induction. This is an essential role and will add value to the delivery of services for CSE, Gangs and Missing children in Havering.

Early Help

Early help is the bedrock to improving outcomes for children and young people. Effective early help will improve outcomes and help reduce the need for more serious child protection processes.

Early help is crucial in the 'step down' from child protection to child in need and child in need to early assessment processes. Thresholds for services must be fully understood and embedded if step down or step up transitions are to be smooth and supportive to families.

'Early help is better for children: it minimises the period of adverse experience and improves outcomes for children'

Eileen Munro March 2011

The Early Help Service offers some of Havering's most vulnerable families support in the following areas:

- Family intervention and support – under 12s and over 12s
- Children's centres
- Targeted Youth Support
- Employment Advice
- Adult mental health assessments
- Opportunities to volunteer with the LA
- Housing support and advice
- Support for victims of Domestic Abuse
- Family Group Conferencing
- Parenting Support – surgeries and programmes

Past year has seen the further developments of the service:

The Outcomes Star has now been embedded into the Early Help service and is utilised as the assessment and distance travelled tool for all families within the service to support with evidencing the progression and positive changes made by families.

The Outcomes Star is further being developed with partners via the North Locality Pilot, following on from Early Help having trained three train the trainers for the purpose.

The concept that the North Locality Pilot has been born from is based on the principle that services working with families could be more effective if there was a more integrated approach with closer collaboration. The aim is to deliver more effective, whole-family interventions, and try to provide the right support to families at the right time. Feedback from families is that the range of services can be confusing. There are numerous examples of families being referred from one service to another. The North Locality Pilot aims to provide a service to families that do not quite meet the threshold for intervention; we can work preventatively and avoid issues and problems becoming more serious and intractable.

Mentoring Service

A Mentoring Service has been developed within Early Help from March 2017. We have currently recruited and trained 17 Mentors all of which have been successfully matched to young people. There has been a vast demand for this service and as so we continue to recruit Volunteers for the purpose with the aim of reaching 30 mentors by April 2018.

Independent Visitors

In response to Ofsted the Independent Visitors (IV) service has been developed within Early Help. The deadline given for the launch of the IV's was September 2017, we have exceeded this target and currently have 7 young people matched with IVs. These are primarily young people who are UASC, placed out of borough or are not in contact with their parents. This therefore suggests that the service is being targeted appropriately. We currently have recruited and trained 13 IV's and therefore have capacity to continue to match young people.

Board Challenge

- To continue to monitor and be assured that early help is intervening at the earliest opportunity to improve the outcomes for children and their families.

Community Safety Team

This team is responsible for the development and implementation of work to reduce crime and disorder, as well as the fear of crime, within the borough. It achieves this through both direct work and by co-ordinating strategic partnership working with the wide range of public, private and voluntary sector partners represented on the Havering Community Safety Partnership (HCSP) and the Safer Neighbourhoods Board. The following is a summary of the current situation in Havering.

Violence against women and children

VAWG strategy: Significant progress has been made with the delivery of the VAWG Action Plan since the strategy was agreed in 2014, with a number of project actions completed and ongoing actions now implemented into business practice. The strategy is due to be updated for October 2017 and a timeline for this has been agreed.

VAWG support services: Havering Women's Aid is currently commissioned by Community Safety to provide the Domestic Violence Advocacy Project, the Domestic Violence Support Group and MENDAS – a support and advocacy project aimed specifically at male victims with a dedicated helpline. The projects are commissioned to run from April 2017 to March 2018.

Domestic Violence Champions Training: Over 60 practitioners have attended the Domestic Violence Champions Training. The Training aims to create a wider awareness of the referral pathways, an overview of the DASH RIC, and awareness of the different types of abuse. More training dates are being organised for the coming year.

DASH RIC Training: 32 people attended training on the Dash RIC assessment.

Child to Parent Violence Training : 40 people attended a workshop in March which focused on the effects of child to parent violence

Prevent

Through the Havering SCB training portal all Havering staff and agencies in Borough are offered Prevent Awareness Training. There were over 350 participants for this this training and over 95% felt the training met learning outcomes.

Community Safety Team co-ordinate and administer a number of risk panels. These include the Domestic Violence multi agency risk assessment conference (MARAC), the Community MARAC, Anti-Social Behaviour (ASB) panel, Serious Group Violence (SGV) Panel and the drug Intervention Panel (DIP).

A new local prevent group was set up with representation from key departments of the council as external partners such as health and the police

Child Sexual Exploitation

Broadcast is an interactive drama and multi-media programme funded by Havering Safer Neighbourhood Board, which toured five of the Borough's secondary schools from November 2016 to March 2017. The performance is tailored to make year 7 to 9 pupils awareness of sexting, cybercrime and other methods that are used regarding child sexual exploitation.

For 2017, Broadcast has been specially redeveloped in order to further develop the issues with secondary audiences. The programme consisted of an initial scripted scenario and interactive Forum Theatre workshop, combined with a Q&A discussion and PowerPoint Presentation with film clips. In total, 12 Broadcast sessions of up to 60-minutes each took place across five targeted secondary schools in the Borough, performing to approximately 1160 pupils in Years 7 to 9 (mixed gender)

Training

ASB: ASB Training has been provided by the Community Safety Team to Havering Police around the new legislation and in particular the usage of Community Protection Notices. Around 30 officers received training in a classroom setting and 1:1 training is still ongoing as and when officers require it.

Gangs Training: A total of 181 front line workers took part in gangs training in 2016-2017. Following the training 84% felt better equipped to identify individuals at risk or involved in gang activity. Going forward this year we are looking to target Teachers working within PRU's, workers in Children's Homes and Foster carers. This specific cohort has daily contact with individuals who are at greatest risk of being involved in/ at risk of being involved in gangs.

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PREVENT training: Through the Havering SCB training portal all Havering staff and agencies in Borough are offered Prevent Awareness Training. There were over 350 participants for this this training and over 95% felt the training met learning outcomes.

Good Practice

Junior Citizen: Junior Citizen is a personal safety awareness raising programme designed to help young children transitioning from primary to secondary school. This includes road safety, knives, illegal substances, fire safety, Street care and much more. This year 1800 year 6 pupils attended the 2 week long project from 28 schools. The event is sponsored by MOPAC and a receives contribution by MTR Crossrail

Gangs Training: A total of 181 front line workers took part in gangs training in 2016-2017. Following the training 84% felt better equipped to identify individuals at risk or involved in gang activity. Going forward this year we are looking to target Teachers working within PRU's, workers in Children's Homes and Foster carers. This specific cohort has daily contact with individuals who are at greatest risk of being involved in/ at risk of being involved in Gangs.

Gangs Conference: Over the last 2 years Havering council has hosted an annual Gangs conference. This has helped to raise awareness of the issue and bring to light the dangers facing our young people in the Borough. This year's event which took place in February 2017 had a total of 150 frontline practitioners from both the public and private sectors attend the conference. The focus of the day was on gangs, knife crime and the overlap between missing persons, child sexual exploitation and county lines. Feedback from the event was extremely positive and very relevant to the local picture.

VAWG Conference: Over 100 people attended the VAWG Conference which took place on the 30 November 2016 at Taunton Hall. A variety of presentations were given ranging from Forced Marriage, The LGBT Domestic Abuse Partnership, and Helping Young People towards Respectful, Non-violent Relationships and the London Fire Brigade: Achieving White Ribbon Status. Plans are already in place for Havering's 2017 conference.

Child to Parent Violence Training : 40 people attended a workshop in March which focused on the effects of child to parent violence

Views of Children &Young People

Over the past year the board has continued to work with Children and Young People.

In May 2016 representatives from the Children in Care Council, the Youth Parliament and Young Carers gave a presentation to board members Panel.

This was followed up with a video made by the young people.

Their major involvement was in the work around transition and the Adult Safeguarding Adult Review. They provided feedback for the review and have presented their lived experiences at a number of events.

LAC views are accessed via View point; the views of children subject to CP plan are also captured via View point.

Board Challenge

- To improve the use of feedback to better inform board future board strategy.

Section 2

Learning and Improving Framework

Case Reviews

Local Safeguarding Children Boards (LSCBs) should maintain a local learning and improvement framework which is shared across local organisations that work with children and families. This framework should enable organisations to be clear about their responsibilities, to learn from experience and improve services as a result

Case Review Working Group

The purpose of HSCB Case Review Working Group (CRWG), is to ensure that the statutory requirements contained in Chapters 3 and 4 of Working Together to Safeguard Children 2015 are embraced and delivered.

The local Learning and Improvement Framework supports the work of HSCB and its partners so that:

- reviews are conducted regularly, not only on cases which meet statutory criteria, but also on other cases which can provide useful insights into the way organisations are working together to safeguard and protect the welfare of children and this learning is actively shared with relevant agencies;
- reviews look at what happened in a case, and why, and what action will be taken to learn from the review findings;
- action results in lasting improvements to services which safeguard and promote the welfare of children and help protect them from harm; and
- there is transparency about the issues arising from individual cases and the actions which organisations are taking in response to them

The Local Framework covers the full range of reviews and audits including:

- Serious Case Reviews
- Safeguarding Adult Reviews
- Management Review of a child protection incident which falls below the threshold of a SCR to provide useful insights about the way organisations work together to safeguard and promote the welfare of children.
- Management review of a Safeguarding adult incident which falls below the threshold of a SAR to provide useful insights about the way organisations work together to safeguard and promote the welfare of children.
- Oversight of the delivery of multi-agency dissemination of learning events to ensure that staff are made aware of key priorities identified within learning review processes

Key Areas of progress and achievement matched to business plan priorities to include Current activities and on-going work

Activity April 2016 to April 2017

- The group has met on three occasions throughout the reporting period when there has been a case referred for consideration for SCR or SAR. The group has considered four cases in total – two pertaining to a child / children and two pertaining to the care received by an adult.

Re Serious Case Reviews

- Of the two children's cases considered neither met the criteria for review. Of note, the non-statutory SAR considered the transition between children and adults services.

Long and short term risks and priorities

- The CRWG reported concerns to the Operational Board in relation to drift in the implementation of action plans developed following serious case reviews and learning reviews. This was addressed through the establishment of bi-annual Learning & Improvement Executive board which commenced September 2016.
- The purpose of these meetings is to ensure that each organisation is held to account for the way in which actions are implemented and how this has impacted on improved outcomes for service users.
- This transfer of responsibility has ensured appropriate senior organisational oversight of action plans and has enabled the CRWG to focus on it prime function of establishing whether a case has met the criteria for Review

How the work group utilised the views of children, young people, parents and carers

- Children, young people, parents, carers and adults with care and support needs are not actively involved in the CRWG processes. As part of consideration of whether a case has met the criteria for review, there will be consideration as to whether the voice of the child or adult is evident in the delivery of services.

Actions to be taken to address the risks and the expected impact on outcomes

- See section above regarding long and short term risks and priorities

Evidence that learning is being embedded

- The challenge for the Case Review Group and all partner agencies is to evidence the embedding of learning in practice. This is a priority for action in the coming year.

Serious Case Reviews.

Two serious case reviews have been progressed during 2016-17.

The overview report written in response to each review will be published once all processes have completed.

has impacted on improved outcomes for service users.

Board Challenge

- To incorporate national and local learning into briefings and to ensure that this is disseminated widely and understood by practitioners.
- To continue to ensure multi agency learning impacts on service delivery through focused audit and feedback

Child Deaths: The Child Death Overview Panel (CDOP) and Serious Case Reviews

Working Together 2015 states:

"The LSCB is responsible for ensuring that a review of each death of a child normally resident in the HSCB's area is undertaken by a CDOP. The CDOP will have a fixed core membership drawn from organisations represented on the LSCB with flexibility"

Summary of 16/17 Child Death Overview Panel Report

Number of deaths recorded in 2016/17.
The Havering CDOP is aware of the deaths of twelve children and young people aged less than 18 years normally resident in the borough during 2016/17.

This included one death which occurred out of borough that was not reported to the Havering CDOP and was only identified by the end of year 'cross-check' against the ONS Primary Care Mortality Database. Further information is being sought to enable this death to be reviewed and understand why we were not advised of this death when it happened.

Twelve is more deaths than identified in 2015/16 (9) but well below the peak seen in the three years 2010 – 2013 when an average of 24 deaths were reported each year. There is currently no evidence to suggest that this is a significant adverse trend. Nonetheless surveillance will continue.

Number of deaths reviewed.
Eleven reviews were completed in 2016/17; 9 reviews were still outstanding, the oldest from 2015/16.

Description of cases

Age at death

Nearly 60% of all deaths occur in the first year of life; more than 40% within 4 weeks of birth.

Gender and Ethnicity

Interpretation of data regarding ethnicity and childhood deaths is problematic given the very small numbers involved. This said, a quarter of all deaths reviewed by CDOP were Black African children. Nationally Pakistani, Black Caribbean and Black African babies have the highest infant mortality rates which may be due to the fact that these ethnicities are more likely to live in a deprived area and more likely to have parents in a less advantaged socio-economic position.[1]

Category and prior expectation of death

About 60% of deaths were expected – i.e. death was deemed likely in the next 24 hour period. Expected deaths often resulted where a baby was born prematurely, with significant congenital anomalies or suffered from malignancy or a known life limiting condition.

Nonetheless about 40% of deaths were unexpected. Perinatal events and sudden unexpected death of older babies were the most common category of unexpected death.

Cause of death

Neonatal death or a known life limiting condition was recorded as cause of death in 2/3rds of cases.

The next most frequent cause of death was 'other' including 3 cases of infection / sepsis and Sudden Unexpected Death of an Infant (SUDI).

Deaths with modifiable factors

Modifiable factors i.e. factors that might be addressed to reduce the risk of recurrence were identified in 5 of the 24 cases reviewed over the 3 years. These cases involved lifestyle related risk factors and or improvements in clinical care.

Safeguarding issues

None of children considered by CDOP over the period 2014/15 to 2016/17 was the subject of a serious case review.

No deaths were categorised as deliberately inflicted injury, abuse or neglect.

The CDOP didn't identify safeguarding issues as a modifiable factor in any case.

Parental engagement

Parents continue to be sent a letter explaining the CDOP process and suggesting that they can contribute their views should they wish. For the first time in several years, parents have responded both to contribute to the process (x1) and to ask for assistance (x2) in securing more information about the circumstances of their child's death. In the former case, the CDOP chair and administrator met with a parent to understand their views so that they could be presented clearly to the Panel.

Progress with priorities from 15/16

- SUDI – Health Visiting and midwifery confirmed that advice given to parents complied with best practice.
- Sepsis – Both CCG and BHRUHT shared progress made with roll out of training and systems designed to monitor delivery of best practice.
- Smoking in pregnancy – LBH has commissioned stop smoking service for pregnant women and other residents in the same household.
- Coordination across wider foot print and better integration with CCG's clinical quality processes – in principle agreement from BHRCCGs and LSCB and CDOP chairs in all 3 boroughs. Meetings to discuss implementation have still to begin.

The Havering CDOP is responsible for reviewing the circumstances of all child deaths within the borough.

Whilst the CDOP aims to complete its work as quickly as possible there are often delays due to factors such as securing post-mortem reports. This leads to some death reviews not being completed in the year (financial) that they occur.

Nine new cases were reported in 2015/16. This is consistent with the previous year. Four cases were closed in 2015/16 only 2 of these deaths occurred in year. The remaining 7 deaths reported to CDOP in 2015/16 remain open.

Concerns have previously been raised that some deaths may not have been reported to the CDOP. However, an audit has shown that the CDOP process in Havering identified all deaths known to the ONS (Primary Care Mortality Database).

Due to the small numbers a view of deaths occurring over a 3 year period provides a better picture.

When considering deaths 2013 to 2016 a third of deaths occurred within a month of birth; a half within the first year of life.

70% concerned White British Children which is a similar proportion of White British children in Havering school.

For the purposes of CDOP, an unexpected death is defined as-

'the death of an infant or child which was not anticipated as a significant possibility for example, 24 hours before the death; or where there was an unexpected collapse or incident leading to or precipitating the events which lead to the death'.

The final decision lies with the Designated Paediatrician. Just under half of child deaths where unexpected during this period.

Number of expected and unexpected deaths by category of death

Neonatal death or a known life limiting condition was recorded as cause of death in 2/3rds of cases. The next most frequent cause was 'other' including 3 case of infection/sepsis and Sudden Unexpected Death of an Infant (SUDI). There was also 1 case of drowning and two deaths as a result of a traffic accident.

Safeguarding issues

None of children considered by CDOP over the period 2013/14 to 2015/16 was the subject of a serious case review.

No deaths were categorised as deliberately inflicted injury, abuse or neglect.

The CDOP didn't identify safeguarding issues as a modifiable factor in any case.

One child had been the subject of child protection arrangements at some point, but not at the time of their death.

Board Challenge

- To review the future arrangements of the CDOP in light of the recommendations in the Wood Review.
- To work with neighbouring boroughs and in order to provide a greater picture over and increased population size.

Safeguarding in Employment

Working Together 2015 Chapter 2

" Local Authorities should put in place arrangements to provide advice and guidance on how to deal with allegations against people who work with children to employers and voluntary organisations. Local authorities should also ensure that there are appropriate arrangements in place to effectively liaise with the police and other agencies to monitor the progress of cases and ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process"

This year has seen the appointment of a permanent Local Authority Designated Officer and a 28 hour Business Support post. The Group Manager for the Safeguarding & Service Standards unit has line management responsibility for the LADO.

The aim of the Local Authority Designated Officer service is to provide a knowledgeable and robust team that oversees allegations against people who work with children and therefore in a position of trust.

Over the past year the demands on the LADO role has continued to increase, this is a trend that has been seen nationally and also in line with the experience of Havering's neighbouring authorities.

Referrals to the LADO service have continued an upward trend, and in the 2016 - 2017 reporting year there were a total of 395 contacts to the LADO. There were a total of 226 contacts which met the threshold for a LADO enquiry and were converted into referrals. This is an increase of 23% on new referrals in the year 2015 – 2016 and 111% in contacts. Contacts continue to rise each quarter. Of the referrals received there was a total of 143 strategy meetings chaired by the LADO in this period.

The increase is believed in part to be a result of improved awareness of the LADO process, national awareness has increased due to Public Inquiries such as the Jimmy Saville inquiry as well as Operation Fremont which are large scale police investigations into non recent abuse allegations. The increase in organisations' and professionals' awareness of the LADO process has also brought an additional demand from agencies across the borough for training.

During 2016 - 17 the multi-agency training has been delivered via the LSCB training programme in addition to single-agency presentations. In this period the LADO identified a clear need to promote the LADO role borough-wide and support awareness particularly amongst smaller organisations.

The new training programme has specifically targeted dance and drama groups, faith groups and after school clubs to ensure that awareness of the process reaches as many of the smaller organisations as possible. Demand for the training to date has been so high that four extra training days have been put on to meet demand. The training and awareness raising during 2016 - 17 is likely to result in an ongoing increase in consultations and referrals to the LADO but will consequently improve practice in organisations and therefore provided greater safeguarding for children.

There has been a focus this year on joint working with stakeholders in the Local Authority. Regular tri borough meetings now take place between the L.B. Havering, L.B Barking and Dagenham, L.B. Redbridge LADOs and the BHRUT safeguarding leads at Queen's hospital, to explore any concerns or patterns in respect of local safeguarding issues.

Regular meetings also take place between the LADO and Education Safeguarding Lead to discuss any identified safeguarding issues within specific schools, or areas, themes which may have emerged or concerns shared. This enables targeted training to be put in place in order to address this or support specific schools.

A review was undertaken of the LADO forms. Following feedback by partner agencies an investigation guidance template has been designed following a request from education safeguarding leads. This is now sent out to all agencies that are required to undertake their own internal investigation.

The Havering LADO has been an active member of the London LADO group and has been involved in discussions regarding the Chapter 7 – Managing Allegations Procedures within the London Child Protection Procedures.

The data in the following report provides clear evidence of the increased change in demand on the LADO in this period, in relation to previous reporting years in Havering.

Training & Development

HSCB has offered a range of training courses for the borough's multi-agency partners. This training is available to all agencies and individuals in the borough who work to protect children and young people.

During this 2016/17 there were a total of 59 courses scheduled with a total of 1326 places available. Of these places available, 905 participants attended courses equating to 69.4% of capacity reached. The non-attendance fee that was implemented during the year generated £560. This is £1200 less than last year, due to no doubt to delegates being more aware of the charging process.

Training Courses

During this period 21 separate courses were scheduled. Below is a breakdown of course attendance:

The most attended course was Introduction to Safeguarding with 80 delegates attending. This remains the only level one course offered by HSCB and is accessible to a much larger delegate base who maybe non-specialist frontline staff for example, GP receptionists to SENCOs who are in need of a refresher course. This course has become very popular with the Chaperone Service who are required to attend training before they can be employed.

Last year Effective Supervision was added to the training programme as one of the Board priorities but only achieved a 20% attendance rate. It is therefore heartening to see that this year 73 delegates attended as opposed to only 9 last year, particularly as this remains the only two day course run by HSCB and delegate availability is sometimes difficult.

Attendance by Organisation

Delegates from Education and Children Services attended the most courses with 14% and 31% of attendees respectively. This isn't to say that this is a proportionate representation; we could be seeing the same repeat candidates attending the courses. BHRUT, Housing, CCG and Probation had the least representation with less than 1%. Professionals from these agencies also attending safeguarding training internally, BHRUT provide extensive in-house training for all their staff that is scrutinised by the CCG to ensure it is compliant with intercollegiate guidance. In terms of the CCG, very few staff are patient facing and that is why they are under-represented in the training figures. For Health staff the designated professionals are required to be trained at level 5 which is higher than what is offered by HSCB. We recognise that they may feel the training is not suited to them.

Post Course Evaluations

Each candidate is required to complete the post-course evaluation 4-8 weeks post training to evaluate how the training has impacted the way in which they work with children and families. 35% of delegates completed evaluations for this period, compared to 22% of last year.

The completion of post course evaluations therefore remains a challenge and it might be worth considering carrying out ad hoc telephone evaluations. The evaluations that were

completed were positive with 40% of delegates stating that their knowledge had improved from some knowledge to a good level and 20% stating that their knowledge had progressed from good to high. 27% of delegates said that their knowledge remained the same.

Safeguarding Week

The first Annual Safeguarding Week took place in October 2016. The week consisted of 36 briefings ranging from 45 minutes to two hours and two annual all day conferences. The events, 17 for children and 14 for adults, provided safeguarding advice and awareness to professionals and those in the voluntary and faith sectors, working with both adults and children. Seven events were both children and adults focussed. The majority of events reached 80% capacity with five events being oversubscribed and overall feedback was good. Over 700 delegates attended throughout the week.

SECTION 3

Board Sub Groups

Quality and Effectiveness Working Group

Summary of Work Group Purpose

Working Together (2015) sets out the requirement for each LSCB to have in place processes to monitor and challenge the effectiveness of the safeguarding offer to children across the spectrum of need:

In order to fulfil its statutory function under regulation 5 a LSCB should use data and, as a minimum, should:

- assess the effectiveness of the help being provided to children and families, including early help;
- assess whether LSCB partners are fulfilling their statutory obligations set out in chapter 2 of this guidance;
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

Working Together 2015

CYP Quality & Effectiveness working group

The working group provides overview and scrutiny to the work undertaken by the HSCB partners to safeguard children within Havering. The objectives of the group as set out within the HSCB Business Plan 2015-2018 are:

- Monitor and analyse performance against defined HSCB targets and objectives utilising learning from key strategic drives including MASH, Early Help processes, Alcohol reduction strategy, HWBB, JSNA, CSP, VAWG strategy, Serious Youth Violence strategy, CSE strategy.
- Collate data to inform HSCB priorities.
- Monitor safeguarding practices and systems through an annual self-assessment audit of s11 (CA2004) compliance.
- Identify and provide robust evidence for performance improvement.
- Develop a multi-agency audit programme and undertake multi-agency audits and report findings to Havering LSCB.

- To receive reports on single agency audit activity and scrutinise findings.
- Report on the effectiveness of inter-agency working re safeguarding.

The Quality & Effectiveness working group has been extremely active in promoting the objectives identified above. A highlight of the group's activity is set out below:

Audits completed by multi-agency partners:

- CSE audit following the peer review: the findings from this supported the direction of CSE activity within Havering
- LAC missing audit as previously discussed.
- MASH multi-agency audit

Some observations / questions from the audit activity were:

- Is feedback sent to the referrer and is this recorded? CSC noted that feedback had been given however for the two cases where the GP had completed the MARF, CCG noted that feedback had not been received.
- There was no evidence of the outcome of the referral being fed back to the referrer or Partners.
- There wasn't clear evidence of the threshold document being applied to evidence decision making / feedback to partners.
- SW making the MASH decision and Group Manager reviewing Discussions between the Managers and Social Workers are not always clearly recorded even though they are taking place.

The audit of MASH was undertaken prior to changes that were made to MASH processes following the lean review and the subsequent MASH review. The audit was a helpful benchmark to assist the partnership to better understand the impact of changes made within MASH on improved processes when delivering services and working effectively with partners. A further audit of MASH to include the uptake and application of threshold when referring cases to MASH will be undertaken in September 2016

Group activity

A dataset workshop was held in December 2015 and a HSCB dataset was agreed by the partnership: this will be implemented in April 2016 and reported biannually. All partners have agreed to contribute to the agreed performance pack. The Q&E group will oversee implementation of this and ensure all agencies provide data as required.

The group has focussed on Child Protection processes and how best to ensure the correct practitioners attend conferences and core groups to ensure that all information known about the child is discussed, and that professionals do not attend with little knowledge of the family. This continues to be a focus for the group and updates are provided by NELFT and the Principal Social Worker regarding the impact on improved outcomes in relation to changes made.

Self-Harm has been an area of scrutiny for the group: The group requested BHRUT provide information regarding children and young people that present to A&E with symptoms of self-harm. This is on-going and is being progressed by BHRUT and CCG.

LAC children medicals has identified as a risk and action to address this is being led by CCG with support from C&YP services

Priority areas for the group over the next six months

Develop and agree an audit programme for 2016-17 that is achievable and is focused on the key priorities of the HSCB in order to support the Board to understand the effectiveness of the partnership in safeguarding children and young people.

To continue to oversee the effectiveness of CP processes, identifying areas of strength and areas that require change / further scrutiny to improve the process so that it is meaningful and effective.

To receive and analyse data in relation to safeguarding and report to the Board regarding the effectiveness of the partnership in safeguarding children and young people in Havering

To progress the actions identified within the HSCB action plan 2016-17 on behalf of the HSCB Executive.

Three positive achievements since last report.

- New HSCB dataset agreed
- Health participation within CP processes streamlined
- Performance reports and data used to challenge and support partners in improving safeguarding processes. This has included A&E activity and LAC health assessments.

Long and short term risks and priorities

The group is extremely busy with all delegates balancing competing work pressures and demands. In order for the group to be effective, the work plan must be achievable and focused on themes that will provide meaningful and relevant information to partners in order to assist to understand the impact of services on outcomes. Once agreed, partners must commit time and resources to progressing the audit programme

- The revised HSCB dataset will require information from all partners to ensure that the data agreed as relevant and necessary by partners is submitted in a format that can be understood with clear narrative to assist the group to understand and analyse the information.
- Balancing national and local priorities in an environment that can at times be politically driven, so that any change in direction is not reactive but considered and thought through.

Future actions to address these

- The work plan will contain four multi-agency audits plus one audit that is longitudinal to follow families through child protection processes. This will be embedded within usual business processes of organisations to limit the impact of additional workloads.
- Open and transparent discussion will assist to identify gaps or pressures that may impact on the timely submission of data so that action can be taken to address this in a timely way.

- The group must be led by the Operational and Executive Boards whilst reporting information to assist the board to agree the direction of travel. Emerging themes and priorities must be considered by the Executive and Operational to reduce the likelihood of the group reviewing vast amounts, which may reduce the level of positive impact on the outputs from the group.

Transitions sub group

The Transitions sub group supports both the HSAB and HSCB. The role and purpose of the group is to review current children to adult services transitions policies and procedures in health and local authority services and to audit compliance with existing policies and procedures, highlighting and sharing good practice initiatives and to disseminate learning from policy and practice reviews. The group is chaired by a member of NELFT's SMT and the vice chair is from the London Borough of Havering (Community Safety Team Leader).

In February 2017, the group organised a major Child to Adult Transition conference. Young people from the Sycamore Trust (a charity that aims to educate the community and empower individuals affected by Autistic Spectrum Disorders and/or Learning Difficulties) gave first-hand experience of the strengths and weaknesses of the support they received at various points of transition including primary education, secondary education, further education, employment and independent living. In addition, presentations by practitioners covered current legislation, policies and guidance that related to transition and workshops explored improvements that could be made around: how partners and agencies work together to improve transition, transition and safeguarding and involving service users effectively in making meaningful transitions. This event will be built on by the HSAB in 2017-18, with a major event on a similar theme planned for May 2017.

Board Governance and structure and finance

Governance

The HSCB is chaired by an Independent Chair; the appointment was made by a panel of HSCB members, which was chaired by the Chief Executive. The Independent Chair holds regular meetings with the Lead Member for Children Safeguarding, the Chief Executive and the Director of Children, Adults and Housing. The purpose of each meeting is to hold the Independent Chair to account for the effectiveness of the HSCB and to provide space to ensure open and honest discourse between the Director of Children Services and the Independent Chair regarding the service activity as it relates to children's safeguarding within Havering.

The Nurse Director, Barking & Dagenham, Havering & Redbridge CCG is Vice Chair to Havering SCB; regular discussion is held between the Independent Chair and the Vice Chair.

All statutory partners are represented at the HSCB at an appropriate level and actively participate within the business of the Board.. There has been difficulty in securing / maintaining regular attendance from NHS England and CAFCAS. The impact of this has

meant strategic insight in to NHS England priorities and direction of travel specifically in relation to GPs is missing from Board discussion. CAFCAS is significant because of its work with the most vulnerable children within Havering and the knowledge it holds from both local and national perspective.

The structure of Havering's SCB was reviewed during 2015 in order to strengthen governance processes to support the Board to manage business priorities more effectively as the Board's responsibilities increased.

Structure

Executive Board

The Executive Board is chaired by the Independent chair; it has a small membership consisting of the strategic leads from all statutory partners and holds ultimate responsibility for the effectiveness of the multi-agency safeguarding offer to children and young people in Havering.

The Executive Board formally agrees

- Business priorities of the board and the business plan
- The annual report
- Final overview reports and recommendations from SCRs
- Action plans to respond to SCR / LR recommendations
- Actions to respond to Board risks and the responsible working group / partner organisation to progress the actions.

Operational Board

The Operational Board is chaired by the Independent Chair and has senior staff with links to practice within the membership. All members actively participate within the discussions and this is evidenced within minutes of meetings. The Operational Board's agenda includes both children and adult priorities to ensure that cross cutting priorities are considered by both strategic boards.

The Operational Board is in place to provide overview and scrutiny of the progress of HSCB / SAB Business plan priorities and to provide assurance to the SA / SC Executive Boards in relation to the progress of business plan objectives. Concerns that are identified by the Operational board and HSCB working groups in relation to the effectiveness of the safeguarding offer are added to the HSCB /SAB risk register, monitored by the Operational and reported to the Executive Boards.

Progress of the HSCB action plan is monitored by the Operational Board. The Operational Board drafts the Executive Board agenda to ensure that it is appropriately focused on relevant areas of business.

Operational Board minutes are circulated to Executive Board to allow for scrutiny and challenge of business activities.

Working group activity is overseen by the Operational group

Quality & Effectiveness working group

The Q&E group is chaired by a member of NELFT's SMT and all organisations except CAIT are represented. All members participate fully within meetings, identifying areas of risk and areas that require further scrutiny. These are progressed by the group and also raised at the Operational / Executive level

Case Review working group

The Case Review Working group is chaired by a member of NELFT's SMT and all partner organisations are represented at the meetings.

The group has considered and progressed SCRs and LR and overseen the implementation of action plans. Drift in progress of actions has been escalated to the Executive and a decision made for the Executive leads to hold responsibility for the progression and implementation of action plans.

Child Sexual Exploitation working group

This group is chaired by the Director of Children and Young People Services and has representation from all key partners who actively participate within discussion and decision making.

HSCB Risk Register

The HSCB risk register holds the areas identified by the Board as requiring oversight in order to progress actions quickly to reduce risks. The risk register is owned by the Executive and activity progressed through the working groups and operational board. The risk register is rag rated to include impact of activities agreed to mitigate risk and is a standing agenda item at every HSCB group meeting and is used by the Independent chair to inform discussions held with the lead member and meetings with senior strategic leads from the partnership.

Annual report

The HSCB publishes an annual report. The report is presented to the Havering Health & Well Being Board and Overview and Scrutiny by the Independent Chair. The report is sent electronically to MOPAC, Chief Executive and London Councils and held on the HSCB website.

LSCB Financial Contributions

HSCB is funded under arrangements arising from Section 15 of Children Act 2004. The contribution made by each member organisation is agreed locally. The member organisations' shared responsibilities for the discharge of the HSCB's functions include deterring how the resources are provided to support it.

During the financial year 2014-2015 the largest proportion of the budget was spent on:

- Staffing £108,519
- Havering's independent chair £17,835.
- Multi-agency training programme £25,000, which included classroom based learning and a conference.

The budget agreed for 2015/16 was comprised of contributions from the key partner agencies represented on the Board and in all cases except Havering Council, which increased its contribution, is the same as the previous three years.

Name of Agency	Contribution 15/16
Havering Council	£121,640.00
Police	£5,000.00
London Fire Brigade	£500
CCG	£28,706.49
BHRUT	£4,778.33
NELFT	£4,778.33
National Probation Service	£800
The London Rehabilitation Company	£1000.00
CAFCASS	£567.13
Total	**£167, 465.30**

The projected contributions from partner agencies total £167,465.30. This budget excludes the additional contribution required to

finance The Child Death Overview Panel (CDOP) statutory requirements. The CDOP was funded by contributions from Health and Children Social Care and covers all CDOP processes. CDOP costs for the year were £44,465

The HSCB had a carry forward from the previous year of £10,000.

Staffing and Support

Board staffing has remained stable over the year. A business manager, training and development officer and an administrator are in place to assist the board in achieving agreed priorities. The Board is chaired by an independent person.

APPENDIX

Single agency successes and areas for further improvement

In preparation of this annual report each agency represented on the board except Havering Council Children and Young People Services, which is intrinsically incorporated throughout the body of this report, were requested to submit a report setting out their individual successes and areas for future improvement.

This section will set out the agencies identified risks and challenges and their actions and priorities for the year 2016 to 2017

Havering Clinical Commissioning Group (CCG)

Brief summary of service as it relates to safeguarding children: Havering Clinical Commissioning Group (CCG) is part of Barking & Dagenham, Havering and Redbridge Clinical Commissioning Group Conglomerate – BHR CCGs
Havering CCG commissions services for children within Havering through children health services providers namely BHRUT and NELFT. Havering CCG places safeguarding children high on the board agenda and this is reflected within the structures and roles and responsibility of senior staff. The CCG safeguarding structure is established across Barking, Havering and Redbridge BHR CCGs where the CCG Accountable Officer has overall responsibility for safeguarding within BHR CCGs Governing Body

The safeguarding accountabilities are discharged through the delegation of responsibilities to the Board Nurse Director and is supported by the Deputy Nurse Director. The Chief Operating Officer (COO) within each CCG is the operational lead for ensuring implementation of safeguarding functions supported by the CCG designated professionals for safeguarding. For Havering CCG a Designated Nurse and a Designated Doctor for safeguarding children have been appointed to provide a strategic and professional lead on all aspects of the health service contributing to safeguarding children across the health economy in Havering.

Review of Safeguarding Activity 2016-17

- Recruitment to the vacant post of Designated Nurse for Safeguarding Children and Looked After Children (previously separate roles for safeguarding and LAC)
- Development and implementation of a safeguarding children supervision policy

- Development of a domestic abuse policy
- Refresh of the safeguarding children and adults strategy 2017-2020
- Working closely with to local authority to improve the timescales and quality of initial health assessments for looked after children
- Implementation of a safeguarding children allegations against staff policy
- Development of a PREVENT policy

Individual agency responses to key risks and priorities

Please identify the specific contributions that your agency has made to the priorities below and explain how you know that the work that your agency is doing is effective.

Workforce and staff sufficiency	There was a service review of the safeguarding team within the CCG which resulted in combining the safeguarding and LAC functions into one role. The post was recruited to in January 2017 and the post holder commenced in May 2017. The post is a statutory function as outlined in the intercollegiate guidance 2014.
Inter-agency thresholds and escalation of decision making	The LSCB has an escalation policy in place which requires the multiagency to escalate to the CCG cases of concern. Work has been undertaken in partnership with providers to enable data collection around case escalation.
Private Fostering	Plans are underway to address the issue of private fostering at the Havering safeguarding GP forum in July 2017.
Child Sexual Exploitation	The Designated Nurse for safeguarding children attends the CSE and Missing panels to influence the delivery on the CSE agenda from a strategic and operational point of view. BHR CCGs has an identified CSE champion.
Violence against women and girls	The CCG has developed a domestic abuse policy for their workforce and is actively engaging with the VAWG work-stream.
Child and adolescent mental health.	The CCG is currently undertaking a CAMHS transformation program of work to ensure that mental health services for children and young people is fit for purpose, safe and effective.
Learning from SCRS	The CCG has engaged with partners to ensure that there has been the necessary participation in serious case reviews and their learning events. Updates on outstanding action plans are monitored via the CQRM platform to ensure scrutiny. The CCG has also engaged with primary care to share the learning from serious case reviews.

Identify the expected impact on outcomes of the agency responses to the key risks and priorities.

Impact outcomes Within your agency	The safeguarding team is currently in the process of refreshing the safeguarding strategy to strengthen the embedding of safeguarding into the commissioning cycle. It is anticipated that this will lead to increased assurance that commissioned services are safe and effective.
Contribution to multi-agency working	A number of HSCB work-streams have not had representation by the CCG due to vacant posts and capacity issues. However, since the recruitment of a substantive designated nurse, these work-streams are now covered to further build upon multiagency working.

Example of Effective/Emerging Practice

The implementation of the CP-YP system within the local authority and provider organisations.

Metropolitan Police

Brief summary of service as it relates to safeguarding children

The Metropolitan Police Service (MPS) has a dedicated Sexual Offences, Exploitation, Child Abuse Command (SOECAC). The local CAIT team (covering Barking & Dagenham and Havering) is managed by Detective Inspector Kevin Jeffery. The Borough Commander for the local police is T/Chief Superintendent Sean Wilson.

Operationally each part of SOECAC still functions within their area of expertise but they are merged within supporting units (partnership, intelligence, continuous improvement teams (CIT) & proactivity).

Within the broad functions of crime prevention, crime detection and assistance provided for risk assessments, Child Abuse Investigation Teams have several distinct functions. Whatever the function, the basic principle: **'THE WELFARE OF THE CHILD IS PARAMOUNT'** is always the primary consideration in any decision made or action undertaken.

All allegations of crime within the scope of 'child abuse' (victims under 18) are recorded & investigated in co-operation with Local Authorities and other appropriate agencies: **Intra-familial abuse, Professional abuse, Other carers, Non recent allegations, Parental Abduction and SUDI investigations.**

Children at risk of significant harm are identified by police officers through robust risk assessments and reports from Children's Social Care. Risks for children living within domestic violence households are reduced and minimised as Police have a good awareness of the impact this has on the emotional well- being of children.

Joint investigations undertaken by the CAIT and Children's Social Care are underpinned by strong working relationships between both agencies. Strategy discussions are timely and actions match the risk accordingly.

CAIT attendance and contribution to Initial Child Protection Conferences (ICPC) and Review Case Conferences (RCC) ensures risks are identified and responded to immediately.

All CAIT staff are required to complete the Specialist Child Abuse Investigators Development Programme (SCAIDP) and Achieving Best Evidence (ABE) training.

The local borough police for Barking and Dagenham have the responsibility for identifying and reporting Child Sexual Exploitation (CSE).

Review of Safeguarding Activity

The MPS has standing operating procedures that dictate how officers and police staff should deal with safeguarding concerns.

Barking & Dagenham CAIT and borough police have a strong working relationship with other safeguarding partnership agencies (Child Social Care, Education, Health etc). They also have a dedicated team of police staff deployed to represent the MPS at case conferences and to produce reports for them.

There has been improved input and understanding of the Child Risk Assessment Matrix (CRAM). This is the research conducted into every CAIT allegation to ensure any direct or potential risk to children can be managed and strategies implemented.

CAIT's are subjected to inspection by the Continuance Improvement Team (CIT) on an annual basis.

Borough police have a Multi- Agency Sexual Exploitation (MASE) meeting every month to discuss all new cases on a monthly basis with all agencies represented. Borough police are also part of the Multi Agency Safeguarding Hub (MASH), which is the front door for all children safeguarding issues for the borough.

How has the organisation contributed to the Havering SCB vision statement and strategic aims

The MPS work in close partnership with social services, exchanging information to improve and protect children within the borough. CAIT officers are trained to a high standard with personalised training packages. Police proactively act on referrals to police to intervene at the earliest opportunity and attend all meetings in line with safeguarding policies and working together agreement 2015.

Long and short term risks and priorities

The main issue facing CAIT in the past year has been a lack of trained police staff to cope with the rise in reported incidents. This has impacted on performance and particularly child protection case conference attendance.

In the short term Barking & Dagenham and Havering CAIT has catered for this by utilising police officers & civil investigators working on attachment. The long term goal is to increase trained staff and CAIT is in the process of recruiting more police officers to fill vacancies. This will continue to be monitored as crime and staff workloads increase.

Actions to be taken to address the risks and expected impact on outcomes

The key area for CAIT is to develop case conferencing by video / telephone link to improve CAIT input within conferences. CAIT and partnership agencies have seen a marked increase in demand of their services. CAIT continue to try and meet the challenge of case conference attendance by finding an effective way to improve CAIT input and engagement.

Under the One Met Model (OMM) from 27th March 2017 police units are being brought under one unit called, Safeguarding, East Area, Basic Command Unit. This will consist of three boroughs, Barking & Dagenham, Havering and Redbridge. CAIT, Sapphire (adult rapes), Domestic Abuse teams, CAIT referrals, MASH and Mispers will sit in one team. There will be a total of four Investigation teams, each team responsibility sitting with a Detective Inspector and consisting of three Domestic Abuse Teams, one Sapphire Team and one CAIT. This is in its infancy stage and will evolve to provide a new service having a front door for all crimes.

Effective/Emerging Practice

The new Pathfinder site of the OMM has been in operation since 27th March 2017 and still in its infancy stage. This is going to be reviewed in September 2017.

Barking Havering and Redbridge University Hospital Trust (BHRUT)

Brief summary of service as it relates to safeguarding children:

Barking, Havering & Redbridge University Hospitals NHS Trust (BHRUT) is an acute hospital Trust situated in the North East of London. The Trust serves the London Boroughs of Barking and Dagenham, Havering and Redbridge and the county of Essex. The Trust serves a demographically diverse population of around 750,000 in outer North East London of people from a wide range of social and ethnic groups. This consists of Barking and Dagenham 202,000, Havering 249,100 and Redbridge 296,800.

The Trust meets all 8 standards of Section 11 Children's Act (2004). In this reporting period the Trust completed a Self-Assessment Audit Tool to for a neighbouring Local Safeguarding Children's Board to demonstrate its commitment in meeting statutory requirements. The item rag rated as amber below, Standard Three relates to a protocol which is awaiting publication by Havering LSCB. The Trust awaits receipt of this protocol. The Trust last completed and submitted a Section 11 Self-Assessment to Havering Local Safeguarding Children's Board in August 2016.

