MEETING
HEALTH & WELLBEING BOARD
DATE AND TIME
THURSDAY 8TH MARCH, 2018
AT 9.00 AM
VENUE
HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

TO: MEMBERS OF HEALTH & WELLBEING BOARD (Quorum 3)

Chairman: Councillor Helena Hart (Chairman),
Vice Chairman: Dr Debbie Frost (Vice-Chairman)

Dr Charlotte Benjamin
Dr Andrew Howe
Chris Munday
Kay Matthews
Dawn Wakeling
Councillor Sachin Rajput
Ceri Jacob
Dr Clare Stephens
Councillor Reuben Thompstone
Selina Rodrigues
Andrew Fraser
Fiona Bateman

Substitute Members

Julie Pal
Elizabeth Comley
Helen Petterson
Ben Thomas
Councillor Richard Cornelius
Councillor David Longstaff
Bernadette Conroy
Dr Jeffrey Lake
Dr Murtaza Khanbhai
Dr Barry Subel
Mathew Kendall
Daniel Batten

In line with Article 3 of the Council's Constitution, Residents and Public Participation, public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is 10AM on Monday 5 March. Requests must be submitted to Salar Rida at salar.rida@barnet.gov.uk

You are requested to attend the above meeting for which an agenda is attached.

Andrew Charlwood – Head of Governance

Governance Services contact: Salar Rida 020 8359 7113, salar.rida@barnet.gov.uk

Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

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ORDER OF BUSINESS

Item No	Title of Report	Pages
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2.	Absence of Members	
3.	Declaration of Members' Interests	
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13.	Any Items the Chairman decides are urgent	

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Decisions of the Health & Wellbeing Board

25 January 2018

Board Members:-

AGENDA ITEM 1

*Cllr Helena Hart (Chairman)
*Dr Debbie Frost (Vice-Chairman)

* Kay Matthews	* Cllr Sachin Rajput	* Cllr Reuben Thompstone
* Dr Charlotte Benjamin	* Ceri Jacob	* Dawn Wakeling
* Chris Munday	* Dr Clare Stephens	* Selina Rodrigues
Dr Andrew Howe	* Dr Jeff Lake (substitute)	* Andrew Fraser

* denotes Member Present

1. MINUTES OF THE PREVIOUS MEETING (Agenda Item 1):

The Chairman of the Health and Wellbeing Board, Councillor Helena Hart welcomed all attendees to the January meeting of the Board.

Matters arising:

- Councillor Hart welcomed Mr Andrew Fraser, Chairman of the Children's Safeguarding Partnership to his first meeting as an Observer Member following his appointment to the Board.
- Actions have been taken forward and there were no further actions from the previous meeting.
- The Board noted that Ms Fiona Bateman has been appointed as the Chairman of the Barnet Safeguarding Adults Board and it was agreed that she will be invited to join the Board as an Observer Member with speaking but not voting rights.
- The Chairman drew the Board's attention to the International Zero Tolerance to FGM Day which will be held on 6th February this year. As discussed on numerous occasions at Board meetings and speaking on behalf of the HWB, the Chairman expressed unequivocal opposition to FGM and highlighted the physical and mental harm caused as a result of it. Dr Clare Stephens noted that training on FGM will continue to be rolled out across the CCG in all appropriate forms.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from:

- Dr Andrew Howe, Public Health who was substituted by Dr Jeff Lake.

3. DECLARATION OF MEMBERS' INTERESTS (Agenda Item 3):

Dr Debbie Frost made a joint non-pecuniary declaration on behalf of Barnet CCG Board members; Dr Clare Stephens, Dr Charlotte Benjamin and herself, in relation to Agenda Items 7 and 8 which refer to GP practices, by virtue of being impacted through their respective GP practices.

Councillor Helena Hart declared a non-pecuniary interest in relation to Care Closer to Home - which is referred to under Item 8 and includes reforms to secondary care - by virtue of her son being a Consultant at the Royal Free Hospital which could be affected in the future by any such reforms.