Standard	Description	RAG
1	Senior Management commitment to the importance of safeguarding and promoting children's welfare	Green – Actions Completed
2	Clear statement of the agency responsibility towards children and this is available to all staff	Green –Actions Completed
3	A clear line of accountability within the organisation for work on safeguarding and promoting welfare and is informed, where appropriate, by the views of children and families	Amber – Action in progress. A protocol is awaiting publication by Havering LSCB relating to a SCR
4	Service development takes into account the views of children and families	Green –Actions Completed

5	Effectiveness of Training	Green –Actions Completed
6	Safer Recruitment	Green –Actions Completed
7	Multi –Agency Working	Green –Actions Completed
8	Effective Information Sharing	Green –Actions Completed

Review of Safeguarding Activity 2016-2017

Safeguarding Children priorities are highlighted in the BHRUT Safeguarding Children Annual Report 2016/17. BHRUT has an overarching Safeguarding Children Strategy 2016-2018. Progress on the strategy is discussed quarterly at the Trust's Safeguarding Strategic and Assurance Group. In 2016/17, the key priorities were as identified below. The Safeguarding Children team achieved all key priorities identified within the 2017 strategy objectives.

- Continue to provide safeguarding training through all levels (1, 2 & 3) of safeguarding children's training
- Safeguarding children supervision training will be provided to identified staff and supervision will be cascaded across the Trust by Named Safeguarding Professionals and supported by trained Safeguarding Children Supervisors who have undertaken a formal supervision programme
- Safeguarding children and maternity audits will continue quarterly to include audits within Maternity, Emergency Department, Human Resources, Sexual Health and Paediatrics. Learning will be disseminated as a result of the audits and practice change will be embedded
- Obtaining the 'Voice of the child' in addition to the Trust Family and Friends questionnaire
- Implement a daily planner for children with autism and learning disabilities to provide a structure of what to expect while in hospital
- Increase awareness of autism across the organisation
- The Trust will continue to work with all partner agencies to ensure the needs and welfare of children and young people are met
- The Trust will continue to fulfil its duties under Section 11 of the children Act 2004 and demonstrate it by reviewing the Section 11 audit tool across all three boroughs
- Ensure that the recommendations arising from the Lampard review are fully implemented and embedded locally
- Maintain a focus on Child Sexual Exploitation, Female Genital Mutilation, Modern Day Slavery, Human Trafficking, Forced Marriage and PREVENT
- Ensure the Trust is compliant with safer recruitment processes, particularly around external contractors
- Implement the Child Protection Information Sharing system (CP-IS)
- Continue to fulfil statutory requirements to participate in multi-agency case reviews, serious case reviews, as identified by the respective safeguarding boards and also to Domestic

Homicide Reviews (DHR) as Identified by the Home Office and Community Safety Partnership Trusts

- Continue to raise awareness of and ensure robust arrangements are developed and in place, to address the risk of harm associated with both national and local issues such as human trafficking, child sexual exploitation, missing children, radicalisation of vulnerable individuals, female genital mutilation and domestic abuse

How has your agency utilised the views of children, young people, parents and carers to improve services?

At the point of discharge, children/young people/parents are given a questionnaire to complete which includes the Friends & Family Test question. The Paediatric Department has established two meetings every month at which children, young people and parents/carers are invited to review/develop information leaflets. Concerns, areas for development and issues are also raised by children/parents at this meeting.

The Trust obtains the views of children, young people, parents and carers via the 'Voice of the Child' surveys which are undertaken as per the Trust's Safeguarding audit schedule. Children, young people, parents and carers are encouraged to raise any unmet needs with their named nurse, ward manager, matron or medical staff, or the PALS and/or Complaints teams if local resolution fails. Every opportunity is taken to resolve immediately anything that is raised. All meetings are documented in the child's health care records with the resolution plan. All patient feedback is acted upon and staff are briefed weekly through the ward safety brief of any concerns or changes in practice to improve patient outcomes. In 2017/18 the Child Health Division is establishing a Children and Young Peoples Trust Operational Group and a Strategy Group, to shape the future of the children's services within the Trust.

How has the organisation contributed to the Havering SCB vision statement and strategic aims?

Vision Statement

- Keeping children and young people safe is the Havering Safeguarding Children's Board overarching priority. All partnership agencies are committed to raising safeguarding standards and improving outcomes for all the children and young people of Havering.
- The Chief Nurse is a member of tri-borough LSCB's. Divisional representatives are members of all Trust safeguarding groups.
- The Named Nurse, Safeguarding Children is an active member of the Havering Quality and Effectiveness meeting and Case Review Working Group, and attends/supports Multi Agency Sexual Exploitation meetings, Local Authority Designated Officer (LADO) meetings. The Safeguarding Advisor for Learning Disabilities and Autism is a representative of Havering Positive Parents Group. The Named Doctor for Child Protection, Paediatric Liaison Nurse, and Deputy Named Midwife attend Child Death Overview Panel Meetings.

- The Trust participated in Havering LSCB Audit programme in the reporting period of 2016-2017. The Trust also undertook all audits as identified within the Trusts Audit schedule in 2016-2017 and findings were reported to Havering LSCB via the Havering Multi Agency Audit Tracker.
- The Trust has actively participated in 1 Practitioner Learning Event relating to a Havering Serious Case Review (publication outstanding), and an additional Serious Case Review (Embargoed during this reporting period).
- Learning from Incidents/Practice/Serious Case Reviews/Domestic Homicide Reviews are shared with staff at the Trust's Safeguarding Children Operational Group and Strategic and Assurance Group meetings, Patient Safety Summits, Supervision and Bulletins.

Six Strategic Aims

Ensure that the partnership provides an effective child protection service to all children and young people ensuring that all statutory functions are completed to the highest standards.

Section 11 audits serve as a benchmark to ensure the highest standards are met in providing an effective safeguarding services. The Trust has completed in this reporting period a Self-Assessment Tool to demonstrate its commitment in meeting statutory requirements as set out within Children's Act (2004). The Trust has an action plan in place to progress an item relating to imbedding a protocol when published by Havering LSCB.

Monitor the effectiveness of the multi-agency early offer to help to children and young people in Havering.

The Trust actively monitors the number of pre-CAF requests made to the London Borough of Havering, and this is included within the Trust's monthly dashboard. Performance data is discussed at the Trust's Safeguarding Children Operational Group and risks reported to the quarterly Safeguarding Strategic and Assurance Group. The Safeguarding team regularly promote the HSCB Threshold and Assessment Protocol with staff during contact and supervision. This protocol is accessible on the Trust's intranet for all staff to access.

Ensure that agencies work together to provide the most vulnerable children and young people with the correct help at the right time.

The Trust actively supports the LSCB Sub-groups to ensure all children are effectively safeguarded. The Trust supports the following HSCB Sub-Groups meetings:

- Safeguarding Children Operational Board
- Multi Agency Sexual Exploitation Group
- Child Death Overview Panel
- Violence against Women and Girls
- Quality and Effectiveness Working Group
- Case Review Working Groups

- Positive Parents
- Team Around the Family Meetings
- Serious Case Review/ Domestic Homicide Review Panel meetings
- Local Authority Designated Officer (LADO) Strategy meetings

Ensuring an integrated multi-agency approach to respond to emerging themes and priorities. Identified by the Board and through national learning.

The Trust has a Safeguarding Children and Adults Amalgamated Serious Case Review/ Safeguarding Adult Review/Case Learning Review Action Plan. Reports are provided to the Safeguarding Children Operational Group, Safeguarding Strategic and Assurance Group and Part 2 of the Trust Board (Confidential).

Assuring the quality of safeguarding and child protection to the wider community.

The Trust utilises the Section 11 Audit Tool as a framework for quality assurance. The tool is shared with the CCG at CQRM meetings, and all action plans pertaining to the tool are discussed with relevant LSCB. The Trust last submitted a Section 11 Tool to Havering LSCB in August 2016.

Ensure that learning is acted upon and embedded in practice across all partner organisations.

The Named Nurse, Safeguarding Children is a member of the Havering Case Review Working Group and attends quarterly meetings in conjunction with Serious Case Review Panel meetings. The Deputy Chief Nurse, Safeguarding and Harm Free Care also supports attendance at Serious Case Review (SCR) Panel meetings.

Regular reports relating to Serious Case Reviews, Domestic Homicide Review (DHR) /Case Learning Reviews (CLR) are presented and discussed at the Safeguarding Children Operational Group, Safeguarding Strategic and Assurance Group and Trust Board (Part 2).

In addition to this, since August 2016 Safeguarding Children cases are presented for discussion at the Trust's monthly Safeguarding Children's Operational Group meeting. This is followed by the Trust wide circulation of a Safeguarding Bulletin which shares the lessons learnt and good practice of safeguarding cases/incidents.

Individual agency responses to key risks and priorities.

Please identify the specific contributions that your agency has made to the priorities below and explain how you know that the work that your agency is doing is effective.

Workforce and staff sufficiency	**The Safeguarding Children's Team was fully established during the reporting period, and comprises of:**

	• Named Doctor for Safeguarding Children (3 PAs) • Named Nurse for Safeguarding Children (1.0 WTE) • Deputy Named Midwife, Safeguarding (1.0 WTE) • Two Paediatric Liaison Nurses, Safeguarding Children (2.0 WTE) • Safeguarding Children's Advisor, Learning Disability and Autism (1.0 WTE) • Safeguarding Children's Secretary (1.0 WTE) **In July 2016, following the completion and approval of a Safeguarding Business Case, the Deputy Chief Nurse, Safeguarding and Harm Free Care, has progressed the appointment of a number of new posts:** • Emergency Department Safeguarding Advisors (2.0 WTE) Queen's and King George Hospitals • Safeguarding Advisor for Harmful Practices (FGM, CSE, Domestic Abuse) (1.0 WTE) **As of 31 March 2017 recruitment into the following posts remains in progress:** • Named Midwife, Safeguarding (1.0 WTE) • Safeguarding Office Manager (1.0 WTE) **The Deputy Chief Nurse line manages the Named Nurse for Safeguarding Children, on behalf of the Chief Nurse who has executive responsibility for safeguarding.**
Inter-agency thresholds and escalation of decision making	The Safeguarding Team regularly cascaded information relating to Havering Safeguarding Children Board Threshold and Assessment Protocol. This document is accessible to all staff via the Trust Intranet. This material is also promoted with staff at supervision.
Private Fostering	The Safeguarding Team regularly cascaded information relating to Private Fostering and all Havering Safeguarding Children's Board 9HSCB) promotional material i.e. 60 Second Guide etc is available on the Trust Intranet Web-site and is accessible to all staff. This material is also promoted with staff at supervision and is included within safeguarding training.

Child Sexual Exploitation	The Trust's Named Nurse, Safeguarding Children is the Trust Champion for Child Sexual Exploitation. The Trust continues to have quarterly CSE/FGM Lead meetings to advance this agenda. In this reporting period partnership working was strengthened by including the Havering Domestic Violence /VAWG Officer and the Havering Strategic Lead for CSE and Missing at meetings. Child Sexual Exploitation awareness is incorporated within the level 1, 2 and 3 Safeguarding Children training programmes. All staff have access to the Trust's Intranet Child Sexual Exploitation webpage, which contains key information relating to this subject. The Trust's Named Nurse, Safeguarding Children supports information sharing/attendance at tri-borough Multi Agency Sexual Exploitation (MASE) meetings for children identified at risk of CSE. The Trust has endorsed the Pan London Child Sexual Exploitation Operating Protocol (March 2015 2nd Edition) during this reporting period and has a Child Sexual Exploitation Policy in place since October 2016. CSE referrals are discussed at the Trust's Safeguarding Children's Operational and Safeguarding Strategic and Assurance Groups. The Safeguarding Team have appointed a Harmful Practices Advised following a successful business case in June 2016. This post holder will advance this agenda in 2017/18.
Violence against women and girls	The Trust continues to have the support of the Independent Domestic Violence Advisor (IDVA) who works across sites at King George and Queen's Hospitals to provide domestic violence and abuse (DV) support and advice to patients and staff affected by DV. The post is funded by the Mayor's Office Policy and Crime (MOPAC) and the Trust is in its second year of the agreed contract. The Trust representative at Violence against Women and Children Strategic Group is the Deputy Named Midwife. The IDVA has regular input at DV training, which aims to raise awareness of the impact of DV not just on the person directly affected but also on the children and young people in the family; and of the

	services that are in place to support families. The IDVA takes direct referrals from staff by email or phone and makes initial contact with a client within 24 hours but can attend a clinical area in case of immediate need. Community Midwives continue to represent the Trust at the monthly Tri-Borough Multi-Agency Risk Assessment Conferences (MARAC), to ensure that information about cases of high risk domestic violence are safely and effectively shared to ensure services users are protected and measures put in place to safeguard. All women who book for antenatal care are offered 'time to talk' alone to discuss confidential matters which provides an opportunity for Midwives to ask about domestic violence and abuse. An audit undertaken on DV presented at the Safeguarding Children Operational Group in this reporting period identified that the compliance with DV enquiry at booking, had increased from 94% in March 2016 to 98% in 2017.
Child and adolescent mental health.	In this reporting period the trust undertook two audits relating to Self-Harm. Audit findings were shared with Havering Quality and Effectiveness Group. i. **Audit to assess compliance with the Clinical Care Pathway for Management for Children presenting to the Emergency Department.** This audit demonstrated that improvement and excellent progress was achieved in managing children presenting in the emergency departments following the introduction of the new clinical care pathway in 2014. The audit showed that there was collaborative working of various teams involved in care provision as well as excellent compliance with the new clinical care pathway for managing children with mental health illness in the emergency departments at Queens's hospital. i. **Audit to assess compliance with the Clinical Care Pathway for Children who Self-Harm and live in the London Borough of Havering**

	This audit identified that in the reporting period 2015-2016 30% children who attended the Emergency Departments at BHRUT with self-harm presentations resided in Havering. The audit demonstrated that the Voice of the Child was captured in all cases and the age varied from 12-17 years. The most common age ground was 15 years. All children were referred as per the Clinical Care Pathway to Mental Health Services, followed by a referral to Children's Social Care. The Trust supports sharing information with Havering Quality and Effectiveness Group relating to the number of Children presenting to Emergency Departments to support Havering's dataset
Learning from SCRS	Learning lessons from Serious Case Reviews and safeguarding children cases is undertaken in a number of forums which include the Trust Safeguarding Children Operational Group and Safeguarding Strategic and Assurance Groups. Shared learning also takes place at the Trust's, multi-professional Patient Safety Summits.

Identify the expected impact on outcomes of the agency responses to the key risks and priorities.

Impact outcomes Within your agency	**The key Risks identified in this reporting period included** **Risk Number 746** – Availability and Access to Child Safeguarding Information. The Trust implemented the Child Protection Information Sharing System (CP-IS) in October 2016. This now enables staff in unscheduled care settings to be able to identify those children identified as vulnerable by Social Services, if they attend unscheduled care settings. The impact of this is increased awareness of children subject to Child Protection Plans. **Risk Number 543** – Safeguarding Training Compliance. This was an identified risk during this reporting period to ensure that the Trust was meeting the key performance Indicator of 85%. This risk was removed as the workforce achieved the key performance indicator in September 2016. **Risk Number 859** – Named Professionals, i.e. Named Nurse

	Safeguarding Children, Named Midwife and Paediatric Liaison Nurse, not showing visible presence in clinical areas supporting staff. This remains an identified risk as of 31st March 2017. In July 2016 , following the completion and approval of a Safeguarding Business Case, the Deputy Chief Nurse, Safeguarding and Harm Free Care, has progressed the appointment of a number of new posts: • Emergency Department Safeguarding Advisors (2.0 WTE) , Queen's and King George Hospitals • Safeguarding Advisor for Harmful Practices (FGM, CSE, Domestic Abuse) (1.0 WTE) As of 31 March 2017 recruitment into the following posts remains in progress: • Named Midwife, Safeguarding (1.0 WTE) • Safeguarding Office Manager (1.0 WTE) It is anticipated that when the team is fully established the workforce will become more visible internally and externally and proactively drive the agenda forward.
	Risk 944 – Safeguarding Children Supervision. This risk was identified in this reporting period that the trust was not meeting its key performance indicator of 85% In response to this, the Trust established a Task and Finish Group and revised its Safeguarding Supervision Policy to incorporate a training needs analysis to identify and clarify the requirement of key staff. The Trust has developed a detailed action plan outlining the actions to strengthen supervision in 2017/18.
Contribution to multi-agency working	In 2017-2018 some of the Key Priorities to multi-agency working include • Continue to review Section 11 (Children's Act 1989/2004) requirements to ensure the Trust fulfils its responsibilities for Safeguarding Children • Share learning from Serious Case Reviews/Case Learning Reviews/Domestic Homicide Reviews, and evaluate the learning from monthly Safeguarding Bulletins • Embed Safeguarding Children Supervision across the organisation • Improve the Protection and Support of Children who are at risk of, or who have been, sexually exploited, and strengthen our work

	promoting a "Think Family" approach in identifying Child Sexual Exploitation (CSE) and Deliberate Self-Harm (DSH) • Improve the protection and support of children at risk of Harmful Practices, e.g. Female Genital Mutilation (FGM) and those living with Domestic Violence (DV) • Strengthen the Safeguarding of Children with Disabilities • Improve Operational Governance of Child Safeguarding Practice in Maternity and Sexual Health Services (CASH) to improve the quality of referrals made to Children's Social Care and other Safeguarding Documentation • Promote awareness of Neglect and its relationship to other forms of harm to ensure better outcomes for children • Promote awareness of Private Fostering • Promote awareness of the Paediatric Liaison Nurse roles and develop an internal and external resource for staff/public • Review the scope of the project for the CP-IS system within the Maternity department.

Example of Effective/Emerging Practice

In this reporting period the Trust implemented the Child Protection Information System (CP-IS) in unscheduled care settings. This has enabled all staff in unscheduled care settings to see whether :

- An unborn is the subject of a Child Protection Plan (CPP)
- A child requiring treatment has a Child Protection Plan (CPP)
- A child is a Looked After Child (LAC), regardless of where they live in England

On 24 February 2017, the Trust underwent a review of the effectiveness of CP-IS by the CP-IS Benefits Realisation Team NHS England. The purpose of this review was to understand the impact CP-IS was having on frontline staff and whether CP-IS benefits have been realised for the organisation. The findings identified that the business change process for implementing CP-IS was making good progress in becoming embedded within the existing safeguarding process and was working well in Emergency Departments and Paediatric areas. There were four recommendations arising from the review which the Corporate Safeguarding Team have actioned.

Children & Family Court Advisory & Support Service (CAFCASS)

CAFCASS (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. CAFCASS represents children in family court cases, ensuring that children's voices are heard and decisions are taken in their best interests.

The demand on CAFCASS services grew once again in 2016/17, by around 13% in public law (involving the local authority) and 9% in private law (involving arrangements for children following parental separation). Demand is now approximately 30% higher in public law, and 20% higher in private law, than it was three years ago, putting the family justice system under considerable pressure. Nonetheless, each of CAFCASS Key Performance Indicators has been met.

CAFCASS main priorities in 2016/17 were to continue to improve the quality of our work, and to support family justice reform. These are a few examples of how we have done this:

Production of the **Domestic Abuse Practice Pathway** which provides a structured framework for assessing cases where domestic abuse is a feature, and ten new evidence-based assessment tools.

A revised **Quality Assurance and Impact Framework**, together with mechanisms to establish, and raise, the quality of our work including thematic audits, Area Quality Reviews, and the work of the National Improvement Service.

Provision of continuous **Learning and Development** opportunities for staff including: e-learning; Research in Practice resources, the CAFCASS library and the dissemination of internal research.

Contributions to **innovations** and **family justice reform**, designed to improve children's outcomes and make family justice more efficient. These are formed in private law by projects trialling pre-court or out-of-court ways of resolving disputes; and in public law projects aimed at helping local authorities and parents to 'find common ground', thus diverting cases from or expediting cases within, care proceedings.

Support to our **child exploitation** and **diversity** ambassadors/champions who collate learning from inside and outside the organisation on these subjects and promote it to colleagues.

The CAFCASS **research programme** which supports the work of external researchers, such as the ground-breaking work of Professor Karen Broadhurst and her team into repeat removals from mothers in care proceedings; and undertakes four small-scale internal research projects each year. This year we have undertaken, for example, studies into: domestic abuse in spend-time-

with (contact) applications (this has been in collaboration with Women's Aid); trafficking and radicalisation cases known to us; and high conflict (rule 16.4) cases.

Havering Young Offender Service (YOS)

The Youth Offending Service (YOS) is a key partner in ensuring the safety of children and young people in Havering; specifically those children who find themselves involved in the Criminal Justice System. Havering YOS supports young people to desist from offending as its primary function, and we assess and monitor any young person's risk and vulnerability when they become known to us. Within this process, we ensure their safeguarding both in terms of understanding what is going on within their family dynamic, and also what their movements are when they are at school, in the community and with friends.

The Youth Offending sits in Early Help within the wider Children and Young People's Services. The YOS is also overseen directly by central government in the wake of the Crime and Disorder Act 1998. The overseeing body are the YJB, and our inspecting body is Her Majesty's Inspectorate of Probation. The focus of all YOS' has been designed by the YJB to support an offender-focussed desistance programme. However, after the Charlie Taylor review of 2016, Havering YOS is beginning to review how its focus on offender-led assessments and interventions can also include whole-family-led assessments and interventions. We hope that this will significantly improve the way we safeguard and interact with young people as our work will include looking at young people's family history and any familial factors which contribute to their offending behaviour.

The YOS joint works with children open to children's services and the bridges being built between services is encouraging. Under LASPO 2012 every young person who is remanded automatically becomes looked after, and we have worked closely on many occasions with our partners in social care to deliver joint-working to aid the effective use of time in prison, and also re-settlement as well. This arrangement promotes the safeguarding of children and young people who commit the most serious crimes.

Havering YOS practitioners complete a holistic assessment of the young person, including their state of mind, learning needs, drug and alcohol use, family background living arrangements, the risk they pose in the community, and how vulnerable they are. We establish this assessment of need using the multi-agency team that has been developed since the Crime and Disorder Act 1998 made the YOS a legal entity. Havering YOS ask our expert seconded staff to complete the relevant parts of the Asset Plus assessment overseen centrally by the YJB. As such every young person who becomes known to our service will receive an assessment from our CAMHS nurse, Speech and Language Therapist and Drug and Alcohol worker. This ensures we allow experts in

their field support us to complete a correct assessment and safeguard appropriately as a result; tailoring interventions around each individual young person.

After assessing a young person and understanding the factors which impact their safety, we look to intervene swiftly and with purpose to ensure the continued safety of young people with often complex needs. For those who pose the highest risk in the community or are highly vulnerable we hold risk/vulnerability management panels. These are multi-agency panels where all agencies involved in the young person and family's life are invited to contribute to a holistic, whole family, multi-agency plan going forward. This is to ensure that we minimise duplication and have clear roles and responsibilities for all agencies involved. This significantly informs our plan of action to safeguard that young person and how to support their family.

Recognise achievements and the progress that has been made in the local authority area as well as providing a realistic assessment of the challenges that still remain.

YOS practitioners are highly trained individuals in supporting young people to desist from offending, and due to the multi-agency nature of our service; we prioritise what will be best for the young person in desisting from offending going forward. If we are concerned regarding their safety, our first port of call would be to ensure, if there isn't already, social care are involved where appropriate. If we are concerned about a facet of their personhood that requires a referral, the YOS practitioners would refer as needed to joint work with another professional. This is a key way that the YOS safeguards young people – we ensure the right professionals are involved at the right time, to ensure the right intervention when it is needed most.

Havering YOS has a complex cohort of young people who can need intensive intervention. Because of gang affiliation, county lines drug running, and Child Sexual Exploitation concerns Havering YOS has trained its entire staff in CSE and also in how to deliver work with young people who display sexually harmful behaviour (AIM2 training). YOS is represented at the CSE and missing panel, as well as on the oversight body for that panel, the MASE. Havering YOS has looked to ensure both front-line and strategic aspects of its vision has incorporated the focus on CSE. We often see CSE as a symptom of something else – trafficking, gang affiliation or drug-running. As such the YOS is a key partner in understanding the wider implications of CSE, and the associations it has with other risk-taking behaviour.

Havering YOS has also taken into account the need to further understand neglect in light of the JTAI announced by Ofsted. We have incorporated practice development in team meetings to ensure our staff understand the effects of neglect, but also the cumulative factors that can build to causing a child significant harm without the intervention of the appropriate professionals. We have completed a review of assessments and added questions into supervision to ensure neglect is being accurately identified and understood as a key safeguarding concern, but also a cause of offending behaviour.

Havering YOS has also identified and prioritised parenting support as a key way of ensuring adequate safeguarding of children in our service. We have, as part of our Youth Justice Plan, a focus on ensuring Parenting Orders are sought in Court to ensure parents/carers are held to account for their children's behaviour where they are seeking to minimise their involvement as parents/carers. YOS parenting is linked closely with parenting in Early Help to support a preventative agenda in how we deliver parenting as well – working well with parents/carers on a voluntary basis to ensure the co-production of a safeguarding plan with the family.

As part of Havering YOS' assessment, we require the young person and the parents/carers to complete a self-assessment that is integrated into the assessment completed by our multi-agency staff, thus gathering their views and perspectives with regard to how they perceive themselves, their/their child's offending behaviour, and also what the positive aspects are in the family's life that it is important to build on. This impacts the way in which we will assess and intervene in a young person/family's life, and we value the voices of the family, who we consider to be an expert in their own life.

Havering YOS also asks for feedback from young people and their parent/carer during their Order and after their Order is finished. Traditionally this is done using Viewpoint. We also ask parents/carers and young people to complete updates on their self-assessments going forward through their Order so we have an accurate portrayal of how they feel they are progressing. We need to get better at using this information to inform how we deliver services and intervene going forward, and this is something Havering YOS is aware of and needs to be kept accountable for by the relevant governance.

It's important to note here, as well, that due to the above working patterns we are seeing a reduction in First Time Entrants (FTEs) and also re-offending.

We still have several areas of challenge. The first is continue to invest in our relationships between services to ensure good outcomes for our young people. In feedback from the YOS staff, we are still experiencing a need to improve co-ordination when several agencies have assessments open at the same time. We regularly experience young people who are in the midst of crisis and have two, sometimes three assessments open to different agencies including the YOS, and this needs to be addressed going forward. This will also feed into the evidence to support a locality model of delivery, and also supporting the YOS into more holistic and family-led work.

Demonstrate the extent to which the functions of the LSCB as set out in Working Together are being effectively discharged. This should include assessments of policies and procedures to keep children safe, including:

Havering YOS complies with the policies and procedures for the safer recruitment of all members of staff, including appropriate vetting of all staff including staff from other agencies. DBS checks are completed by HR, but we request to see DBS checks and have end dates of DBS checks as a standard template question in our supervision notes. For all our seconded staff from

other agencies we request to see DBS checks as part of the vetting process and are involved in interviewing our seconded staff with their home agency. For our commissioned contractors for the Junior Attendance Centre and our gangs mentoring project, we vet all staff that have direct contact with children and insist on seeing DBS checks for any other sub-contracted professional or mentor.

All staff have had the appropriate level of safeguarding training, and those who need a re-fresher course are all booked on for October's LSCB training. All YOS staff have also completed the following training. Restorative Justice, AIM2 assessment training, Good Lives training and desistance training. In addition, all YOS staff have had at least level 1 gangs training (delivered in house) and four of the six front line staff have had level 2 training. All YOS staff have received the in-house CSE training as well, and two members of staff have had externally delivered training in supporting children who are domestically violent towards their parents.

The YOS has a very clear process for stepping up cases to MASH if we feel a child is suffering significant harm and at risk of/suffering abuse. Havering YOS regularly steps up cases to MASH and the need for a clear, concise and swift response to our step-ups is fed-back to social workers dealing with our concerns. The relationship between YOS and MASH/assessment is improving, although we will need to continue building relationships and communication lines between agencies to ensure we implement fully learning from previous child deaths.

Havering YOS is fully aware of the priority issues within Havering Local Authority and by the Youth Justice Board. We are in attendance at the CSE and Missing panel, as well as at the steering group for that panel, and have a say in the strategic development of tacking CSE in the borough. All our staff present cases where needed to the CSE panel and are all aware of the need to include risk of CSE in assessments – particularly with regard to the welfare of the young person – but also the impact on their likelihood of re-offending. Havering YOS also delivers group work for female offenders which covers topics such as self-esteem, putting yourself at risk and healthy boundaries in relationships.

Include a clear account of progress that has been made in implementing actions from individual Serious Case Reviews / Learning Reviews (SCRs/ LRs) completed during the year in question, plans to evaluate the impact of these actions and to monitor how these improvements are being sustained over time. This also applies to SCRs commissioned in previous years where any actions remained outstanding at the start of the reporting year.

This was the addressed learning for the YOS from the learning review for Child LS.

Theme from Learning reviews for child **LS** Evidence required from **CSC, Police, YOS** **RISK ASSESSMENTS IN RELATION TO BAIL ADDRESSES**			
Havering YOS ensure that whenever a bail address is proposed and they are in	Tim Churchward		Currently the process regarding the servicing of Youth Courts still falls short of this type of hearing. If a young offender

Court a thorough address check is undertaken. The issue of young people appearing in out of borough Courts and on non-youth Court days is still an issue.	Tim Churchward		appears on a non-youth court date currently there is the potential for bail addresses to be proposed at Court without contact with the home YOS. The current guidance to magistrates and legal advisors is that they should ask the PLO at Court to check the suitability of the address. This would however only check the address for known perpetrators and would not involve a wider check. **Update CR WG 4th July 2016** AP to request an update from Jonathan Taylor: this was requested on 12.07.16

Havering YOS has ensured whenever a bail address is proposed in Court we have a Police check done on the residence to ensure we know who lives there and if any red flags come up for the address. The further conversations to be had in this arena are when the YOS and social care have different views on an appropriate placement for bail. The YOS has also fed back to the Court users group regarding youths appearing on non-youth Court days – however as explained in the LSCB notes above, we are reliant on the magistrates and legal system to support us in this. All has been fed back to magistrates via the Court Clerk in charge of the Court users group meeting.

The above actions have been completed and the YOS was informed the learning we received from this review has been evidenced and action as requested.

Havering College of Further and Higher Education

Safeguarding and promoting the welfare of children is defined in the Department for Education's Information for Schools and College Staff. Part 1 of Keeping Children Safe in Education 2016 states that:

> *"Safeguarding and promoting the welfare of children is* ***everyone's*** *responsibility"* and that…*"they should consider, at all times, what is in the* ***best interests*** *of the child".*

KCSiE 2016 also states that schools and colleges are responsible for:

…"protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes"

Havering College aims to ensure that all learners, wherever possible, achieve their learning goals and are not disadvantaged by barriers to learning such as financial, personal, health or social circumstances.

Review of Safeguarding Activity 2016-17

Please see attached Safeguarding and Prevent Action Plan for information regarding what Havering College of Further and Higher Education has done in terms of our safeguarding priorities and the manner in which we have utilised the views of learners and appropriate others.

Havering College has contributed to the Havering SCB vision statement and strategic aims in the following ways:

Ensuring that all staff receive regular safeguarding training by attending in house training and appropriate external training offered by the local authority, regional and national bodies. Training attended includes:

- Optimus Safeguarding Conferences: Practical Strategies for Safeguarding in Schools, Mental Health & Online Safety
- NSPCC 2 day Safeguarding Training (Safeguarding Lead)
- Supporting Students with Caring Responsibilities
- Impact of Domestic Abuse
- Achieving Better Outcomes for the Child
- Modern Day Slavery

Training is cascaded through Safeguarding Team Meetings and Staff Development Training days. 98% of staff are up to date with compulsory Safeguarding Training; this figure is not 100% due to the outstanding 2% being hourly paid staff or long term leave. 93% of staff have attended workshops to raise awareness of Prevent (WRAP); further details on Safeguarding & Prevent Action Plan. The Safeguarding Team and Senior Managers are level 3 trained. Local authority school/college nurses have attended all three campuses and offered support for learners.

Timely interventions are made with regards to safeguarding concerns and all cases of alleged abuse are referred in accordance with the college Safeguarding Policy and Child Protection and "at risk" Adults' Policy. Eleven referrals were made to relevant boroughs in this academic year; 2 domestic abuse, 2 family difficulties and drug abuse, 3 Foundation Skills learners (ill-health concern and 2 inappropriate relationships), 3 inappropriate social media activity and 1 case of neglect. All cases were actioned by Social Services effectively. PEP meetings and professionals meetings have also been attended, as required, ensuring maximum support is available and

prompt action is taken. Records are kept and shared according to the Information Sharing Protocol, enabling us to monitor effectiveness of interventions and outcomes for young people and "at risk adults". The college is represented on the Children`s and Adults Safeguarding Operational Board and the Havering Mental Health Partnership Board. The college also has three college representatives who attend the Tri-borough SGV monthly meetings.

Good practice is shared through the schools and colleges Pastoral/Behaviour and Attendance Partnership (BAP) and effective communication is maintained with the Education Inclusion and Support Service to try and ensure that Looked After children receive personal education plan (*PEP*) meetings to help track and promote their achievements. All Looked After Children (LAC) have a key worker in the college who monitors and ensures that all LAC receive help as required and receive their entitlements. Of the 46 Looked After Children attending the college in 2016/17, 21 reside in Havering with 18 out of the 21 completing their course.

Individual agency responses to key risks and priorities:

On line safety continues to be a concern. The college has now contracted E-safe to continue with the Forensic Monitoring service next academic year. The service was introduced with the intention of safeguarding learners against the more unsavoury risks posed by online interactions. Designed to fulfil the legal obligations under the Prevent Duty and Ofsted`s Safeguarding Children and Young People Policy, e safe protects users by monitoring keystrokes as they are entered and imagery as it is accessed. Designated staff in Estates and Student Services receive daily encrypted reports via e mail and telephone calls are received if the company detect serious incidents.

Learners are not always aware of the danger they are placing themselves in. Cases this year have included sexual exploitation and we have worked with the Borough Child Sexual Exploitation staff and police, both of whom have come into the college to meet with students. Grooming was also detected and interventions made to safeguard all learners involved.

247 safeguarding related tutorials were delivered this academic year and in total 3138 learners attended these tutorials. We will continue to prioritise this throughout the next academic year.

Mental ill-health amongst our learners is also of concern. 16 Student Services staff who attended a two day training course in Mental Health First Aid have been cascading the training to teaching and support staff from November 2015. To date, 54% of staff total have received this training. The training is now compulsory for teaching staff due to concerns raised at portfolio meetings regarding the increasing numbers of students presenting with mental ill-health. The college promoted National Mental Health Awareness Week with displays, activities, leaflets and tutorials.

395 counselling sessions delivered over the 2016-17 academic year and a total of 201 learners with complex issues were intensively supported by Student Services staff. Out of 597 learners who received financial assistance from the 16-19 Bursary Fund, 93% were retained and able to complete their course.

Referrals from the Student Services Team, including the counsellors, this year have included Addaction, East London Rape Crises Centre, Havering Talking Therapies (IAPT), Children and Adolescents Mental Health Services (CAMHS), Social Service, Multi Agency Safeguarding Hub, Havering Disability Team, Tavistock Gender Identity Clinic, Paul Hannaford Drugs Service, Havering PASC, Alone in London, Havering Carers, Havering MIND and Havering Recovery Community.

Concerns around possible gang affiliation and pressures on young men are a concern and the counselling service has been focussing on breaking down the stigma of males accessing emotional support at our Construction Site on the Rainham Campus.

Ardleigh Green campus ran a weekly Anxiety Support Group during lunch breaks. This group has had positive outcomes for learners who attend enabling them to deal with their anger and stress more effectively thus removing barriers to learning and improving overall behaviour.

Ensuring that we have effective Learner Voice mechanisms in place is a priority for the college. Learner's views on safeguarding are collected in a number of ways including Student Academic representative's (StARs) events, which includes a Made a Difference Conference and 3 other major events. The Students' Union also collect learner's views throughout the year but particularly during Learner Voice Week. 7 learners were trained as Peer Advice Leaders (PALs) offering other learners the opportunity to seek out their help or advice on any issues of concern. Other activities include forums, surveys and feedback/evaluation forms. Learner views fed back to Senior Managers via the Learner Voice Committee, Student Governors Committee and the Equality and Diversity Committee with responses recorded and fed back as appropriate.

The College will continue to prioritise Safeguarding and Prevent throughout the 2017-18 academic year.

Example of Effective/Emerging Practice

E-safe has proved a very effective method to monitor learners' online activity and further ensure their safety. This system has also proved to be an effective way of learners flagging up their need for support. The sensitivity of the system picks up key words and due to all learners being aware of e-safe, there has been incidents where learners have typed in text related to emotional difficulties and overwhelming feelings, knowing this would be picked up and individual support given. This gives our learners another way of receiving help by removing potential barriers with approaching staff for support.

Havering Housing Services

Introduction

This update has been pulled together with the view that Housing Services, as a service area within the London Borough of Havering, is a service area within the wider corporate partner status that the Council has on Havering's Safeguarding Children Board.

Referrals

As a service area, our officers will refer any cases or concerns involving the children of our residents as and when these arise. Our frontline officers have a very visible presence within the community and any concerns they raise is made through our dedicated Housing MASH Link Officer. The Housing MASH Link Officer reports on a weekly basis back to our Tenancy Sustainment Management and will feedback directly to officers about the progression of any cases that have been referred.

Training

Housing Services officers regularly undertake safeguarding training (covering both children and adults). There are also opportunities available to participate in online training activities which staff are encouraged to complete. Training sessions have included for example, Self-neglect, Hoarding and Private Fostering.

Contribution

Since March 2017, managers from Housing Services Tenancy Sustainment team meet regularly with Children Services' Leaving Care team. Housing Services is acutely aware of the difficulties that some young people may face when leaving care and making that transition towards an independent adult life, especially when facing the challenge of looking after themselves and the responsibilities of running their own home for the first time.

The meeting provides Housing Services with an opportunity to gauge the support needs of young care leavers in need of social housing; to scope the appropriate level of support they need through the first stage of becoming a secure council tenant – during that initial Introductory (probationary) period of their tenancy. Through working closely with young people from the outset, we are encouraging long-term independence and tenancy sustainment.

Havering Safeguarding Adults Board

Annual Report 2016-2017

Havering Safeguarding Adult Board Chair Forward

Welcome to the Havering Safeguarding Adult Board (HSAB) Annual Report 2016-17.

The past year has seen second year of the Care Act 2014. This has seen increased understanding and application of 'Make Safeguarding Personal'. It is still in its infancy and the board over the coming year will continue to support improved awareness across all agencies and monitor its application.

For safeguarding to be effective it has to be everyone's business. One of the major challenges for the board has been and will continue to be the raising of awareness, not only of agency staff but with the public. To this end this year has seen the introduction of the Community Engagement sub group made up of 12 voluntary organisations. Their involvement with the board is invaluable when it comes to increasing awareness.

The introduction in 2016 of the first Safeguarding Week combining not only Adult Safeguarding but Children Safeguarding was very successful with not only the HSAB conference but many short seminars across many areas impact on safeguarding being very well attended. This week demonstrated the commitment of safeguarding and raised awareness with the involvement of the local media.

This year has also seen the completion of a Safeguarding Adult Review which focused on the death of a young lady who had been involved with children services as a young person but when she turned 18 years of age faced the difficulties of transitioning into adulthood and the adult services. This case has led to fundamental changes in the way transitioning of young people into young adults will be supported in the future. This work and positive response to the case has only been possible due to the openness and honesty of individuals involved with the young lady and then the complete involvement of the Directors Adult and Children Services.

As the Chair of the HSAB, I would like to thank everyone who has shown such commitment to all this work and have thereby shown commitment to safeguarding and the desire to improve the outcomes of vulnerable adults.

The Board is very interested in your views about this report – please do let me have feedback at brian.boxall@havering.gov.uk

Brian Boxall
Havering Safeguarding Adult Board Independent Chair

Introduction

The purpose of this report is to fulfil the statutory requirement set out in Care Act 2014, which states that all Safeguarding Adults Boards (SAB) must publish an annual report on the effectiveness of safeguarding in their local area.

The Care Act 2014 came into force in April 2015 and the Havering SAB became statutory. The purpose of the SAB is to help and safeguard adults with care and support needs. It does this by:

- assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance;
- assuring itself that safeguarding practice is person-centred and outcome-focused;
- working collaboratively to prevent abuse and neglect where possible;
- ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred; and
- assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

This report will provide an overview of the following:

1. HSAB activity 2016-17.
2. Adult Safeguarding Activity 2016-17.
3. HSAB Governance 2016-17.

Appendix: Each agency was asked to supply a summary of their strengths and areas for development in respect of safeguarding in 2016-17. These reports are attached to the annual report in the appendix.

Our Vision

'To make sure that Adults at risk from harm in Havering are safe and able to live free from neglect and abuse'.

At the centre of all we do are the **Six Adult Safeguarding Principles**, and our business plans and performance monitoring reflect these:-

EMPOWERMENT – people feeling safe and in control, encouraged to make their own decisions and giving informed consent. People feeling able to share concerns and manage risk of harm either to themselves or others

PREVENTION – it is better to take action before harm happens, so good information and advice are really important

PROPORTIONALITY – not intruding into peoples' lives more than is needed by responding in line with the level of risk that is present

PROTECTION – support and representation for those adults who are in greatest need because they are most at risk of harm

PARTNERSHIP – working together with the community to find local solutions in response to local needs and issues

ACCOUNTABILITY – being open about what we are doing and responsible for our actions - focusing on outcomes for people and communities.

Adult Safeguarding Concerns and Enquiries

The below chart sets out the separation between adult safeguarding concerns and welfare concerns.

Concerns and Enquiries		
	2015-16	2016-17
Adult Safeguarding Enquiries		
Number of Enquiries	668	818
Social Care Staff	279 (42%)	333 (41%)
Health Staff	186 (28%)	257 (31%)
Police	31 (5%)	73 (9%)
Adult Welfare Concerns		
Number Welfare Concerns	3011	2649
Social Care Staff	699 (23%)	342 (13%)
Health Staff	481 (16%)	442 (17%)
Police Merlin	1564 (52%)	1632 (62%)
Total Number of Enquiries and Concerns	3679	3468

Safeguarding Enquiries
The source majority of safeguarding enquiries was social care (CASSA and Independent). A significant percentage of those came from residential care staff.

Health staff continued to raise a significant % of safeguarding concerns whilst those raised by police are minimal. The number of repeat enquiries remains steady at 13.9% slightly down from 15% in 2015-16.

Welfare Concerns
The number of welfare concerns has slightly reduced. The source of the majority of the welfare concerns still remains police merlins.at 61%. This is a significant percentage rise from the previous

year. There has been a significant reduction in welfare concerns raised by social care staff.

Abuse Types

The Care Act 2014 added four new categories of abuse, Domestic Abuse, Sexual Exploitation, Modern Slavery and Self Neglect.

Abuse Type		
TYPE	2015-16	2016-17
Physical	258 (37%)	136 (16%)
Sexual	18 (3%)	27 (3%)
Emotional	57 (8%)	51 (6%)
Financial	125 (18%)	69 (8%)
Neglect	224 (32%)	500 (60%)
Discriminatory	1	1
Institutional	6	1
Domestic Abuse	1	5 (1%)
Sexual Exploitation	0	1
Modern Slavery	0	0
Self Neglect	16 (2%)	39 (5%)
TOTAL	706	830

This year has seen a significant change in two of the categories. As a percentage of the total, recorded physical abuse is down from 38.6% to 16.6% and neglect is up from 33.5% to 61.1%. It is not clear why this has taken place and will be an area for the board to monitor. There has been a slight increase across the new four categories but the board need to increase knowledge and activity to detect sexual exploitation and modern slavery.

The majority of referrals are related to incidences of neglect and omission especially within Care Home settings. Referrals relating to financial and physical abuse were more prevalent within own home settings.

Board Challenge

For board to increase awareness of the four new categories.

Abuse location and relationships

The home remains the biggest location for abuse to take place followed by residential care homes.

Abuse Locations		
Location	2015-16	2016-17
Own Home	284 (42.6%)	404 (49.3%)
Care Home –Residential	174 (26%)	214 (26%)
Care Home- Nursing	105 (15.8%)	129 (15.8%)
Hospital	29 (4.3%)	12 (1.5%)
Service within the community	3 (0.4%)	4 (0.4%)
Supported Living	43 (6.5%)	26 (3.2%)

This position is reflected in the data in respect of the relationship between the abused and the abuser. 56% related to relatives and family carer and care supporter in the private sector. However there has been a significant decrease in the relative/family carer category.

Relationships		
Relationship	2015-16	2016-17
Social Care Support- Public Sector	2.2%	0.7%
Social Care Support -Private Sector	48.7%	44.4%
Relatives/Family carer	20.9%	12.2%
Health	4.5%	5.7%

With the emphasis on finding ways of supporting vulnerable adults in their own environment and the use of direct payments, the board will need to continue to work to monitor the quality of the services being provided to support this approach.

Safeguarding Referrals Outcomes

An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs.

The Care Act requires local authorities to make proportionate enquiries (or to make sure that, as the lead agency, enquiries are carried out by the relevant organisation) where there is a concern about the possible abuse or neglect of an adult at risk.

This may or may not be preceded by an informal information-gathering process, if that is necessary to find out whether abuse has occurred or is occurring and therefore whether the Section 42 duty applies.

There has been a significant increase in the number of enquiries but the number completed within 25 days has also increased to 80%.

Strategy Activity	15/16	16/17
Enquiries Completed	603	738
Completed within Timescale (25 working Days)	437 (72.5%)	595 (80.6%)
Enquiries open for 2 months	112 (18.6%)	80 (10.8%)

Board Challenge:

- *With the emphasis on providing support to vulnerable adults in order to enable them to remain within their own home environment, the HSAB need to continually ensure that this environment remains safe. This will be undertaken through audits and increased information available to the public.*

Making Safeguarding Personal

Making Safeguarding Personal (MSP)[1] is a sector led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances.

MSP seeks to achieve:

- A personalised approach that enables safeguarding to be done with, not to, people
- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on ‘investigation' and ‘conclusion'

[1] www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal

- An approach that utilises social work skills rather than just 'putting people through a process'
- An approach that enables practitioners, families, teams and SABs to know what difference has been made

Making Safeguarding Personal is at the centre of safeguarding and for the first time this Annual Report is able to start to gauge the impact of Making Safeguarding Personal.

Making Safeguarding Personal		
	2015-16	2016-17
Completed Safeguarding Enquires	603 (91.5%)	738 (94.6%)
Case note recording		
Number where a MPS case note has been recorded	552	698
Individual or representatives asked about desired outcome	293	402
Asked but outcome not expressed	104	186
Were not asked	84	69
% of achievement when outcomes expressed		
Fully achieved	68%	65%
Partially achieved	26%	28%
Not achieved	4.8%	6%

There is evidence that MSP is starting to be considered and applied but there is a need to improve knowledge and awareness across all agencies not just social care. The achievement of outcomes expressed is only at 65%. There is still improvement to be made in understanding how to ask about desired outcomes and recording.

Board Challenge

To continue to monitor the application of MPS principles

To support awareness raising and improved application across all agencies.

Mental Capacity Act Deprivation of Liberty Safeguards (MCA DOLS)

Article 5 of the Human Rights Act[2] states: "everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty (unless) in accordance with a procedure prescribed in law."

The Mental Capacity Act outlines how an individual can be deprived of their liberty in order to care for them safely, and Deprivation of Liberty Safeguards (or DoLS) is one such procedure prescribed in law that is invoked to protect the peoples and ensure their loss of liberty is lawful. Care should always be provided in the least restrictive way possible, and those responsible for providing care should explore all options.[2]

DoLS are an amendment to the Mental Capacity Act 2005 that applies in England and Wales and can only be applied in a care home or hospital setting.

An individual is deprived of their liberty for the purposes of Article 5 of the European Convention on Human Rights if they:

- lack the capacity to consent to their care/treatment arrangements
- are under continuous supervision and control
- are not free to leave.

The application of MCA and DOLS has remained a major focus of the board. Highlighted in last year's Annual Report was the Supreme Court Judgment 'Cheshire West' which has continued to significantly impact on the number of applications during 2016/17. It changed the definition of who was considered to be deprived of their liberty to include anyone living in a hospital, care home or private settings who is under constant supervision and is not free to leave.

The increase is reflected in the below chart.

DOLs		
	2015-16	2016-17
Applications received	552	1083
Granted and signed off	135	360
Applications not appropriate or withdrawn	75	227

[2] www.mentalhealth.org.uk/a-to-z/d/deprivation-liberty-safeguards-dols

Care establishments

There are currently 39 Residential and Nursing Homes; 11 Domiciliary Care Agencies and 5 Day Opportunities, 27 Learning Disability (LD) Homes, 11 LD Day Opportunities, 3 Extra Care provisions and 14 LD Supported Living establishments, which are monitored by the Quality Team.

During 2016-17 the Local Authority Quality Team suspended the local use of six establishments for various periods of time whilst the initial identified concerns were remedied.

This monitoring process provides assurance that complaints against establishments are being dealt with appropriately.

HSAB Governance and structure

Governance

The HSAB is chaired by an Independent Chair; the appointment was made by a panel which was chaired by the Chief Executive. The Independent Chair holds meetings with the Lead Member for Adult Safeguarding, the Chief Executive and the Director of Adults. The purpose of each meeting is to hold the Independent Chair to account for the effectiveness of the HSAB and to provide space to ensure open and honest discourse between the Director of Adult Services and the Independent Chair regarding the service activity as it relates to adult's safeguarding within Havering.

The three statutory partners are represented at the HSAB at an appropriate level and actively participate within the business of the Board. The SAB also consists of members of non-statutory agencies.

There has been difficulty in securing/maintaining regular attendance from NHS England. The impact of this has meant strategic insight into NHS England priorities and direction of travel from Board discussion. The structure of Havering's SAB was reviewed during 2015 in order to strengthen governance processes to support the Board to manage business priorities more effectively as the Board's responsibilities increased.

Structure

Executive Board

The Executive Board is chaired by the Independent chair; it has a small membership consisting of the strategic leads from all statutory partners and holds ultimate responsibility for the effectiveness of the multi-agency safeguarding offer to adults in Havering.

The Executive Board formally agrees:

- Business priorities of the board and the business plan
- The Annual Report
- Final overview reports and recommendations from Safeguarding Adults Reviews (SARs)
- Action plans to respond to SAR/Learning Review recommendations

- Actions to respond to Board risks and the responsible working group/partner organisation to progress the actions.

Operational Board

The Operational Board is chaired by the Independent Chair and has senior staff with links to practice within the membership. All members actively participate within the discussions and this is evidenced within minutes of meetings. The Operational Board's agenda includes both children and adult priorities to ensure that cross cutting priorities are considered by both strategic boards.

The Operational Board is in place to provide overview and scrutiny of the progress of HSCB/HSAB Business plan priorities and to provide assurance to the SA/SC Executive Boards in relation to the progress of business plan objectives. Concerns that are identified by the Operational Board and HSAB/HSCB working groups in relation to the effectiveness of the safeguarding offer are added to the HSCB/SAB risk register, monitored by the Operational Board and reported to the Executive Boards.

Progress of the HSAB action plan is monitored by the Operational Board. The Operational Board drafts the Executive Board agenda to ensure that it is appropriately focused on relevant areas of business.

Operational Board minutes are circulated to Executive Board to allow for scrutiny and challenge of business activities.

HSAB Sub Groups

The HSAB is supported by five sub-groups:

(1) Quality, Effectiveness and Audit Sub Group

The Quality, Effectiveness and Audit Sub Group is a multi-agency group chaired by a member of NELFT's SMT and includes members from London Borough of Havering, NELFT, BHRUT, CCG and Metropolitan Police.

During 2016-17, the group met on 5 occasions. Keys areas that were progressed by the group were:

Performance measures and monitoring

The group is responsible for developing and monitoring performance against relevant measures and indicators and for reporting this performance to the HSAB. During the year, the group reviewed and revised the safeguarding measures so that they more fully reflect multi-agency performance and align more closely with the six safeguarding principles of empowerment, prevention, proportionality, protection, partnership and accountability. This proposal was accepted by the HSAB and this will be used as a basis to measure the effectiveness of the HSAB's organisations in 2017-18.

Self-assessment and Association of Directors of Adult Social Services (ADASS) audit tool

The group discussed and considered the issues raised by a self-assessment tool recommended by London Chairs of Safeguarding Adults Boards (SABs) network and NHS England (London) through

ADASS for use by safeguarding partners. On the group's recommendation, the HSAB requested that all agencies and partners in Havering complete a self-assessment based on the ADASS audit tool in early April 2017. The group will perform a peer challenge exercise on the returns during 2017-18. The results will be reported back to HSAB and it is intended that this will identify strengths in safeguarding arrangements, common areas for improvement, single agency issues that need to be addressed and partnership issues that may need to be addressed by HSAB.

The audit tool incorporates a section on Making Safeguarding Personal (MSP). In addition to completion of the tool, the group considered that, in order to validate further the findings on MSP, members should contact a small number of service users involved in a recent safeguarding enquiry in order to check directly with them about whether their consent had been obtained to the enquiry. The group discussed and planned how these exercises could be carried out and the results will be reported back to HSAB during 2017-18.

Multi-agency audit tracker

The group has developed a multi-agency audit tracker that it updates on a six monthly basis. This provides an overview of the audits with a safeguarding element that have been undertaken by different members of the group and summarises the key findings, the actions resulting from the audit and the individuals involved.

Other safeguarding issues

In addition to the above, the group reconsidered and updated its terms of reference, discussed a multi-agency project to examine the processes and practices used to discharge patients with support needs and discussed a three agency review (BHRUT, NELFT and CCG) of pressure ulcers aimed at considering how the level of support within the community and improved practice could reduce the problem.

(2) Community Engagement Group

This group is chaired by a representative from YMCA Thames Gateway with other members representing 12 different voluntary and community sector organisations. The group has a key role in raising awareness of safeguarding within the local community and in educating the local community on the topic of safeguarding.

During 2016-17, the group met on 11th May 2016, 16th January 2017 and 27th March 2017. The meetings in 2017 focused on how the group can support the HSAB's Prevention Strategy (see Prevention Sub Group section below). This recognises that raising awareness of how to look for, and how to raise, a safeguarding concern amongst our staff, our partners and the wider public is central to preventing harm before it occurs.

Members of the group have participated in events with a view to raising safeguarding awareness such as mental health awareness week (16-20 May 2016), the Havering Show (August 2016) and provided input to Safeguarding Week (October 2016). The group has plans to continue this participation at similar events in 2017-18.

The group has reviewed their safeguarding information and organisations submitted their safeguarding policies for review by HSAB's Business Manager. Members of organisations on the group have attended various safeguarding training courses run by HSAB. The group has discussed on a confidential basis individual cases that raised safeguarding concerns and received helpful feedback from other group members. The group has provided feedback to the Council on its safeguarding web content and has helped design publicity, and suggested content for, the Safeguarding Week that is planned for October 2017. It is planned that a poster could be used by members of the group around the time of Safeguarding Week 2017 to highlight messages around the need to report safeguarding concerns, emphasising that safeguarding is everyone's business.

(3) Prevention Sub Group

A Prevention sub group was set up during the second half of the year to oversee the implementation of the Board's Prevention Strategy that was presented and agreed at Safeguarding Week (October 2016). The vision of the Prevention Strategy is for Havering residents to be able to live a life free from harm, where communities: have a culture that does not tolerate abuse; work together to prevent abuse and know what to do when abuse happens.

The role and purpose of the group will be to:

- monitor the implementation of the delivery plan in the Safeguarding Adults Prevention Strategy;
- review the Safeguarding Adults Prevention Strategy and keep it up to date; and
- foster a culture of taking action before harm occurs, by promoting access to information and education on how to prevent or stop abuse and neglect.

The group will sit under the Chairmanship of a member of NELFT's SMT and has representatives from the London Borough of Havering, Met Police, NELFT, BHRUT, CCG, London Fire Brigade and from a care home. The group will have its first meeting in 2017-18.

(4) Serious Case Review Group

This is a sub-group of both the HSAB and HSCB and has responsibility for making recommendations to the Chair about when to undertake a Serious Case Review (SCR) or a Safeguarding Adult Review (SAR).

As regards adult cases, the group met in April 2016 to consider a case of a young woman who took her own life in December 2015. All members of the group agreed that the case did not meet the criteria for a statutory SAR but recommended that the case was reviewed under non-statutory SAR

processes. This reflected that there was evidence that the case may support agencies to better understand how agencies work together to support adults especially when transitioning from children to adult services. The recommendation was accepted by the Chair of the HSAB and a SAR author (Professor Michael Preston-Shoot) was appointed and a SAR panel to oversee the review was established. Michael Preston-Shoot facilitated SAR learning events on 1st November 2016 and 7th December 2016 for practitioners to consider the issues raised by the case and areas where practice could be improved. Following these events, the SAR report, "The death of Ms A", was published (in June 2017) at: https://www.havering.gov.uk/downloads/download/532/adult_cases

The group considered another adult case in September 2016 that involved the death of an elderly man with care and support needs in a house fire. The group considered that the case met the criteria for SAR and the chair of the HSAB accepted this recommendation. This reflected that there was evidence that agencies could have worked together more effectively to provide fire prevention interventions and to understand his needs and plan his care. During 2017-18, a SAR author will be appointed and a SAR panel will be established to oversee the review.

In March 2017, the group received a SAR request referral concerning the death of an elderly lady with care and support needs where there was evidence to suggest that the personal care received was lacking and pressure ulcers were a contributory factor in her death. The case will be considered by the group during 2017-18.

The group also has responsibility for Domestic Homicide Reviews. However, during 2016-17, no cases were referred to the group for consideration as Domestic Homicide Reviews.

(5) Transitions sub group

The Transitions sub group supports both the HSAB and HSCB. The role and purpose of the group is to review current children to adult services transitions policies and procedures in health and local authority services and to audit compliance with existing policies and procedures, highlighting and sharing good practice initiatives and to disseminate learning from policy and practice reviews. The group is chaired by a member of NELFT's SMT and the vice chair is from the London Borough of Havering (Community Safety Team Leader).

In February 2017, the group organised a major Child to Adult Transition conference. Young people from the Sycamore Trust (a charity that aims to educate the community and empower individuals affected by Autistic Spectrum Disorders and/or Learning Difficulties) gave first-hand experience of the strengths and weaknesses of the support they received at various points of transition including primary education, secondary education, further education, employment and independent living. In addition, presentations by practitioners covered current legislation, policies and guidance that related to transition and workshops explored improvements that could be made around: how partners and agencies work together to improve transition, transition and safeguarding and involving service users effectively in making meaningful transitions. This event will be built on by the HSAB in 2017-18, with a major event on a similar theme planned for May 2017.

HSAB Risk Register

The HSAB risk register holds the areas identified by the Board as requiring oversight in order to progress actions quickly to reduce risks. The risk register is owned by the Executive and activity progressed through the working groups and operational board. The risk register is RAG rated to include impact of activities agreed to mitigate risk and is a standing agenda item at every HSAB group meeting and is used by the Independent chair to inform discussions held with the lead member and meetings with senior strategic leads from the partnership.

Annual Report

The HSAB publishes an Annual Report. The report is presented to the Havering H&WBB and Overview and Scrutiny by the Independent Chair. The report is sent electronically to MOPAC, Chief Executive and London Councils and held on the HSAB website.

Multi-agency training programme

During this period, Havering SAB conducted a training needs analysis to identify what current single agency training is being offered through the partnership in a bid to collaborate resources and reduce costs. The training sub group identified that although there were a number of similar courses on offer within each agency, the delivery of a number of their training courses was targeted at specific niche groups therefore making them available to a general safeguarding audience would not be suitable.

However, the group identified that basic introductory courses could be offered multi-agency and are currently exploring the possibility of creating an e-learning programme.

The Care Act 2014 statutory guidance was formally agreed in March 2016 and adopted within Havering. As a result the SAB held week long multi-agency briefing sessions to introduce the new guidance to those working and supporting adults. Self-neglect was formally recognised as a category of abuse within the Care Act for the first time. As a result the Board offered two full training courses on self-neglect and hoarding which was attended by a variety of multi-agency professionals working in adult safeguarding, health and provider settings.

HSAB Financial Contributions

HSAB is funded under arrangements set out in the Care Act. The contribution made by each member organisation is agreed locally. The member organisations' shared responsibilities for the discharge of the HSAB's functions include determining how the resources are provided to support it. Funding agreed for the past year was as follows:

Name of Agency	Contribution 16/17
Havering Council	£43,800
Police	£5,000
CCG	£10,284
BHRUT	£1,740
NELFT	£1,740
London Fire Brigade	£500
Total	**£63,064**

Staffing and support

Board staffing has remained relatively stable over the year. The full time business manager, Alice Peatling, moved to another role in October 2016. The board has been operating with an interim manager business manager (since February 2017), a training and development officer and an administrator to assist the board in achieving agreed priorities. The Board is chaired by an independent person and the Assistant Director of Policy, Performance and Community (**LBH)** acts as the vice chair.

Appendix: Summary of agency strengths and areas for development on safeguarding

1. London Borough of Havering (LBH)

LBH identified the following strengths and areas for development:

- The Corporate Plan reflects the Council's commitment to safeguarding and promoting wellbeing.
- The Corporate Competency Framework incorporates appropriate values and behaviours relating to safeguarding and there is a safeguarding clause within all Council job profiles and it's Code of Conduct. Contracts for commissioned services also contain explicit clauses that hold providers to account for preventing and dealing promptly and appropriately with abuse and neglect.
- The Council is well represented on the SAB and its subgroups and contributes significant resources (human and financial) to the work of the board.
- The Council is committed to the principles contained within "Making Safeguarding Personal" but further work is required to meet the Silver standard.
- A range of training is available to staff and partners but further work is needed to map training requirements against staff levels so that it is clearer to managers and staff what training is essential and what is discretionary.
- Advocacy arrangements need to be strengthened in some areas.

2. North East London Foundation Trust (NELFT)

In terms of Safeguarding adults, NELFT are proactive in protecting service users from abuse and neglect and our staff are well trained and supported in escalating safeguarding concerns to the local authority where abuse is suspected.

However, we recognise that there is always room for improvement and have identified several areas of concern:

- Ensuring consistency in access to Care Act compliant Safeguarding training for services commissioned by NELFT.
- MCA and DoLs training drop in compliance.
- An audit of electronic patient records found little evidence of seeking the views and desired outcomes of the service user during a safeguarding enquiry within the mental health setting.

3. Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)

BHRUT identified that safeguarding policies and procedures in place accessible to all staff and that there is evidence of collaborative working internally and with external partners to safeguard individuals.

The main areas for development are to strengthen the Trust's response to Making Safeguarding Personal and promote the use of advocacy services.

4. Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHRCCGs)

The CCG have a commissioning responsibility to ensure that the organisations we commission from have effective safeguarding arrangements in place and that the Government approved safeguarding principles are applied in terms of how we operate as an organisation and when working with our partners. The CCG has fulfilled our obligations and the NHS Outcomes Framework informs our plans especially for:

- Domain 4 - Ensuring people have a positive experience of care: and
- Domain 5 -Treating and caring for people in a safe environment and protecting them from avoidable harm.

The safeguarding team have continued to champion competency based learning for all staff and practitioners across the health system and reviewed and endorsed safeguarding training modules both within the CCGs, across primary care and with providers.

The effectiveness of the safeguarding system is assured and regulated by a number of bodies and mechanisms. These include:

- Provider internal assurance processes and Board accountability
- The Safeguarding Adult Board
- External regulation and inspection - CQC and Monitor (now NHS Improvement)
- Effective commissioning, procurement and contract monitoring.

All provider services are required to comply with the Care Quality Commission Essential Standards for Quality and Safety which include safeguarding standards (Standard 7).

The CCGs manage provider performance through formal contract review meetings using a contract monitoring risk framework. In addition, the following arrangements are in place to strengthen the CCGs' assurance processes:

- The Designated Adult Safeguarding Manager is a member of each main providers internal safeguarding committees.
- Joint commissioner/provider quality contract meetings always consider safeguarding issues and priorities and receive updates on the implementation of action plans from Safeguarding Adult Reviews/Domestic Homicide Reviews.
- Systematic reviews of serious untoward incident reports are routinely received from North East London Commissioning Support Unit (NELCSU) at the Quality and Safety Committee.

5. National Probation Service (NPS)

NPS staff are clear in terms of their responsibilities in relation to Adult Safeguarding. All front line staff receive mandatory training and Safeguarding audits form part of structured supervision and internal case audit activity. Further attention is required to improve the triangulation of learning from Domestic Homicide Reviews, Safeguarding Adult Reviews and internal audits to ensure that areas of concern and best practice are highlighted and appropriately disseminated to all staff.

NPS has identified clear safeguarding Adult protocols and policy to support all staff. There is a structure in place to support adult safeguarding practice with a lead identified amongst the practitioners, middle manager and senior manager.

NPS case recording systems have been developed to specifically record Safeguarding Adult concerns and this data is used to ensure prioritisation of resource and inform local performance monitoring and accountability.

Further attention is now required to ensure that this type of information is accurately recorded and reviewed. This will assist to highlight gaps in service delivery and the need for additional services and interventions. It will also reinforce NPS commitment to promote equality and highlight any evidence of inconsistent practice within the delivery of operational services.

6. London Fire Brigade (LFB)

Despite the Brigade's non-statutory status on local safeguarding adult boards, to demonstrate its commitment to safeguarding the Brigade has made a £1,000 voluntary contribution to each of the 32 safeguarding boards (shared with adults and children's safeguarding boards).

The Brigade is represented at the various pan London Safeguarding Boards and sub-groups, which provides an appropriate forum for sharing learning and participates in various local level meetings such as MARAC and High Risk Panels, which again facilitate appropriate sharing with our partners.

As a result of a recommendation from a Safeguarding Adult Review, the Brigade is delivering a pilot with the London Ambulance Service to provide Home Fire Safety Visits to high risk hoarders (as identified by the London Ambulance Service). An Information Sharing Agreement was signed by both the agencies before the pilot commenced.

In terms of areas of development, LFB is working to roll out safeguarding training to all personnel, will undertake the second part of the two-part auditing process by MOPAC, which will focus on adult safeguarding, and will aim to provide more regular feedback to SABs (via the Borough Commander) on progress made towards achieving safeguarding outcomes.

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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	High Needs Review and Strategy
Board Lead:	Caroline Penfold, Head of Children & Adults with Disabilities Service (CAD)
Report Author and contact details:	Emma Ferrey: emma.ferrey@havering.gov.uk

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

In 2016, the government announced proposals to consult on how funding is given to local authorities and schools to support children and young people with SEND. As part of this, local authorities are required to refresh their SEND Strategy to ensure that it is up to date, reflects current and predicted trends, and provides clarity on how the authority expects different levels of needs to be met and where its current and future gaps in provision are.

The high needs review and strategy have been developed as part of the condition of additional capital funding from central government, amounting to approximately £800,000 p.a. over three years. This funding will be used to improve existing provision or develop new provision for children and young people with high needs.

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RECOMMENDATIONS

A group of officers across children's and adults' services decided that a review of high needs provision should be undertaken and the SEND Strategy 2015-2020 should be refreshed to include post-16 provision and to ensure that it is up to date.

The High Needs Strategy sets out Havering's vision for improving provision for children and young people with high needs and their families. The strategy has been developed following the review of high needs provision which involved a wide range of stakeholders.

It is requested that the High Needs Strategy is approved so that actions detailed in the action plan (Appendix 1) can be taken forward.

REPORT DETAIL

The Review of high needs provision encompassed all children and young people who additional needs call on funds from the high needs budget. This includes children and young people in alternative provision, those with high medical needs and those who have additional needs but do not require an Education, Health and Care Plan.

In order to review how our high needs funding is allocated and develop the strategy, we consulted with:

- Parents and carers, via the Parents Forum (run by Positive Parents) and through a questionnaire on SurveyMonkey
- Children and young people, via Advocacy for All consultations on:
    - short breaks
    - personal outcomes evaluation tool (POET – which asks about young people's experiences of getting an EHCP)
    - preparing for adulthood
- Schools, including special schools via a focus group and a request to all schools to email any comments
- Post-16 providers via a focus group and a request to all providers to email any comments
- Early years providers via a focus group and a request to all providers to email any comments
- Local authority staff via two drop-in sessions and a request to email any comments
- Health colleagues at NELFT and the CCG

The main findings were:

- We need to use our resources wisely, ensuring needs can be met across the spectrum with appropriate levels of support
- We need to support providers, working with all ages of children, to develop the most inclusive services possible
- We should be working with providers, schools and colleges to improve attainment amongst children with Special Educational Needs and Disabilities (SEND) whether they have an EHCP or not
- We need to improve information for children, young people and parents so options, services and pathways are clearer
- We need to develop more provision for children and young people with Autistic Spectrum Disorder (ASD) and Social, Emotional and Mental Health Needs (SEMH); from early years, through school and into adulthood
- We need to improve how we gather data (including how schools record data) so that we can meet needs appropriately as they develop and change

High Needs Strategy 2017-2022

Havering's High Needs Strategy was written following the findings of the High Needs Review 2017. The High Needs Strategy 2017-2022 sets out what we are going to do to build on our successes and meet needs.

The strategy sets out our ambitious plans to make Havering provision the provision of choice for children, young people and families. It provides a flexible framework for the next five years which will enable us, and our partners, to respond to current and future need.

Proposed changes

The strategy sets out proposed changes which will take effect from April 2018. The key changes are:

1. To ensure that children, young people and their families have the right support at the right time; through:
    a. Development of a new SEMH/ ASD Free school
    b. Delivering an ongoing programme to create more Additionally Resourced Provisions (ARPs), specialist provision in mainstream settings
    c. Re-designating special schools, as appropriate; reducing the number of pupils with moderate learning difficulties who attend special schools and enabling special schools to support the growing numbers of children with more complex needs
    d. Reviewing the impact of alternative provision and how it is provided
    e. Improving our offer of pathways to adulthood for young people so that they can move towards a productive and enjoyable adult life
    f. Ensuring social care support provides appropriate care in a timely way for families
    g. Reviewing the provision of health therapies across the borough to provide sufficient services to meet needs.

2. To increase funding for providers and schools to ease the financial pressure of supporting children with high needs, thereby improving support through:
    a. Development of a small capital grants programme to allow providers and schools to make their buildings more inclusive
    b. Increasing the support to providers from the Special Educational Needs Inclusion Fund for early years
    c. Increasing the hourly rate for top up payments to schools for pupils with EHC plans & increasing the amount allocated for those schools with disproportionately high numbers of pupils with high needs
    d. Increasing the provision to support placements in alternative provision
    e. Increasing the funding to special schools via a revised funding matrix

3. To improve training for staff working with children and young people with high needs:
    a. To improve the confidence of staff around working with children with high needs
    b. To support staff retention through gaining appropriate qualifications
    c. To enable peer-to-peer learning
    d. To improve quality assurance across schools and providers and ensure consistency of support for children and young people

4. To continue to make improvements in how services are delivered via the Children and Adults with Disabilities Service (CAD) and the Education and Inclusion Service (EIS). This includes making improvements to how we gather and use data to plan future services and provision.

IMPLICATIONS AND RISKS

Financial implications and risks: The financial risks are in the 'invest to save' approach. We have reviewed the budget and believe that for the first year (2018-19), the additional investment required (beyond that which is provided by central government) can be met by re-prioritising expenditure. For the second year, savings on out of borough expenditure will need to be made to balance the budget. We believe this will be possible for that year.

Legal implications and risks: No legal implications or risks are expected.

Human Resources implications and risks: None currently identified as this is an increase to budget

Equalities implications and risks: The review and strategy, as well as the funding from government, is to improve and increase provision for children and young people with high needs, who are a protected group.

The additional funding (from central government) will complement a more focussed approach on invest to save. This will ensure that the right support and services are provided at the right time in the right place, thereby reducing the number of children and young people who have to go out of borough for their education and learning.

BACKGROUND PAPERS

None

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High Needs Review

2017

Contents

1. Our Vision

In Havering we want all children and young people to thrive and develop the skills, characteristics and knowledge which prepares them for adult life.

Our vision is for children and young people with special educational needs and disabilities (SEND), and other additional needs, to enjoy their education in the most inclusive environment possible and be supported in participating as fully as they can in the lives of their schools and local community, throughout childhood and into adulthood.

This vision and shared understanding with our partners and stakeholders will be a key part of our published local offer of SEND (special educational needs and disabilities) provision and services.

We launched our Strategy for Children and Young People with Special Educational Needs and Disabilities in December 2015, following the introduction of the Children and Families Act 2014. The strategy recognised that Havering is experiencing increasing demand on its SEND services due to rising numbers of children and young people in the borough with SEND, as well as a rise in the complexity of needs amongst those with SEND. Five key priorities were set out:

1. The establishment of a new ARP (Additionally Resourced Provision) for pupils with Autism Spectrum Disorder (ASD) to support mainstream schools
2. The creation of capacity in special schools for growth in predicted pupil numbers over the next 5-10 years for those with ASD, through transfers of pupils with moderate learning difficulties (MLD) to ARPs in mainstream schools
3. A reduction in the number of pupils with ASD placed in out of borough provision, including planned returns of some pupils considered able to benefit from more local provision through placements in Havering special schools, once their capacity has been increased
4. The setting up of specialist facilities for pupils with behavioural, emotional and social difficulties (BESD) to support mainstream schools
5. A planned reduction and, where possible, a return of pupils from out of borough BESD placements to Havering's BESD resources.

The 2015 strategy has been a helpful vision and guide for the past two years. However, in Havering we have changing and growing demands on our resources.

We want to ensure that our strategy is a 'live' document which can adapt and flex to meet those changing needs. As such, we wanted to review our strategy to:

- involve key stakeholders such as early years' providers, schools, academies and colleges, as well as children, young people and parents and carers

- create an attractive offer for children, young people and parents
- include young people with SEND up to age 25
- prepare children and young people for their adult lives
- provide a flexible strategic approach which will meet changing requirements and demands
- ensure we can respond quickly and confidently to government initiatives which provide additional support or opportunities for children and young people with SEND
- be clear how we will balance available funding with increasing demand
- reflect that getting our provision right has to involve significant input across education, health and social care.

We envisage the result of this review will be:

- A strategic plan for high needs provision that makes sure there is an attractive offer for parents and young people which will meet the needs of future cohorts, at a cost that is sustainable. Including, for example:
    - measures to support mainstream schools in meeting the SEN of a wider range of pupils, for example through workforce training or clear routes to access specialist expertise;
    - changes to the focus of existing specialist places, to cater for different or more complex needs;
    - the creation or expansion of specialist provision attached to mainstream schools (special units or resourced provision);
    - identification of the need to create or expand special schools, and
    - strategic engagement with specialist providers in the non-maintained and independent sector, to make sure that the places they are offering reflect the changing needs of children and young people.

The High Needs Review sets out how we went about reviewing our provision and what our findings were.

It is based on what children, young people, parents and carers have told us; what early years, schools and post-16 institutions tell us is working well and where improvements are needed; and is also based on what our data and future projections demonstrate.

The new strategy will set out a clear vision for where we want SEND provision and services to be for children and young people aged 0-25 years and beyond, into adulthood.

2. National and local policy context

2.1 National policies

There are a number of national policies and guidance documents which have given context to the scope of the review.

- Rochford Report 2016
- Children and Families Act 2014
- Care Act 2014
- Think Autism 2014
- Children Act 1989/2004
- Working Together to Safeguard Children, March 2015 (reviewed 2017)
- Children with Special Educational and Complex Needs 2014
- Supporting Pupils with Medical Conditions at School 2015
- Department of Health: Research on funding for young people with special educational needs, research report, July 2015

2.2 How the High Needs Strategy aligns with Havering's Corporate Plan and Havering's Children's Vision.

Havering's corporate plan 2017-18 has four overarching aims:

Communities

We want to help our residents to make positive lifestyle choices and ensure a good start for every child to reach their full potential. We will support families and communities to look after themselves and each other, with a particular emphasis on our most vulnerable residents.

Places

We will work to achieve a clean, safe environment for all. This will be secured through working with residents to improve our award-winning parks and continuing to invest in our housing stock, ensuring decent, safe and high standard properties. Our residents will have access to vibrant culture and leisure facilities, as well as thriving town centres.

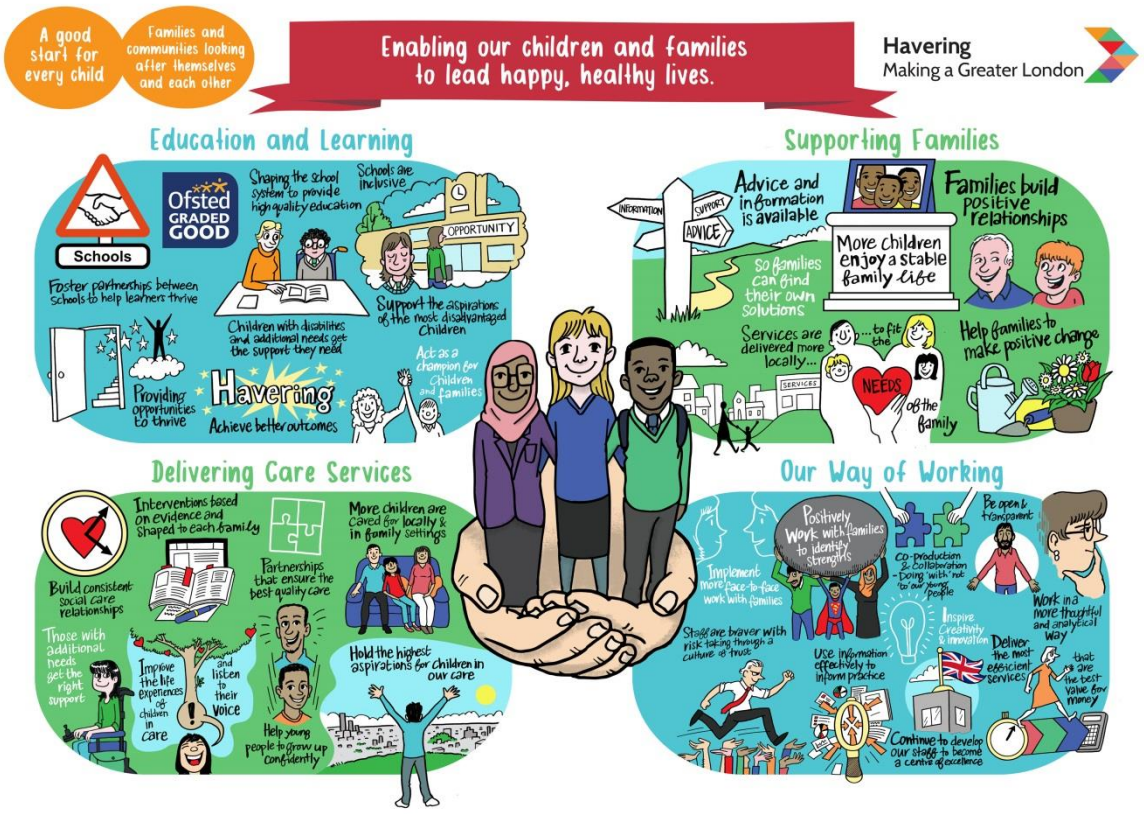
Opportunities

We will provide first-class business opportunities by supporting the commercial development of companies within the borough, as well as being a hub for start-ups and expanding businesses. We will ensure sustainable economic growth that generates local wealth and opportunities, as well as securing investment in high-quality skills and careers.

Connections

We want to capitalise on our location with fast and accessible transport links both to central London and within the borough. Likewise, we will continue to make Havering a digitally-enabled borough that is connected to residents and businesses. Enhancing our connections will strengthen the borough's offer as a Greater London hub for business.

Havering's Children's Vision 2017:



The table on the next page shows the link between these plans.

Havering Corporate Plan Key priorities	Children's Vision	High Needs Strategy priorities
Communities – a good start for every child to reach their full potential.	Act as a champion for Havering's children and families to constantly strive for improvement. Ensure our schools are inclusive and support our most vulnerable children.	Investing in workforce training to ensure staff across all schools feel confident in supporting pupils with additional needs to achieve. Supporting parents to help their child reach their potential.
Places – ensuring decent, safe and high standard homes and access to vibrant culture and leisure facilities, as well as thriving town centres.	Services are delivered more locally to fit the needs of the family.	Delivering the right specialist support at the right time across all early years' settings, schools and post-16 provision.
Opportunities - ensure sustainable economic growth that generates local wealth and opportunities, as well as securing investment in high-quality skills and careers.	Support the aspirations of the most disadvantaged children. Provide opportunities to thrive.	Developing clear pathways to adulthood so that parents and young people know what is possible and planning starts early across education, health and social care.
Connections – creating a digitally-enabled borough that is connected to residents and businesses.	Support Havering's children and families to lead happy, healthy lives and to reach their full potential.	Maximising resources and opportunities within the borough to improve the lives and prospects of children and young people with additional needs.

2.3 Principles that underpin our work with children and young people with special educational needs and disabilities

Our four principles, guiding this review and the development of our strategy, are:

Partnership – we will work in partnership with children, young people and their parents and carers, involving them in decision-making and supporting them to develop their independence and autonomy through to adulthood. We will also work in partnership with schools, health, social care and other partners to build clear pathways for multi-agency support.

Participation – ensure that children and young people with high needs can participate in family, school and community life, making effective use of available

resources and have the same opportunities as their peers, who do not have additional needs.

Personalisation – we will develop services so that they can flex as much as possible to meet the individual needs of children, young people and their families.

Preparing for adulthood – we want to encourage children, young people, parents and professionals to be realistic and aspirational for their lives. We want these conversations to start early and for children and young people to be encouraged every step of the way to build their confidence, resilience and independence.

2.4 Scope of the review

This review is not just looking at provision for children and young people who have an EHCP, it is also for those who require SEN support (previously school action or school action plus) or for those who have other additional needs, such as those with high medical needs or those excluded from school and/or accessing alternative provision.

The High Needs Review has incorporated children and young people who are known to both the Children and Adults with Disabilities Team (CAD) and the Education Inclusion Support Service (EIS). Not all children known to these services have an EHCP but many of them require funding from the High Needs budget in order to access education.

The Children and Adults with Disabilities Service

The CAD Service was established in Sept 2015 as a response to the implementation of the Children and Families Act. It brought together the Special Educational Needs teams and the children with disabilities social care team. The CAD Service is responsible for carrying out statutory educational needs assessments and for planning the process and provision of ongoing support, in an integrated way, to keep children and young people safe through their life stages.

The Service is made up of four small teams:

- **Assessment and Placement Team**

The Assessment and Placement team receive requests for Education, Health and Care assessments and make decisions on eligibility for EHC plans. They coordinate assessments and oversee the development of EHCPs. The team works with both parents and educational settings to identify appropriate educational provision. They respond to issues which destabilise school placements - advising and problem-solving to ensure that children and young people are able to achieve the outcomes as set out in their EHC Plans. Annual reviews are also carried out by the team.

- **0-5 Support Team**

The 0-5 Support team works in collaboration with colleagues in education, health, social care and the voluntary sector as well as with early years' settings, schools and parent/carers to provide appropriate support packages and early intervention.
The team coordinates access to specialist support, teaching, assessment and family support for children with SEND and their families. They also work with children who require specialist early intervention.

Staff within the team include Area Special Educational Needs and Disabilities Coordinators (SENCos), Keyworkers, Specialist teachers, an Educational Psychologist and a Social Worker.

- **5-19 Support Team**

The 5 -19 Team offers support to children and young people with a range of difficulties, as well as to their schools, settings and families. There are a range of disciplines within the team; covering Educational Psychologists, Social Workers, Family Support Workers, Specialist Advisory Teachers, Specialist Assistants and a Mobility and Habilitation Officer. All team members work flexibly and will visit children and families wherever they are; at home, out of borough, in school, nursery or clinic. Despite being a 5 – 19 support team, the specialist teachers involved in sensory impairment work from point of diagnosis, often birth, onwards.

- **Preparation for Adulthood (PfA)**

The Preparing for Adulthood Team was established in May 2016 and consists of a PfA Manager and PfA Social Workers (some from children's services and some from adult's services). This multi-agency team aims to support young people with EHCPs, and their parents, through the transition period from age 14 up to 25. The team assess young people to establish what support they may be eligible for from children's and adults' services. They will then ensure that this is provided in a timely way to maximise the young person's independence and their ability to achieve their life aspirations.

Our vision for the future of the CAD service is to continue to develop an integrated way of working, keeping children and their families at the centre of what we do. We will develop systems to improve the EHC assessment and planning process and the delivery of high quality support, responsive training and effective advice to educational settings. We will work on joining social care, education and health interventions more closely. We will develop the current Short Breaks offer to meet the needs of our children with high and complex needs and we will ensure robust planning for our most vulnerable children who are at risk of being, or are, in the Care system

- In **early years**, we will continue to focus on earlier introduction of EHCPs; to increase the number of under 5's receiving an EHCP in order to better prepare them for school. We will look at ways to cost in support in PVI settings & match the support children receive in schools. We will work to further improve transitions into school
- In **5-19**, we will continue to support children and young people in their current settings, providing interventions aimed at maximising their abilities through use of effective strategies and, where appropriate, technology and equipment. The team will be active in problem-solving and supporting inclusion. We will work with new provision such as ARPs and the Special Free School to ensure positive skill-sharing and effective comprehensive support is delivered
- In **Assessment & Planning**, we will be leading the implementation of the EHC Hub ensuring that its benefits are realised and that more efficient and transparent assessments and EHC planning processes are in place. We will be working with schools and health providers to ensure the review processes are robust and support in place is effective and achieving the outcomes set. We will be seeking to ensure high quality EHC plans are in place with clear outcomes that have been created with parents and young people. We will be

seeking to achieve that at least 90% of EHC plans are completed within the 20 week requirement

- In **Preparing for Adulthood**, we will be developing further the transition process within CAD by establishing dedicated transition workers. We will take a lead in giving advice and information to children, parents and schools. It will be our responsibility to develop support plans and carry out assessments to smooth the transition to post-18 services, determining eligibility for Adult Social care support. We will encourage aspiration and help young people gain skills to maximise independent living, and where appropriate, employment, in their local communities.

The Education, Inclusion & Support Service

The EIS service aims to support pupils to overcome barriers to educational success and to help prepare them for successful transition to adulthood. In order to achieve these aims, as well as working with the pupils themselves, the service works closely with a range of stakeholders: families, schools and support services such as CAD, admissions, social care/early help, police, health, voluntary sector as well as a range of alternative education providers.

There are four teams within the service:

- **Attendance, Behaviour and Traveller Support**
  This team cover the statutory functions for school attendance, children missing from education, child licencing and elective home education. They also provide services supporting behaviour and traveller support which are non-statutory but relate to the local authority statutory duty of providing alternative education for excluded pupils.
- **Alternative Provision (AP)**
  The work of this team supports the placement of pupils into alternative education settings where pupils are at risk of school exclusion or simply require a different educational approach to mainstream school. This involves quality assuring all providers, administering the Social Inclusion Fund and tracking/monitoring of pupils attending AP settings. The AP team has been fully traded since 2015.
- **Vulnerable Children's Team**
  The Vulnerable Children's Team supports statutory functions relating to the Fair Access process and permanent exclusions from school. Officers provide help, advice and support to parents/carers and all schools in Havering in relation to pupils at risk of exclusion and/or not engaging in education. They coordinate the monthly IYFAP and Pre IYFAP (In Year Fair Access Panel) meetings which draw on multi-agency input. These officers also liaise closely with the Olive AP Academy.
- **Havering Virtual School**
  The School carries out the statutory responsibilities around supporting, and promoting, better educational outcomes for looked after children. This includes help, advice and training for schools (mostly via designated teachers), through quality assuring individual PEPs (personal education plans), tracking the progress of individual pupils, allocating additional funds to schools and through arranging aspirational and celebration events for looked after pupils.