4. REPORT OF THE MONITORING OFFICER (IF ANY) (Agenda Item 4):

None.

5. PUBLIC QUESTIONS AND COMMENTS (IF ANY) (Agenda Item 5):

None.

6. BARNET ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT - THE BUILT ENVIRONMENT AND HEALTH (Agenda Item 6):

The Chairman introduced the Report which sets out research on how the built environment can help to improve health and wellbeing, along with the work already being done in Barnet by the Council and partners to develop and enhance the built environment together with some recommendations for further action.

Rachel Wells, Consultant in Public Health joined the meeting and presented the Report to the Board. The Chairman noted how much was already being done to further the aspirations set out in the Report and highlighted the work already underway through the Borough's regeneration schemes and building programmes.

In response to issues raised within the Report, the Chairman informed the Board that £50m has been already been committed towards improving roads and pavements.

Referring to parks and open spaces, the Chairman drew attention to the fact that the comments had been based on information from 2009 and gave several examples of how matters had advanced since then. These included a most significant investment in outdoor play facilities and Outdoor Gyms and Marked and Measured Routes in Parks - as well as the 'Our Parks' and Barnet Health Walks programmes. Further developments will see Re working in partnership with others including local traders, residents groups, community safety, highways and transport colleagues to develop Town Centre Strategies based on health and wellbeing and seeking to keep town centres clean and safe.

A key theme is working with traders on initiatives such as the healthier catering commitment which includes using colour-coded systems for all vending and catering products, to educate customers to choose healthy food options.

In respect of physical activity, the Chairman very much welcomed the achievements and increase to over 77% in the percentage of the 16+ population taking part in sport and physical activity. She envisaged even greater improvements once the new Fit and Active Barnet Campaign was launched in May.

Dr Debbie Frost Chairman of Barnet CCG queried whether consideration was being given to Primary Care and access to services in the light of future regeneration. Dawn Wakeling, Strategic Director for Adults, Communities and Health noted that a team has been set up to take this issue into consideration as well as looking at wider health facilities.

In relation to clinical input, Dr Clare Stephens of Barnet CCG requested that early engagement and input be sought with Barnet CCG in advance of future development and planning. (**Action**: Planning/ Assets, Regeneration and Growth)

It was **RESOLVED that:**

1. **That the Health and Wellbeing Board considered the Annual Report of the Director of Public Health 2017: The Built Environment and Health (Appendix 1).**

2. **That the Health and Wellbeing Board considered and commented as above on the recommendations contained in the Annual Report.**

7. CHILD AND ADOLESCENT MENTAL HEALTH (CAMHS) - UPDATE (Agenda Item 7):

The Chairman welcomed the joint report on the progress made towards delivery of a new service delivery model. Mr Chris Munday, Strategic Director Children and Young People and Ms Kay Matthews, Chief Operating Officer Barnet CCG introduced the report.

Ms Matthews spoke about the work delivered and noted that it will continue to be scrutinised by the CCG Governing Body. Mr Munday highlighted the progress made in reducing the community CAMHS average waiting times and the specialist Eating Disorder Service waiting times.

The Chairman invited Ms Collette McCarthy, Head of Children's Joint Commissioning to the meeting. Ms McCarthy noted that additional children and young people have been engaged with and that work will continue to be carried out with schools. She further noted that for the past quarter the response rate has been increased in relation to users recommending to a friend.

Following a query from the Board about areas of improvement, Ms McCarthy noted that counselling is being delivered on weekends by Raphael House for additional people.

Dr Charlotte Benjamin spoke about the complexities involved with a wide model and noted the importance of due diligence to ensure that mental health and emotional wellbeing of children and young people are continuing to be addressed. She also noted the importance of exploring use of technology and other methodology.

The Head of Barnet Healthwatch Ms Selina Rodrigues welcomed the report and the reduction in waiting times. She noted the concerns about the support whilst awaiting the first appointment. It was noted that this would continue to be addressed taking a wider approach involving the family and school.