The vision for the future of the EIS service:

- Developing a more holistic approach to supporting schools in their dealings with challenging families including discussions with colleagues from health and early help services
- Building on the new partnership with Olive Academies Trust, clarify:
    - referral protocols (to and from Olive Academy)
    - intervention support; and
    - expected outcomes
- Developing provision for pupils with medical needs
- Maintaining our strong AP offer via a range of other alternative providers available to support intervention
- Continuing to offer and develop outreach packages and some AP support for our primary schools
- Building on, and disseminating, best practice
- Developing nurture groups and a new assessment facility in due course

3. Data – understanding levels and types of need

We gather data from a range of sources – from the school census (data which all schools, academies and free schools provide for central government); from records kept centrally by the Children and Adults with Disabilities Team (CAD) and other officers in the local authority; from nurseries and other early years' providers; and from colleges and post-16 providers.

This data is important as it shows us how many children we have in the borough, what age they are, whether they have any additional needs and, if so, what those needs are. Having accurate, up-to-date data means that we can plan services appropriately by projecting future demand.

How we gather data

The basis of our data, and subsequently our projections, is gathered from school census data which is recorded and submitted to the DfE (Department for Education) every year in January by each school or Academy. Accurate data means we can better project needs of children and young people as they come up through school which leads to better planning of provision for all ages and stages.

As we have been reviewing this data in order to make reasonable projections and assumptions, it became clear that there are very different interpretations of pupils' needs across schools. Therefore, we are developing a new protocol to clarify how data should be recorded on SIMS and on school census data. This protocol will cover moderation and standard measures of progress to ensure consistency. Once the protocol is finalised it will be appendixed to the High Needs Strategy.

We recognise that not all of these changes can be implemented overnight but we are confident that we can support schools and local authority staff appropriately to move towards more accurate data returns. This new way of recording data will provide consistency across the borough in how needs are reported and will allow for much more accurate planning and forecasting. We are also developing, within the local authority, a new database which will help us with more accurate recording of data and better planning for future provision.

In addition to developing consistency in recording data, we have also looked at how we use current data to predict future levels of need. We have produced a new methodology which works on averages over several years. This method reflects more accurately what staff report is happening in their day-to-day work with children and young people. All of this will enable us to improve our developments within children's services. It will also be used for planning for young people's services as they move into adulthood.

We record a range of needs, by primary need. This is the main need that a child has, where they have more than one.
We record:

- Cognition and learning needs, which includes: specific learning difficulties, moderate learning difficulties, severe learning difficulties and profound and multiple learning difficulties

- Communication and interaction needs, which includes: Autism Spectrum Disorder (ASD) and Speech, Language and Communication Needs
- Social, Emotional and Mental Health needs (SEMH) – some children in this category used to be recorded as BESD (Behaviour, Emotional and Social Difficulties)
- Sensory and Physical Needs, which includes: visual impairment, hearing impairment, multi-sensory impairment, and physical disabilities.

Our data collection, and therefore the data used in this review, is not as robust as we would like and we are putting in place a number of measures to ensure we record data more accurately. We want to be able to predict needs and levels of need; e.g. at the moment we may be able to predict numbers of children with ASD but not the complexity of their ASD. Two of the measures we will prioritise are: working with schools to improve accuracy around school census reporting and the development of a new database across children's services.

3.1 What our data tells us

Range of SEND
In Havering there are currently over 1,200 children and young people (aged 0-25) who have an Education, Health and Care Plan (EHCP) or a statement of need (2.4% of our population of school-age children and young people). There are a further 2,583 children and young people who have additional needs and receive SEN support but who do not meet the threshold for an EHCP.

Current data (2016/17):
(data taken from school census, CAD data and SEN2 data from gov.uk)

Primary need	Early Years (0 – 4 years)*	School-age (reception – Year 11)	Post-16 (16-25 years)	Total (0-25 years)
Cognition and learning needs	1	338	129	468
Communication and interaction needs	2	404	104	510
Social, Emotional and Mental Health needs	0	121	40	161
Sensory and Physical Needs	1	112	33	146
TOTAL	**4**	**975**	**306**	**1285**

* Early years' professionals also work with children in reception but these pupils have been counted in the school-age children figures.

The highest two categories are cognition & learning needs and communication & interaction needs. Within cognition and learning needs, around 80% have either moderate or severe learning needs. Within the communication and interaction category, it is almost evenly split, 50:50, between ASD and speech, language and communication needs.

The number of children and young people recorded as having sensory and physical needs may not be wholly accurate as many children with this diagnosis would not necessarily have additional learning needs and therefore may not be recorded here as they do not meet the threshold for an EHCP. The strategy includes how we plan to meet the needs of those children who have additional needs but do not have an EHCP.

Recent Trends

In Havering, we are seeing increasing numbers of children and young people with special educational needs and disabilities; in particular, those with communication and interaction needs. This encompasses those children with autistic spectrum disorder as well as those with speech, language and communication needs. Within this category, numbers have risen by over 40%; from 269 children in 2013/14 to 380 in 2016/17 (these figures do not include 0-4 years as the historical data was not available). This is an increase of 111 children in just three years.

Primary need	**2013/14**	**2014/15**	**2015/16**	**2016/17**
Cognition and learning needs	333	373	341	335
Communication and interaction needs	269	350	368	380
Social, Emotional and Mental Health needs*	107	78	79	93
Sensory and Physical Needs	85	102	109	111
TOTAL	**794**	**903**	**897**	**919**

(Data taken from school census information on www.gov.uk)
Data can be viewed on the Commissioning Plan for Education Provision:
https://www.havering.gov.uk/download/downloads/id/1375/commissioning_plan_for_education_provision_201516_-_201920.pdf
(It is not a wholly accurate picture as is only based on children (aged 4-16) in Havering schools; i.e. children who live in Havering but go to out of borough schools are not counted)
** SEMH was only used from Jan 2015 onwards. The figure under 2013/14 is actually for those pupils recorded as BESD (behavioural, emotional and social disorders) which is not a115n equivalent category. Therefore from 2014/15 onwards some of those who were recorded as BESD will be recorded within a different category; hence the drop in numbers from 2013/14 to 2014/15.*

Special schools tell us that in addition to the growing numbers of children with communication and interaction needs, the complexity of these disabilities is also increasing. This has significant implications on the support required in special schools and schools with ARPs and subsequently impacts on the budget to meet the higher levels of need.

3.2 Benchmarking

National data

Comparisons to our statistical neighbours can be useful in identifying how Havering compares in relation to need and how demand is met. Statistical neighbours are based on similar socio-economic characteristics. Our closest statistical neighbours are Bexley, Medway and Essex.

Indicator	Havering	Bexley	Medway	Essex
2-18 year old population	51,785	53,812	59,725	287,702
No. per 1000 with statement/ EHCP	20.4	25.5	28.1	25.3
Placement of pupils with statement/ EHCP (per 1,000 of 2-18 population) at:				
Mainstream	13.1	11.1	8.5	15.1
ARPs	0.2	1.7	1.8	0.7
Special schools	5.9	9.5	12.8	7.7
Non-maintained/ independent	1.0	2.1	2.6	1.1
Hospital schools/ Alternative provision	0.1	0.0	0.0	0.1
Post-16	0.1	0.8	1.7	0.1
Other	0.1	0.3	0.8	0.4
High Needs Budget per head				
Place funding	£82	£109	£165	£118
Top up funding (maintained provision)	£209	£252	£471	£165
Top up funding (non-maintained provision)	£51	£128	£0	£70
SEN support & inclusion services	£33	£48	£202	£55
Alternative provision	£3	£0	£46	£0
Hospital education	£2	£5	£0	£0

(Data from www.gov.uk)

We have slightly fewer children with EHCPs, per 1,000, than our statistical neighbours. However, we receive significantly less budget per child on almost all counts. This emphasises the need for us to find creative solutions to managing our budget and to ensuring the best provision for all of our children and young people.

Local data
As part of the review we wanted to look at demand for EHCPs, and our response to that demand.

Requests for statutory assessment:

	Jan 2015 – Jun 2015		Jan 2016 – Jun 2016		Jan 2017 – Jun 2017	
	Total requests	**Total agreed**	**Total requests**	**Total agreed**	**Total requests**	**Total agreed**
0-5 years	48	37	50	31	60	48
Primary	48	38	70	38	70	47
Secondary	9	4	18	10	19	10
Post-16	3	2	4	3	10	8
Total	**108**	**81**	**142**	**159**	**159**	**113**

(Data from gov.uk and CAD Service)

The figures show that as understanding of EHCPs became more widespread, the number of requests, particularly in early years and primary, has increased. The number of plans agreed has also shown an increase, although a much smaller one. It also demonstrates that the drive to undertake statutory assessments in early years has been successful thereby supporting children, and families, to get the right support as early as possible.

Issuing of EHC Plans:

Indicator	**2012**	**2013**	**2014**	**2015**	**2016**
New EHC Plans issued within 20 weeks, excluding exceptions	*Data not available*	*Data not available*	*Data not available*	68.57	79.67
New EHC Plans issued within 20 weeks, including exceptions	*Data not available*	*Data not available*	*Data not available*	64.29	79.67
SEN Appeals*	2.68	1.86	0.79	1.03	1.28

* these figures are for academic years 2011/12, 2012/13, 2013/14, 2014/15 & 2016/17
(Data from www.gov.uk)

These figures represent the timeliness of CAD Service support in delivering EHC Plans. There have been steady improvements in the number of plans issued within the statutory time frame. The figures also indicate that we are working better with families to develop plans, thus reducing the number of appeals, although there is still more work to do.

3.3 How do we meet needs now and in the future?

Special schools
291 children attend one of Havering's three special schools/ academies. These schools support pupils with PMLD, complex needs, SLD and MLD.

ARPs
There are three primary ARPs and three secondary ARPs in Havering.

Of the three primary ARPs, two specialise in supporting pupils with ASD and those with communication needs and complex needs, and the other supports pupils with hearing impairment. In total, there are 48 places in ARP provision for primary age pupils.

Two of the three secondary ARPs are for pupils with ASD, communication needs or complex needs, the third is for pupils with hearing impairment. In total there are 34 places available within secondary ARPs.

	Additionally Resourced Provision	Specialism
Primary		
1.	Clockhouse	Autistic spectrum disorder & communication/ complex needs
2.	Hacton	Hearing impairment
3.	RJ Mitchell	Autistic spectrum disorder
Secondary		
1.	Hall Mead	Autistic spectrum disorder & communication/ complex needs
2.	Redden Court	Autistic spectrum disorder & communication/ complex needs
3.	Sanders	Hearing impairment

Out of Borough

125 of Havering's children aged 5-16 with a statement or EHCP are placed out of borough (44 of these are in high cost placements). Of these, most pupils have ASD and SEMH. 46% of pupils placed out borough have Communication and Interaction Needs (which includes ASD); while 30% of pupils placed out borough have SEMH needs.

Whilst we are expanding our provision in Havering, including ASD, many of our provisions have been full and therefore we have not been able to place pupils locally.

Our aim is to continue to develop and support in-borough provision to meet the needs of children and young people with SEN in Havering reducing the numbers of children and young people who need to go out of borough to receive appropriate education.

Alternative Provision

All local authorities have a statutory duty to provide alternative education for pupils who have been permanently excluded from school, or who cannot attend school due to long term medical illness. Until 1st September 2016, the provision for such pupils within the London Borough of Havering was via the Manor Green College, Havering Pupil Referral Service (PRS). The College was composed of four elements:

- Primary provision (James Oglethorpe campus)
- Green Vale Medical Needs Provision (based at the previous Birnam Wood site in Hornchurch)
- Birnam Wood key stage 3 site

- Manor Campus key stage 4 site (based at Albert Road, Romford).

An Ofsted judgement, in February 2015, placed all elements of the former Havering Pupil Referral Service (PRS) in special measures. This led to the appointment of Olive Academies Trust as the named sponsor for a new Alternative Provision (AP) Academy to replace the Havering PRS. The new Olive AP Academy Havering came into being on 1st September 2016 and provides a facility for up to 64 secondary aged pupils who have been permanently excluded, or who are at risk of exclusion and require intervention. Medical Needs tuition is commissioned from LIFE Education Trust and referrals are now being channelled via IYFAP.

With regards to primary provision, there is no longer a primary PRU. Instead there has been a focus on training, support and early intervention. An outreach team supports schools, working with pupils and families. Elm Park Primary School provides specialist intervention and training support. A new off-site facility has also been developed for September 2017 at the RJ Mitchell Primary School site. The LA will continue to provide outreach support and training for primary schools and referral for support will continue to be channelled through the Primary IYFAP process.

Our data shows that the number of excluded pupils is increasing which is in line with national data.

2015/16	Permanent exclusions			Fixed term exclusions		
	Havering	Outer London	England	Havering	Outer London	England
Primary	x	0.01%	0.02%	0.68%	0.81%	1.21%
Secondary	0.16%	0.15%	0.17%	6.05%	6.38%	8.46%
Special	0.00%	0.07%	0.08%	1.07%	13.35%	12.53%
Overall	0.07%	0.07%	0.08%	2.93%	3.17%	4.29%

X = statistically negligible i.e. 1 or 2 pupils

Percentage of pupils receiving one or more fixed term exclusions 2015/16 (as a percentage of the school population)

2015/16	Havering	Outer London	England
Primary	0.37%	0.41%	0.56%
Secondary	4.12%	4.02%	4.26%
Special	X	4.35%	5.05%
Overall	1.94%	1.9%	2.11%

Havering Exclusions 3 year trend (as a percentage of the overall school population)

		2013/14	2014/15	2015/16
Permanent Exclusions	Primary	0.00%	0.00%	x
	Secondary	0.15%	0.23%	0.26%
	Special	0.00%	0.00%	0.00%
Fixed term exclusions	Primary	5.74%	5.6%	6.05%
	Secondary	0.54%	0.81%	0.68%

We are performing broadly in line with other outer London boroughs and generally better than across England in terms of permanent and fixed term exclusions. We are not complacent about these statistics and are aiming to work with schools to further reduce exclusions.

Currently there are 64 places commissioned at Olive AP Academy. The current pupil roll at the Academy is a mix of children, some with EHCPs, some not yet diagnosed but who are likely to meet the threshold for an EHCP and some who do not have, and do not need an EHCP. Some of these excluded pupils, generally those with EHCPs, would be better supported if they could remain in their school, with additional appropriate support.

Post-16

We currently have three options for young people continuing education in Havering:

- Havering College, Quarles Campus which caters for students with a range of additional needs and offers supported internships. Students are aged 16 years+
- Ravensbourne Sixth Form for pupils at Ravensbourne School who wish to continue their education at the school. This is for students aged 16 – 19 years
- Corbets Tey @ The Avelon for pupils from any school, who have finished Key Stage 4. From September 2018, the provision will also deliver courses for 19 – 25 year olds, focussed on year-long preparing for adulthood pathways.

Currently around 90% of our young people with additional needs are in full time education, training or employment (with training), both in borough and out of borough.

Future projections:

Children aged 3-15 years*

Primary Need	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Cognition and learning	349	360	370	381	393	404
Communication and interaction	418	430	443	456	470	483
Social, emotional and mental health	125	129	133	136	141	145
Sensory and physical	116	119	123	126	130	134
Total	1008	1037	1068	1100	1135	1167

From our projections we can see that the number of children and young people with communication and interaction needs will continue to rise, although not as sharply as we have seen in the past three years. However, we are expecting a 5% increase from 2016/17 to 2019/20, and in the following three years a further 9%.

Our projections also show a significant rise in numbers of children and young people with cognition and learning difficulties (15% over the next five years), the increase is particularly amongst those with moderate learning difficulties. We expect to see the same increase in children with sensory or physical needs.

The numbers of children and young people with social, emotional and mental health difficulties (SEMH) look likely to go up by around 16% over the same time period. This category used to be recorded as behavioural, emotional and social difficulties (BESD).

Overall our numbers of children and young people with special educational needs and disabilities is expected to rise by over 150, or around 15%, by 2022/23. This emphasises the need for us to develop more, local provision over the next 5-6 years in order to meet demand.

Young people aged 16-25 years*

Primary Need	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Cognition and learning	146	143	143	145	148	152
Communication and interaction	117	115	115	117	119	122
Social, emotional and mental health	45	44	44	45	46	47
Sensory and physical	37	37	37	37	38	39
Total	346	339	340	344	351	360

** Projections are calculated based on historical school census data and CAD data. Projections refer to the number of Havering residents expected to have a statement of SEN/EHCP for future years regardless of whether they attend school in Havering or not.*

Our projections for post-16 do not reflect the increases we are seeing in pre-16. The reason for this is that we have had a historical reduction in birth rate, and subsequently year group numbers who are now in secondary school. This cohort shows in our projections as then going through to post-16 provision. From 2020/21, we expect these numbers to follow a similar increase to that in pre-16. For that reason, we need to be mindful of what post-16 services we need to develop so that we can continue to support as many young people within Havering as possible.

4. What our consultations have told us

In order to review this strategy and how our high needs funding is allocated, we consulted with:

- Parents and carers, supported by Positive Parents via:
  - Parents Forum
  - Questionnaire on SurveyMonkey
  - Personal Outcome Evaluation Tool (POET – for those parents who have been through the EHCP process).
- Children and young people, via Advocacy for All consultations on:
  - short breaks
  - personal outcomes evaluation tool (POET – which asks about young people's experiences of getting an EHCP)
  - preparing for adulthood
- Early years providers via a focus group and a request to all providers to email any comments
- Schools and academies, including special schools via a focus group and a request to all schools to email any comments
- Post-16 providers and colleges via a focus group and a request to all providers to email any comments
- Local authority staff (from children's and adults' services) via two drop-in sessions, a request to email any comments and, for those involved in EHCPs, POET
- Health colleagues at the CCG, via face-to-face meetings

Themes from the consultations:

- A better offer and range of services (including more therapeutic interventions) would reduce the numbers of children and young people going out of borough for their provision
- Staff training is key – to ensure all staff are up to date on interventions, support and information (or where to go for information)

What's working well?

Parents

Following a meeting with the parents' forum, we sent an online survey to parents in the summer of 2017, about high needs support. We received 81 responses.
73% of parents were generally happy with how well their child is supported in school and with the process of EHCPs. From the POET survey (31 responses received), we learned that 70% of parents are happy with the quality of support for their child.

Between 60% and 75% of parents felt that their child's school supported their child's learning, progress, emotional wellbeing, sensory issues and behaviour, either fairly well or very well. More than 60% of parents thought their child's school performed well on communicating about their child's progress and are approachable in dealing with problems. 70% of parents thought schools did fairly well or very well at carrying out timely reviews and supporting parents to be involved.

Most parents thought they themselves were well prepared to talk to their child about adult life and support them in that transition; 62% reported they were very well or fairly well-equipped to have those discussions.

From the POET surveys (parents who have been through the EHCP process), 76% of parents reported that their views had been fully included in the EHCP and 68% said that their child's views had also been included in the plan. 70% of parents felt that the quality of support was good or very good.

Schools
Schools felt that there are some good areas of peer-to-peer support and some strong examples of good practice in supporting pupils with SEND.

Local authority staff
Children's and adults' services staff thought that identification of need works well, as does whole-borough provision for speech, language and communication needs. They also felt that supporting primary pupils without having a PRU building was a much better way to support children to remain in mainstream education.

From the POET survey, most practitioners (on average 84%) told us that EHCPs help them to put the child at the centre of planning, to work in partnership with parents and colleagues from other services and to understand the needs of the child in the context of home, family and school.

What needs to improve?

Children and young people:
Young people told us that they want more help in preparing for adulthood such as with getting a job, learning work skills, using money sensibly and having relationships. They would like more support from a range of trusted adults (such as social workers, careers advisors and staff at mainstream clubs and job centres) on finding a job, making new friends, living with their family and learning more.

Young people would also like more opportunity to access mainstream activities and clubs which they thought could be achieved by providing more befrienders to take them to clubs and by delivering [disability awareness] training to staff who work in mainstream provision.

Finally, young people would also like the Local Offer to be a hub of information for them on issues such as managing money and other 'useful stuff'.

Parents:
Parent satisfaction dropped to just over 50% in terms of well they felt the school coordinated health provision and social care services.

Parents reported that they felt less confident about how well their child's school was preparing them for adulthood, in terms of offering work experience, learning to look after themselves (such as, personal hygiene and cooking) and becoming more independent.

(However, parents felt that they themselves were well prepared to talk to their child about adult life.)

We asked parents what they thought of the local authority's support for themselves and their child. Only a third of parents responded that they thought the local authority did fairly well or very well in terms of this support. We also asked about how well they thought we coordinated social care and health provision, the response to fairly well or very well was 20% and 28% respectively.

From the POET survey, around half of parents thought the amount of support was good or very good and that the degree of choice and control over support was good or very good.

Early years

Feedback came from local authority early years' staff and from early years' providers.

- Modelling practices in settings would be helpful
- More support for early years' clusters is needed along with further development of peer support/ training, including whole-setting training
- Develop more support and training for parents in settings in early years but continuing throughout – parents need a transition too
- We need to renew our focus on early years' key working and clarify the role of Key Workers
- The EHCP process needs to be started as early as possible – particularly for those children who will definitely need a plan i.e. those with complex needs
- We need to provide better support and help for providers around completing forms and plans
- Transition to primary school: person-centred transfer for all children on register should be more consistently applied across borough to help schools prepare for needs of child
- We need to look at ways of ensuring a more equitable distribution of children with additional needs across all providers
- Provide more clarity about the funding arrangements across provisions and re-assess funding levels, including where children are accessing 30 hours per week
- Work with health staff to improve health support within settings and improve communications such as feeding back after the 2 year old health check
- More support is needed to develop speech and language interventions
- Early help is key and can make a significant impact on support costs further down the line. The budget for early help within early years' settings should be re-evaluated.

Schools:

Schools would like to see more consistency regarding managing behaviour/ exclusions and recording data. A particular concern was around developing a fairer funding system which recognises those schools (and those with ARPs) which are under pressure due to the size of their SEND population.

Although peer to peer support and challenge is happening, it would be helpful if that was more widespread and consistent and was supported by the local authority. Schools would also like to see the local authority drive a culture change around inclusion across all schools and nurseries.

Special schools:
Special schools agreed that the matrix for funding should be reviewed (as it is no longer fit for purpose) and look at ways to ensure the matrix was consistently applied. Special schools also offered to help in drafting guidance on the categories of need in the school census, again to ensure consistency across the borough.

From our data analysis, it looked increasing likely that the number of places at some of our special schools would have to increase. However, there are significant numbers of pupils (such as those with MLD) whose needs could be catered for in an appropriate ARP, rather than in a special school. It was agreed that special schools should receive appropriate training and support to develop their provision to meet the needs of those pupils with more complex levels of need. To some extent, our special schools are already supporting pupils with more complex needs, so any developments would be focussed on disseminating best practice across schools and ensuring that appropriately qualified staff are recruited and retained.

Over time, reducing the number of pupils with moderate learning difficulties who attend special schools will create the places we need, without requiring expansion. However, we will continue to monitor this year on year to pick up any significant changes in projections.

Post-16
Post-16 providers told us that there needs to be a clear map within Havering and surrounding boroughs about the available pathways into adulthood. These pathways need to be explicit about the access criteria.

Providers said that the opportunities available across all four pathways need further development so that there is a real choice with flexible options for young people.

They also felt that there is currently insufficient health support for young people over 16 years old, particularly mental health support from CAMHS and adults' mental health services but also for speech and language therapy.

Children's and Adults' services staff
Staff would like to see all schools and professionals signing up to make Havering a non-excluding borough, they would like to see greater auditing and monitoring of provision to ensure interventions and support are effective. They would like to see services being better coordinated, with shared care management systems between relevant services and better information, particularly on the Local Offer.

Across the services, staff said they would like to see more person-centred opportunities for children and young people and more training for professionals to deliver person-centred reviews. They felt that there was insufficient information on preparing for adulthood and that services should work more closely together to join up provision (such as social care, alternative provision, Prospects etc.).

Health

Our local health teams want to work with us more closely to provide timely and coordinated responses to requests for health input.

Agreed protocols for joint funding between education, health and social care should be developed, particularly for children with the most complex needs. This will ensure that costs are apportioned consistently between partners.

The CCG will also be looking at developing pathways and processes for young people aged 18-25 years who have healthcare needs, and this will align and develop alongside the local authority's progress on the Preparing for Adulthood agenda. This will support a smoother transition into adulthood for young people with high needs. Any processes developed should start preparations early and provide supported progression into adult life, beyond education so that there is no 'cliff edge' for young people moving from children's services to adults' services.

Ideas for development

Parents endorsed the view that mainstream schools should support the majority of pupils with moderate learning difficulties, that more ARP provision should be developed across the borough and that we should increase provision in our special schools, where necessary. Parents also supported the suggestions that we should develop a new free special school for pupils with ASD and SEMH. We asked parents whether they thought that more training should be available to staff to improve their confidence in supporting pupils with SEND; 96% of parents approved this idea.

Local authority staff were generally in agreement with the ideas for development. They were clear that high quality workforce training would be vital to making any of these changes a success. Some staff expressed concerns about the proposed intake of the new free school – that those with SEMH may find it difficult to mix with those with ASD and vice versa.

As with schools, staff were keen to see more opportunity for schools to share learning and best practice with one another.

5. How effective is our provision and what are the gaps?

As part of the review of our high needs funding we wanted to know:

- How effectively current provision meets need
- How effectively current provision prepares young people for adult life

In order to evaluate our provision, we looked at the numbers of children and young people choosing to attend an out of borough provision as well as data on progress and attainment. We also took into account feedback from all of our stakeholders: parents, young people, schools, early years' providers, post-16 providers and both local authority and health staff (see section 3).

	Progress/ Attainment Indicator 2016[1]	**SEN without statement/ EHCP**	**SEN with statement/ EHCP**	***No SEN/ statement/ EHCP***
Havering	KS2 attainment (RWM) Reading, Writing, Maths	20%	15%	*75%*
	KS2 attainment (GPS) Grammar, Punctuation, Spelling	36%	22%	*80%*
London	KS2 attainment (RWM) Reading, Writing, Maths	24%	9%	*68%*
	KS2 attainment (GPS) Grammar, Punctuation, Spelling	44%	20%	*87%*
England	KS2 attainment (RWM) Reading, Writing, Maths	16%	7%	*62%*
	KS2 attainment (GPS) Grammar, Punctuation, Spelling	32%	15%	*83%*

Our primary age children with a statement or EHCP perform better than their counterparts across London (inner and outer London) and in England as a whole. For those pupils without a statement or EHCP but who require SEN Support, we perform less well than London as a whole but better than across England.

These statistics also show that we need to do more to close the gap between those pupils without any identified SEN needs and those who require SEN Support or who have an EHCP/statement.

[1] Data provided from gov.uk, SEN2 data

Progress/ Attainment Indicator[2]	2012	2013	2014	2015	2016	London 2015	England 2015
5 A*-C GCSE (incl. English & Maths) SEN Support, without statement/ EHCP	91.7%	83.1%	79.3%	77.6%	*Data not available*	82.8%	78.8%
5 A*-C GCSE (incl. E&M) with statement/ EHCP	53.4%	34.3%	43.3%	48.0%	*Data not available*	37.2%	36.1%
For comparison: 5 A-C GCSE (incl. E& M) with no SEN/ statement/ EHCP*	*67.7%*	*68.6%*	*65.5%*	*61.6%*	*Data not available*	68.6%	64.6%
Percentage of KS4 SEN Cohort in Education, Employment, Training at 17	86%	90%	90%	90%	*Data not available*	89%	88%
Percentage 19 year olds qualified to L2, incl. English & Maths, without statement/ EHCP	28.3%	38.7%	34.1%	27.8%	31.7%	44.9%	37.00%
Percentage 19 year olds qualified to L2, incl. English & Maths, with statement/ EHCP	8.8%	5.3%	13.1%	17.6%	14.3%	17.7%	15.3%
Percentage 19 year olds qualified to L3, without statement/ EHCP	25.9%	36.9%	28.4%	27.8%	21.7%	43.8%	31.2%
Percentage 19 year olds qualified to L3, with statement/ EHCP	13.2%	16.0%	16.7%	16.2%	15.7%	19.0%	13.7%

These statistics for pupils in secondary school and further education, show mixed results in comparison to London as a whole as well as England. Havering pupils with an EHCP or statement perform better at Key Stage 4 than their counterparts elsewhere; however those with SEN support needs but who do not have an EHCP/ statement are slightly behind those regionally and nationally. We are slightly ahead in supporting young people to remain in education, employment and training at 17 years old.

We need to make improvements to the numbers of 19 year olds, both with SEN support and with EHCPs, who achieve Level 2 and Level 3 qualifications. (Although we are slightly ahead of the number of 19 year olds with an EHCP/ statement who qualify to Level 3 than across England.)

[2] Data provided from gov.uk, SEN2 data

Our data also shows we need to do significantly more to close the gap between how well pupils with SEND progress compared to their peers without additional needs. This will be vital in ensuring pupils with SEND can progress onto a meaningful adult life. We also need to do more to ensure that all our 16 and 17 year olds with SEND stay on in education, employment or training until they are at least 18. Developing a clear map of provision and identifying any gaps will be a useful starting point.

Health
Clinical Commissioning Groups (CCGs) have a responsibility to work in collaboration with the Local Authority to provide a service that meets the needs of the local population.

The CCG commission NELFT (North East London Foundation Trust) to provide a wide range of health interventions to support children and young people aged 0-25 years and their families (providing that the child /young person reaches the threshold for that particular service or therapy). These services include school nursing, paediatrics, health visiting, therapies (speech and language, occupational and physiotherapy) and children and adolescents' mental health services (CAMHS).

Effective commissioning for such a small group of children and young people as those with complex needs can prove to be challenging. Often there are very few providers in a defined local area that are able to meet such needs.

5.1 Our conclusions

What we are doing well:
Early years

- There are some areas of very good practice in supporting young children with complex needs, across early years' settings
- Most early years' settings are managing to support young children effectively, despite the pressures on staffing and funding
- Early years practitioners are committed to ongoing development of their skills and knowledge to support the needs of children with SEND
- Children with complex needs and their families receive co-ordinated help and support at an early stage through Early Support Key Workers.

Schools, ARPs and special schools

- There are some areas of excellent practice in supporting pupils with SEND, across all our provision – mainstream, ARPs and special
- Schools, on the whole, are managing to support pupils effectively, despite the pressures on budgets

Children without EHCPs

- Children without EHCPs have been receiving support paid for through the High Needs block
- Olive Academy was established in September 2016 and now provides appropriate support to pupils who have been excluded (some pupils at Olive Academy have EHCPs)

- Having a virtual school for primary pupils who are at risk of, or who have been, excluded from school ensure pupils can continue to access mainstream education and therefore prevents further marginalisation.

Post-16

- The new Preparing for Adulthood Team has been established and social workers from both children's and adults' services have now been recruited
- A revised protocol and operations policy are in place for the team
- Data has been cleansed and tracking of pupils coming into, and out of, transition are being monitored
- The new provision, CT@TA is proving popular with 26 students on roll
- Planning is underway for development of the post-19 provision at CT@TA, opening in September 2018
- Havering College are already offering a range of supported internships
- Some mapping of provision & levels of need for post-16, including a curriculum map, has already been completed.

Workforce development

- Some early years' and school staff are embedding new approaches to supporting pupils, such as 5P (a behaviour management programme)
- CAD staff are already delivering training to improve the confidence and knowledge of early years' and school staff in supporting children with additional needs.

Health

- The mental health transformation programme is underway. It is focussed on:
    - earlier access through the development of a wellbeing hub
    - delivering an out of hours service
    - taking a holistic approach to mental health services for young people
- A CAMHS school link worker has been recruited to support the social, emotional and mental health of children and young people in Havering
- A mental health social worker in children's services has been appointed to provide signposting and support for relevant children
- Development of digital engagement for children and young people with mental health concerns as part of the prevention and intervention pathways
- In 2018 a '0 to Thrive' approach in early years will be implemented, which focusses on early intervention and positive parenting.
- The ELSA (Emotional Literacy Support Assistants) programme will be rolled-out. This programme delivers additional training to teaching assistants from educational psychologists. ELSAs will support children and young people in school to understand and regulate their own emotions whilst also respecting the feelings of those around them
- Development of a pilot for 2018 to jointly commission (between the CCG and the LA) mental health provision

Areas for improvement and development:

Early years

- Early years ASD support in particular needs to improve. Additional resources are required to better support early identification and intervention for under-5s with a diagnosis of ASD
- Look at increasing the funding in order to provide more support at the early stages, particularly around support and training for early years providers, delivery of evidence-based interventions and increased payments for children with additional needs
- Support all providers to deliver an inclusive setting and aim to have a more equitable distribution of children with additional needs across the borough; whilst recognising parents are free to choose the provision they want for their child.

Schools, ARPs and special schools

- Mainstream schools do not have sufficient funding in their delegated budget for SEND and there is an uneven distribution of pupils with SEND across the borough
- There are insufficient ARPs. A primary school ARP specifically for pupils with ASD is a priority. The other priorities for ARPs will be consulted on and agreed as needs arise
- Special schools need to be able to focus on pupils with more complex levels of need and, where necessary, should seek re-designation with the local authority's support
- We need to work more closely with schools to address the disparity in how challenging behaviour is dealt with so that exclusions (permanent or fixed-term) are consistent
- We need to ensure schools have the right support and training with an aim of significantly reducing the number exclusions amongst pupils with SEND
- We need to better understand the barriers to attainment and then target interventions to ensure that each child and young person is able to reach their full potential.

Children without EHCPs

- In Havering, we usually have around three pupils at any one time who have significant health issues which prevent them from going to school
- We currently commission LIFE Trust to deliver this provision on our behalf at The Bridge. Pupils are referred through the IYFAP (In Year Fair Access Panel), and The Bridge are expected to take any pupils referred unless there is a clear reason not to
- It is likely that this year, we will be tendering to formally procure a provider of education for pupils with medical needs
- We will ring-fence a small budget from the High Needs Budget to pay for equipment and support.

Post-16

- For post-16, better mapping of provision is necessary - it is not clear what is available and where.

- A wider offer needs to be developed, particularly at lower academic levels, with more opportunities for work-based learning leading to employment, ideally paid employment.

Workforce development

- There are some barriers to workforce development mainly around releasing staff to attend training
- In early years, they were keen to have whole-setting training, rather than just individuals, to help embed practice
- Across all staff, it was felt that the key areas for development were developing practical skill sets and improving confidence in supporting children with SEND.

Health

- Mental health is a gap in our provision, particularly early support and preventative support
- Health provision, particularly therapies (physiotherapy, occupational therapy and speech and language therapy) is perceived to be a gap and is often the cause of parents choosing out of borough provision for their child. Following the joint review of therapies, the local authority and the CCG should consider joint commissioning some additional therapeutic provision
- Review data to ensure it is robust, which will improve service planning
- Focussing on development of services to support transitions into adulthood, in partnership with the local authority's Preparing for Adulthood developments
- Supporting the local authority to look at improving local services so that young people do not have to go out of borough to receive the provision they need.

Other

- A greater focus is required on invest to save across both children's and adults' services as well as health. Decision-makers need to look at the bigger picture.
    - We need to look at the reasons for cases going to tribunal and evaluate how we could improve our local offer
    - Out of borough (OOB) costs are high – there are some cases where consideration for creative use of funds could have met the child's need locally and avoided an OOB placement; some where we haven't (yet) got the right provision in borough.
- Reducing the number of children and young people who go out of borough for their education, will also have a significant impact on reducing travelling time for children, as well as reducing costs. The transport budget has not been included in the review as it does not come from the high needs budget.

6. Finance

The majority of the funding to support Havering's strategy for high needs provision comes through the Government's annual allocation of the Dedicated Schools Grant (DSG) High Needs Block. Provision is also supported from schools' delegated budgets to meet the first £6,000 of the costs of high needs provision. In the early years' sector there is a small budget to support children with high needs which is matched by an equal sum from the High Needs Block.

The high needs budget funds a range of provision including:

- Special schools
- Additional Resourced Provision (ARPs) in mainstream schools
- "Top up" element 3 funding for placements of pupils with EHC plans in mainstream schools and academies
- Placements in non-maintained special schools, independent special schools and out of borough special schools
- Post-16 provision up to the age of 25 in local provision and colleges, as well as out of borough colleges and in non-maintained and independent provision
- Alternative provision for pupils with challenging behaviour
- A range of support from central services for 0-5 year olds and 5-19 years olds

Funding Formula

The annual allocations of high needs funding to the LA are based on a methodology that relates to expenditure on high needs from 2012-13 and has not been adjusted by the DfE to meet changing levels of need. As part of the new national funding formula, the DfE will distribute high needs funding to local authorities according to a formula. 50% of this formula will again be based on historical spend, 25% on population and the remaining 25% on a range of deprivation factors. Based on the application of this formula to 2015-16 data, Havering would receive an increase in funding of 8.2%. However, there is a cap of 3% which will limit the additional funding we receive.

It was announced in September 2017 that this new formula will provide an additional £1m to Havering's high needs budget.

Budget pressures

Havering's allocation of high needs funding is under pressure each year from increases in the number of pupils requiring support and the increased complexity of need. A significant pressure also comes from the number of high cost placements in out of borough provision. We recognise that some areas within the high needs budget are under-resourced, across both mainstream and special schools.

In addition, there are a number of competing pressures on high needs funding. These include:

- An increasing number of pupils and students requiring EHC Plans within a growing pupil population;
- An increase in the complexity of need of children requiring placement in Havering schools;

- The revenue costs of funding a new special school for SEMH and ASD children;
- The revenue costs of more additionally resourced provisions in mainstream schools;
- Funding that recognises the pressures on schools with high numbers of pupils with EHC plans;
- The need for additional support within children's early years;
- An increase in post 16 provision up to the age of 25;
- Pupils with medical needs but no EHC Plan; and
- Additional training for school staff for children with SEND

Some of the pressures in the above list may not arise in the current or next financial year but it is clear from discussions with several schools that the requirement to fund the first £6,000 of support is placing a strain on budgets particularly when there are large numbers of high needs pupils in a school. One of the causes of this is that the hourly rate currently used to fund top up funding in support of EHC plans is £12.67 which also means that the first £6,000 is equivalent to 12 hours.

We have modelled the financial effect of increasing the hourly rate to £14.00. This would reduce the requirement on schools to fund the first 12 hours to 11 hours with the additional cost of 1 hour per EHC plan at £14 per hour falling to the central high needs budget. Based on current EHC plans this would cost £570k in a full year. In 2018-19 this could be met from the anticipated increase in high needs funding but ignores other pressures.

Further work will continue on meeting the costs of other pressures.

Invest to save

In Havering, we are committed to developing all of our provision to be the first choice for parents and children. As part of this we recognise the benefit of taking an 'invest to save' approach. This means looking at where we can spend money now in order to save money in the longer term. This may be through increasing funding to local provision or to individuals, or developing new provision, in order to support more children and young people to stay in borough.

We are improving how we work in order to deliver on this commitment and this is enshrined in our Children's Vision (see page 6). We are encouraging staff to be creative and develop innovative approaches and solutions in their work. We want staff to feel empowered to take risks through developing a culture of trust.

One successful example of the invest to save approach is Corbets Tey @ The Avelon (CT@TA), where we have funded development of new 16-19 provision. The provision opened in September 2016, with nine students; there are now 26 students on roll. A significant number of their students would have had to go out of borough to independent provision if CT@TA had not been set up. This is supporting these students to remain at home with their families and in their community.

We want to develop more of this kind of provision, to reduce the number of pupils going out of borough to expensive independent and non-maintained (I/NM) placements. We estimate that once we have developed the free school, we will be

able to save in the region of £40,000 per pupil. This is based on data of those currently attending I/NM placements whose primary needs is ASD or SEMH. This currently costs Havering over £1.6m per year. The average cost per place for pupils going out of borough is over £67,000 per year.

Not all of those who currently receive their education out of borough will want to come back to in-borough provision. However, these calculations provide an indication of the kinds of savings we can expect in the future as, year on year, the number of pupils placed out of borough reduces.

7. Next Steps

This review will inform a revised version of the High Needs Strategy 2015-2020. The new strategy will encompass all children and young people aged 0-25 years who have high needs, i.e. not just those with SEND.

This new strategy will form the basis of an action plan which will provide staff with a framework for implementing changes, schedule delivery of the changes and allow stakeholders to support the developments as well as ensure accountability of the council alongside our partners.

8. Glossary

Acronym	Meaning
AP	Alternative provision
ARPs	Additionally resourced provision
ASD	Autistic Spectrum Disorder
CAD	Children and Adults with Disabilities Services
CT@TA	Corbets Tey @ The Avelon (16-25 provision)
CCG	Clinical Commissioning Group
DfE	Department for Education
EHC	Education, health and care
EHCP	Education, Health and Care Plan
EIS	Education Inclusion Service
HI	Hearing impairment
ISP	Independent specialist provider
IYFAP	In-year fair access panel
LA	Local authority
LO	Local offer
MLD	Moderate learning difficulties
OOB	Out of borough
PD	Physical difficulties
PfA	Preparing for adulthood
PMLD	Profound and multiple learning difficulties
POET	Personal Outcomes Evaluation Tool
SEMH	Social, emotional and mental health (difficulties)
SEN	Special educational needs
SEND	Special educational needs and disabilities
SLCN	Speech, language and communication needs
SLD	Severe learning difficulties
VI	Visual impairment

HAVERING HIGH NEEDS STRATEGY
2017 - 2022

In Havering we want all children and young people to thrive and develop the skills, characteristics and knowledge which prepares them for adult life.

Our vision is for children and young people with special educational needs and disabilities (SEND), and other additional needs, to enjoy their education in the most inclusive environment possible and be supported in participating as fully as they can in the lives of their schools and local community, throughout childhood and into adulthood.

This strategy builds on the outcomes of Havering's High Needs Review 2017.

Contents

Executive Summary

What does the strategy aim to do?

The strategy sets out our ambitious plans to make Havering provision the first choice for children, young people and families. It provides a flexible framework for the next five years which will enable us, and our partners, to respond to current and future need.

What is the strategy about?

From the outcomes of the High Needs Review, the strategy sets out:

- How our provision will effectively meet the needs of children and young people in the area and how we prepare them for adult life
- The range of needs which we generally expect to be met by:
    - mainstream providers, including early years settings, schools, and post-16 institutions, including how we will support these institutions to access the specialist training and workforce development they need
    - specialist providers
    - highly specialised providers
- How we will address the gaps in local provision identified by the review
- How we will allocate resources to deliver this provision locally

What were our key findings?

Havering's High Needs Strategy was written following the findings of the High Needs Review 2017. The Review was undertaken to evaluate how well Havering is delivering support and provision for children and young people with high needs across all partners providing children's services.

The Review sets out our findings using data and outcomes from our consultations as well as benchmarking information.

The main findings were:

- We need to use our resources wisely, ensuring needs can be met across the spectrum with appropriate levels of support
- We need to support providers, working with all ages of children, to develop the most inclusive services possible
- We should be working with providers, schools and colleges to improve attainment amongst children with Special Educational Needs and Disabilities (SEND) whether they have an EHCP or not
- We need to improve information for children, young people and parents so options, services and pathways are clearer
- We need to develop more provision for children and young people with Autistic Spectrum Disorder (ASD) and Social, Emotional and Mental Health Needs (SEMH); from early years, through school and into adulthood
- We need to improve how we gather data (including how schools record data) so that we can meet needs appropriately as they develop and change

How will this strategy make a difference?

The strategy sets out proposed changes which will be developed from April 2018 onwards, over the following four years. The key changes are:

1. To ensure that children, young people and their families have the right support at the right time; through:
    a. Development of a new SEMH/ ASD Free school
    b. Delivering an ongoing programme to create more Additionally Resourced Provisions (ARPs) in mainstream settings
    c. Re-designating special schools, as appropriate; reducing the number of pupils with moderate learning difficulties who attend special schools and enabling special schools to support the growing numbers of children with more complex needs
    d. Reviewing the impact of alternative provision and how it is provided
    e. Improving our offer of pathways to adulthood for young people so that they can move towards a productive and enjoyable adult life
    f. Ensuring social care support provides appropriate care in a timely way for families
    g. Reviewing the provision of health therapies across the borough to provide sufficient services to meet needs.

2. To increase funding for providers and schools to ease the financial pressure of supporting children with high needs, thereby improving support through:
    a. Development of a small capital grants programme to allow providers and schools to make their buildings more inclusive
    b. Increasing the hourly funding rate from the Special Educational Needs Inclusion Fund for early years
    c. Increasing the hourly rate for top up payments to schools for pupils with EHC plans & increasing the amount allocated for 'headroom'
    d. Increasing the allocation to the Social Inclusion Fund to support placements in alternative provision
    e. Increasing the funding to special schools via a revised funding matrix

3. To improve training for staff working with children and young people with high needs:
    a. To improve the confidence of all staff in working with children with high needs
    b. To support staff retention through gaining appropriate qualifications
    c. To enable peer-to-peer learning
    d. To improve quality assurance across schools and providers and ensure consistency of support for children and young people

4. To continue to make improvements in how services are delivered via the Children and Adults with Disabilities Service (CAD) and the Education and Inclusion Service (EIS). This includes making improvements to how we gather and use data to plan future services and provision.

1. Introduction

Havering's priority is to develop sufficient local, affordable provision which is the first choice for children, young people and parents and which provides the right support at the right time.

This strategy sets out how we will achieve this: by investing in our existing services and provision as well as developing new provision. These developments will be based on the outcomes of the High Needs Review 2017, which incorporates the views of a wide range of stakeholders, including young people, parents, early years' providers, schools and post-16 providers, as well as local authority staff.

We want to be clear about:

- How our provision will effectively meet the needs of children and young people in the area and how we prepare them for adult life
- The range of needs which we generally expect to be met by:
    - mainstream providers, including early years settings, schools, and post-16 institutions, including how we will support these institutions to access the specialist training and workforce development they need
    - specialist providers
    - highly specialised providers
- How we will address the gaps in local provision identified by the review
- How we will allocate resources to deliver this provision locally

We know that we do not have enough school/ college places to meet current demand and that we need to improve the quality of some of our offer. We will work to deliver what parents, young people and professionals tell us they want and need for children and young people. Parents want their children to stay in local provision, be part of their local community and develop their own friendships and support networks. In order to do this we need to look at investing our funds in order to improve the effectiveness and range of local provision.

We want to build on what is working well in the borough and make improvements and changes where they are needed. Driven by the views of parents and professionals in Havering, the strategy sets out how we will make improvements in the quality and range of educational provision, in terms of:

- Developing new provision
- Improving existing provision
- Improving support and training for staff across all settings

In addition to increasing numbers, we are also seeing more children presenting with more complex needs. This means we will need to change how we meet demand within Havering – across special schools, Additionally Resourced Provisions (ARPs) and mainstream schools; as well as with social care, leisure services and health provision.

To achieve this, we want to continue to work closely with children, young people, parents and our partners, ensuring that the wellbeing of children and young people are at the heart of everything we do.

2. What we will keep doing and what we will start doing

Developing new provision (capital-funded projects)

The Department for Education (DfE) has allocated an annual capital budget to all local authorities over the next three years (from April 2018 through to 2020). The budget is to develop new provision for children and young people with high needs; where this is attached to existing provision, it must have an Ofsted rating of Good or Outstanding. The funding can also be used to improve existing provision. A condition of the funding is that local authorities should have an up to date strategy which accurately reflects local needs.

Havering has been awarded £2.4m over the next three years (£800,000 per year).

- **SEMH/ ASD School**

We have been selected by the DfE to commission a new free school which will meet the needs of children and young people in the borough. Through our data analysis, we recognised that children with social, emotional and mental health difficulties (SEMH), alongside those with autistic spectrum disorders (ASD) were increasing in numbers and we have insufficient specialist support for them.

The new school will cater for children and young people aged 3-16 years who have complex or severe ASD or social, emotional and mental health difficulties. A small social care provision will be developed to complement the new school.

We are in the process of working with the DfE to invite tenders for the delivery of the school. The timeline for the new school will be released once the tender process is completed.

The development of this new school, in terms of capital funding, will be paid for by central government. The revenue funding (the costs of running the school) will come from the High Needs Budget.

- **ARPs (Additionally Resourced Provision)**

In Havering, there are ARPs in six schools, supporting pupils with autistic spectrum disorder (ASD) and communication needs, complex needs and hearing impairment. We know, from feedback from schools and from parents, as well as from our own data, there are not enough of these. These six schools are keen to support other schools to develop ARPs across the borough in both primary and secondary phases.

We also know that we need more ARPs that focus on supporting children who have ASD and SEMH, particularly in early years and primary schools.

As part of the high needs capital programme, we plan to deliver a series of new ARPs over the next 5 years. Some of these will be funded through the new High Needs Capital budget, and some via our own capital expansion programme. The revenue funding for the new ARPs will come from the High Needs Budget.

Improvements/ increased places (revenue- and capital-funded projects)

As part of the review, and in addition to the funding from the DfE, we also looked at how we could maximise our existing high needs budget. We are committed to taking an 'invest to save' approach in order to ensure that our local provision is fit for purpose, meets needs and is the first choice for children and parents.

In order to improve support in schools and other settings, and following our consultations, we are implementing a number of changes. These developments will be monitored to assess their impact on outcomes for children and ensure value for money. We expect that there will be further changes as numbers of out of borough placements reduce and funding is subsequently re-invested in local provision. Any further changes will be consulted on.

All providers:

Schools suggested that we look at providing funding for calm down/ sensory rooms or something similar which would improve how they support and manage pupils with additional needs. This is just one example of adaptations to the school environment which would make schools more inclusive.

We will launch a small capital grant programme for schools and providers (early years and post-16), who support children and young people aged 0-25 years with SEND or high needs. Grants will be available of up to £10,000. Details of the scheme will be published by April 2018.

Early Years:

We will review practices and processes across early years, both within the local authority and providers, in addition to increasing the early years' Inclusion Fund. This Fund supports specialist provision for children in early years' settings.

Half of this increase will come from the High Needs Budget, with the other half coming from early years' funding.

The focus for developments will be:

- Provision of further guidance to early years' providers on making an application for an Education, Health and Care Plan (EHCP) assessment for 0-5 year olds
- Review delivery of early intervention programmes to ensure good outcomes for children
- Ensure assessments take place in an appropriate setting to ensure accuracy
- Support better transitions into school. (There will be training for school staff to improve person centred practice – see workforce training section below)
- Review the approach to quality assurance across settings
- An increase in the hourly funding rate from the Special Educational Needs (SEN) Inclusion Fund
- Support for providers to bid into the Inclusion Fund for accredited training and status
- Development of a training programme in consultation with providers and including support for delivering whole-setting training regularly throughout the year

Mainstream schools:
Mainstream schools, including those with ARPs, will benefit from a number of new measures:

- We will increase the hourly rate for top up payments to schools for pupils with EHC plans to £14. Consequently this will reduce the number of hours that schools are expected to cover within the first £6,000 from 12 to 11.
- Provide additional financial support for schools which have a disproportionately high numbers of pupils with SEND (known as Headroom)
- Ensure robust reviews of EHCPs are carried out to ensure support is still appropriate, thereby potentially freeing up funding for others.

In addition the Children and Adults' with Disabilities Service (CAD) and Education Inclusion Service (EIS) Services will review their practices and processes to ensure maximum support for schools, pupils and parents. This will focus on:

- Regularly reviewing all aspects of information, advice and guidance available to schools, providers, parents and carers as well as children and young people
- Providing appropriate and timely support for children and young people with high needs and their families
- Improving joined up working across departments and with other partners, including further developing co-production with parents
- Work with commissioners to develop the offer of personal budgets
- Continue to work with the school organisation team and across CAD to improve data collection and produce accurate projections.

Alternative Provision (AP):
We want to ensure that all schools are confident in managing behaviour, are responding appropriately to challenges and that pupils who require an EHCP are issued a plan in a timely manner.

Where an exclusion is issued, this should be once all other recourses are exhausted. To support this we will:

- **Seek to reduce the number of exclusions** - work with schools, both with and without ARPs, to update the Exclusions Concordat and monitor implementation. The current Concordat is attached as Appendix 2.
    - Schools told us that they recognise that the criteria for permanently excluding pupils is unclear. Both schools and the council want that to change so that there is clarity and consistency in managing, and dealing with, different levels of behaviour. To do this we are considering:
        - How funding is accounted for and allocated to schools
        - Introducing a greater level of rigour and challenge via the IYFAP (In Year Fair Access Panel) process
    - We are also developing and improving training to schools, via local authority staff and via school-to-school peer support
    - Review the need for any further intervention facilities in relation to primary pupils

- **Develop a clear behaviour support approach** from the local authority, developed in partnership with expertise from Olive AP Academy
- **Develop, and disseminate, a clear admissions policy** for Olive AP Academy, with senior leadership, and in consultation with schools
- **Review the impact of provision at Olive Academy**
- **Develop our network of quality assured AP providers** to support pupils at risk of exclusion from school and commission more places, as required
- **Increase the allocation to the Social Inclusion Fund** to support placements with alternative providers

Special schools:
The demand for places in our special schools is increasing, along with an increase in the complexity of need.

We expect that our special schools will:

- Review their designation so that it accurately reflects their intake. We will support schools (including the new free school) to do this in a way that ensures their specialisms complement each other and can meet the range of local need
- Support us to review the funding matrix so that funding levels are appropriate for the complexity of need
- Start to reduce the number of pupils accepted into their schools with moderate learning disabilities (these pupils will be supported in mainstream schools and ARPs)

Children and young people with medical needs
At any one time, there are less than five children and young people aged 0-25 years who have significant medical needs, but no educational support needs. These children require funding from the high needs block, usually for medical equipment, but sometimes for support, in order for them to access learning.

We have revised our approach so that these children are now treated as though they do have an EHCP. That is, their school should use the first £6,000 to support the pupil, and the local authority will then provide any additional top-up required. We will be ring-fencing a small amount of money for this purpose every year from the High Needs Budget.

Post-16 providers and preparing for adulthood (PfA):
In Havering, we are committed to following the government's recommended model of pathways to adulthood, which focuses on young people's strengths, and takes a person-centred approach to support. PfA aims to support young people, from age 14, into a fulfilling and positive adulthood across the four pathways:

1. Training, employment and positive activities
2. Good health
3. Independent living
4. Community, family and friendships

We are developing a dedicated team supporting young people into a positive adulthood, led by the Preparing for Adulthood Manager.
To achieve this we plan to:

- **Improve our offer for pathways to adulthood** (training, employment and positive activities; good health; independent living; community, family and friendships. This will include revenue funding (running costs) for the new post-19 provision being developed at Corbets Tey @ The Avelon (CT@TA) as well as continuing to work with other providers to support the development of their offer
    - **Develop a wider offer for young people to experience, and progress into, the world of work.** We want to reduce the number of young people with SEND who are not in employment, education or training (NEET). We will work towards improving our offer so that young people who would like to engage in some form of work (voluntary, paid, part-time or full-time) are supported to do so
    - **Develop a positive offer for those young people who may never be able to work** or who are not yet ready for work. For example, to meaningfully contribute by being part of community based activities and social groups; through personalisation we will support young people to explore their interests, likes and dislikes and help them maintain and develop new skills.
- **Plan, prepare and commission appropriate services** for young people moving into their adult lives, working with health, housing and adults' services, including commissioning. This will particularly focus on young people with complex and multiple needs.
    - Complex Needs Panels will be designated for PfA at key points throughout the year
- **Start planning for the future from age 14 (Year 9)**
    - **Develop effective tools for early assessment**, planning and sustained intervention
    - **Develop a SEND Moving On event** to provide an interactive opportunity for young people and their parents to find out more about what is available in Havering (this will be based on the Moving On event for mainstream young people which takes place annually in October)
    - **Implement early budget forecasting** across Children's and Adults' services in relation to PfA
- **Improve the local offer to include clear information on what is available for all four pathways to adulthood. Communicate better with young**

people, and their parents, about what is possible for their future and how each young person may get there.
    - Provide clear communication about available options for young people at age 20/21 years+, including support and services which are not education-based

Social care support, including short breaks and support in the home:
Social care, including short breaks can provide respite for parents and an opportunity for children and young people to have fun, try new activities and develop new friendships. To ensure this is reviewed as part of a package of support we will:

- Put in the right level of support to help keep families together
- Work with providers to improve the offer and range of short breaks and support in the home
- Ensure that providers are supporting young people to move into an independent an adulthood as possible, through a range of measures including reducing reliance on services where possible
- Expand the shared lives offer to help meet the demand for young people remaining in the community, with support in the short, or longer, term

Health:
We recognise that there is a perception of insufficient therapeutic provision across the borough and this is often cited as a reason for sending children and young people to out of borough placements, which can increase the costs to Havering and the Clinical Commissioning Group (CCG).

The CCG are currently undertaking a joint review on therapies. Depending on the outcome of that review, it is hoped that we will be able to jointly commission new therapists to work across education provisions. We will work with our local health teams more closely to ensure they can provide timely and coordinated responses to requests for health input.

The CCG is looking at developing pathways and processes for young people aged 18-25 years who have healthcare needs, and this will align and develop alongside our progress on the Preparing for Adulthood agenda.

Health-related life skills are also important and we want to look at how we incorporate these into provision wherever possible, whilst maximising existing resources. These skills include healthy eating, relationships and sex education, physical activity and emotional health and wellbeing.

A number of measures have already been put in place to improve mental health and wellbeing amongst children and young people and these will continue to be embedded and reviewed to measure their impact.

Working with neighbouring authorities:
We have worked with our neighbouring boroughs to identify opportunities for joint working which could increase effectiveness and efficiencies. This has led to us working across all three boroughs to commission an integrated equipment service for our special schools. More details on this will be published soon via the Local Offer.

We also explored with our neighbours where we might enhance out of borough provision, where there are significant numbers of Havering children in attendance. At the moment, there are no key areas to be developed, but we will keep this under review.

Workforce development

For schools, early years and post-16 providers and local authority staff

Having a confident, resilient and flexible workforce has been identified as a priority across all stakeholders. We know that in order to meet our ambitious aims we will need to invest in our workforce across early years, schools, post-16 providers and local authority staff, as well as working with our colleagues in health and with other providers. We will look at increasing the training budget, maximising learning and knowledge across the workforce, to improve outcomes for children and young people.

We will develop:

- Improved behaviour support mechanisms and training
- Increased SEND support services:
    - for special school staff supporting pupils with more complex needs
    - for mainstream and ARPs staff to confidently support pupils with additional needs
- Training for Children and Adults with Disabilities Team which can be disseminated to early years' providers, schools and post-16 providers
- Preparing for adulthood training for schools and post-16 providers
- Support for those without an EHCP through:
    - TA training }
    - In-school training }
- Mechanisms for sharing good practice peer to peer - across early years settings and across schools
- Methods to promote understanding, and knowledge of, the Code of Practice
- Mechanisms for schools to work closely with their local early years settings to support school readiness

Multi-agency decision-making

<u>EHC & Complex Needs Panel</u>

We will continue to implement our new system for operating the EHC and complex needs panel, which incorporates:

- Budget-holders and/ or commissioners are members of the panel
- Panel members are encouraged to be creative with solutions to meet the needs, in borough, of the majority of our children and young people
- Decision-making will be consistent and transparent

<u>EHC Hub</u>

Developments are underway to transform our Education, Health and Care process, providing a more collaborative, transparent service for everyone including parents and children with SEND. This development will move EHC processes on to the "EHC Hub".

The EHC Hub is a web-based, digital, single contact point for everyone involved in the 20-week EHC process. The Hub will transform how requests are managed, monitored and shared, as well as giving a voice to young people and their families. It allows everyone involved in the EHCP to make their contribution, see the contributions of others and all work towards a positive outcome.

This new process will make us more efficient by enabling simple ways to check progress and to identify quickly any potential delays. The EHC Hub offers secure information sharing and workflows.

The significant change is that families can view and use the Hub to make it easier for them to make their contributions to the process. We will be working with Open Objects, the company who have developed the Hub to ensure its fit with the way we work in Havering and will be rolling it out early in 2018.

The Hub will also allow us to make sure that we are getting it right for children and young people through closer and easier monitoring of outcomes. We will work to ensure that our annual review process becomes more robust as a further measure of success against outcomes.

3. How we plan to do it

To enable us to deliver this strategy and make a difference to children and young people with high needs in Havering we need to have a confident, dynamic and flexible workforce who can respond and adapt to changing needs and are clear on our common aims. We want staff to be resilient in their approach to working with families as well as to schools and other partners.

Creating a work environment which encourages creativity is one of our key priorities to enable significant change in our effectiveness in supporting outcomes for children with high needs.

We also want to support our families to be resilient and to be ambitious and realistic about the future for themselves and their child. We know that in order to do this we need to improve and increase our offer locally and ensure that the right support is provided at the right time.

Local Authority support
There is a commitment within the local authority to retain the support and functions of 0-5 and 5-19 teams which are funded through the High Needs Budget, as they are integral to the delivery of this strategy. However, this will be kept under review. Currently, feedback is that these teams are making a difference in supporting schools and providers to appropriately manage and support children and young people with additional needs.

Partnership working:
We want to continue building on our work to engage with parents through Positive Parents; and with children and young people through Advocacy for All and the Pupil Voice Network.

We will continue to have regular engagement with heads, schools and other providers.

Early years' providers suggested that we develop a campaign around supporting parents to improve their child's communication skills. We will look at how we could do this, in partnership with providers.

Details of our plan to achieve the ambitious aims set out in this strategy can be found in our action plan in Appendix 1.

Data:
We want to improve our data collection in order to make more accurate projections of future need.

To do this we need to focus on two elements of our data gathering. Firstly, we will work with schools to ensure there is a consistent approach to the school census which gives us high level data on pupils in Havering schools (including those pupils

who are not Havering resident). Secondly, we will focus on how we record data across the authority as this provides us with a broader picture of all children with high needs and includes those who are Havering resident but who do not attend a Havering school. We want to be able to identify not only the primary need but also the level of need of children and young people. This level of data will help improve our projections and planning for services, including school places. We will continue to develop the specification for a new database which can address these issues.

Budget

Havering will receive an additional £1m into the high needs budget, from the government's new funding formula, from 2018/19 onwards. This is in addition to the capital funding of £800,000 (which is paid for three years only).

This additional funding into the high needs budget means we have been able to cost-in some increases in budgets to early years, schools, and post-16 providers. Some of our plans are not yet costed. This is because we either plan to deliver them within current budgets or we plan to deliver them further down the line when we have realised savings from reducing spend on out of borough placements.

We will continue to monitor out budgets and ensure we are getting best value for money and providing high quality provision for our children, young people and their families.

4. How we will keep this strategy under review

This strategy aims to provide a flexible approach to developing and delivering support as needs and demands change.

The SEND Executive Board is made up of representatives of parents, school staff, the CCG, health providers and officers from children's and adults' services, including education and social care. The Board will be responsible for the overall delivery of the strategy. This Board will monitor and review the aims as set out in the action plan.

Regular updates on the progress of the delivery of the strategy will also be submitted to the Overview and Scrutiny Committee and the Health and Well-Being Board.

We will monitor our offer to ensure that it continues:

- to meet changing needs
- to be attractive to children, young people and their parents
- to be affordable within future funding allocations.

5. Appendices

Appendix	Detail	Status
Appendix 1	Action plan	Available
Appendix 2	Behaviour & Exclusions Guidance	Available
Appendix 3	Matrix levels (special schools)	Under review
Appendix 4	Data: school census guidance & EHCP guidance	Under review

6. Glossary

Acronym	Meaning
AP	Alternative provision
ARPs	Additionally resourced provision
ASD	Autistic Spectrum Disorder
CAD	Children and Adults with Disabilities Services
CT@TA	Corbets Tey @ The Avelon (16-25 provision)
CCG	Clinical Commissioning Group
DfE	Department for Education
EHC	Education, health and care
EHCP	Education, Health and Care Plan
EIS	Education Inclusion Service
HI	Hearing impairment
ISP	Independent specialist provider
IYFAP	In-year fair access panel
LA	Local authority
LO	Local offer
MLD	Moderate learning difficulties
OOB	Out of borough
PD	Physical difficulties
PfA	Preparing for adulthood
PMLD	Profound and multiple learning difficulties
POET	Personal Outcomes Evaluation Tool
SEMH	Social, emotional and mental health (difficulties)
SEN	Special educational needs
SEND	Special educational needs and disabilities
SLCN	Speech, language and communication needs
SLD	Severe learning difficulties
VI	Visual impairment

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HEALTH & WELLBEING BOARD

Subject Heading:	**Havering End of Life Care Annual Report 2017/18**
Board Lead:	**Dr Gurdev Saini** **Clinical Director, Havering CCG**
Report Author and contact details:	**Dr Gurdev Saini** **Clinical Director, Havering CCG**

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☐ Theme 4: Quality of services and user experience

SUMMARY

This annual report summarises progress made with the End of Life (EOL) Care in Havering during 2017/18

RECOMMENDATIONS

The Board is asked to note the report and comment on progress made with End of Life Care in Havering during 2017/18

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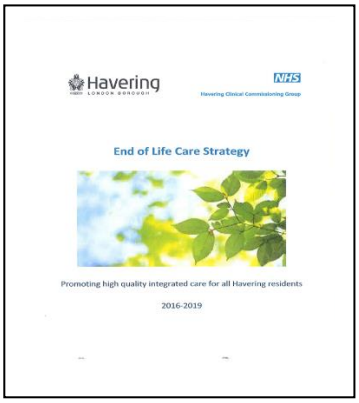
REPORT DETAIL

Havering End of Life Care Update 2017/18

1. Havering End of Life Care Strategy

The Strategy was launched in April 2016. Getting GP practices to develop end of life care plans for patients using the Health Analytics platform has remained our focus. Havering CCG Strategy Action Plan had set a target to develop a rolling average of 500 active care plans by March 2018. We have worked collaboratively with Hospices and EOL Facilitators to genre momentum. This has been achieved.



The strategic objectives of the strategy are:

- Encourage people to discuss death and dying
- Identify all people who are nearing the end of their life
- Have more effective care planning
- A co-ordinated care across health spectrum
- Ensure that all services provide high quality End of Life Care

2. Community Education Provider Networks (CEPN)

CEPNs provide a model for system leadership and infrastructure that individual services would be unable to manage and sustain in isolation. The network allows learning to take place in a range of settings, enabling shared learning and dissemination of best practice around the needs of local populations.

CEPN is establishing a system-wide approach to the management of long term conditions (LTCs) and End of Life Care across the three Clinical Commissioning Groups (CCGs) - Havering, Redbridge and Barking. This will bring key local partners and stakeholders together to identify opportunities for improvement in the management and delivery of LTC and EoL care. Health Education England, have provided resources for local delivery of this programme, through the CEPN.

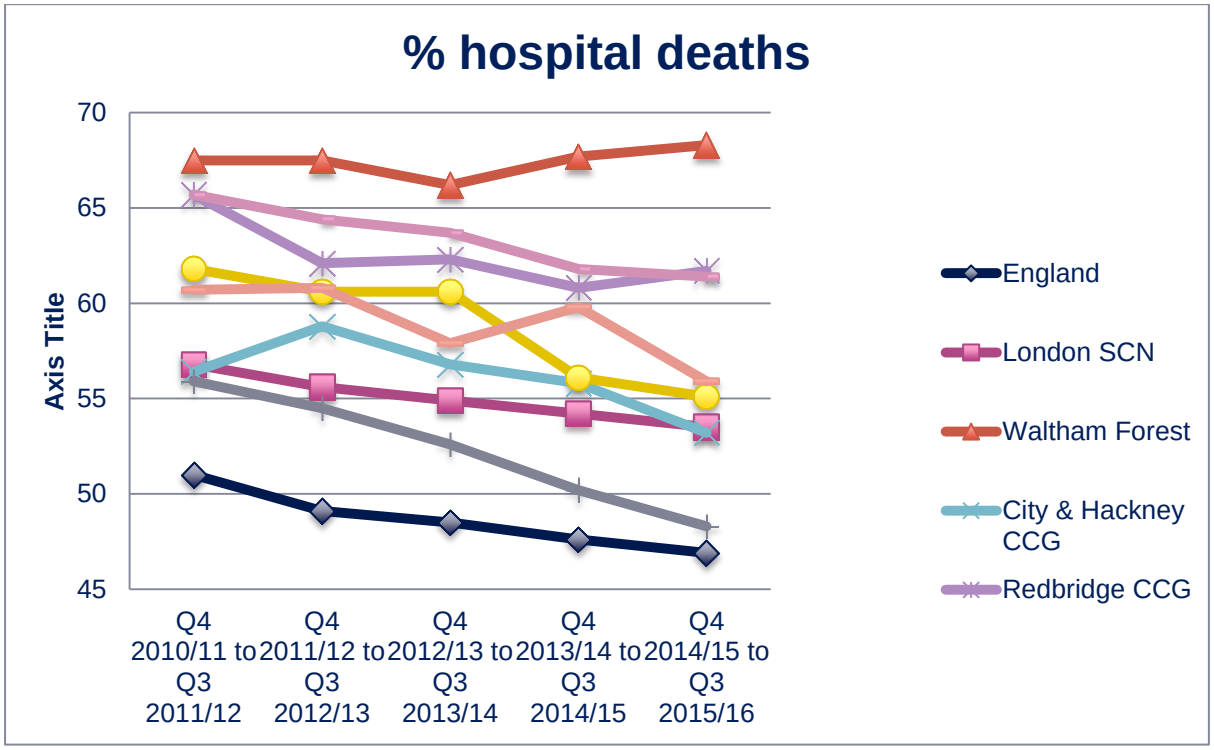
2.1 Key activities for this work-stream will include the following:

- Establish the current situation in terms of the delivery of care to people with LTCs and in the final year of life - baseline
- Advocate to generate the necessary levels of engagement and commitment to implementing change amongst local providers and commissioners regarding EoL and LTC
- Engage relevant local workforces in identified training provision
- Monitor participation in training focusses on:
    - Understanding and assessing thresholds
    - Engaging in difficult conversations
    - Collaborative care planning
    - Advanced care planning
    - Signposting
    - Advocacy

3. Place of Death: Havering achieved highest reduction in deaths in hospital

Havering CCG has made significant progress and has achieved the highest reduction in percentage of deaths in hospital compared to other CCGs in London. The graph below shows that in 2012/13 the number of Havering deaths occurring in hospital was over 56% against the NHS England average of 51% and London average of 57%. Ongoing initiatives and progress made with End of Life Care shows a tremendous downward trend that at present 46% of all deaths for Havering now occur in hospital compared to the London average of 54%.

As a result Havering has received recognition of this achievement at the NEL STP and London levels, and was invited to share best practice at a London Commissioners workshop in February 18.



4. The Framework for Enhanced Health in Care Homes

The NEL STP has adopted the Enhanced Health in Care Homes (EHCH) framework is based on a suite of evidence-based interventions, which are designed to be delivered within and around a care home in a coordinated manner in order to make the biggest difference to its residents. Within this framework one of the priorities is High quality end of life care.

4.1 The EHCH will ensure that it is addressing the needs not only of the individual patients themselves but also of their family, their carers, and their community through:

- Systematic, proactive approach to identify residents who may require end-of-life care.
- Support to die in the persons place of choice ‘advance care planning’, personalised care plans, and treatment escalation plans.
- Use of digital tools such as the electronic palliative care coordination system (EpaCCS) to enhance the quality of end-of-life care.
- Support to care home staff with education and training on palliative care knowledge and skills.

4.2 To deliver the objectives of the EHCH framework, the three BHR CCGs working in collaboration with BHRUT are piloting a scheme in 8 Nursing Care homes; aimed at improving life for care home residents, by ensuring that nursing care home resident's paperwork does not go missing after admission into hospital. The Red Bag contains standardised information about the resident's general health, any existing medical conditions they have, medication they are taking, as well as highlighting the current health concern. This means that ambulance and hospital staff can determine the treatment a resident needs more effectively.

The RedBag also has room for personal belongings (such as clothes for day of discharge, glasses, hearing aid, dentures etc.) and it stays with the patient whilst they are in hospital. When patients are ready to go home, a copy of their discharge summary (which details every aspect of the care they received in hospital) will be placed in the red bag so that care home staff have access to this important information when their residents' arrive back home.

The Red Bag also clearly identifies a patient as being a care home resident and this means that it may be possible for the patient to be discharged sooner, because the care home has been involved in discussions with the hospital and has an understanding of the residents care needs so they are able to support the resident when they are discharged.

If the pilot is successful, the scheme will be extended to all nursing care homes across BHR and later be extended to residential care homes.

5. Electronic End of Life Care Plans

BHR CCGs have adopted Health Analytics as the platform for sharing EOL care plans. Health Analytics is a digital tool (an electronic palliative care coordination system (EpaCCS) to enhance the quality of end-of-life care which was initially developed for information suite to support GP practiced based commissioning.

Plans can be viewed and amended by staff in Primary Care, BHRUT, SFH, and NELFT. Havering have pioneered the use of electronic care plans. This enables systematic Referrals to other relevant services e.g. dementia, Talking therapies, Carers, Cancer and Long-term conditions. As a result Havering CCG agreed a target of 500 EoL Care Plans each year (which represents 20% of expected 1% GP registered population to die each year). As mentioned above, Havering CCG has achieved this target, year on year since 2016/17. Other outcomes associated with electronic EoL care plans include support to patients to achieve their preferred place of death, and reduction avoidable A&E attendance and hospital.

6. BHR End of Life Steering Group

The group meets regularly on a quarterly basis and includes representation from BHR CCGs, London Borough of Havering, London Borough of Barking and Dagenham, London Borough of Redbridge, North East London NHS Foundation Trust (NELFT), North East London Commissioning Support Unit, London Ambulance Service, Partnership of East London Co-operatives (PELC), Marie Curie, St. Francis Hospice, Haven Hospice, Richard Hospice and other stakeholders as required. The Steering group recently merged as a BHR group from previously, a Havering borough EOL steering group. Dr Saini has taken over as chair of the merged group and Clinical Lead for EoL care. Currently the group is aligning the work of the three boroughs more closely to improve collaboration and provision of EoL care.

It is anticipated that the combined BHR EoL Steering Group will highlight and avoid areas of duplication and increase improvement of care for patients. Dr Saini has also highlighted the need for the group to consider EoL care as *a planned care issue*, *from birth to death*, so that all types of patients who are reaching the last stages of their life at any age or any point in time, are appropriately cared for. Havering CCG continues to achieve significant improvements through the steering group.

7. End of Life Service Commissioning

In 2017/18, Commissioners worked with Hospices and the Commissioning Support Unit contracts team to identify gaps and challenges in commissioned services for EOL, and provide solutions going forward. This included transition pathways into adult hospice services, hospice at home and respite care. The BHR CCGs have taken a decision to extend hospice contracts until 2019. Current commissioned services include:

7.1 Marie Curie

One-to-one overnight palliative care to support service users at the end of life and their families in their usual place of residence in Havering and Barking and Dagenham. Service users receive a nine hour working night shift at their preferred place of residency during their last days of life, during which the palliative nursing care and advice is provided as appropriate to address individual service user needs.

7.2 Children's Hospice

BHR CCGs commission **Haven House** in Waltham Forest – Woodford, who provide hospice services for Havering residents.

Services offered include:

- Overnight respite - residential
- Day time support – on/off site
- End of Life Care
- Step down
- A range of other support for the patients and their families

7.3 Saint Francis Hospice

A key shared strategic aim is to ensure that people who are dying and who want to remain at home have the care and support they need to enable them to stay at home. SFH have continued to work in partnership with GPs, District and Community Nurses, social care providers, and people who are poorly, their family, carers and friends to:

- Encourage an opening up of conversations about end of life care, and offer expert education to all in the health and care community
- Provide hands on help through the Hospice at Home team, to support people through this time and prevent unwanted hospital admissions
- Ensure a 24/7 advice and support service for people at home
- Support nursing homes in their support of residents who are now frail and approaching end of life
- Support hospital to home discharges for people at end of life, who want to be at home, who need that extra support to get there
- Support best use of hospice beds for people who are not managing at home, or for whom hospital care is not the right care now.
- SFH have developed services now offering outpatients for doctors, nurses and all AHPs and have a service that reaches out to the isolated - Orangline

8. Conclusion

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Whilst good progress has been made with End of Life care in Havering there are still areas that need further development. We need to reach out to BAME communities to enable access to commissioned EoL care. A plan is being developed to pull together common themes across BHR and we are working with the NEL STP leads to achieve this.

IMPLICATIONS AND RISKS

End of Life Care has ceased to be specifically managed by the Havering CCG locality and is part of a BHR wide programme, but the aims of the programme will be maintained.

BACKGROUND PAPERS

None

Havering
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HEALTH & WELLBEING BOARD 14 March 2018

Subject Heading:	**Update on East London Health & Care Partnership and NEL Sustainability and Transformation Plan**
Board Lead:	**Conor Burke, Managing Director, Barking & Dagenham, Havering and Redbridge CCGs**
Report Author and contact details:	**Ian Tompkins, Director of Communications & Engagement, East London Health & Care Partnership 07879 335180** ian.tompkins@eastlondonhcp.nhs.uk

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

This report provides a further update to the Board on the development of the East London Health & Care Partnership and the Sustainability and Transformation Plan.

On 21 October 2016 we submitted an updated narrative, updated summary and delivery plans to address our local priorities to NHS England. Further work is continuing to develop the plan in more detail; additional updates will be presented to the Board as they become available. For more information go to http://www.eastlondonhcp.nhs.uk or email: enquiries@eastlondonhcp.nhs.uk

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RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

Note the report.

No formal decisions are required arising from this report.

REPORT DETAIL

1. Background

1.1 In December 2015 NHS England planning guidance required health and care systems across the country to work together to develop sustainability and transformation plans (STPs). The STP for East London is being developed by the East London Health & Care Partnership. The plan is known as the NEL STP because the NHS has divided London into five areas: north east; north central; north west; south west; and south east.

1.2 For Havering, the work to develop the detail underpinning the NEL STP is being taken forward jointly with Barking & Dagenham and Redbridge through the development of the business case for an Accountable Care Organisation. The issues that any ACO would need to address in order to achieve improved outcomes from health and social care, in the context of a financially sustainable health economy, will be reflected in the contributions from Barking & Dagenham, Havering and Redbridge to the NEL STP.

2. Proposal

2.1 See Appendix 1

3. Engagement

3.1 We recognise the involvement of local people is crucial to the development of the NEL STP. We engaged with partners, including Healthwatch, local councils, the voluntary, community and social enterprise sector, and patient representatives during the drafting of the STP and are continuing to involve them in developing our plans and activities.

4. Financial considerations

4.1 The draft NEL STP includes activities to address current financial challenges across the health and social care economy. The ambition is to ensure that all NHS organisations are able to achieve financial balance by the end of the five year period of the plan.

5. Legal considerations

5.1 The East London Health & Care Partnership Board is developing a plan as stipulated by the NHS England guidance.

6. Equalities considerations

6.1 An equality screening has been completed to consider the potential equality impact of the proposals set out in the NEL STP. This can be viewed at http://www.eastlondonhcp.nhs.uk and includes:

- An overview of all the initiatives included in the NEL STP narrative to determine at which level equality analyses should be undertaken i.e. NEL STP level, Local Area Level, CCG/borough level or London-wide level.

- An initial assessment of the East London STP overarching 'Framework for better care and wellbeing'.

- Actions to be undertaken during further detailed equality analyses.

The screening recognises that the initiatives included in the STP will be implemented at different times, hence further equality analyses will need to be undertaken over the life of the STP programme.

Appendices

Appendix 1: Update on the East London Health & Care Partnership March 2018

Appendix 2: Better Care and Wellbeing in East London (what ELHCP is planning to do and what it means to local people)

Appendix 3: Current East London Health & Care Partnership governance structure

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IMPLICATIONS AND RISKS

None

BACKGROUND PAPERS

- NHS Five Year Forward View
  https://www.england.nhs.uk/ourwork/futurenhs/
- Guidance on submission of Sustainability and Transformation Plans
  https://www.england.nhs.uk/wp-content/uploads/2016/05/stp-submission-guidance-june.pdf

East London Health & Care Partnership

Appendix 1: East London Health & Care Partnership General Update March 2018

1. Introduction

The East London Health & Care Partnership brings the 12 local NHS organisations and eight borough councils together to protect and improve health and care services.

With a shared goal to help people live healthy and independent lives, the Partnership's mission is to protect vital services and provide better treatment and care built around the needs of local people, safely and conveniently, closer to home.

A top priority is to reduce the pressures on our hospitals and accident and emergency departments. A&E is all too often used as the only door into health and care services, when ideally people should be supported by NHS 111 staff, GPs, community staff and resources in their own homes.

The Partnership also wants better outcomes for cancer patients, people with diagnosed with diabetes and improvements to mental health services, and to help people become independent with access to care at home.

Reshaping services to provide them in the right place, where people need them most, supported by the right team of staff from across health and social care, with the right resources, is a key and urgent requirement.

The response to the demand on services needs to offer better alternatives that help prevent people's health deteriorating. This isn't just to make the most efficient use of the resources and money available, but to provide a better quality of care and services in the community, where local people have told us they want them.

Attempting to improve the hundreds of health and care services for the two million people of east London – a population expected to grow by around 30,000 more people in 2017 alone – is a daunting and complex task, but many of the most beneficial changes can be made quite simply.

Significant improvements are already being made by joining services up and people are starting to feel the benefit. The area now has some of the best care provision and facilities in the country, but there's still much to do.

Although they operate safely, some our hospitals aren't fully equipped to meet the needs of modern healthcare. Waiting times for appointments and treatments must be reduced. And more has to be done to safeguard our most vulnerable people, such as the elderly, disabled and those with mental health difficulties.

'Barrier busters'

The East London Health & Care Partnership isn't afraid to tackle these challenges. It will build on the successes achieved so far and bring health and social care providers even closer together, breaking down any barriers between them as necessary.

The Partnership's main priorities are:

- To help local people live healthy and independent lives
- To improve local health and care services and outcomes
- To have the right staff in the right place with the right resources to meet the community's needs
- To be a well-run, efficient and open Partnership

The Partnership is not seeking to take away local control of services. It recognises that while east London faces some common problems – such as the high rate of preventable illness and a shortage of clinicians and care staff – the local make up and characteristics of the area vary considerably and services must be tailored and managed accordingly.

The Partnership is therefore shaping the way it tackles its priorities around five local areas, bringing together the councils and NHS organisations together within them as local care partnerships to ensure the people living there get high standards of care designed around their needs:

- Barking, Havering and Redbridge
- City of London & Hackney
- Newham
- Tower Hamlets
- Waltham Forest

The wider Partnership will drive forward the things that can only be achieved by all of the councils and NHS organisations across east London working together. This includes:

- good quality urgent and emergency care for east London
- the availability of specialist clinical treatments
- a better use of buildings and facilities;
- the recruitment and retention of doctors, nurses and other health and care professionals
- an increased use of digital technology to speed up the diagnosis and treatment of illness
- ways of working that will put a stop to duplication and unnecessary expense

The involvement of councils is also enabling the provision of health and care services to be aligned with the development of housing, employment and education, all of which can have a big influence.

But the biggest single factor in the long term is to prevent ill health and deaths caused by the effects of lifestyle choices such as diet, lack of exercise and smoking.

2. What the Partnership is doing and the Sustainability & Transformation Plan (STP)

The development of a Sustainability & Transformation Plan (STP) was the original reason for the East London & Health Care Partnership came together. However, it is now just one of many things the Partnership can and wants to do.

Originally drawn up in June 2016, and then redrafted following engagement with key stakeholders, the STP was submitted in draft form to NHS England (NHSE) and NHS Improvement (NHSI) on 21 October 2016.

It sets out how local health and care services will transform and become sustainable over the following five years, building and strengthening local relationships and ultimately delivering the vision of the NHS *Five Year Forward View*.

The plan describes how the organisations involved in the partnership will:

- Meet the health and wellbeing needs of its population
- Improve and maintain the consistency and quality of care for our population
- Close the financial gap

The plan officially remains as submitted, in draft form, but things have moved on considerably since then, as the various organisations and other interested parties have come together to develop shared ideas and solutions. They have created a series of transformation workstreams to focus on the following:

- Prevention
- Urgent & Emergency Care
- Primary Care Services
- Mental Health
- Cancer
- Maternity
- Medication
- Digital and Online Services
- Workforce
- Estates

All of the workstreams have set out what they want to do and what it will mean for local people (see *Appendix 2 Better Care and Wellbeing in East London)*. Their ambitions are now being developed further in terms of how they can be achieved and when.

Some of the ideas are dependent on additional 'transformation' funding, and the Partnership is currently bidding for this from NHS England and other sources.

Once plans have been sufficiently developed, and any necessary funding is in place, the Partnership will engage fully with stakeholders, so they can contribute their views and ideas. This includes the wider public, as appropriate.

However, many improvements are already being made. Some examples are shown in *Appendix 3*.

3. Partnership Governance

The organisations behind the East London Health & Care Partnership member organisations:

NHS

Clinical Commissioning Groups

Barking & Dagenham; City & Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest

'Provider' Trusts

Barking, Havering and Redbridge University Hospitals Trust; Barts Health

NHS Trust; The Homerton University Hospital NHS Foundation Trust; East London NHS; Foundation Trust; North East London NHS Foundation Trust

Councils

Barking & Dagenham; City of London Corporation; Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest

The Partnership itself is not a statutory body, so it cannot make any formal decisions. These are made by the member organisations, through their existing governing bodies or systems.

The Partnership does, however, have a governance structure for its activities. The existing one is attached as Appendix 3, but this is currently being reviewed and streamlined, following feedback from the member organisations. More information on this will be available soon.

4. Development of Accountable Care Systems (ACS) and a single accountable officer

The seven north east London CCGs are now working together as the 'North East London Commissioning Alliance' where it makes sense, and is in the best interests of patients to do so.

The aim of the new arrangements is to establish commissioning that is truly integrated around patients; puts their needs first; is in line with the expectations of the NHS Five Year Forward View; and

harnesses the benefits of CCGs working together and collaborating with other NHS organisations, local authorities and the voluntary sector.

Providing care that is better coordinated and more joined-up care between GPs and hospitals, physical and mental healthcare and social care will mean breaking down barriers that currently hinder this happening. Additionally, the new plans aim to ensure discussions and decisions happen at the most appropriate level. Specialised commissioning is one example of something that is best done at an east London level, due to its scale.

All seven CCG governing bodies agreed in in September to the appointment of a single accountable officer. Subsequently Jane Milligan was appointed to the role, and formally took up the post in December.

Jane is the accountable officer for all seven CCGs and sits on their respective governing bodies, supporting them to discharge their statutory responsibilities. She also acts as the executive lead for the East London Health & Care Partnership, which includes the North East London STP.

By linking the accountable officer role with responsibility for strategic planning and the East London Health and Care Partnership the new arrangements are bringing together, in a more effective and transparent manner, all those involved in the delivery of health and social care.