The Chairman thanked the Board for the discussion. It was **RESOLVED:**

1. **That the Board noted the proposed way forward to further develop the Transformation of services relating to children and young people's emotional health and wellbeing.**

2. **That the Board noted progress to date towards establishing a new integrated model of services to address children and young people's mental**

health and wellbeing.

3. **That a progress report be taken to the Board in 6 months' time. (Action: Forward Work Programme)**

8. DEVELOPMENT OF CARE CLOSER TO HOME INTEGRATED NETWORKS (CHINS) IN BARNET (Agenda Item 8):

The Chairman introduced the report which sets out the progress towards establishing CHINs in Barnet. She commended the joint partnership working between the Council and the CCG towards this important programme.

Ms Courtney Davis, Adults and Health Programme Lead and Ms Collette Wood, Director of Care Closer to Home at Barnet CCG joined the Meeting and presented this item. Ms Wood spoke about the progress made towards extended access provided from 3 community hubs with 6 satellite sites. Monitoring will continue through monthly contract meetings between the CCG and the GP Federation to assure progress.

Ms Davis spoke about the aims which includes reducing clinical variation and enhancing the quality of life for people with long-term conditions. She noted that as part of improving patient satisfaction patients can access consultations with Primary Care professionals in their local area from 8am-8pm seven days a week.

Ms Dawn Wakeling requested that a list is compiled of CHINs and GP practices across the borough to be circulated to the Board and all Members. (**Action**)

Ms Matthews welcomed the report and noted the significant transformation programme which involves community services as well as sharing resources and reducing unnecessary pressures on services.

Councillor Sachin Rajput asked about the locations of future CHINs within the borough. Ms Wood noted that the aim is to achieve full coverage across the borough and that lessons learnt will be shared in order to shape services.

It was requested that an update is provided to the Board setting out CHINs coverage plans including future CHINs and overview mapping of other hubs, Police, School catchment areas and other partnerships. (**Action**: **Forward Work Programme**)

It was **RESOLVED:**

That the Health and Wellbeing Board noted and commented as above on the progress of Care Closer to Home Integrated Networks in Barnet.

9. SMOKING CESSATION STRATEGY (Agenda Item 9):

The Chairman welcomed the report setting out the Smoking Cessation Strategy and its aim to increase access to smoking cessation support through a new hub model and digital services.

Dr Lake presented the report. He highlighted the importance of working differently to reach a greater number of people through working closely with smaller providers across the borough. He spoke about encouraging use and access to the digital platform being developed.

In response to reaching people with mental health issues, Dr Lake noted that work will continue to sign post people to receive relevant support where needed.

The Chairman questioned both Public Health and CCG colleagues as to the safety of e-cigarettes and to the advisability of actively promoting them. She felt in some cases this could even be encouraging people to start smoking. Dr Stephens drew attention to the unknown health disadvantages as a result of e-cigarette usage and requested that the wording of paragraph 3.6 Harm Reduction on p.44 be revised. (**Action**: **Public Health**)

Mr Munday highlighted that a multi-facetted approach was much needed to engage with children and young people both at school and outside the school environment.

The Board requested that further partnership working is undertaken to engage with children and young people, as well as with people who are out of work and with pregnant women. (**Action**: **Public Health**)

It was agreed to amend the first recommendation to read:
That the Board agrees the smoking cessation strategy, subject to further details being added about engaging with children and young people on smoking cessation.

It was therefore **RESOLVED:**

1. **That the Board agreed the smoking cessation strategy, subject to further details being added about engaging with children and young people on smoking cessation.**

2. **That the Board agreed the implementation actions outlined in this cover sheet.**

10. UPDATE ON DELIVERY OF THE PREVENT AGENDA IN BARNET (Agenda Item 10):

The Chairman welcomed the Report and noted that Prevent is a statutory duty for both the Council and partners. This report sets out local progress on delivery of the Prevent agenda and highlights aspects particularly relevant to health and social care.

Mr Sam Rosengard, Barnet Prevent Coordinator presented the report. Mr Fraser welcomed the report and noted the Community Safety Committee's close involvement with the Children's Safeguarding Partnership.