As single accountable officer, Jane will be providing clear system leadership and coordinating the CCGs' work to improve services and health outcomes for all local people, and support the very strong desire to build sustainable local 'Integrated (formally Accountable) Care Systems' in north east London.

By working as a commissioning alliance, the CCGs will be better placed to harness the benefits of greater collaboration across the system with CCGs, NHS organisations, local authorities and the voluntary and community sector working closer together.

The new commissioning arrangements aim to ensure commissioning is truly integrated around local people and significantly improve both services and health outcomes.

This includes:

- Developing prevention and self-care

- Better primary and community services so that services are closer to home
- Demand and capacity planning across hospitals
- The role of specialised health services, the commissioning of which is likely to move from NHS England London to the Alliance for 2019/20

The North East London Commissioning Alliance aims to organise commissioning arrangements to reduce fragmentation and duplication across the north east London CCGs by adopting common approaches and doing things once where it is appropriate and beneficial to do so.

CCGs remain legally responsible for the delivery of their responsibilities and these arrangements will not change that.

Individual CCGs remain responsible for joint commissioning with local authorities and most of the CCG activity taking place at the borough level – whether this is integrating services with local councils, redesigning key pathways or delivering services at a neighbourhood level.

At a local level each CCG is headed by an acting managing director (MD). They will be providing local senior leadership and support as well as contributing to the wider development of the new commissioning arrangements across NEL.

Acting managing directors were appointed across all CCGs until the end of March 2018 – in BHR Conor Burke was appointed as the interim MD. Ceri Jacobs, currently at NHS-England, has been recruited as the permanent managing director, and will take up her post in April.

An Alliance director of strategic commissioning – Les Borrett (who was formally Waltham Forest CCG's Chief Finance Officer) - has been appointed on an acting basis to June 2018.

Les is ensuring the transformation programmes across north east London are aligned and deliver the Alliance's ambitious improvement plans. He is also leading on making sure the national commissioning planning requirements are met, including needs assessments and demand and capacity planning, and that they are underpinned by robust commissioning and contracting with our major providers.

A major pillar of the new arrangements will be developing robust and transparent governance structures.

Key to this is a new Joint Commissioning Committee (JCC) that will consider strategic functions that need to take place at north east London level and discuss items common to all CCGs.

Each CCG will take part in the decision-making process affecting commissioning of services in each borough. This is being developed as set out in our arrangements that went through the CCG Governing Bodies.

The JCC will look to align all our commissioning strategies, such as urgent care, and undertake some direct commissioning of services like NHS111.

The committee will formally come into effect on 1 April. Until then it will work in shadow form without formal powers or role, but will act as consultative body for the single accountable officer and her team.

5. Engagement

The Partnership has been engaging with various key stakeholders over the past year, but it has mainly been to establish relationships rather than talk about specific plans.

They include the police, fire and ambulance services; professional associations such as the BMA; housing, education and local business organisations; the voluntary and charity sector; community groups; and public and patient representatives.

The range of audiences is very diverse, with many different levels and types of interest. Keeping them engaged and involved in what we are doing is one of our biggest challenges. We need to invest considerable time and resource in it and ensure there is a regular dialogue, but it is essential if we are to achieve our goal.

A previous attempt to bring stakeholders together, through a single reference group as part of the Partnership governance structure, proved impractical due to the diversity of interests and numbers involved.

Instead, we are looking to develop smaller ones based around localities or areas of interest. Rather than create something new, we are building on existing forums and networks such as Health & Wellbeing Boards and voluntary groups. These bring many of the stakeholders together already.

Just mapping the various interests has been a challenge. While many networks are already in place,

they don't always connect with each other. Many organisations we have spoken to have welcomed our efforts to do this.

It is important to get the language right, too. It's why we talk of a partnership, and people working together, rather than a plan.

A priority has been to address the poor image of STPs; the perception of secrecy and cuts; the view that they are overly ambitious and lack credibility.

People agree about the challenges facing health and care services and that something needs to happen to ensure they meet current and future demands. What they want to know is how we plan to tackle those challenges and what it will mean for them.

The detail they want, to inform the engagement we need to do, is only just starting to emerge as the Partnership comes together and develops shared ideas and solutions. Once these are agreed, and any necessary funding and resources are in place, the Partnership can then start holding meaningful conversations with people.

The information in *Appendix 2* is a starting point. A suite of other communications resources, including videos and an improved Partnership website, are also being developed, with help from stakeholders.

As already said, there are many groups we need to engage with, and we are seeking advice and guidance on how we should go about it.

We are working closely with our communications and engagement colleagues in the partner organisations to make use of their local insight and networks. We have established regular meetings with local Healthwatch organisations and are seeking help from the community voluntary sector, not just with our communications and engagement activities but the development of ideas and plans generally.

While some of our activities are pertinent to everyone in east London – such as those around prevention, signposting of services and improvements to NHS111 – we intend to frame most of them at a local level, to give more relevance. Again, we are working closely with all the right people in doing this.

Our first major engagement event was the Partnership launch held in Stratford last July. This was well-received, and we now want to hold similar events across east London in 2018, showcasing the current and planned improvements to services and listening to people's comments and suggestions.

A roadshow style of engagement – going to where people are, rather than expecting them to come to you – is clearly the right way to reach specific communities and hard-to-reach groups. A number of existing forums and networks have expressed a desire for this.

The various festivals and events held in boroughs each year are also valuable. Our presence alongside public health, NHS and voluntary sector organisations at the two of the biggest, last summer, demonstrated the effectiveness working together can have in terms of attracting public attention. Both were highly successful, pulling in lots of people, and we plan to do it again this year, joining up with the police, fire and other sectors too.

London Fire Brigade is particularly keen to work with us. It has around 100 staff involved in a school visit programme and is happy for us to piggyback it with health education information.

Our universities and colleges are also willing to help, as are business organisations like the Canary Wharf Group and East London Business Alliance. They all have access to many of the people we need to engage with.

Events like the Health & Housing Conference in October '17 are also an effective means of stakeholder engagement, especially as they go beyond the confines of the STP. We hope to do more of these, on topics such as workforce and prevention, and are also looking to hold events with specific interest groups, such as young people.

But one of the most important groups we must engage with is our staff. They are the eyes and ears in terms of what matters to local people and are an invaluable source of views and ideas that will help us get it right. It is vital they feel involved in what we are doing and our internal communications will reflect this, recognising the contribution everyone makes and encouraging and valuing people's opinions and suggestions.

We intend running an interactive programme of engagement with staff over the coming months to create awareness and understanding of what the Partnership is about; what it is planning to do;

what it will mean for people; and what they can do.

Keeping our many different stakeholders engaged and involved in what we are doing is one of our biggest challenges. It is essential if we are to achieve our goal.

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East London Health & Care Partnership

BETTER CARE AND WELLBEING IN EAST LONDON

UPDATED: FOR 2017 HIGHLIGHTS SEE P.30

East London Health & Care Partnership

We are:

NHS

NHS Barking and Dagenham Clinical Commissioning Group

NHS Redbridge Clinical Commissioning Group

NHS City and Hackney Clinical Commissioning Group

NHS Tower Hamlets Clinical Commissioning Group

NHS Havering Clinical Commissioning Group

NHS Waltham Forest Clinical Commissioning Group

NHS Newham Clinical Commissioning Group

East London NHS Foundation Trust

Homerton University Hospital NHS Foundation Trust

North East London NHS Foundation Trust

Barking, Havering and Redbridge University Hospitals NHS Trust

Barts Health NHS Trust

Councils

London Borough of Barking & Dagenham

City of London

Hackney

Havering London Borough

Newham London

London Borough of Redbridge

Tower Hamlets

Waltham Forest

BETTER CARE AND WELLBEING IN EAST LONDON

We can all do our bit

As more and more people choose to live and work in east London, and more of us are living longer, the demand on health and social care services is at an all-time high.

Our doctors, nurses, therapists and other health and care professionals are looking after record numbers of people every day as our population grows faster than in any other part of the country.

Despite immense pressures, local hospitals are continuing to treat A&E patients as fast and effectively as any major western country.

Our GP, mental health and community services are among the very best in the country, and local councils are providing vital care to the most vulnerable.

It's thanks to the dedication and hard work of the professionals involved, and the support of many thousands of voluntary carers, community and charity organisations across the area that we are getting the care we need. But change must be allowed to happen, and things improved, if we are to protect the health and care services we value so much, not just for now but for future generations.

The NHS has constantly adapted and must continue to do so as our community and our health needs also change.

It is now able to treat people with new drugs and clinical care that weren't available in the past. With this comes an increase in life expectancy, but also a rise in the ailments of old age. More people now have conditions including heart disease, arthritis and Type 2 diabetes.

There are big opportunities to improve things by making common-sense changes to how the NHS has historically worked and bring it closer to the social care services run by local councils.

This a chance to deliver improvements that matter:

- to make it easier to see a GP;
- to speed up cancer diagnosis;
- to offer better support in the community for people with mental health conditions;
- to provide care for people closer to their home.

If we do nothing and carry on providing and using services in the way we do now, without any changes, we will not only miss out on these improvements, we will fail to keep up with the growing demand and simply won't have enough money to keep services going as now.

In the east London area alone, there will be a £580m shortfall in funding within four years, by 2021. Services and facilities may have to close and standards of care will suffer if not addressed urgently.

Change is required, and fast, to help keep us healthy and well in the future and to receive care when we need it.

We all have a part to play in this – all of those providing the services, and all of us using them. We can all do our bit.

It's why neighbouring NHS hospitals, community and mental health trusts, family doctors, pharmacies, local councils and others have come together to plan for the future and redesign local health and care services to benefit us all – now and in the years ahead.

Working as the East London Health & Care Partnership, and backed by the leaders of all the organisations involved, they are combining their expertise and resources to develop ways of giving our nurses, doctors and care staff the best chance of success to look after us when we need them to.

BETTER CARE AND WELLBEING IN EAST LONDON

The organisations behind the Partnership are:

NHS

Clinical Commissioning Groups

- Barking & Dagenham; City & Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest

'Provider' Trusts

- Barking, Havering and Redbridge University Hospitals Trust; Barts Health NHS Trust; The Homerton University Hospital NHS Foundation Trust; East London NHS; Foundation Trust; North East London NHS Foundation Trust

Councils

- Barking & Dagenham; City of London Corporation; Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest

With a shared goal to help people live healthy and independent lives, the Partnership's mission is to protect vital services and provide better treatment and care built around the needs of local people, safely and conveniently, closer to home.

A top priority is to reduce the pressures on our hospitals and accident and emergency departments. A&E is all too often used as the only door into health and care services, when ideally people should be supported by NHS 111 staff, GPs, community staff and resources in their own homes. The public themselves. The public wants easier access to GPs.

The Partnership also wants better outcomes for cancer patients, people with diagnosed with diabetes and improvements to mental health services, and to help people become independent with access to care at home.

Reshaping services to provide them in the right place, where people need them most, supported by the right team of staff from across health and social care, with the right resources, is a key and urgent requirement.

The response to the demand on services needs to offer better alternatives that help prevent people's health deteriorating. This isn't just to make the most efficient use of the resources and money available, but to provide a better quality of care and services in the community, where local people have told us they want them.

Improving the hundreds of health and care services for the two million people of east London – a population expected to grow by around 30,000 more people in 2017 alone – is a challenge.

Significant improvements are already being made by joining services up and people are starting to feel the benefit. The area now has some of the best care provision and facilities in the country, but there's still much to do.

Although they operate safely, some our hospitals aren't fully equipped to meet the needs of modern healthcare. Waiting times for appointments and treatments must be reduced. And more has to be done to safeguard our most vulnerable people, such as the elderly, disabled and those with mental health difficulties.

'Barrier busters'

The East London Health & Care Partnership isn't afraid to tackle these challenges. It will build on the successes achieved so far and bring health and social care service providers even closer together – busting any barriers between them and ensuring services are fully able to meet the needs of local people, now and in future.

The Partnership's main priorities are:

- To help local people live healthy and independent lives
- To improve local health and care services and outcomes
- To have the right staff in the right place with the right resources to meet the community's needs
- To be a well-run, efficient and open Partnership

The Partnership is not seeking to take away local control of services. It recognises that while east London as a whole faces some common problems – such as the high rate of preventable illness and a shortage of clinicians and care staff – the local make up and characteristics of the area vary considerably and services must continue to be tailored and managed accordingly.

The Partnership is therefore shaping the way it tackles its priorities around three localised areas, bringing the councils and NHS organisations within them together as local care partnerships:

- Barking, Havering and Redbridge
- City of London & Hackney
- Newham, Tower Hamlets and Waltham Forest

They will be responsible for ensuring the people living in these areas get high quality standards of care designed around their particular needs.

The Partnership as a whole will drive forward the things that can only be achieved by all of the councils and NHS organisations across east London working together. This includes:

- good quality urgent and emergency care for the area
- the availability of specialist clinical treatments
- a better use of buildings and facilities
- the recruitment and retention of doctors, nurses and other health and care professionals
- an increased use of digital technology to speed up the diagnosis and treatment of illness
- ways of working that put a stop to duplication and unnecessary expense

The involvement of councils is enabling the provision of health and care services to be aligned with the development of housing, employment and education, all of which can have a big influence.

But the biggest single factor in the long term is to prevent ill health and in particular deaths caused by the effects of lifestyle choices such as diet, lack of exercise and smoking.

This is something we can all play a part in – everyone living and working in east London. It's not just down to the authorities.

All of us can do those little things each day that help us stay healthy and well, watching what we eat and drink and being more active. We will help people to do this and get involved in local communities to overcome isolation, which is a bigger killer than smoking.

It's also about using health and care services in the right way. Rather than go to a doctor or an A&E for every minor ailment, we can get advice from NHS111 first, online or by telephone, or go to a local pharmacist.

We can all do our bit. If we do this, and get behind the work of the East London Health & Care Partnership, the prize is being able to lead healthy and independent lives, and get the care we can trust and rely on when we need it.

PREVENTION

Our aims

- **Better support to stop smoking**
- **Better screening, treatment and support for diabetes**
- **Help you look after your own general health and wellbeing**

More and more people are choosing to live, work and stay in east London.

Major regeneration of the area is creating growth and opportunity, bringing new jobs and housing, better transport, shopping and leisure facilities, making it an attractive place to call home.

But while this is improving east London as a place, and making it generally more prosperous, are we actually investing in ourselves and taking care of our personal future health and wellbeing?

Some 40 per cent of all deaths in England are preventable and are caused by the effects of lifestyle choices including diet, lack of exercise, smoking, alcohol and drugs.

Treating preventable diseases, such as heart disease and smoking-related lung cancer, costs the NHS in England £11 billion each year.

About 1.2m people in London still smoke. Of these, 280,000 live in east London and the local NHS spends £56m a year treating people for illnesses caused by it.

Type 2 diabetes is also preventable.

One in six patients in hospital in England has diabetes, 90 per cent of whom have Type 2 and it costs the NHS £1million an hour to care for them – 10 per cent of the total NHS spend.

More than half of all adults in east London are overweight or clinically obese. This is less than the national average of 63 per cent, but London has the highest rate of childhood obesity of any city of its size in the world.

If we fail to tackle preventable illnesses, not only will this situation continue, and likely get worse, the sustainability of our health and care services will be put at risk.

The East London Health & Care Partnership has three priorities to help tackle these issues:

- To help people stop smoking. We will especially target children and young people, so they fully understand how harmful and expensive smoking is – both to the individual and, in terms of treatment, to the NHS
- To reduce diabetes. We want to improve early diagnosis and provide ongoing support for those identified 'at risk'. This includes offering places on the National Diabetes Prevention Programme, where people are given a personal health and wellbeing coach to help with their diet and exercise. We also want to improve outcomes for those living with Type 1 and Type 2 diabetes, ensuring they receive regular follow ups and have access to specialist advice when needed.
- To improve workplace health. Around 24 million working days are lost in London each year because of sickness absence or injury. We will help business and public sector organisations across east London, including our own, give better health and wellbeing support to staff. We will promote healthy eating and physical activity and create support services for dealing with stress and other health issues, including those who want to stop smoking or reduce the amount of alcohol they drink.

But it's not just down to the authorities; we all have a stake in our own health. There are many things we can do in our daily lives to take better care of ourselves – such as eating more healthily, reducing alcohol intake and getting plenty of exercise.

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Providing better support in our hospitals, mental and community health and primary care services to help people stop smoking
- Improving screening processes to better identify those at risk of contracting Type 2 diabetes, and offering courses to help those people change their lifestyles
- Making the care that people with Type 1 and Type 2 diabetes receive in GP surgeries and hospitals the same across east London
- Empowering people, through flexible self-care courses, to better look after their diabetes and avoid unnecessary trips to hospital
- Working with local schools, colleges and universities, employers, libraries and voluntary services to provide better support for young people with diabetes
- Improving workplace health across east London, starting with the NHS. Happier, healthier NHS staff means better healthcare for patients.

What does it mean for local people?

- Better support to stop smoking, with help and advice available at many health and care centres, workplaces and online
- Better screening, diagnosis, treatment and support for people with diabetes
- New services to help young people, and pregnant women, manage diabetes better
- Better opportunities and more support to stay healthy at work
- Greater consistency of healthcare opportunities and support across east London
- Help to help you take better care of yourself

What can you do?

- If you smoke, try to stop and seek help to do so
- Cut down on sugary food and drinks
- Eat smaller portions and enjoy a balanced diet, including vegetables
- Keep hydrated – plenty of water!
- If you drink alcohol, do so sensibly and watch how much you drink
- Try to do some physical exercise every day. Just taking the stairs instead of the lift once a day, or going for a quick stroll, can make a difference

And if you do these things yourself, support a family member or friend that wants to do the same!

Take an NHS Health Check

The NHS Health Check is a health check-up for adults in England aged 40-74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk.

If you are in this age group without a pre-existing condition, you can expect to receive a letter from your GP or local authority inviting you for a free NHS Health Check every five years.

In the meantime, there are other ways of getting your health checked. Visit www.nhs.uk for more information on this and many other topics.

URGENT & EMERGENCY CARE

Our aims

- **Make it easier to understand the range of services available and how to access them quickly**
- **Provide more services in local communities, so they are accessible and convenient. This will also reduce the pressure on hospitals**
- **Make it easier to see a GP and bring services together**

Our hospital Accident & Emergency (A&E) Departments face some of the most intense pressures in our local health and care services, with growing numbers of people attending them each year.

Around 100 people are currently visiting the A&Es across east London every hour. But many of them do not need to be there, as they have relatively minor problems that can be treated elsewhere.

With people unsure of where to go for treatment, there is a huge demand on busy A&E services.

Some 68 per cent of patients have told us they do not know the difference between facilities such as 'Urgent Treatment Centres' and 'Minor Injury Units'. We want to change this.

An immediate priority for the East London Health & Care Partnership is to give better information on how and where we can all get the right care and treatment, including advice on ways we can look after ourselves.

There are three ways in which you can access health services and help to reduce pressure on our hospitals:

- **'Click'** - online information and support and to book urgent or routine appointments when needed.
- **'Call'** – for people who don't have access to the internet and those who need more advice or reassurance from a healthcare professional.
- **'Come in'** – where patients really need to see a healthcare professional.

...and we are improving all three.

'Click' and 'Call' – information and support online and by telephone through NHS 111

Click

Online support and information 24/7 through the NHS 111 website at **www.nhs.uk**. Here you get information on a range of health issues, and in a variety of languages, to help you decide what action to take, including what to do if you need to speak to a clinician.

Call

If you do not have access to the internet, or need further health advice after going online, you should firstly try calling your GP. If your GP is unavailable, you can call NHS 111 by simply dialing 111.

The NHS 111 telephone service is being improved from next year, enabling you to speak to a wider range of qualified healthcare professionals, including nurses, GPs and pharmacists.

Calls to NHS 111 about the very young and older people (babies under one and people over 75) will always be directed immediately to a qualified healthcare professional.

Speaking to NHS 111 will ensure you are getting the right level of advice and support. If you need to be seen by someone, you will be booked an appointment at the most appropriate place, such as with your own GP or at an Urgent Treatment Centre close to where you live.

Staff from care homes and community health staff are also now using NHS 111 for clinical advice. It is helping many people avoid the need to go to hospital and be treated and cared for at home instead.

Come in

Where patients really need to see a healthcare professional because it is an emergency.

GP Practices

We don't just want to make it easier to book an appointment with a GP. We also want to offer them at a more convenient time.

It's now possible to book appointments online at many surgeries. An increasing number are extending their opening hours to cover evenings and weekends.

In some instances you may not need to visit a surgery at all. You could have the appointment with a doctor, or nurse, by a video link from your smartphone instead.

We are also looking to free GPs, and other healthcare professionals in local surgeries, from paperwork so they can spend more time with their patients, especially those with complex conditions.

Improvements to information systems, and the links between surgeries, hospitals and specialist services, will give doctors and other clinical specialists quicker access to records and test results, enabling them to plan and give better care to patients.

Community

A priority is to provide care closer to, or in, people's homes. It's why we are bringing all the relevant services together in local neighbourhoods.

GPs, community nurses and other NHS specialists will be based alongside council care teams in centres across east London, within easy reach of the main residential areas, to provide comprehensive treatment and support – not just in the centres themselves, but also in the surrounding homes.

Bringing expertise together in this way will do more than just streamline services. With more staff than traditional GP practices, and equipped with the latest facilities and technology, the centres will be able to stay open longer and offer a greater range of services – from 8am to 8pm, seven days a week.

Urgent Treatment Centres

If your need cannot be treated by a GP, you may be directed or booked for an appointment at your nearest Urgent Treatment Centre.

Located across east London, Urgent Treatment Centres give treatment for minor injuries including: sprains, strains and broken bones; injuries to the back shoulders and chest; minor head and eye injuries; minor burns and scalds; insect and animal bites; and wound infections.

Before heading off to one of these centres, we recommend people contact NHS 111 first so they can be directed to the right place. If you do go to an Urgent Treatment Centre and your need can be better met elsewhere you will be redirected. It's therefore best to give a 'click' or 'call' to NHS 111 first to ensure you get it right and don't waste time.

Accident & Emergency Departments

If you need to attend an Accident & Emergency Department (A&E) we want to ensure you are treated as soon as possible.

For some emergency conditions, we are setting up special areas in A&Es where people can be quickly assessed and treated so they can, when possible, go straight home without being admitted to hospital.

An example would be for a clot in the lung (pulmonary emboli) or leg (deep vein thrombosis). You will be treated by a team of specialists in a separate part of the A&E and may be able to leave the same day, with medication and a schedule of follow up treatment if needed.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Providing better information to the public on where to get the most appropriate healthcare.
- Launching a new, improved NHS 111 online and telephone service, with better links to other health services such as GPs, pharmacists, Urgent Treatment Centres, mental health specialists and community health professionals.
- Improving access to weekend and evening GP appointments.
- Saving some visits to the surgery by enabling patients to speak to a doctor or nurse online or via a video link from a smartphone.
- Improving information systems for GPs to free them up from paperwork, see more patients and plan and give better care.
- Bringing community nurses, GPs, other NHS specialists and social care staff under one roof in local communities.
- Creating consistency in the services available at Urgent Treatment Centres, so people understand what treatment can be given to them.
- Creating special areas in the hospital for specific emergency conditions to avoid people being admitted to hospital when there is no medical need for this.

What does it mean for local people?

- It will be easier to understand what healthcare services are available, and where.
- By calling or visiting NHS 111 online you will be able to get all the advice you need on how and where you can get the best care.
- It will be easier to book an appointment with a GP. Appointment times will be more convenient, including evenings and the weekends. In some instances you may not need to go to the surgery at all. Instead, you could speak to the doctor or nurse over the phone, online or via a video link from a smartphone.
- You will be able to see a range of health and social care professionals, quickly and conveniently in one place, close to your home.
- Wherever you live in east London, you will have access to an Urgent Treatment Centre for the treatment of minor injuries, including broken bones and minor burns.
- We will strive to give every patient the best possible care and treatment. If you need to be admitted to hospital, we want to reduce the time you have to spend there and get you safely home as soon as possible.

PRIMARY CARE SERVICES

Our aims

- **Make it easy to see your local GP or healthcare professional**
- **Improve the quality of services provided, so it is consistently good**
- **Bring services together to make them more accessible and convenient**

Primary Care services are usually the first point of contact the public has with the NHS. They include GP surgeries or practices, pharmacies and dentists.

Across east London there are examples of excellent primary care services. Many are among the best in the country, but there are also some that need improving.

We want all of our health and care services in east London to be the very best and are working with clinicians and staff in primary care to ensure they are consistently good across the area, both now and in the future.

Information on the many improvements we are making is also given elsewhere in this guide, especially in the section on Urgent and Emergency Care. This includes information about the NHS 111 service, which you can contact online or by telephone for advice and help, day and night, when you don't feel well and are unsure about what to do and where to go.

We want to make it easier to book an appointment with a GP. We also want to offer them at a more convenient time.

It's now possible to book appointments at many surgeries online. An increasing number are extending their opening hours to cover evenings and weekends.

In some instances you may not need to visit a surgery at all. You could have the appointment with a doctor, or nurse, by a video link from your smartphone instead.

We are also looking to free GPs, and other healthcare professionals in local surgeries, from paperwork so they can spend more time with their patients, especially those with complex conditions.

Improvements to information systems, and the links between surgeries, hospitals and specialist services, will give doctors and other clinical specialists quicker access to records and test results, enabling them to plan and give better care to patients.

For minor ailments it's often quicker in the first instance to visit your local pharmacy rather than GP surgery.

Pharmacists are skilled, qualified healthcare practitioners who will be able to see you immediately and offer advice and medication for a range of complaints such as hay fever, conjunctivitis and flu. They offer many other services as well, including flu vaccinations and help with stopping smoking.

An increasing number of pharmacists in east London are able to offer urgent repeat medication. NHS 111 can also help with this.

An important priority is to provide care closer to, or in, people's homes.

It's why we are bringing all the relevant services together in local neighbourhoods, in the form of hubs.

GPs, community nurses and other NHS specialists will be based alongside council care teams in centres across east London, within easy reach of the main residential areas, to provide comprehensive treatment and support – not just in the centres themselves, but also in the surrounding homes.

Bringing expertise together in this way will do more than just streamline services. With more staff than traditional GP surgeries, and equipped with the latest facilities and technology, the hubs will be able to stay open longer and offer a greater range of services – from 8am to 8pm, seven days a week.

As well as making primary care more accessible and convenient, we want to improve the quality of services so people experience the best possible treatment and care – whoever they are and wherever they live.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Providing better information to the public on where to get the most appropriate healthcare.
- Launching a new, improved NHS 111 online and telephone service, with better links to other health services such as GPs, pharmacists, Urgent Treatment Centres, mental health specialists and community health professionals.
- Improving access to weekend and evening GP appointments
- Saving some visits to the surgery by enabling patients to speak to a doctor or nurse online or via a video link from a smartphone.
- Improving information systems for GPs to free them up from paperwork, see more patients and plan and give better care.
- Bringing community nurses, GPs, other NHS specialists and social care staff under one roof in local communities.
- Helping GP practices improve the experience of their patients, including better staff training and development
- Helping GP practices improve services for people with long term conditions, such as diabetes
- Projecting the mix and number of GPs and other Primary Care staff that will be needed to meet the needs of the public in the future, and working hard to recruit them
- Working together to retain current staff for longer, making east London an attractive place to work for both existing and new recruits

What does it mean for local people?

- It will be easier to understand what healthcare services are available, and where.
- By calling or contacting NHS 111 online you will be able to get all the advice you need on show and where you can get the best care.
- It will be easier to book an appointment with a GP. Appointment times will be more convenient, including evenings and the weekends. In some instances you may not need to go to the surgery at all. Instead, you could speak to the doctor or nurse over the phone, online or via a video link from a smartphone.
- You will be able to see a preferred clinician if you wish and are prepared to wait longer for an appointment.
- You will be able to see a range of health and social care professionals, quickly and conveniently in one place, close to your home.
- Your overall experience of Primary Care will be better and consistent. You will feel you are treated as a person, not a number

MENTAL HEALTH

Our aims

- **Improve access to services and cut waiting times for treatment**
- **Treat mental and physical health needs as one**
- **Address the wider determinants on mental health, e.g. housing and employment**

Mental health services in east London are among the best in England, but they face tough challenges ahead.

The area's growing population is placing unprecedented demands on services, with higher numbers of people needing mental health support.

One in four of us will have problems with our mental health at some time in our lives. Whether it is a concern about a job, financial problems, a relationship, bereavement or the pace and pressures of modern life, it can happen to any of us.

- People with a serious mental health illness die on average 15 years younger than the rest of the population.
- Physical and mental health issues are intrinsically linked – 30 per cent of people with a long-term condition have a mental health problem and 46 per cent of people with a mental health problem have a long-term condition.
- Mental health service users in east London are two to three times more likely to die of cancer, circulatory or respiratory disease than the rest of the population.
- 50 per cent of lifetime mental health conditions are first experienced by the age of 14, 75 per cent by the age of 24.
- 60 per cent of people in contact with secondary care mental health services are not in employment.
- 47 per cent of people with serious mental illness smoke compared to 20 per cent of the wider population.
- 30 per cent of people with serious mental illness are obese compared to 10 per cent of the general population.

Many people with mental health problems have to rely on emergency departments (A&E) for help.

- People with mental health problems in east London attend A&E nearly three times as often as others. They are also three times more likely to be admitted to hospital in emergencies than others.
- More than 20 per cent of all emergency admissions in east London can be attributed to mental health service users, who only make up seven per cent of the overall population.

No one should experience mental illness without the right support. But with more and more people needing it, and only so many resources available, we will have to change the way our mental health services are delivered.

We are making the provision of sustainable mental health services across east London one of our top priorities, but believe we can go further.

Working in partnership, bringing the NHS and councils together, our ambition is to:

- Develop new models of care that address mental and physical health and social care needs as one.
- Provide good service user education to reduce stigma and promote resilience.
- Help people with more serious mental health problems to find and remain in employment – a key factor in their recovery.

We also want to find the right place for people to live, with the right support close by – essential in helping them get well.

Creating opportunities and providing good quality care in the community, including specialist services, is an underlying aim of the East London Health & Care Partnership. It is part and parcel of helping people live happy and independent lives, and nowhere is this more important than in mental health.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Working with partners to address the wider determinants of mental health e.g. access to accommodation, education and employment.
- Supporting the roll out of digital self-management tools such as the London Digital Mental Wellbeing Service (www.digitalwellbeing.london).
- Developing an east London-wide suicide prevention strategy.
- Supporting employers to improve staff mental health and emotional wellbeing via programmes such as Mental Health First Aid.
- Developing our talking therapies services so there are more appointments with reduced waiting times.
- Integrating mental health services into GP surgeries, A&E and general hospitals.
- Developing perinatal mental health services for expectant mums and mums of new babies.
- Improving services for people experiencing a crisis by ensuring everyone in crisis can access mental health crisis support 24/7.
- Delivering mental health treatment at home.
- Delivering specialist mental health services for children and young people closer to home.
- Developing a new Child and Adolescent Mental Health Unit Psychiatric Intensive Care Unit here in east London.

What does it mean for local people?

- Improved access to, and shorter waiting times for, psychological therapies.
- A wider range of mental health services to be accessible via your GP.
- Your mental and physical health and social care needs treated as one, wherever and whenever necessary.
- Enhanced support to access the right education, employment and accommodation opportunities for people with mental health issues.
- People in east London will have access to the same range of mental health services wherever they live.

CANCER

Our aims

- **Cut waiting times for appointments**
- **Diagnose and treat any cancer quickly, with better education and information for the public**
- **Improve care and outcomes for people**

Parts of east London compare poorly with the rest of England in helping to prevent and treat cancer.

Local people aren't living as healthy a lifestyle as others elsewhere. The area has higher-than-average rates of smoking and obesity and fewer take part in any form of physical activity.

People are also not going for check-ups as often as they should, greatly reducing the chances of survival because a cancer hasn't been detected and treated early enough.

The facts are simple:

- More than 40 per cent of cancers diagnosed in the UK last year could have been prevented by people adopting healthier lifestyles.
- Up to 10,000 deaths in England could be avoided each year if cancer is diagnosed earlier and treatment started sooner.

But we can all do something about it.

The East London Health & Care Partnership is making the prevention of cancer, and improving outcomes for people that have it, a top priority.

We are going to improve information on screening for breast, cervical and bowel cancer and other forms of the disease. This includes better signposting on when and where you can be screened, and what you can do yourself to check for symptoms.

We especially want to reach out to those that don't have regular health checks, or who don't like seeking help.

We want to cut waiting times for appointments and ensure patients from all backgrounds have access to timely, high quality modern treatments. With the help of some of the best expertise available, we want people to live well after treatment and increase their chances of survival.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Ensuring all patients who are referred for an urgent appointment with a specialist are seen within two weeks.
- Making sure patients are receiving their tests and diagnostics on time to enhance early diagnosis and treatment and improve cancer survival.
- Enabling better communication between GPs, hospital consultants and other specialists to allow faster and more effective treatment and care.
- Encouraging patients in east London to take up their screening.
- Improving information technology and administrative processes to make sure the cancer referral pathway is effective and patient care is joined up.
- Listening to patients and carers to ensure we meet their needs and keep improving their care.
- Working with public health services to improve prevention and lifestyle choices.

What does it mean for local people?

- If you are referred urgently by your GP or another health care professional you will be seen within two weeks.
- If you have a cancer diagnosis, you will receive treatment quickly in order to improve your chances of survival.
- A number of health and social care professionals will be involved in your care to ensure your care is joined up.
- Your experience of care will be positive because we are listening to you and making improvements.
- If you take up screening when you get an appointment, you are likely to receive early detection and treatment.

What can you do?

We will do our bit to turn things round, and make sure east London does everything it can to beat cancer. But you can play your part too and take good care of yourself. It is by far and away the best thing you can do to avoid this disease.

Do yourself, your family and friends a favour and:

- stop smoking
- avoid too much alcohol
- eat well
- keep active
- check yourself over regularly
- register with a GP
- attend regular screening appointments

If your GP refers you to the hospital for a test, or to be seen, please make sure you attend the appointment.

MATERNITY

Our aims

- **Improve information and advice about pregnancy to help prevent any problems**
- **Give women greater control and more choice about how and where they give birth**
- **Make them feel safe and secure, cared for and supported**

East London has the fastest growing population in the UK and the highest birth rate.

Our health and care services must cope with this growth and continue to ensure all goes well for the mums and babies. But it's not the only challenge.

More women of child bearing age are living with a long-term health condition, such as diabetes or heart disease. This can lead to a complex birth, requiring extra care and attention. We need to help women prevent and better manage these conditions.

Our vision for maternity services in east London is for them to be safe, caring and kind. We want it to be easier for women to find out about the services, and for care to be focussed around the needs of the woman and her family.

We want all women to feel safe and secure during their pregnancy. We want them to have a choice about how and where they give birth and to feel supported throughout.

For our staff, our culture is to promote innovation and continuous learning. We want to create a working environment where they feel valued – one that will help us attract and retain the best people.

We are one of seven areas across the country taking part in the Better Births Initiative to make care safer and give women greater control and more choices during their pregnancy. It aims to reduce the number of different midwives and doctors seen during pregnancy, so a proper relationship can be built.

We will strive for continual improvement in all that we do to ensure the best, and happiest, outcome for every mum and baby.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Listening to, and working with, women in east London to understand their needs and design care around them.
- Giving women greater choice about how and where they give birth.
- Making it easier for people to get help and information and book appointments.
- Ensuring safe and high quality care for all mums and babies.
- Ensuring there are enough midwives to cope with the increasing number of births. There is currently a shortage of midwives in east London, many are retiring or moving away from the area. We need to recruit more and keep them here.
- Working together to ensure every woman gets continuity of care throughout her pregnancy and birth. We want to reduce the number of different midwives and doctors she sees, so a proper relationship can be built.

What does it mean for local people?

- You will have a greater choice about where and how you give birth.
- You will have easier and better access to help and information, including advice on how to keep well before, during and after pregnancy. You will also be able to book appointments online.
- You will likely see the same midwife throughout your pregnancy to ensure continuity of care.
- The plan for care during your pregnancy will be developed and agreed between you and your midwife or obstetrician.
- If you have a long-term condition, such as diabetes, or you are having twins or other multiples, you will be seen by your midwife and obstetrician regularly and may be referred to a specialist.
- Your overall experience of care during and after your pregnancy will be positive and of high quality. We want you to feel safe and secure, cared for and supported.

MEDICATION

Our aims

- **Ensure the right medicines are used, at the right time, for the right patients**
- **Reduce medicine waste**
- **Make it easier to get prescribed medicine when it is needed**

To be truly effective, medicines must be used properly and responsibly – from those that help get us better when we're ill, to those that keep people with long-term conditions alive.

The East London Health & Care Partnership's aim is to ensure the right people, get the right medicine at the right time. We don't want people taking medicines they don't need.

New medicines are being introduced all the time. This includes those available over the counter from pharmacists and supermarkets, as well as those only available on prescription.

GPs, pharmacists and other healthcare professionals must have a good understanding of what medicines their patients are taking and what they can and cannot do. They also need to know the side effects of the medicines and how and when they should be taken.

Evidence from the Royal Pharmaceutical Society shows there is an urgent need to get the fundamentals of medicine use right.

For example:

- Only 16 per cent of patients who are prescribed a new medicine take it as prescribed.
- At least six per cent of emergency re-admissions are caused by avoidable adverse reactions to medicines.
- It's estimated at least £300m is wasted on medicines each year across England.

The overuse of anti-biotics is also something we need to get right. It is weakening their effectiveness and making them counter-productive. The World Health Organisation says resistance to antibiotics is one of the biggest threats to global health.

We will be improving education and information about medicines and encouraging people to become less dependent on them, including antibiotics.

There are alternative and often more effective ways to treat and prevent common ailments.

Taking regular Vitamin C and Zinc supplements, for instance, can prevent colds developing. If you do have a cold, steaming your nose and mouth for up to 15 minutes, four times a day, and drinking plenty of fluids, can alleviate the symptoms.

For people with long-term conditions, alternatives to medication can include following a particular healthy eating regime and an exercise programme.

An example is for those with high cholesterol. A diet rich in plant sterols and stanols, that block the body's absorption of cholesterol, can avoid some people having to take drugs called statins. They are substances that are naturally found in small amounts in plants – in fruit, vegetables, pulses and grains. You can also buy spreads, cereals and yoghurt-style drinks which have been fortified with them. Regular exercise also helps and sometimes reduces the need for blood pressure medication.

Physical activity can also help with mental health conditions, such as depression, as can getting sufficient sleep and being more involved in communities to combat loneliness.

We also need to reduce the prescribing of medicines that are proven to have limited clinical value.

Around £3.8m is currently being spent on them every year in east London. It doesn't just represent poor value for money – which could be better spent on other health and care services – the use of such medicines is not in the best interest of patients.

It is not always necessary to go to a GP for treatment for minor ailments, or for medication that can be bought over the counter in a pharmacy or shop without a prescription. A pharmacist can give advice for problems such as coughs, colds, fevers, hay fever and eye infections.

For those taking medication for a long-term condition, your GP will regularly review what you are taking and adjust it as and when needed. If your surgery has a practice pharmacist you can ask them to check the medication too.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Following national recommendations from NHS England, we are reviewing the prescribing of certain medicines. They are those for which there is limited evidence about their effectiveness.
- Buying some medicines from alternative better value suppliers. These are the unbranded items that do exactly the same thing, but for a lot less money. It will enable any savings to be better spent on other health and care services.
- Helping people take charge of their overall health and achieve better outcomes without a dependency on medication. Holding regular reviews with patients to identify medicines they no longer need.
- Reducing medicines waste
- Reducing resistance to antibiotics by moderating the amount and type prescribed. Educating patients and prescribers on the importance of completing courses of antibiotics when necessary.
- Ensuring we have sufficient pharmacists where they are needed. This includes clinical pharmacists within GP practices and/ or clinics in order to help ensure the right medicines are used, at the right time for the right patients.

What does it mean for local people?

- You will be able to get professional medical advice for all minor ailments in pharmacies, including out of hours pharmacies.
- Pharmacists will give you advice on the nature of medicines available to buy over the counter and what you will need a prescription for.
- You will not be prescribed medicines for which there is limited evidence about their effectiveness or where there are safer alternatives.
- You will not be prescribed antibiotics unless they are essential.
- You will be less likely to be kept in hospital waiting for medicines to be prescribed.
- The cost of prescribing medicines to you as a tax-payer will be less, meaning money can be better spent on other health and care services.

DIGITAL & ONLINE SERVICES

Our aims

- **Give quick and easy access to health and care services, with you in control and able to see your own records**
- **Make it easy to book an appointment with, and talk to, a GP or other healthcare professional**
- **Enable healthcare professionals to provide better treatment and care by improving information systems and the sharing of records**

Digital technology has brought benefits that are now part of everyday life. It has given us greater control over how and when we do anything, from shopping and banking to learning and communicating.

With this has come an expectation to access and receive services quickly and easily, whenever we want.

It's no different when it comes to health and care services.

This is why we want to make the best use of technology and give local people help and support at their convenience, rather than ours.

It means being able to book appointments with a your GP online; not having to physically go to a surgery or hospital every time you need help; and being able to view your own records. Our aim is to put you in the driving seat.

Improvements to information systems and the sharing of records will allow health and care organisations to work more closely together. It will eliminate unnecessary tests and stop you having to keep telling us about any medication you might be taking.

Doctors and other care professionals will be better placed to help prevent illness and give you the most appropriate and timely care should you need it. With better access to clinical data, and details of any hereditary illness, they will be able to detect any potential problems much sooner – increasing your chances of avoiding illness completely or recovering more quickly.

We also plan to introduce digital technology to allow doctors and healthcare professionals provide more care in local communities – something that will also reduce the pressure on hospitals.

Digital devices, such as those that can monitor your heart via a smartphone, will enable you to care for yourself in the comfort of your own home, yet remain in constant touch with expert help and support, should it be needed.

Digital outpatient services – virtual clinics that allow a consultant to assess a patient's records to decide if they actually need to visit hospital, or if the GP can take the required action – are also being introduced.

Finally, more information will be made available on how to avoid ill health, especially online and through digital apps. This includes improvements to the national NHS Choices website, as well as local initiatives like the **MyMindApp** and GP websites.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Enabling GP appointments to be booked online.
- Allowing people to view their own health and care records.
- Putting more services, such as some GP consultations and mental health services, online.
- Improving information systems and sharing of records to allow healthcare professionals to work more closely.

What does it mean for local people?

- You will have quicker and easier access health and care services.
- You will be able to book GP appointments or talk to your GP online if you choose to.
- Doctors and other healthcare professionals will be better placed, with the right information, to help prevent illness and give you better care should you need it.
- You will be cared for closer to home, or in your home.
- You will have better information on how to stay healthy and well; to monitor your own health better and prevent it deteriorating by getting support at the first sign of a problem.

THE RIGHT STAFF IN THE RIGHT PLACE WITH THE RIGHT RESOURCES

Our aims

- **Ensure we have the we have right number of good quality staff to look after people, now and in the future**
- **Make services and care accessible and convenient, consistent and personal**
- **Give the best possible treatment and care by ensuring our staff have access to all information and resources they need**

THE RIGHT STAFF

There is a considerable shortage of staff to fill key roles in health and care services. It's one of the biggest challenges the sector is facing in meeting the demands of a growing and ageing population.

Not as many people want to become doctors or nurses or care workers as used to.

Doctors, nurses and care workers cannot afford to live in London because of high property prices and a chronic shortage of suitable accommodation.

People also want more flexible jobs and careers so they can manage their other responsibilities like childcare or looking after an older relative.

Many GPs are due to retire soon, and a quarter of nurses leave their profession after just five years.

Nearly 20 per cent of jobs in registered social care lie vacant.

We are having to rely heavily on temporary staff, who come at higher rates than permanent staff and are not always available.

While we are still managing to provide services safely, action is needed to tackle the shortages, both now and in the future.

Attracting staff

The regeneration of many parts of east London is making it an increasingly attractive place to live and work. We need to promote this more strongly and sell its strengths.

In future when we advertise for staff, we will not just give details about the job and organisation. We will tell people about the wider benefits of the area – its transport, shopping and restaurants; the nurseries, schools and colleges; the many leisure attractions. Most importantly, we will help find them a home and offer affordable key worker accommodation. This is the single most important factor in recruiting staff to work in London and is something we are currently working on with housing providers and developers.

But we don't just want to attract staff from outside the area. Far from it. We want to recruit 'home-grown' talent too and are working with local schools, colleges and universities to do more of this. Creating job and career opportunities in our public services for the people that already live here will always be a priority for the partnership.

When we have recruited good quality people to come and work with us, we want to keep them.

To do this we need to offer more training, research and career development opportunities, with the ability to work across different organisations.

For example, midwives in east London are now getting the chance to work in all different areas of the profession not just one – home births; deliveries in birthing centres; hospital labour wards; experience of complicated births. It's this sort of variety, and the opportunity to progress a career without having to keep moving home, that's a big factor in retaining people.

As well as offering careers, we will also be putting more emphasis on looking after the health and wellbeing of our staff, including how to manage stress. Difficulty with this is a major reason why many doctors, nurses and carers leave the profession. We want to ensure the right support is in place to help them.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Collaborating with councils and housing associations to ensure there is affordable accommodation for key workers.
- Expanding roles in GP surgeries (including physician associates, clinical pharmacists, practice healthcare assistants and care navigators) and developing an endoscopy and community nurse workforce.
- Promoting east London as a place, with all its attractions and benefits, to encourage more staff to live, work and stay here.
- Working with education and training providers to develop job and career opportunities in health and care for local residents.
- Offering more training, research and career development opportunities.
- Looking after staff so they can better look after the people of east London.

What does it mean for local people?

- More healthcare professionals likely to be taken on and retained to look after you and your family's health and care needs – now and in the future.
- A continuity of care wherever you are treated – in hospital, in the community and at home.
- More job and career opportunities in local health and care services

THE RIGHT STAFF IN THE RIGHT PLACE WITH THE RIGHT RESOURCES

THE RIGHT PLACE

Having staff in the right place might be a hospital, a GP surgery or even a patient's home.

Whether staff work in a hospital trauma centre or in the community, we are enabling and encouraging them to work together across the range of health and care services. We want to stop working in silos. The focus will be on following patients, not patients following us.

Where we can we are looking to put local health and care, and other public services, in the same building. This isn't just to save money, but to encourage closer working between them – and to stop the public having to go to lots of different places.

When a building is no longer required, the money recouped from the sale or rent will be reinvested locally to help improve or rebuild those we do need.

Although we have many modern facilities in the area, we also have buildings that are more than 100 years old and no longer fit for purpose. Whipps Cross Hospital in Waltham Forest definitely needs rebuilding, and we are working on this right now. We want all of our facilities to be up to date and functional, ready for future advances.

A greater use of digital technology will also help ensure services are provided in the right place. We want staff to have greater flexibility over how and where they work so they can spend more time in local communities. It also saves money on costly building space, which can be better spent on patient care.

Technology brings other benefits too.

Using a digital device to constantly monitor someone's heart, or provide a video link to a doctor or nurse, for instance, can enable a patient needing that type of care to stay in the comfort of their own home, yet remain in constant touch with expert help and support should it be needed.

It will not only make care accessible and convenient, but more consistent and personal. It's very likely you will see the same staff throughout your care rather than lots of different people.

If you are unfortunate enough to have an accident requiring major surgery, for instance, once you have been discharged from hospital the same team of physiotherapists will visit you at home to help you fully recover. As well as saving numerous trips back and forth to the hospital, it will avoid you constantly having to repeat your medical history, or details of any medication, to a number of different people.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Ensuring staff can offer a continuity of care to all patients.
- Enabling staff to work in the community – making services more accessible and convenient and saving on costly building space.
- Looking to share the buildings we do need with other public services, not just to save cost but to make things more convenient for people.
- Improving buildings and facilities in need of repair or modernising.
- Tapping into the opportunities digital technology offers to give patients better and more convenient access to services. This includes appointments via a video link and apps to monitor their own health and progress.

What does it mean for local people?

- Care will be accessible and convenient, more consistent and personal
- More care will be given to you in your home or close by, helped by digital technology
- You will more likely see the same staff throughout your care, establishing a relationship with them that generates assurance and trust
- No need to keep repeating your medical history and medicines to different health and care professionals.

THE RIGHT STAFF IN THE RIGHT PLACE WITH THE RIGHT RESOURCES

THE RIGHT RESOURCES

It's vital our staff have all the resources they need to do their job effectively.

As we have already said, digital technology will enable staff to spend more time in local communities. We will continue to invest in it to ensure they have easy and reliable access to all the information and data while out and about.

The right resources also means creating better links between the many different information and IT systems across health and care services.

Many of them have been developed independently of one another and, as a result, they can't 'talk' to each other. It's slowing down information exchanges between organisations and delaying the results of clinical tests. We are joining systems up to overcome these problems.

And it's not just about information technology.

To give effective treatment and care, staff need access to an array of equipment and resources, from hi-tech medical scanning systems to basic office supplies. We are working together to make sure they have it, investing in new kit and facilities where needed and joining up our buying teams to secure the best possible deals.

What are we doing?

Some of the things we want to do will take longer than others, but we are doing all we can to make them happen as quickly as possible.

- Continuing to invest in digital technology to ensure staff can work anywhere in the community with the information and data they need.
- Joining up IT systems to speed up information exchanges and the sharing of records so staff can plan, and give better treatment and care.
- Working together to ensure staff have all the modern facilities and equipment they need to do their jobs effectively

What does it mean for local people?

- More care can be given in or closer to your home as a result of staff being better equipped to work flexibly
- Your treatment and care will be planned and managed more effectively thanks to improved IT systems and the sharing of records
- Modern equipment and facilities will enable you to get the best possible treatment and care

2017 HIGHLIGHTS

PREVENTION

Highlights

- We agreed a shared ambition to reduce obesity, smoking, diabetes, high blood pressure and heart disease. We want to support people to do more physical activity, educate people around how to avoid or better manage health conditions and see more use of 'social prescriptions'.
- We secured extra funding to support people with diabetes and help smokers quit.
- We held a successful conference on workplace health and established a community of practice to promote it. We also launched a project with the Healthy London Partnership to improve staff health in GP practices and pharmacies.

URGENT & EMERGENCY CARE

Highlights

We worked together to improve access to health services. In the New Year, patients will be able to:

- **'Click'** – using NHS 111 online to access information and support regarding their health.
- **'Call'** – calling NHS 111 to access advice or reassurance from a healthcare professional
- **'Come in'** – when patients need to be seen, because it is an emergency, we are supporting direct booking into either their own GP or appropriate service. This will also help reduce the pressures on A&E departments so that people who need to be seen there will be treated as soon as possible.

- We have shared learning to improve patient flows through our hospitals, valuing our patients' time and reducing delays in transfers of care following an admission.
- We implemented measures to enhance care provided in care homes and people's own homes, helping develop a skilled workforce.
- Social care providers told us it is often difficult to support people who become unwell in their own home. As a result, we will shortly be launching a pilot to give domiciliary care workers increased direct access to clinical advice via NHS 111.

PRIMARY CARE SERVICES

Highlights

- We launched a series of programmes to improve and standardise the quality of primary care across east London. This includes training plans and a common system for sharing improvement projects, with 500 free licences available to commissioners and providers.
- We established business intelligence systems to collect clinical outcome data and help improve the efficiency of patient services.
- We successfully set up a development framework to help our primary care providers (GP federations and networks) improve quality across local health and care systems.
- We introduced a model to help us evaluate future workforce needs and a potential skill mix for multi-professional working.
- We implemented a range of plans to recruit and retain our primary care workforce across east London.

MENTAL HEALTH

Highlights

- We successfully bid for additional funding to increase mental health support for people in hospitals.
- We were awarded more money to support children and young people in mental health crisis.
- We began work to improve access to psychological therapies, local crisis services and maternal mental health services.
- We increased the number of physical health checks for patients with a mental illness and are opening up more employment opportunities for people as part of their recovery.

CANCER

Highlights

- We set up three local programmes to improve cancer outcomes at a local level across east London.
- We achieved cancer waiting time targets and secured more funding to help earlier diagnosis.
- The one-year survival rate is continuing to improve for our local population.

MATERNITY

Highlights

- We completed and submitted (in November) our East London Maternity Transformation Plan and Funding Bid in line with the Better Births strategy to improve maternity care for our local women. We are awaiting the outcome of the bid.
- We initiated joint procurement arrangements that will save money for the maternity system without impacting on services.
- We became one of seven maternity 'Pioneer' sites in the country.
- We finalised our East London Midwifery Workforce Programme for launching in the New Year.
- We secured FIVE nominations in the Royal College of Midwives annual awards! Two of these being in the prestigious 'Team of the Year' category.

MEDICATION

Highlights

- Hospital providers and clinical commissioning groups are now working together to switch to medicines that do the same thing as others, but for a better price.
- A national consultation on the value and cost of medicines that have a low clinical value was completed at the end of October. The results of will help steer our future decisions on this in east London.

DIGITAL & ONLINE SERVICES

Highlights

- Health and social care professionals are able to make better and safer decisions by sharing records through the east London Patient Record (eLPR) system. NELFT, LB Newham & LB Hackney have also recently connected to the system, which is now getting over 80,000 views per month – more than anywhere else in the country.
- 2.3m patient records are now placed in Discovery – a population health analytics platform.

THE RIGHT STAFF IN THE RIGHT PLACE WITH THE RIGHT RESOURCES

Highlights

Organisational development (OD)

- East London Health & Care Partnership is now the pilot site for the national STP OD programme, partnering with the staff college to develop collaborative working.

Workforce recruitment

- We have been working together, across the NHS and councils, to help recruit and retain essential staff for east London, such as doctors, nurses and care workers. This includes helping find them somewhere to live, and developing career opportunities.

Provider productivity

- A cap on the use of medical agencies was introduced in October, thanks to an initiative we ran in conjunction with a pan-London group.
- The introduction of a new procurement scheme has led to economies of scale and greater value for money in the buying of provider consumables.

Infrastructure

- We established an East London Health & Care Partnership estates board – in line with the formation of a London Estates Board and the requirements of London Devolution.
- We have been working together to identify opportunities to share accommodation, office and back office functions. This includes agile and new ways of working, such as shared booking systems.
- We are focusing on maximising the clinical utilisation of estates, thereby supporting seven-day working while increasing efficiency and releasing savings through disposal.
- We are working to complete a prioritised pipeline of sites, mapping current demand and capacity so we can ensure the right infrastructure is in place to meet future needs.

Health & Housing Conference

- Developing the relationship between housing and health, and bringing the various providers and services closer together was the subject of our highly successful Health & Housing Conference in October 2017.
- Delegates from across east London, with an interest in health, social care, housing and regeneration discussed a range of topics, from the provision of accommodation for key workers to how digital technology can help care for people, especially the most vulnerable, in their own home. They also talked about ways of combating homelessness and how housing services can help reduce delays in discharging people from hospital because of a lack of suitable accommodation and support.
- The conference was the first of its kind in east London, generating lots of ideas – many of which were simply the result of everyone coming together.

East London Health & Care Partnership

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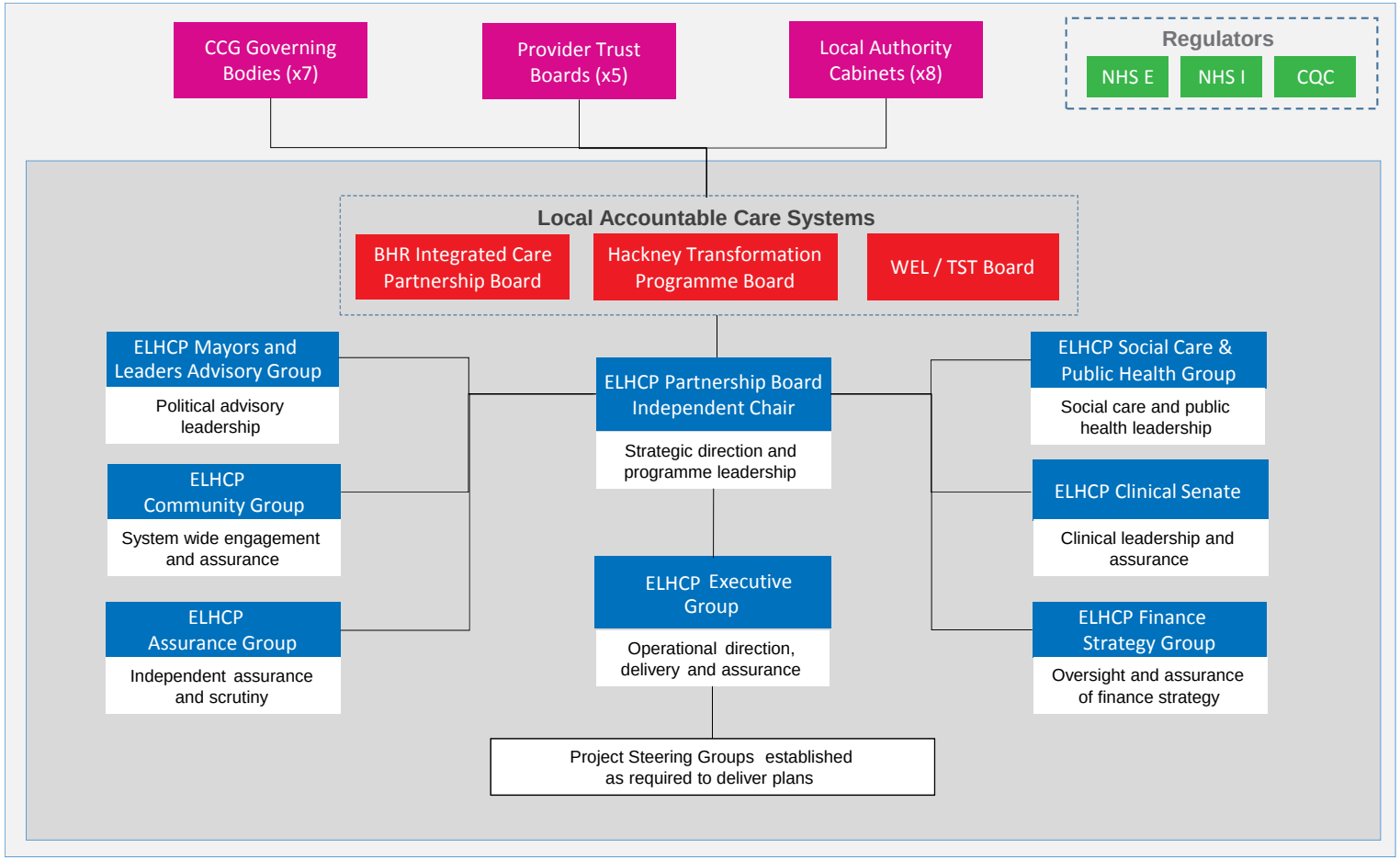
Appendix 3

East London Health & Care Partnership

Present governance structure (2017)



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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Health and Wellbeing Board Strategy
Board Lead:	Mark Ansell, Acting Director of Public Health
Report Author and contact details:	Elaine Greenway, Acting Consultant in Public Health

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare both Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) through the Health and Wellbeing Board. A JHWS should take into account the needs of the local population as set out in the JSNA.

The Havering JHWS expires in 2018.

Taking into account recent developments in the structure of the health and social care landscape and anticipated changes to the HWB membership (bulleted below), it is recommended to extend the current strategy for a further 12 months to allow the HWB sufficient opportunity to consider what should be prioritised in a new strategy.

It is further proposed that, in order to prepare for discussions regarding the priorities of the new strategy, the HWB receives a presentation on the JSNA in July 2018.

RECOMMENDATIONS

1. That the HWB agrees to extend the current strategy for a further 12 months (to end 2019)
2. That the HWB receives a presentation on the JSNA in July 2018

REPORT DETAIL

This report recommends extending the current strategy for a further 12 months, which will allow sufficient opportunity to consider what to prioritise, consider implications of recent developments in the structure of the health and social care landscape, and take into account anticipated changes to the HWB membership, including:

- local elections in May 2018
- establishment of BHR-wide CCGs, within wider STP framework
- Integrated Care Partnership Board now championing development of Accountable Care System, supported by Joint (CCG and three borough) Commissioning Board and Provider Alliance (including BHRUHT, NELFT and GP networks).
- London-wide Devolution deal

The current strategy has a broad range of priorities, which would continue to inform the scheduling of reports received at HWB while a new strategy is being developed. Thus the routine business of the HWB would remain in its current form uninterrupted while the HWB members consider the approach that they wish to take in developing a new strategy. The approach could include, for example, development sessions to explore a prioritisation process.

IMPLICATIONS AND RISKS

None identified.

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BACKGROUND PAPERS

None identified.

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HEALTH & WELLBEING BOARD

Subject Heading: Update on Referral to Treatment (RTT) Delays

Board Lead:

Report Author and contact details: Piers Young (PA LeeAnn Hamilton 01708 435039)

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☐ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☐ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☐ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☐ Theme 4: Quality of services and user experience

SUMMARY

Significant issues were identified with how Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) had historically reported Referral to Treatment (RTT). We suspended reporting of the RTT standard in 2014 so that we could fully investigate the issues and create a robust and comprehensive recovery plan. Since the RTT issues were identified in 2014 we have been working to recover our RTT position and implement our Recovery and Improvement Plan.

In June and July 2017 we met the national RTT incomplete standard of 92% (of our patients waiting less than 18 weeks) with performance of 92.2% and 92.1% respectively. This was achieved 3 months ahead of our agreed recovery plan.

Unfortunately since then we have missed the 92% national incomplete standard for RTT since August 2017. In January 2018 (our latest nationally submitted data) we recorded performance of 91.0%. On 1st December we agreed a revised recovery

plan with NHS Improvement with the aim of returning to delivering the 92% standard in April 2018.

Reasons for not delivering the national incomplete standard are due to referral levels, recent sub-specialty clinical capacity issues and the closure of dental services commissioned by NHS England. Dental patients account for approximately 17% of our patients who are waiting over 18 weeks. This has resulted in larger than anticipated volumes of patients waiting over 18 weeks for their treatment and higher levels of demand.

In April 2016 we had just over 1,000 patients who had waited more than a year for their treatment. At the end of January 2018 we reported 5 patients had waited more than a year for their treatment, with a number of these patients choosing to wait longer following our offers to treat them sooner.

RECOMMENDATIONS

- To note that despite BHRUT delivering the national RTT incomplete standard in June and July 2017 and 3 months ahead of plan BHRUT has narrowly missed the standard from August 2017 to date.
- To note January RTT performance was 91.0% against a 92% standard.
- To note progress of RTT activity and the reduction in long waiting patients who have waited over a year for treatment.
- To note progress and continuation of our work with the clinical harm reviews of patients who have waited a long time for their treatment
- To note a revised timeline for returning to delivering the national RTT standard in April 2018.

REPORT DETAIL

In December 2013, the Trust migrated from Total Care Patient Administration System (PAS), to Medway PAS. This change in information system for the management of patient waiting lists, whilst large and complex, should not have affected performance. However, the migration exposed a discrepancy between current performance and historical performance and suggested that we were not compliant with Referral To Treatment (RTT) standards, as was previously thought. A reporting break was agreed in February 2014 to give us time to investigate.

In light of the issues identified, we undertook an investigation into the matter in August 2014, which concluded that there are five main reasons for the decline in performance following the deployment of Medway:

1. RTT performance was not calculated correctly
2. Our governance processes for reporting and oversight were weak
3. Demand and capacity were not aligned
4. Data quality was poor
5. Training and organisational awareness of RTT and its rules were limited.

Since the RTT issues were identified in 2014, we have been working to recover our RTT position as captured in our original Recovery and Improvement Plan.

Current RTT Position

There are a number of work streams in place to support the delivery of the recovery plan for RTT:

1. Operational management
2. Outsourcing
3. Demand and capacity analysis
4. RTT administration and governance
5. Validation and data quality
6. Theatre productivity
7. Clinical harm reviews
8. GP Planned Care Quality Improvement Programme

Clinical Harm Reviews

A key element of the RTT Recovery Plan is the Clinical Harm Programme. The programme is designed to ensure risk to patients waiting longer than the NHS constitutional standards for their treatment are appropriately and efficiently managed. Patients are reviewed, and the findings reported weekly via Access Board and the system-wide Planned Care Programme Board.

Phase 1

- Focused on patients on admitted pathway
- More than 900 reviews carried out
- No moderate or severe harm identified.

Phase 2

- Focused on patients on non-admitted pathway
- More than 3,500 reviews carried out
- No moderate or severe harm identified

Phase 3

- Commenced 1 October 2016

- Focused on patients who would have been waiting more than 52 weeks before 3 December 2016
- All 83 patients have been reviewed and no moderate or severe harm identified

Phase 4

- Commenced 5 December 2016
- Focused on a random sample of 10% of undated patients with a 35 week breach date between 4 December and 13 March 2017
- 206 patients have been reviewed with no harm found.

Phase 5

- Commenced 15th March 2017
- Focused on a 20% sample of non-admitted patients who have been waiting more than 30 and 40 weeks – to date no harm found.

Demand Management

We continue to work closely together at a system level with BHR CCGs to manage referral activity inflow to the Trust whilst enhancing the patient pathway at a specialty level. This is clinically led work and includes priority areas such as Gastroenterology, Musculoskeletal (MSK) and Dermatology pathways. We successfully held a joint clinical workshop 25th January 2018 starting the work on redesigning and creating pathway referral criteria as part of our work on developing a local health community referral management system.

NHS England Closure of Dental Services at Care UK

On 3rd October 2017 BHRUT received late notice from NHS England regarding the closure of dental services at Care UK (service closed June 17). Currently dental patients account for 17% of BHRUT patients who have waited more than 18 weeks for treatment. In January 2018 we were still working to reduce the number of patients waiting more than 18 weeks as a legacy of the wider impact this service closure had. We are also working with a number of alternative providers to treat these patients and reduce waits. We are also engaging with NHS England around their support managing these patients long term.

Patients who have waited a long time for treatment (52 weeks plus)

We have a small number of patients who are now waiting over 52 weeks for treatment. We reported 5 patients had waited more than 52 weeks in January 2018. A number of these patients have;

- chosen to postpone their treatment for personal reasons having been offered reasonable choice
- not responded to three letters, contact via their GP asking them to arrange an appointment
- not attended two consecutive appointments or are on a complex care pathway

RTT recovery plan in response to legal directions

In response to the legal directions issued by NHS England in June 2016 to Havering CCG, (Lead CCG for BHRUT contract) the CCG developed a robust and credible recovery plan, including a robust demand and capacity plan for each specialist area, which would support the system to return to delivering the RTT standards. This was signed off by NHS England in February 2017.

Based upon the specialty modelling and plans, the expectation was to deliver the national 92% RTT incomplete standard by the end of September 2017. We delivered this plan three months ahead of schedule by meeting the 92% standard in June 17.

There was a significant challenge to return to meeting the RTT standards, which involved undertaking a significant amount of extra operations (5,000) and outpatient appointments (95,000) over a 18-month period. The whole system has worked hard to tackle the challenge.

Unfortunately we have missed the 92% national incomplete standard for RTT since August 2017. On 1st December 2017 we agreed a revised recovery plan with the aim of returning to delivering the 92% standard in April 2018.

On-going assurance

A Governance and Assurance Framework has been developed with a clear reporting line and for governance. RTT assurance and governance will be managed through the Planned Care Programme Board.

External assurance is also provided through meetings with NHSE and NHSI. The Trust also has a weekly Access Board that feeds into the Planned Care Programme Board. This is chaired by the Deputy Chief Operating Officer.

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HEALTH & WELLBEING BOARD

Subject Heading:	**Pharmaceutical Needs Assessment 2018-21 for consultation**
Board Lead:	**Mark Ansell Director of Public Health, LB Havering**
Report Author and contact details:	**Andrew Rixom, Consultant in Public Health, LB Havering**

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

The Health and Wellbeing Board received and reviewed the Pharmaceutical Needs Assessment for Consultation in November 2017. The consultation period for the Pharmaceutical Needs Assessment (PNA) ended on 5th January 2018 and the feedback has been incorporated into a revised PNA for publication by the HWB. The full report can be found here (LB Havering PNA 2018)[1] and the Executive Summary is attached.

The organisations represented on the HWB are all statutory consultees and their responses have shaped this final version of the PNA. There have been a significant number of responses from residents that have also been addressed in the final

[1] https://www.haveringdata.net/wp-content/uploads/2018/03/Havering-2018-Revised-PNA-Report-Following-Consultation-Version-1.0-low-res.pdf

report. Changes to the original draft due to consultation responses are given in detail in the appendices of the PNA.

The main purpose of the London Borough of Havering 2018 PNA is to inform decisions by NHS England on market entry of new pharmacies into Havering in the three years to 2021, and this document fulfils our statutory requirement. There is detailed guidance on the format of a PNA which NHS England uses to assess the consultation document. NHS England's comments have all been addressed in detail in the final document.

The overall conclusion of the PNA is

> "Based on the latest information on the projected changes in population of the HWB area within its geographical area over the next three years, alongside the latest information regarding building plans and expected additional population increases during this time, the HWB has concluded that the current pharmacy services are adequate and have a good geographical spread, particularly covering those areas of higher population density."

To reach a conclusion the PNA has to examine the provision of "Necessary Services", "Advanced Services", "Enhanced Services" and "Locally Commissioned Services", which all defined by regulation. These are variously commissioned by NHS England, the BHR Clinical Commissioning Group, and London Borough of Havering. The geographic spread, the match with resident and day time population (including vulnerable and protected groups), and times available have been taken into account. For discretionary services that can be commissioned locally, the PNA examines those services that are currently funded.

RECOMMENDATIONS

That the Health and Wellbeing Board notes that

(a) the correct process has been followed in developing the PNA
(b) appropriate consultation has been undertaken
(c) the PNA will be published on the Council's website

REPORT DETAIL

Please see LB Havering PNA 2018 and Executive Summary

IMPLICATIONS AND RISKS

Financial implications and risks: None
Legal implications and risks: None
Human resource implications and risks: None
Equalities implications and risks: None

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BACKGROUND PAPERS

None

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Havering Health and Wellbeing Board

Pharmaceutical Needs Assessment 2018

Executive Summary

Havering
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Executive Summary

It is a statutory requirement for a Pharmaceutical Needs Assessment (PNA) to be developed and published every three years (or earlier where significant changes have occurred) by each area covered by a Health and Wellbeing Board (HWB). The purpose of the PNA is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies.

This PNA has been undertaken during a time of uncertainty around how pharmacy services will develop over the next three years. The 2016 Murray report reviewed the Pharmacy Contract Revisions 2016 and recommended major changes to the way in which pharmaceutical services should be delivered. Key changes to the Pharmacy Contract include simplifying the NHS pharmacy remuneration system, helping pharmacies to become more efficient and innovative and encouraging longer prescription durations where clinically appropriate. However, at the time of writing, these recommendations have not yet been implemented given they are currently under judicial review. It is complex to predict the impact on residents of such changes before it is understood which services may be reduced, changed or closed

Since the last Havering PNA was published in 2015, no major changes to pharmaceutical provision have been observed and provision is generally good. There are 46 community pharmacies in the Havering HWB area for a population of 249,085, an average of 18.5 pharmacies per 100,000 population. The England and London averages are 21.3 and 21.4 respectively. The number of pharmacies in each locality varies across the borough with the south having a slightly greater number of pharmacies per head of population than the rest of the borough.

Overall access is good. Over 98% of residents are within one mile of a pharmacy, and for 98% of residents, the closest pharmacy is within the borough. There are four 100-hour pharmacies across the borough providing Sunday opening Demand for community pharmacies is unlikely to increase due to national policy and population growth. Current national policies highlight the potential of community pharmacy to deliver enhanced community-based healthcare access thereby reducing demand on urgent and primary care services.

Since the 2015 PNA was published, both the resident population and GP registered population of the borough has increased. Analysis of housing data shows that there are likely to be population increases in parts of the borough, particularly in the Central and South localities, although over the next three years there is unlikely to be a sufficient increase in requirements for pharmacy services to require significant changes.

A review of the Joint Health and Wellbeing Strategy (JHWS) and Joint Strategic Needs Assessment (JSNA) identified that there may be scope for pharmacies to support local health needs. The borough has a few areas of deprivation where local pharmacies could be utilised to support their local needs.

Addressing many of Havering's 'areas of opportunity', as identified in the JSNA and JHWS, could include an expanded role for pharmacists. Priority areas identified by Havering's Health and Wellbeing Board (HWB) are as follows in which there are potential roles for pharmacists:

- Primary Prevention
- Working together to identify those at risk and intervene early
- Provide the right health and social care/advice in the right place at the right time
- Quality of services and user experience

Other areas that pharmacists could play a role in include collaborating with initiatives aimed at reducing domestic violence, and supporting enhanced promotion of the following: cancer detection and care; flu vaccination amongst health care workers; improved housing with a focus on vulnerable adults; monitoring of hospital admissions caused by injuries in children; diabetes prevention; social prescribing; living well with people with multiple chronic illness; improved end of life care and monitoring the tipping point into need for health and care services.

Decisions concerning the promotion of pharmacist led services for these programmes will need to be based on more focused health needs assessments and commissioning strategies.

Conclusions

The Havering HWB has updated the information in relation to pharmacy services in its borough as well as information regarding changes in pharmacy services. In addition, the HWB has reviewed the current health needs of its population in relation to the number and distribution of the current pharmacies in the borough and those pharmacies in neighbouring boroughs adjoining the borough of Havering.

The PNA is required to clearly state what is considered to constitute necessary services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, necessary services are defined as essential services.

The advanced, enhanced and locally commissioned services are considered relevant services as they contribute towards improvement in provision and access to pharmaceutical services.

When assessing the provision of necessary services in Havering, the following have been considered:

- The maps showing the location of pharmacies within Havering and the Index of Multiple Deprivation
- The number, distribution and opening times of pharmacies within Havering
- Pharmacy locations across the border
- Population density in Havering
- The increase in daytime population
- Projected population growth
- The ethnicity of the population
- Neighbourhood deprivation in Havering
- Location and opening hours of GP practices providing extended opening hours
- Location and opening hours of NHS dental contractors
- Results of the public questionnaire
- Proposed new housing developments.

Based on the latest information on the projected changes in population of the HWB area within its geographical area over the next three years, alongside the latest information regarding building plans and expected additional population increases during this time, the HWB has concluded that the current pharmacy services are adequate and have a good geographical spread, particularly covering those areas of higher population density.

The detailed conclusions are as follows (key types of pharmacy services are specifically detailed below).

- No gaps have been identified in **necessary services** (essential services) that if provided either now or over the next three years would secure improvements, or better access, to essential services across the whole borough.
- There is no gap in the provision of **necessary services** (essential services) **during normal working hours** across the whole borough.
- There are no gaps in the provision of **necessary services** (essential services) **outside of normal working hours** across the whole borough.

- There are no gaps in the provision of **advanced services** (relevant services) at present or over the next three years that would secure improvement or better access to advanced services across the whole borough.
- There are no gaps in the provision of **advanced services** across the whole borough.
- No gaps have been identified that if provided either now or in the future would secure improvements, or better access to **enhanced services** (relevant services) across the whole borough.
- There are no gaps in the provision of **enhanced services** across the whole borough.
- There are no gaps in the provision of **locally commissioned services** (relevant services) at present or over the next three years that would secure improvement or better access to **locally commissioned services** across the whole borough.
- There are no gaps in the provision of **locally commissioned services** across the whole borough.

The conclusions reached in this report include assessments that have addressed protected characteristics of groups living in the borough localities in relation to access to pharmacies. The assessments show no evidence of any overall differences between or within the localities in Havering.

Based on the review of building plans and population projections, there may be a need to review the level of pharmacy services in specific places in the borough in the period up to 2021.

Regular reviews of all the above services are recommended in order to establish if in the future whether changes in these services will secure improvement or better access across the whole borough.

The locality structure provides an opportunity, for pharmacies and other primary care providers to work together to deliver advanced and enhanced services that cross geographical areas, and meet the needs of the population.

Whether there is sufficient choice of pharmacy in Havering was reviewed, it was decided there was sufficient choice of pharmacy in Havering for the following reasons: NHSE have assessed the need for pharmacies and generally found there are too many; here necessary pharmacies qualify for the Pharmacy Access Service in Havering and London boroughs have a greater choice of pharmacy provider compared to many other areas in England.

The borough recognises that there may be developments in pharmacy provision that may not mirror the traditional model of a high street pharmacy, for example, online prescriptions or pharmacists working more closely with primary care.

Key to Services

- **Necessary services** (essential services) are commissioned by NHS England and are provided by all pharmacy contractors. These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy styles and support for self-care. Distance-selling pharmacy contractors cannot provide essential services face to face at their premises.
- **Advanced services** (relevant services) are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met. These services include Medicines Use Reviews (MUR), Flu Vaccination, New Medicines Service (NMS), Appliance Use Reviews (AUR), Stoma Appliance Customisation (SAC), NHS Urgent Medicine Supply Advanced Services (NUMSAS).
- **Enhanced services** (relevant services) commissioned by NHS England are pharmaceutical services, such as Minor Ailments, services to Care Homes, language access and patient group directions.
- **Locally commissioned services** (relevant services) are commissioned by local authorities, CCGs and NHS England in response to the needs of the local population.

Document Details	
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Havering Health and Wellbeing Board - Forward Plan 2017/18

All meetings will start at 1pm (until 3pm) Rooms to be confirmed for each meeting.

HWB Meeting (TBC) July 2018. Deadline for papers **TBC** To be held in room TBC	
Obesity Strategy	Mark Ansell
East London Health and Care Partnership Update	Ian Tompkins
SEND Strategy	Tim Aldridge
Clinical Governance of public health commissioned services	Andrew Rixom
Public Health Annual Reports (Health Protection and Health Improvement)	Mark Ansell
Joint Strategic needs Assessment	TBC
CCG Outcomes Indicator Set	CCG
Health and Wellbeing Strategy – next steps	TBC
Forward Plan	

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Havering
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HEALTH & WELLBEING BOARD

Subject Heading:	Havering Local Account 2016/17
Board Lead:	Barbara Nicholls – Director of Adult Social Care
Report Author and contact details:	**Jodie Calder -** Service Improvement Officer 01708 432 076 / **Caroline May -** Head of Business Management 01708 433 671

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

The government asks each local authority to publish annually a "Local Account" of its adult social care activity. This Havering Local Account summarises adult social care and support achievements in 2016-17 and ambitions for the future.

Local accounts form an important part of the Towards Excellence in Adult Social Care (TAASC) which is a national programme of sector improvement led by the Association of Adult Social Services Directors and the London Government Association. Local Accounts provide a key mechanism for demonstrating accountability for performance and outcomes. Local accounts can also be used as a tool for planning improvements, as a result of sharing information on performance with people who use services and engaging with them to get feedback on their experience.

The London Borough of Havering Adult Social Care Services Local Account 2016/17 is the fourth local account that will be published and it explains:

- What services we support and spend money on
- What we have achieved

- The changes and challenges we face
- Our ambitions and plans for further improvement

It will be published on our website to report publicly on performance and provides accountability to local people and partners.

RECOMMENDATIONS

That the Health and Wellbeing Board note the Local Account 2016/17 prior to publication.

REPORT SUMMARY

The key messages of the Local Account 2016/17 include:

Havering in Numbers
Adult Social Care in Havering helps and supports residents with the highest social care needs. Our service users have a range of needs, including old age, physical disabilities, learning disabilities, mental health needs and memory and cognition needs.

In 2016/17, **2,143** service users received Homecare and we helped **577** carers of older people with services like respite or a temporary care home stay for the person they care for. **2,398** Older people received long-term support in the community and we had **818** enquiries for Adult Safeguarding.

Although services provided generally are increasing as can be seen in the report, the number of those in receipt of a direct payment (a payment to an individual to pay for their care) had fallen, indicating that more people are opting to have services provided directly by the Council. This is something which we are reviewing as we would like to see more people in receipt of direct payments, as this introduces more flexibility around how their care and support is provided.

Better Care Fund (BCF)
The Havering BCF plan stated that by 2019 we would have "a locality based integrated health and social care workforce comprising multi-disciplinary workforce across six GP cluster-based localities." There are currently four teams in place, Cranham, Harold Hill, Romford and Rainham/Elm Park.
In 2017/18 we are looking to utilise our BCF differently as we take the next steps with integration, making sure that we deploy the funding to protect social care services whilst ensuring we continue to support the safe and timely discharge from hospital and put the right community solutions in place. We plan to complete this effectively through working with our neighbouring boroughs and health colleagues. One major scheme is the creation of an Intermediate Care Tier, which builds on the already successful co-location of our community social care and health teams, to look at the hospital discharge pathway. Intermediate Care is the term for services that are wrapped round people as they return home form an acute care setting. It is important that we get this transition right and properly support people after a stay in hospital, enabling them to be able to be as independent as possible, with the right support in place.

Making Safeguarding Personal (MSP)
All staff within Adult Social Care are aware of the need to ensure practice demonstrates MSP and that their outcomes should be adult led. We have taken steps to improve our safeguarding response, which has been no small feat in the context of considerable increase in volume of Deprivation of Liberty referrals and renewals; however we know there is more to do in achieving our ambitions in terms of Making Safeguarding Personal.

Deprivation of Liberty Safeguards (DoLS)
DoLS aims to make sure that people in care homes, hospitals and supported living are looked after in a way that doesn't inappropriately restrict their freedom or support living arrangements only deprives someone of their liberty in a safe way that is in their best interest.
As can been seen from the chart in the local account, since 2013/14 and the Supreme Court Judgment in March 2014 (when the Supreme Court issued a judgment on deprivation of liberty, which clarified what may constitute a situation whereby someone can legally have their liberty taken away) the number of new DoLS requested has increased dramatically.

Multi Agency Safeguarding Hub (MASH)
In 2016/17 the wider MASH service, including Children's Social Care, Police, Mental health and other partners, reviewed thresholds and how the service worked. This has resulted in closer working and relationship building across all agencies which have led to being able to work collectively together with an emphasis on working on supporting young people turning 18 years of age to transition to adulthood, and accessing adult and mental health services where necessary.

2017/18 Objectives
The Local Account outlines the work we continue to do with partners to provide the most vulnerable people in our communities with the most efficient and effective social care services. These include:

- Target our limited resources on those who need the most support
- Work in partnership with Health and other key partners to deliver improved services and improve VFM through integration
- Where needed we will intervene early to prevent further escalation of needs
- People and communities will look after themselves and each other where possible
- We will ensure universal services will effectively signpost people to the appropriate services
- Wherever possible we will seek to manage demand by prioritising the most cost effective provision
- We will seek to revitalise the voluntary sector to be best placed to deliver services in the most cost effective ways
- Maximise income for the service through reviewing financial assessment and ensuring billing is as efficient as possible

Outcomes against the 2016/17 objectives are outlined in the local account.

Financial Challenge
Havering Council faces financial challenges as it manages funding reductions and inflationary costs, provides services to a growing and ageing local population and meets new legislative responsibilities.

The Council has made a strong commitment to deliver all statutory services like adult social care and improve services. It remains committed to protecting the services that matter most to the residents of Havering and keeping local people safe.

The reported closing 2016/17 position was an overspend of £1,245,338. Steps have been taken to bring spend in line with budget in the future. This is focussed on better targeting resources and prevention rather than direct cuts to services.

The budget for Adult Social Care has continued to fall since 2014/15 from £59,454,338 to £56,726,793 in 2016/17. However due to the additional iBCF funding received in 2017/18 we have seen an increase in the budget allocated to ASC for 2017/18. We have also applied the Adults Council Tax Levy and made significant savings over the last three years.

Peer Review
A peer review took place in October 2017. This is when a group of peers from other councils review Adults Social Care from a use of resources and commissioning perspective and give feedback, as coordinated by ADASS. The outcome of this will be featured in the 2017/18 local account

IMPLICATIONS AND RISKS

Financial implications and risks:
Although the report outlines the financial situation for Adult Social Care, there are no direct implications arising from this report which is for information only.

Legal implications and risks:

The relevant Government guidance expects each Local Authority to produce a Local Account setting out the Council's performance in relation to Adult Social Care
The Local Account is a key mechanism for demonstrating accountability for performance and outcomes, and for sharing information.

Human Resources implications and risks:

There are no direct implications arising from this report which is for information only.

Equalities implications and risks:

Adult care services are designed to address the assessed needs of all eligible service users, including those from protected groups, such as the disabled, elderly, ethnic minorities etc. We will continue to consult with service users and carers to make sure that our services are inclusive and respectful of all. We will also carry out Equality Impact Analysis where appropriate.

BACKGROUND PAPERS

The Havering Local Account 2016/17

Adult Social Care Services in Havering – Local Account 2016/17

Introduction and Foreword

Welcome to the fourth Local Account for Adult Social Care (ASC) services in Havering. The Local Account is an important part of the Government's plan and commitment to let people know about their local care and support services for adults in the borough, as well as how well these services are performing. It also gives us the opportunity to be open about how we spend money on adult social care services, as well as to highlight our successes, and to make more information available to residents on our challenges and priorities for the upcoming year.

The Council is committed to providing high quality adult social care services to those who need support, and to help individuals remain well and healthy for as long as possible in their own homes. Prevention is the underlying principle that we adopt; we aim to prevent the need for complex care packages wherever possible, thus ensuring that people can live full and active lives in the community for as long as they are able. We do this by working closely with our partners such as health services, care providers and the voluntary sector, as well as by listening to our residents and tailoring our services accordingly. We also safeguard those who are deemed to be at high risk to jointly manage situations as they arise, aiming for the best possible personal outcomes.

We have an obligation to manage our finite budgets as carefully as possible, while still providing quality services. This does mean that we have to carefully target our limited resources to ensure the best value for our residents, and to make sure that those in need are properly supported. Budget pressures have remained during 2016/17 so we have put in place plans to continue to manage our budgets well in future years, so that services are as resilient as possible. This includes working closely with those who provide care on our behalf, so that we jointly plan for the future.

We also provide information and advice to all borough residents, and to signpost to services, whether people have a care need or not. As such we have an information and advice website, CarePoint, a local information and advice service, and are planning to redesign our front door so that the right conversations happen at the right time, thus speeding up the time taken to assess need or signpost people in the best way that we can. Our services are inclusive and any commissioning initiatives are consulted on and an Equality Impact Assessment (EIA) is produced wherever necessary.

In summary, Adult Social Care is about providing personal and practical support to help people live their lives, to support them to maintain independence, dignity and control, with individual wellbeing at the heart of every decision.

The Local Account tells people:

1. How much money we spent on ASC
2. What we spent the money on
3. Our achievements over the last year
4. Our future plans

Local picture

Demand for adult social care services is increasing. In the UK people are living longer lives and this is resulting in a rise in the number of older people in the population. Havering is the third largest London borough, covering some 43 square miles. It is located on the northeast boundary of Greater London and has the oldest population in London with a median age of 40 years, as recorded in the 2011 census.

Havering Adult Social Care focuses on individual's wellbeing, to support people to do as much as they can for themselves, by utilising all their support networks to help them meet their personal outcomes.

Adult Social Care in Havering helps and supports residents with the highest social care needs. Our service users have a range of needs, including needs arising because of older age, physical disabilities, learning disabilities, mental health needs and memory and cognition needs.