The Board agreed to amend the wording of both the first and second recommendation to read:
-That the Board comments and supports the actions identified following the recent publication of the Counter Terrorism Local Profile (CTLP) and having had due regard to the need to prevent people from being radicalised or drawn into terrorist activities.

- That the Board endorses the proposed method of training delivery set out in this report to ensure that the Barnet workforce is trained and skilled in identifying, recording and referring children, young people and adults who are vulnerable to radicalisation or are suspected of having been radicalised.

It was therefore **RESOLVED that:**

1. **That the Board commented as above and supported the actions identified following the recent publication of the Counter Terrorism Local Profile (CTLP) and having had due regard to the need to prevent people from being radicalised or drawn into terrorist activities.**

2. **That the Board endorsed the proposed method of training delivery set out in this report to ensure that the Barnet workforce is trained and skilled in identifying, recording and referring children, young people and adults who are vulnerable to radicalisation or are suspected of having been radicalised.**

11. UPDATE REPORT ON PROGRESS OF BARNET CHILDREN'S SERVICES IMPROVEMENT ACTION PLAN (Agenda Item 11):

The Chairman introduced the item which was considered by the Children, Education, Libraries and Safeguarding Committee on 16th January 2018. She welcomed the improvements noted by Ofsted in their letter following their recent monitoring visit particularly the 2nd paragraph on page 91 which said the Local Authority was starting to make progress to improve services for children and young people and the 4th paragraph on page 92 which said that the pace of improvement and change is appropriate and commensurate with the task at hand.

Mr Munday Strategic Director of Children and Young People presented the report. He noted the progress made in improving services for children and young people in line with the Ofsted monitoring visit feedback letter. Mr Munday also informed the Board that the second monitoring visit will take place at the end of the month.

In respect of GP involvement, the Board noted that discussions will be held going forward involving partners to consider what has been working well and adopt lessons learnt from other areas.

RESOLVED that:

1. **That the Board noted the progress of the Barnet Children's Services Improvement Action Plan as set out in paragraphs 1.8 to 1.71.**

2. **That the Board noted details of Ofsted's monitoring visit set out in paragraphs 1.11 to 1.14 and the monitoring visit feedback letter received from Ofsted attached in Appendix 1.**

3. **That the Board noted the performance information provided in paragraphs 1.72 to 1.85 and Barnet Children's Services Improvement Plan Data Dashboard attached in Appendix 2.**

12. PHARMACEUTICAL NEEDS ASSESSMENT (Agenda Item 12):

The Chairman introduced the PNA report which presents the findings of our recent assessment prior to further public consultation.

It was noted that the production of a local Pharmaceutical Needs Assessment is a statutory requirement for the Board, which must be reassessed every three years.

The Chairman commended the findings and noted that the assessment has found no gaps in pharmacy provision – in essential, advanced or enhanced services in Barnet.

Ms Wells joined the table to present the report. Ms Wakeling noted that following conclusion of the consultation the final PNA will be shared with the Board and published.

It was **RESOLVED that:**

1. **That the Health and Wellbeing Board noted and commented as above on the draft report.**

2. **That the Health and Wellbeing Board delegated authority to the Director of Public Health to finalise the PNA and its publication.**

13. MINUTES OF THE CARE CLOSER TO HOME PROGRAMME BOARD AND JOINT COMMISSIONING EXECUTIVE GROUP (Agenda Item 13):

The Board noted the standing item on the agenda which provides the minutes of the Care Closer to Home Programme Board and the Joint Commissioning Executive Group for approval.

It was **RESOLVED:**

That the Health and Wellbeing Board approved the minutes of the Care Closer to Home Programme Board and the Joint Commissioning Executive Group of 19 October 2017.

14. FORWARD WORK PROGRAMME (Agenda Item 14):

Ms Wakeling noted the standing item on the agenda which lists the reports to future Board meetings. It was noted that the items agreed during this meeting will be added to the Forward Work Plan.