Havering in numbers –

In Infographics…

According to the 2016 mid-year Estimates of population (published by the Office of National Statistics on 22nd June 2017), the population of Havering is **252,783.**

- Of these 192,471 are over the age of 20 (101,559 females and 90,912 males)
- Of these 46,241 are over the age of 65 (26,423 female and 19,818 Males).
- Of these 7,255 are over the age of 85 (4,832 Female and 2,423 Males)

The life expectancy for people living in Havering is 80.2 years (for males) and 84.1 years (for females) from birth. Life expectancy in Havering has been mostly higher than the England average and has been on the increase over the last decade.

The life expectancy at age 65 for males in Havering is 18.9 years.

- This is similar to the life expectancy for males in London (19.1 years) and England (18.7 years).
- Over a twelve-year period (of 3-year rolling periods – from 2001-03 to 2013-15), the life expectancy at age 65 for males in Havering has increased significantly from 16.3 years to 18.9 years – a 16% increase.

The life expectancy at age 65 for females in Havering is 21.6 years, 2.7 years longer than for males.

- This is similar to the life expectancy for London (21.7 years) but statistically significantly higher than England female average (21.1 years).
- Over a twelve-year period (of 3 year rolling periods – from 2001-03 to 2013-15), the life expectancy, at age 65, for females in havering has increased significantly from 19.0 years to 21.7 years – a 14% increase.

Nearly 43% of Havering's 85+ population use the boroughs Social Care Services.

The estimated number of people in Havering aged 18-64 living with moderate disabilities was 11,870 in 2017 (a rate of 7,865 per 100,000 population aged 18-65 years) and 3,506 adults aged 18-64 were estimated to be living with serious physical disabilities (a rate of 2,323 per 100,000 population aged 18-65). These rates are one of the highest amongst London local authorities, but it is statistically similar to England's rate (7,818 moderate and 2,298 Serious).

Due to having the oldest population in London and the high life expectancy, Havering has seen an increase in residents needing assistance from 2015/16 to 2016/17. Table 1 and Table 2 below, identifies how demand has increased.

Table 1 shows some comparable data to show rising demand:

In 2015/16	In 2016/17
272 older people (65+) were admitted to nursing or care homes, with an average age of 85 years. The admission rate was 609.9 per 100,000 populations.	321 older people were admitted to nursing or care homes, with an average age of 85 years. The admission rate was 700.0 per 100,000 population
2,131 service users received Homecare.	2,143 service users received Homecare.
Almost 85% (187 service users) of older people using our reablement service (who were discharged from hospital during the months of October – December) were able to remain living in their own home after leaving hospital. During 2015-16, 1,121 service users used reablement service.	Almost 88% (193 service users) of older people using our reablement service (who were discharged from hospital during the months of October – December) were able to remain living in their own home after leaving hospital. During 2016-17, 1,143 service users used reablement services.
We helped over 500 carers of older people with services like respite or a temporary care home stay for the person they care for.	We helped 577 carers of older people with services like respite or a temporary care home stay for the person they care for
At 31st March 2016 1,528 people chose to meet their agreed health and social care needs by receiving Self Directed Support.	At 31st March 2017 1,735 people chose to meet their agreed health and social care needs by receiving Self Directed Support.

Table 2 shows services provided in numbers over the last two years

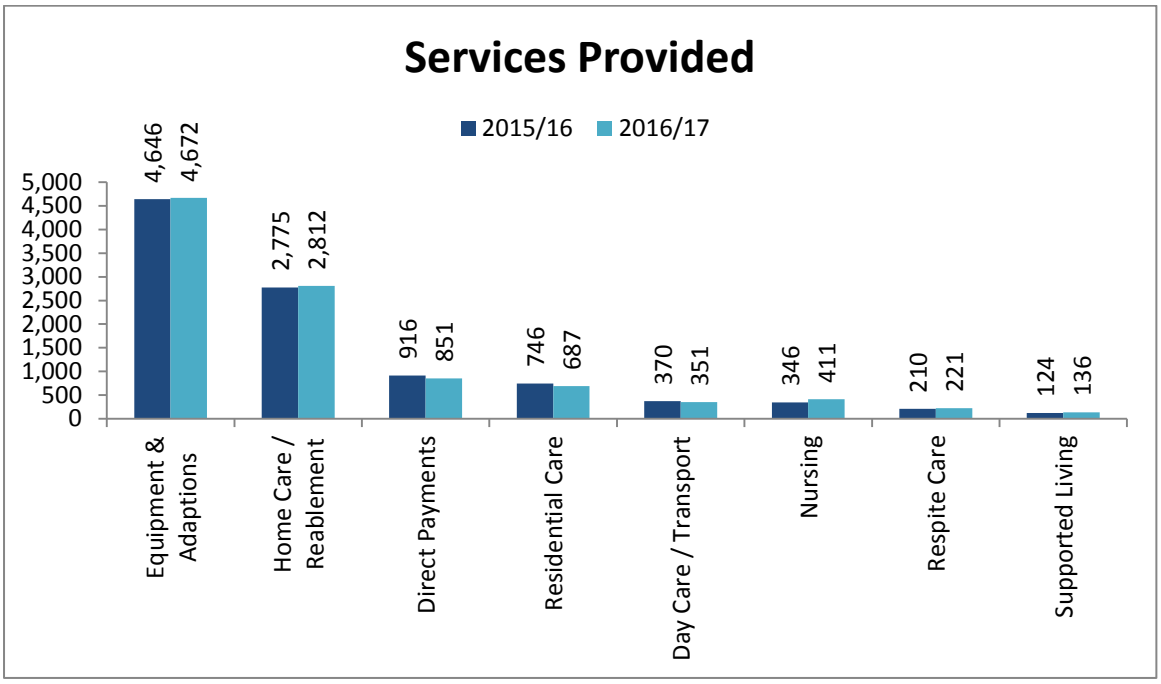
What adult Social Care services did from April 2015 to March 2017	2015/16	2016/17
People receiving long-term adult social care support	3,887	3,965
Carers received an assessment of their needs	867	1,091
Older people receiving long-term support in the community	2,371	2,398
At the 31 March the number of Older people living in residential / nursing accommodation	552	557
People with learning disabilities living in residential or nursing accommodation	155	147
Long term service Support Plans reviewed with service users	2,601	2,547
Enquiries for Adult Safeguarding	668	818
Deprivation of Liberty Safeguards	552	1083

Generally we are seeing increases in demand. This demand can be in the form of increases to hours of care provided in the community, or in terms of the complexity of packages that people need, rather than more people being given a care package. We are seeing that we are providing care and support in different ways; as our population changes our services are continually redesigned to keep pace with the changing needs.

Services we provide are outlined in the following graph, showing the number of people who services or equipment were provided for during 2015/16 and 2016/17:

Our 2016/17 Year

Services we provide



Although services provided generally are increasing, the number of those in receipt of a direct payment (a payment to an individual to pay for their care) had fallen, indicating that more people are opting to have services provided directly by the Council. This is something which we are reviewing as we would like to see more people in receipt of direct payments, as this introduces more flexibility around how their care and support is provided.

We have seen a rise of 9% in terms of Supported Living in the borough, meaning that more people are living in accommodation where assistance is available on site. Each area has increased in terms of numbers receiving services apart from residential care, showing the shift towards care and support at home and the aim to prevent the need for residential care for as long as possible. There are also less people in receipt of day care and transport provided by the council, which reflects changes to people's choice in how their care is provided.

Our Teams

A description of each team is provided below. Each area provides services to anyone aged 18 years or over, who has care and support needs, to provide a wide range of support plus information guidance and advice.

Integrated Locality Teams

Havering has integrated health and social care teams based in four health centres across the borough. These teams are comprised of our social workers and care staff with health colleagues. Social Care work closely with community health services which means that there is a more holistic, joined up approach ensuring better care, helping to minimise risk and improving the experience of individuals who use our services. A more joined up service appears more seamless and helps provide the right care at the right time, and communications are working arrangements are collectively improved.

Community Learning Disability Team (CLDT)

The Community Learning Disabilities Team supports people who need services to live their lives to their fullest potential. The team is integrated with health, so are able to bring in the right clinical support when it is needed, and supports when people have additional needs such as physical and/or sensory disabilities, speech and language difficulties, challenging behaviour or epilepsy.

The strong partnership working between Havering Adult Social Care and North East London NHS Foundation Trust (NELFT) means that there are clear priorities enabling high quality health and social care for adults with learning disabilities within the integrated multidisciplinary team.

Joint Assessment & Discharge Service (JAD)

The JAD team is based in the local acute hospitals (Queens and King Georges, part of Barking Havering and Redbridge University Hospitals NHS Trust), and is our multidisciplinary, multiagency Joint Assessment & Discharge Team. The team has staff from Havering, the London Borough of Barking & Dagenham, Havering's community health provider (North East London Foundation NHS Trust) and the Hospital Trust itself. The social workers and nurses that sit within the team work with residents across Havering and Barking & Dagenham who need support to return from hospital.

Sensory Service

The Sensory Team supports individuals to find solutions to challenges being faced when living in the community if people struggle with basic tasks, and offers tailored information, advice and guidance. They can support with: specialist training, such as mobility and orienteering training or hearing aid management training; assistive equipment, to help individuals make the most of residual sight or hearing such as a TV listener or specialist lighting; minor adaptations around the home, such as tactile markings on the cooker or use of contrasting colours around light switches.

The Sensory Team prides itself on really listening to individuals about their strengths and aspirations as well as areas they might need support with as the service wants people to be as independent as they possibly can.

Better Care Fund

The Better Care Fund (BCF) was established in 2015/16, creating a shared budget between the NHS and adult social care departments, to support working in a more integrated way, including commissioning of services to support vulnerable adults. It is important to note that the BCF was not new money for services; existing budgets were 'top-sliced' to create the fund. In Havering the BCF is used to provide or commission a number of services, including preventative services (from the voluntary sector), intermediate care, Telecare, Mental Health and carers support.

What this means for Havering

The Havering BCF plan stated that by 2019 we would have "a locality based integrated health and social care workforce comprising multi-disciplinary workforce across six GP cluster-based localities." There are currently four teams in place, Cranham, Harold Hill, Romford and Rainham/Elm Park.

In 2017/18 we are looking to utilise our BCF differently as we take the next steps with integration, making sure that we deploy the funding to protect social care services whilst ensuring we continue to support the safe and timely discharge from hospital and put the right community solutions in place. We plan to complete this effectively through working with our neighbouring boroughs and health colleagues. One major scheme is the creation of an Intermediate Care Tier, which builds on the already successful co-location of our community social care and health teams, to look at the hospital discharge pathway. Intermediate Care is the term for services that are wrapped round people as they return home form an acute care setting. It is important that we get this transition right and properly support people after a stay in hospital, enabling them to be able to be as independent as possible, with the right support in place.

Self-Directed Support (SDS)

There are two different kinds of SDS, **Direct Payments** and **Personal Budgets**.

Direct payments are payments made to individuals who have care and support needs, or to carers who are eligible for support. The money received can be spent on things that help meet the needs, as agreed in their support plan. The way direct payment works will vary depending on if this is being received as a direct payment because you are a carer, or because you have care and support needs.

A personal budget is the amount of money the local authority allocates for a residents care, based on its assessment of their needs. The resident and social worker or care manager will work together to create a care and support plan. This plan details the care and support needs, and will be used to work out the value of their "personal budget".

SDS covers personal budgets and direct payments, as well as individual service funds, whereby a provider administers funds on an individual's behalf to provide care, and council managed accounts, whereby the council carries out the administration. Anyone who is assessed as needing care services has the right to request a direct payment instead of having services provided by the council.

In the last Local Account we identified that we would be looking to:

- Increase the proportion of service users who receive some form of self-directed support.
  It has been recognised that the right support and availability of personal assistants needs to be in place to sustainably increase the numbers of people using self-directed support to arrange their care and support services. In 2017/18 we have started to properly develop a market of personal assistants (PAs) and completely overhauled our approach and build a list of PAs. We are also re-designing the processes by which direct payments are accessed and this will also lead to much easier flow from identification of need to delivery of service. We anticipate actual numbers of residents in receipt of direct payments will begin to increase significantly by 2018.
- Introduce a Havering Direct Payments Pre-Paid account and card to make managing direct payment a lot easier.
  We have implemented this and a more efficient card payment system is in place.
- Work with our voluntary sector including reviewing the services they provide and to continue to commission services that help people remain independent.
  The voluntary sector review has resulted in new contracts that are aligned with helping people remain or become independent. The new services are planned to start in February 2018.

Health and Wellbeing

Havering's Health and Wellbeing Board is a committee of Havering Council, and includes membership from Barking Havering and Redbridge Clinical Commissioning Group. The Board is designed to gather senior health and social care professionals together to work towards ensuring people in Havering have services of the highest quality which promote their health and wellbeing and to narrow inequalities and improve outcomes for local residents.

In March 2016, the Board reviewed its terms of reference, recognising the massive changes in the local health and social care economy since it was first established three years previously. Additional members were added to the membership, including the acute hospital (Barking, Havering and Redbridge University Trust), and the North East London Foundation Trust which provides many community health services.

The main responsibilities of the Board are to:

1. Agree the health and wellbeing priorities for Havering and oversee the development and implementation of a joint health and wellbeing strategy
2. Oversee the development of the Joint Strategic Needs Assessment and the Pharmaceutical Needs

3. Provide a framework within which joint commissioning plans for the NHS, social care and public health can be developed and to promote joint commissioning.
4. Consider how to best use the totality of resources available for health and wellbeing e.g. consider pooled budgets. Also oversee the quality of commissioned health and social care services.
5. Provide a key forum for public accountability of NHS, public health, social care and other health and wellbeing services, ensuring local democratic input to the commissioning of these services.
6. Monitor the outcomes of the public health, NHS and social care outcomes framework.
7. Consider the wider health determinants such as housing, education, regeneration, employment.

At the same time as reviewing the terms of reference it was also decided to review the Health and Wellbeing Strategy to take into account developments in health and social care, as well as the budget pressures and demands facing all member agencies of the Board. In January 2017 the Havering Health and Wellbeing Board agreed a refreshed version of strategy, which now focuses on four overarching themes, each with underpinning priorities for action:

- *Theme 1* - Primary prevention to promote and protect the health of the community and reduce health inequalities. Healthy life expectancy can be increased by tackling the common socio-economic and behavioural risk factors for poor health
- *Theme 2* - Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on.
- *Theme 3* - Provide the right health and social care/advice in the right place at the right time
- *Theme 4* - Quality of services and user experience

Safeguarding

We understand the impact we have on people's lives, delivering and commissioning services that help people achieve their outcomes. So we are continuing to strengthen our safeguarding arrangements internally and externally to ensure we are doing as much as we can to protect people from abuse, both in terms of prevention, but also dealing with issues as they arise in a timely manner.

Havering Safeguarding Adults Board (HSAB)

The HSAB is the lead partnership with responsibilities for ensuring that all adults at risk in the borough are able to lead safe, fulfilling lives and not subject to abuse or neglect by others.

The statutory requirement set out in Care Act 2014, states that all Safeguarding Adults Boards (SAB) must publish an annual report on the effectiveness of safeguarding in their local area. The HSAB annual report is published every year and outlines how the board has been compliant with the Care Act through the introduction of policy and procedures, formulation of processes to identify serious adult reviews (SAR) and systems to monitor how individual agencies will ensure that they are compliant with the Act. The 2016/17 annual report was signed off in the autumn of 2017 and has been made publicly available on the Councils website.

Making Safeguarding Personal (MSP)

All staff within Adult Social Care are aware of the need to ensure practice demonstrates MSP and that their outcomes should be adult led. We have taken steps to improve our safeguarding response, which has been no small feat in the context of considerable increase in volume of Deprivation of Liberty referrals and renewals; however we know there is more to do in achieving our ambitions in terms of Making Safeguarding Personal.

Throughout the safeguarding process, adults are continuously asked about their views and their consent is checked at first point of concern and recorded on an alert form for all Safeguarding concerns.

Following case closure a 'satisfaction survey' is sent to all service recipients seeking their views on the service received, the process and whether the actions taken meet their assessed eligible needs.

Deprivation of Liberty Safeguards (DoLS)

The DoLS aims to make sure that people in care homes, hospitals and supported living are looked after in a way that doesn't inappropriately restrict their freedom or support living arrangements only deprives someone of their liberty in a safe way that is in their best interest.

You can see from the chart below that since 2013/14 and the Supreme Court Judgment in March 2014 (when the Supreme Court issued a judgment on deprivation of liberty, which clarified what may constitute a situation whereby someone can legally have their liberty taken away) the number of new DoLS requested has increased dramatically.

	New DoLS requested
2013-14	27
2014-15	351
2015-16	552
2016-17	1083

We recognise the risk of increased numbers of referrals and the impact this has on our resources, we will continue to ensure that decisions are always in an individual's best interest so our advocacy service is currently being recommissioned.

Multi Agency Safeguarding Hub (MASH)

We have a specialist Front Door service that works with residents the first time they come in to contact with adult social care; we call this the Multi Agency Safeguarding Hub (MASH). The purpose of the MASH is to improve the quality of information sharing and decision making at the point of referral, which is achieved through the facilitation of sharing of intelligence across agencies.

In 2016/17 the MASH has been able to successfully recruit more permanent staff which means there is more consistency within the team and more chance to build on good practice.

In 2016/17 the wider MASH service, including Children's Social Care, Police, Mental Health and other partners, reviewed thresholds and how the service worked. This has resulted in closer working and relationship building across all agencies which have led to being able to work collectively together with an emphasis on working on supporting young people turning 18 years of age to transition to adulthood, and accessing adult and mental health services where necessary.

Performance in 2016/17

	2015/16	2016/17
Self Directed Support (SDS)	1678	1735
Direct Payments (DP)	717	680
Rate of permanent admissions to residential and nursing care homes per 100,000 population (Aged 65+)	15 New Admissions	13 New Admissions
Rate of permanent admissions to residential and nursing care homes per 100,000 population (Under 65)	271 New Admissions	321 New Admissions
All Hospital delays	Average of 8 delays per month	Average of 14.8 delays per month
Social Care delays	Average of 1.4 delays per month	Average of 2.5 delays per month
Reablement	1142	1162

The number of service users who receive their care via self-directed support has risen slightly from 1678 users in 2015/16 to 1735 users in 2016/17 however the number who receive their care via a direct payment has reduced

from 717 in 2015/16 to 680 in 2016/17. Direct Payments continues to be an area which requires further improvement from Adult Social Care.

There was an improvement in the number of new admissions for service users aged 18-64 from 15 in 2015/16 to only 13 in 2016/17; however the challenge remains for Havering for new admissions for service users over the age of 65, where the number of new admissions rose from 271 in 2015/16 to 321 in 2016/17.

Delayed Transfers of Care (DTOC) looks at patients who are fit for discharge from hospital but are still occupying a hospital bed on one of 12 snapshot nights per year (this is the last Thursday of every month), the outturn is taken as an average of these 12 monthly snapshots. Delays for this indicator can be the responsibility of Health, Social Care or both parties. Part 1 of this indicator looks at all delays irrelevant of the responsible agency. Part 2 of the indicator looks at delays where either Social Care is responsible or both Social Care and Health are responsible. Please note that the definition for DTOC changed between 2015/16 to 2016/17. In 2015/16 delays waiting for Continuing Health Care funding were not included, however these were included as part of the 16/17 indicator, which impacted on the outturn of the indicator.

There has been a slight increase in the number of service users who have used reablement services; this has increased from 1142 in 2015/16 to 1162 in 2016/17.

Outcomes against the 2016/17 Objectives

Within the Local Account 2015/16 we set out eight priorities that Havering ASC would be working towards during 2016/17 year. Underneath each priority area, please see commentary as to our progress/completion.

1. Focus on prevention and early intervention through working more effectively across the Council to reduce the need for intervention and services in the first place, and support residents to be self-care as much as possible.
   Work with providers and stakeholders, to design a set of outcomes for our preventative offer, has been aligned across a range of conditions. An ongoing Social Reablement Project has been progressing to support people to remain living independently in their own homes.

2. Be more ambitious integrating services with our health partners to provide seamless care and support to residents. We need to provide more services that are joined up with health, provided by the NHS, and social care, provided by the council.
   An Integrated Care Partnership (ICP) has been established across Barking Havering and Redbridge (BHR) Social Care and Health system. The priority focus for partners in the ICP is to move towards an 'Accountable Care System', as well as well as our ongoing Havering work on Localities. The localities work is looking at developing new models of working across three locality areas within the borough. Our planning is well underway and we expect that this will improve both the relationship residents have with health and social care services, and the service offer to residents, including a focus on preventative approaches.

3. Provide more choice and increase take-up of personal budgets and direct payments. This is key to helping people manage their own care. We will also help shape Havering's care market to ensure real choice and control for everyone whether through a local authority managed budget, a direct payment, individual service fund or for those who self-fund their own care.
   A project, to implement individual service funds, is underway. The Project is based around the care budget being held by the care provider so they work with the individual to develop a personalised care and support package to meet the needs of the individual.
   The Joint Commissioning Unit (JCU) has recruited a PA co-ordinator. This has resulted in a number of new PAs accredited and on Havering's register and a new process to speed up DBS checks piloted. This is supporting the development of the personal care market in Havering by improving the choice for residents.

4. Be more strategic in how we commission and contract services not just across the Council but with our Health partners and with residents shaping the decisions we make.
   A Carers Strategy and Joint Commissioning Strategy were developed in partnership with the NHS and with people who are carers themselves. It was adopted by the Council on 18/01/2017. We also started work on an Autism Strategy for Havering, producing this with participation and involvement from people with lived experience of services. This was signed off by the Health and wellbeing Board on 15/11/2017. We have also continued work on a Joint Commissioning Strategy – that looks at establishing the right approaches to manage our local market of social care providers whilst looking to save money and at the same time protecting or enhancing the services to be sustainable and of high quality. The Joint Commissioning Strategy was signed off by Cabinet on the 13/12/2017.

5. Embrace our new responsibilities under the Care Act fully modernising our services including how we assess people's needs, put together a support plan, provide choice and control, improve well-being and maximise independence. In Havering, care and support is changing for the better as a result.
   The Care Act has become business as usual and is always at the forefront of every decision made in Adult Social Care. This doesn't mean we are sitting still, with priorities for 2017/18 now being taken forward.

6. Continue to strengthen our safeguarding arrangements to make sure we are doing as much as we can to protect people from abuse – preventing it happening in the first place and in dealing with issues quickly.
   All our Safeguarding Policies and Procedures have been refreshed to fall in line with the Pan London Policies and Procedures and have been agreed and signed off by the Safeguarding Adults Board.
   We are ensuring the right safeguards, risk assessments and support plans are in where someone's Liberty is being deprived and are working to the principle of least restrictive practice.
   All our assessment processes and safeguarding investigation processes are robust and completed in a timely manner.
   The first Safeguarding Week took place in 2016 and combined not only Adult Safeguarding but Children Safeguarding too. Not only was there the very well attended Havering Safeguarding Adults Board conference but there was also many short seminars across being run across many areas impacting on safeguarding. The week demonstrated the commitment of safeguarding and raised awareness with the involvement of the local media.

7. Ensure our workforce has the right tools to do the job and feels confident in meeting the challenges ahead. Our new principal social worker will help us focus on outcomes for people rather than our processes, our senior management restructure will help us integrate services with our health partners, and our Assistant Chief Executive will ensure that all adults health and wellbeing is a priority.
   We are better understanding the social care provider market and workforce arrangements to encourage greater stability in our workforce in Havering. A strategic plan, for engaging with the provider workforce, is being implemented and will include how we plan to address the workforce and capacity issues.
   As part of implementing the new homecare framework from February 2017, called the active homecare framework, we have set up forums as a means for engaging with providers and their staff on a regular basis to discuss and resolve workforce issues.
   A senior level restructure took place following the appointment of the new Chief Executive in May 2016. A Director of Adult Social Care role was established and appointed to. The Directors role is part of the senior leadership team of the council, and therefore ensures that adults who are vulnerable and/or have care and support needs, remains a priority area for the council in terms of service provision and safeguarding.
   The Interim Director of Public Health is the lead officer for the multi-agency Health and Wellbeing Board which brings together the key health and social care partners. The Public Health Service works with the locality design group to steer the Joint Strategic Needs Assessment (JSNA) programme, and provide information and intelligence which is informing the design of health and social care services at locality level. This includes piloting new ways of supporting vulnerable families in the north locality. The Public Health Service collaborates with a range of health and social care partners to protect the health of the local population, including through winter planning and seasonal flu immunisation. The Service is also supporting the Council's Human Resources service to refresh its workplace health offer with the aim of improving the health and wellbeing of staff and so improve the overall services provided to residents.

8. We need to ensure we effectively manage the Council's largest budget in light of significant demographic pressures and increased demands.
   Budget management is robust with improved monitoring and control techniques, backed up by detailed reconciliations, due to the strong and supportive relationship with corporate finance colleagues. There is a w*ell-developed medium term financial strategy which looks at possible scenarios for Havering and adult social care.*
   Councils have been given the added flexibility to raise additional income from Council tax (levy) (up to 6% over three years) from 2016/17 to fund ASC. Following an online Council Tax consultation in January 2017 it was agreed to increase the Council Tax in Havering of which £2m is to be ring-fenced for Adult social care.

Our Future Plans

2017/18 Service Objectives

We will continue to work with partners to provide the most vulnerable people in our communities with the most efficient and effective social care services.

We will offer adults in care the choice and control they need to work towards more independent and stable lives.

The following eight priorities have been identified as part of the 2017/18 service plan for Adult Social care:

1. **Target our limited resources on those who need the most support –** by actively engaging with service users and using customer insight effectively to shape services and inform commissioning decisions and by increasing our focus on outcomes for service users and carers. We will proactively manage demand through targeting our resources to prevent care need arising and actively supporting people to remain well and independent. An example of this is through better use of reablement and rehabilitation services. We will have a new reablement contract in place which we envisage will help people maintain independence after a stay in hospital. This will take an integrated approach to planning and providing an intensive reablement service to better support people to maintain life skills. Our Joint Commissioning Unit is looking to move to an outcome based commissioning model, where possible.
2. **Work in partnership with Health and other key partners to deliver improved services and improve VFM through integration –** by getting the best out of our resources and supporting staff to access the right training and development in the right way in order that we improve recruitment and retention. Preparing and equipping our workforce change; encouraging staff to innovate in response to our challenges, and ensuring that our teams understand and appreciate one another's pressures and priorities. . We already have our social work teams co-located in community settings with health colleagues. We will review this and develop a new localities model based on demographic footprint, so that services can be targeted to where they are needed most. We will develop a discharge to assess model, which means people will be discharged from hospital to receive an assessment in their home, rather than waiting for this to happen in an acute setting. This will shorten the time of hospital stay and it is seen that assessments can be more person focussed in the individuals own environment.
3. **Where needed we will intervene early to prevent further escalation of needs –** by identifying emerging issues and intervening early where necessary to prevent further escalation. A good example of how we will do this is through review of our multi-disciplinary teams, who already work well in community settings. We are looking to develop our future plans based on what has been successful to date. Multi-disciplinary teams are integrated teams comprised of staff with a range of health and care specialisms, who work collaboratively to wrap care services around the individual, to enable timely decisions and to reduce the number of times a person has to tell their story.
4. **People and communities will look after themselves and each other where possible –** by supporting people and communities consider their 'community assets' and see the Council as a last resort wherever possible. We will do this by adopting a "three conversations" model. This means that conversations happen in a staged manner, with a person's support frameworks being looked at initially. The first conversation is designed to explore people's needs and connect them to personal, family and community sources of support that may be available. The second conversation seeks to assess levels of risk and how to address these. The third and final conversation focuses on long-term outcomes and planning, built around what good looks like to the user, and how best to mobilise the personal and community assets available. This involves really deep listening, to get to the heart of what the situation is and how this can be collectively managed. This model is known as 'Better Together' in Havering and is being rolled out as the underlying principle behind the way we assess care and support needs. This model is designed to deliver better outcomes for individuals as well as being a more targeted way to manage resources.

5. **We will ensure universal services will effectively signpost people to the appropriate services –** by making sure we understand the service offer across the borough, both internal and external to the council, so that people can make the right decisions about how they can meet their outcomes. Our Joint Commissioning Unit administer our CarePoint website and commission the information and advice service that is available to all residents, regardless of whether there is a care need or not.
6. **Wherever possible we will seek to manage demand by prioritising the most cost effective provision –** by effectively shaping the market (in both the voluntary and private sectors) to respond to customer demand, we will downstream services to the most cost effective provision and allow the Council's limited and depleting resources to be focused on those who need the most support. Our Market Position Statement (MPS) outlines how we will do this, and we will be refreshing this and looking to move to a joint MPS with our neighbouring boroughs (Redbridge and Barking and Dagenham) in line with our Better Care Fund plan.
7. **We will seek to revitalise the voluntary sector to be best placed to deliver services in the most cost effective ways –** by working effectively in partnership with other agencies to deliver improved, more integrated services that offer better value for money to the public purse as well as facilitating better customer experiences and outcomes. Our Joint Commissioning Unit work closely with the voluntary sector to enable this.
8. **Maximise income for the service through reviewing financial assessment and ensuring billing is as efficient as possible.** Over the last year we have redesigned our Financial Assessment and Benefits Team to streamline the financial assessment process. We will be refreshing our charging policies by 2020. Our income collection rates during 2016/17 remain good with 95.1% of income billed collected for residential and nursing care and 95.7% of income billed collected for non-residential care services.

Key Challenges and Risks

The key challenges include a growing population, a rapid increase in demand for services is predicted and we are seeing that increased complexity of care is being required, against a backdrop of scarce resources.

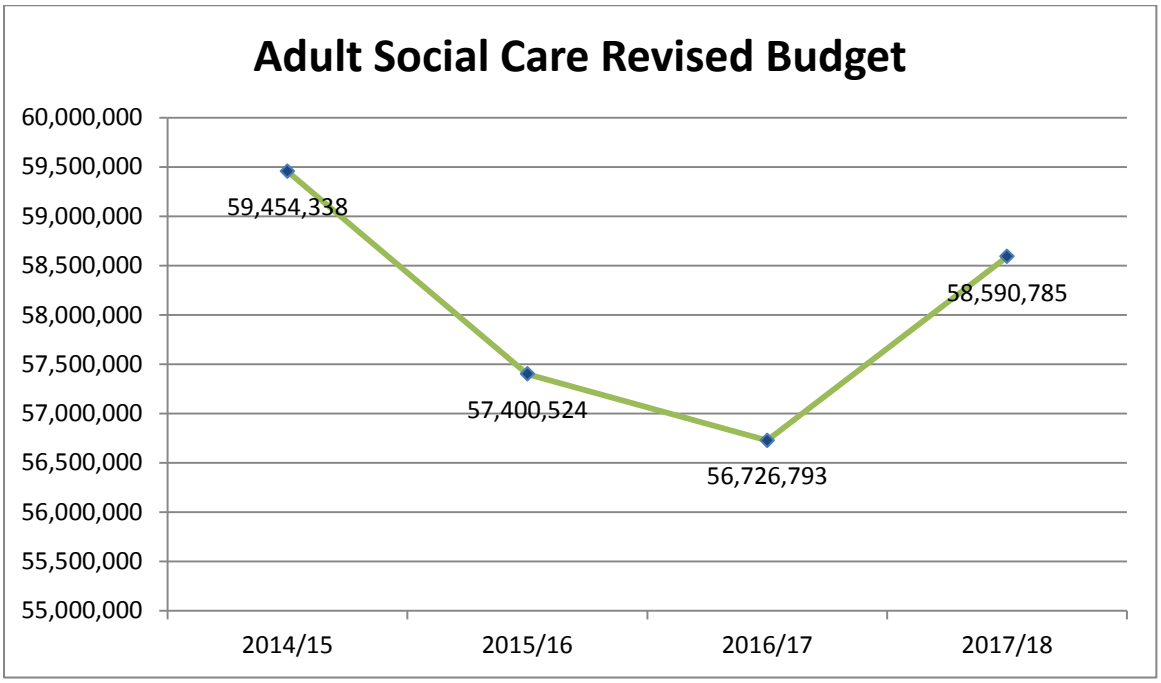
The Financial Challenge

Havering, like all councils, is facing a major financial challenge. We need to reduce our overall budget, in response to Government funding cuts, inflationary costs and a growing, ageing population.

The Council has made a strong commitment to deliver all statutory services like adult social care and improve services. It remains committed to protecting the services that matter most to the residents of Havering and keeping local people safe.

The 2016/17 settlement announced the option for local authority's to commit to a four year settlement. This presented Havering with a reduction in Revenue Support Grant (RSG) from £20.9m in 2016-2017 to £1.3m by 2019/20. The current funding gap currently stands at £13.567m over the three years leading to 2019/20 and further saving options will need to be developed. This figure is largely dependent on the achievement of savings already agreed so any shortfalls will increase the budget gap. Further information can be provided in the Council's budget reports as presented to Cabinet and full Council in February each year.

The Adults budget position is reflected below:



The budget has continued to fall since 2014/15, however due to the additional iBCF Funding received this year (2017/18) we have seen an increase in the budget allocated to ASC.

What this means for Adult Social Care

Adult Social Care has had a challenging past year in terms of budget, performance and safeguarding, although we are managing ongoing pressures. Delivering the Medium Term Financial Strategy (MTFS) savings was one challenge, although savings are broadly achieved there are more savings to come over the coming years, due to the reduction in the council's government grant settlement as outlined above, there will be the need to make decisions about how we continue to robustly manage our budgets whilst providing the services that are required.

Government has recognised at a national level that there are both demand and budgetary pressures facing Local Government, and have therefore enabled, local authorities to levy an additional council tax precept of 2% for Adult Social Care. As part of Havering's financial strategy, the additional 2% precept has been included as part of the budget strategy in 2016/17 and 2017/18. The Council will be finalising its 2018/19 budget in February 2018, with the final decision taken at this time about whether the precept will be utilised moving forward.

Havering Council has made a strong commitment to deliver all statutory services and improve the services being offered across the borough. We remain committed to protecting the services that matter most to the residents of Havering, whilst safeguarding those who are most vulnerable.

Budget Position – 2016/17 Outturn

The table below outlines our reported closing 2016/17 position. Although there was an overall overspend, steps are being taken to bring spend in line with budget in the future. This is focussed on better targeting resources and prevention rather than direct cuts to services.

Some areas within the overall Adult Social Care budget underspent so that we could partly mitigate the pressures arising in the community budgets, which fund the care and support to our older people. We have redesigned our Community Teams to ensure the right support is in place when people leave hospital, which has meant that our delayed discharges from hospital have been minimised and our performance in this important area has been good. Local authorities work closely with health colleagues to minimise delays in helping people return home after a stay in an acute setting. Havering were the 6th best for overall delayed days in London for 2016/17, with an outturn of 6.7 delays per 100,000, which is a low percentile.

During the year we experienced budget pressure against our Learning Disability budgets. This was largely due to the complexity of some packages of care.

A summary of the final 2016/17 budget position is outlined in the table below:

Adult Services 2016/17 Final Outturn Position

SERVICE AREA	BUDGET £	ACTUALS £	VARIANCE £ (under)/over
Adult Services Total	**56,379,654**	**57,624,992**	**1,245,338**
Adult Services Business Management	1,388,571	1,321,289	(67,282)
Strategy and Commissioning	3,736,353	3,758,993	22,640
Adult Community Team	24,715,062	25,894,343	1,179,281
Adult Safeguarding	903,729	761,300	(142,429)
Prevention	1,587,396	1,463,632	(123,764)
Learning Disabilities	19,037,483	19,871,061	833,578
Health & Social Care Other	932,640	558,173	(374,467)
Mental Health	4,078,420	3,996,201	(82,219)

Peer Review

Havering has signed up to be reviewed by other authorities through a peer review process. These reviews are used to identify any areas for improvement to our processes which could then be rectified, and also to find out what our peers feel is working well. Havering took part in a review in late October 2017, where the focus was on Commissioning and Use of Resources. There were many positives to come from the Peer Review, and this will be reported on in the 2017/18 Local Account.

Feedback from our residents

Adult Services aims to ensure that all residents have a say in how we plan and deliver services, how we can improve and to be able to comment on key decisions concerning changes to services. Complaints, compliments, customer surveys, regular forums and feedback at meetings are all used to understand what is important to local residents and how we can further improve the services we provide. Major decisions are consulted upon and decisions are published in line with our constitution.

Complaints

Adult Social Care drafts an annual complaints report each year, and is published on the Council Website. But in summary, the total number of complaints received by the council regarding ASC during 2016/17 was **121**. This is a 30% increase from 2015/16. Adult Social Care has seen a steady increase in the number of complaints received but a slight reduction in the number of enquiries received by the Ombudsman (10 in 2015/16 down to 8 in 2016/17).

Financial Year	2014/15	2015/16	2016/17
Number of Complaints	92	93	121

Compliments

As always the service received many compliments about their staff and services provided over the last year. Some of them have been provided to showcase some of our successes over the last year.

- Her visit and input had a reassuring effect and I would like you to pass on my thanks for a job well done. – Adult Community Team North
- Just a note of huge thanks for all your hard work and efforts in making Nan's life a bit more comfortable, having extra care at home every day now. Also for sorting out her respite home. – Adult Community Team South
- Many thanks for the professionalism showed by you as a council and to XX who clearly demonstrated that on your behalf. Many Thanks. – ASC Customer Services
- It is people like yourself and XX, who show understanding and compassion, who make ordeals bearable, and for the kindness you showed me I would like to Thank you very much. – Joint Assessment and Discharge Team
- I'll never forget all that you have done for me in the past. It was so much appreciated. A big thank you. – Learning Disabilities

Keep Informed

To keep up-to-date with the latest developments in adult social care in Havering, visit www.havering.gov.uk and subscribe to our email updates, including Health and Well-being, Carers, Care Connect and Active Living. Alternatively visit www.haveringcarepoint.org.uk.

Summary/conclusion

There is a strong focus nationally on integrating health and social care services. We need to ensure that our residents are at the heart of planning our services and that we make the best use of the resources across the NHS and social care in delivering this. Our Integrated Care Partnership Board, which has membership across the Barking and Dagenham, Redbridge and Havering, is leading the strategic direction of the borough as we move towards health and social care integration. We will continue to build on the Better Care Fund Plan, to strengthen the plan and deepen the ways in which it draws our neighbouring boroughs together and how it increasingly connects the NHS services commissioned by the CCG with ours. The Barking Havering Redbridge Accountable Care System development will build upon this start; it will need to connect to emerging commissioning arrangements across the

wider East London Health Care Partnership (aka the North East London Strategic Transformation Partnership) and provide clarity about how local services are increasingly connected across organisational boundaries, with joint budgets and management. The future for health and social care services is one where there will be fewer gaps between services, where people can be supported in the right place, at the right time and by the most appropriate means; the organisation structures are likely to change, but the underlying drive for the greatest efficiency and most effective services in place to support Havering residents will remain.

Although this year has seen a rise in demand, generally we have managed well in terms of deployment of resources. Our budget position at year end did show an overspend of £1.2m. This is being actively managed moving forward so that we can look to bring service delivery back inside the funding envelope. Nationally it is recognised that Adult Services are underfunded and Government will be issuing a Green Paper on Adult Social Care funding over the coming year. It is hoped that Better Care Fund resources will help to mitigate some of the pressure in future years, and help us transform services to meet demands and continue to support our communities in the best was possible.

The Peer review will help shape our thinking going forward as we continue to shape our services in order to meet both current and future demands. Our Joint Commissioning Unit is managing the market to help us ensure that we are resilient to future challenges.

In summary 2016/17 was a challenging year but also a productive one, with many firm foundations laid for the future, as we build integrated services and continue to work with our partners and community to provide care and support services.

Glossary of terms

Integration - is about placing patients at the centre of the design and delivery of care, to overcome organisational, professional, legal and regulatory boundaries within the health and social care sectors, with the aim of improving patient outcomes and satisfaction ensuring that patients receive the most cost-effective care, when and where they need it.

Making Safeguarding personal (MSP) – Making Safeguarding personal is a shift in culture and practice in response to what we now know about making safeguarding more of less effective from the perspective of the person being safeguarded.

Intermediate Care Tier – Intermediate Care Tier is the suite of services from across NHS and local authority which seeks to provide up to six weeks of care and support to help people get back on their feet and to live independently following a hospital stay or a change in their physical ability through, perhaps through a fall or bout of illness. In Havering, this includes services such as Reablement, Rehabilitation – both beds and home-based, Community Treatment Team and some voluntary sector services such as the Help Not Hospital service provided by the British Red Cross.

Multi-Agency Safeguarding Hub (MASH) - gathers and shares information from a variety of partner organisations aimed at achieving accurate data to inform our decisions, which ensures safeguarding interventions are timely, proportionate and necessary.

Case Study 1

Mr A living in private let accommodation with a diagnosis of dementia, facing eviction under section 21 notification (where landlord can ask for property back at any stage). Mr A was supported by his social worker to make a sheltered housing application, and to collate relevant evidence required for this. The social worker worked closely to arrange temporary accommodation in an appropriate setting whilst a permanent sheltered housing property was identified. Joint work was undertaken between the social worker, a local charitable organisation and the family to arrange for the permanent move to take place once a property was identified, and the social worker also supported Mr A to shop for carpets, and to set up standing orders for his bills at the new property.

This joint working approach enabled Mr A to access appropriate housing to meet his current and anticipated future needs for some time to come. It also ensured that there were systems and support in place for Mr A, to minimise the disruption and change to Mr A's routines throughout what was a very stressful and worrying period for him.

Case Study 2

Mr C was living in supported living accommodation. He was being supported with a daily care package however he required further support in-between call times. Mr C was also being supported by the scheme manager who was not able to continue providing such a high level of support.

Mr C was supported to make a sheltered housing application as it was felt he required a higher level of support daily. During this time safety concerns were raised following a fire in the property. Mr C was not able to make safe use of his home and consented to a temporary move to a residential setting whilst accommodation in an appropriate setting was sourced.

Joint work was undertaken between care assessor, social worker and care home staff to ensure Mr C had information needed to make a decision about his accommodation needs. Mental Capacity Assessment was completed by social worker. Care assessor ensured Mr C had access to high quality appropriate services to meet his needs by completing a review and ensuring care is person centred.

Case Study 3

MJ has severe arthritis in her back and legs and also pain in his gall bladder, her son is not local and he has refused carers and offers of supported services in the past. MJ struggles to get out of her chair and to stand for long periods of time and also states that she has difficulty managing the stairs.

Following a visit to A&E after a fall in her kitchen**,** MJ was a little hesitant about accepting help because she sees herself as independent and does not want to be a burden to anyone. However the British Red Cross (BRC) managed to build a rapport with her, and was able to identify some areas that the BRC could support with and she was willing for them to support her.

Initially MJ would only accept support from BRC with things like shopping and light housework. However by the end of the intervention she had started to accept one care visit at lunch time each day to support her with her meal preparation etc, a cordless phone was provided so that she could charge each night but have by her chair during the day and with her agreement the BRC were able to co-ordinate for a key safe to be fitted and telecare pendant alarm to give her some reassurance and her son peace of mind should there be any future falls.

Case Study 4

Following a fall where he fractured his left humorous EG fell ill with pneumonia and remained in hospital. EG was initially referred to BRC to support with household domestic tasks and the second referral was to support to settle at home after hospital discharge.

EG was not keen on the service BRC was offering initially but after a few attempts to help, and following being given choices of supportive service that would be available for EG to pay for, EG agreed to register on the Sainsbury's shopping service. As EG has not got internet Sainsbury's would have his bank card saved on their system and he would only have to called when he need shopping, he was supported to register for the service and his detail was saved and he was given a reference number that he needs to provide when shopping.

As regards to the laundrette, we look at Mobile laundrette in the area was also looked for with EG and BRC liaised with them with EG's permission and was give the prices for their service which was to pick up the washing and then return it to SU's house by the end of the day. He takes a taxi to the bank every couple of weeks to get the money to pay for the service.

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