It was **RESOLVED:**

That the Health and Wellbeing Board considered and commented as above on the items included in the Forward Work Programme (see Appendix 1).

15. ANY ITEMS THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 15):

None.

The meeting finished at 11.40 am

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AGENDA ITEM 6

	Health and Wellbeing Board 8th March 2018
Title	**Screening update**
Report of	Director of Public Health
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1: NHS England NCL Commissioning Antenatal and Newborn Screening Performance Appendix 2: Adult and Cancer Screening Programmes
Officer Contact Details	Jeffrey Lake, Consultant in Public Health Medicine Email: jeff.lake@harrow.gov.uk, Tel: 020 83593974

Summary

The Health and Wellbeing Board has previously expressed concerns about inconsistent reporting of screening performance data and low uptake, particularly for cancer screening programmes. Performance remains below national targets for cervical, breast and bowel screening.

An annual reporting cycle has been proposed and the Health and Wellbeing Board last reviewed performance in March 2017. An NCL screening assurance group has met to support NHSE in developing a reporting format but this has not yet been finalised.

Recommendations

1. **That the Health and Wellbeing Board notes the NHSE Report on screening programmes**
2. **That the Health and Wellbeing Board seeks assurance that a clear reporting cycle is established.**
3. **That the Health and Wellbeing Board seeks assurance that a recovery plan is in place setting out clear actions and schedule to improve performance against screening uptake targets.**

1. WHY THIS REPORT IS NEEDED

1.1 Whilst the Abdominal Aortic Aneurysm and Diabetic Retinopathy Screening programmes have performed well and met performance targets, cancer screening performance remains a significant concern with approximately one third of eligible patients for breast and cervical screening and over a half of patients eligible for bowel screening not being screened.

1.2 Cancer screening aims to identify early signs of a disease in otherwise healthy people before symptoms become apparent. Screening helps to detect physiological changes that may lead to cancer if not treated and to identify existing cancer as early as possible when the options for effective treatment are greatest. Cancer screening both prevents cancer and extends survival. There are three cancer screening programmes; Breast, Cervical and Bowel. All three programmes are commissioned by the NHS England.

1.3 The local authority, through its Director of Public Health, has responsibility for assurance of these programmes.

1.4 The Health and Wellbeing Board last reviewed performance of adult screening programmes in March 2017 and noted the need to escalate its concern over the lack of clear reporting arrangements and continuing low cancer screening uptake to NHSE following attention to these issues at NCL Joint Health and Overview Scrutiny Committee.

1.5 The Board also requested that the Communities Together Network give attention to how it might support screening uptake and that attention be direct to local campaigning opportunities. As a result the support of Jo's Trust, a charity that promotes cervical screening, was secured and events were held in the Borough during June 2017. Plans are underway for a breast cancer focused campaign this summer. Health Watch and Mind are currently undertaking work for the Communities Together Network to consider screening uptake amongst residents with learning disabilities and separately attention is also being given to how uptake might best be encouraged amongst those with sight loss as many promotional efforts are dependent on printed materials.

2. REASONS FOR RECOMMENDATIONS

2.1 Robust reporting of screening performance for local authority assurance has not yet been established and concerns over cancer screening coverage and uptake are persistent.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 None.

4. POST DECISION IMPLEMENTATION

4.1 The North Central London Adult Screening Assurance group continues to work with partners to help support NHS England in developing a format for annual reporting.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Joint Health and Wellbeing Strategy (2015-2020) includes a commitment to reducing premature mortality due to cardiovascular disease and cancers.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 Funding for cancer screening programmes sits with NHS England although some elements are commissioned by CCGs.

5.3 Social Value

5.3.1 Not applicable, as this is not a procurement activity.

5.4 Legal and Constitutional References

5.4.1 The Terms of Reference of the Health and Wellbeing Board are contained within the Council's Constitution (Article 7, Committees, Forums, Working Groups and Partnerships). Specific Responsibilities include:

- *To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.*
- *To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.*
- *To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.*
- *Specific responsibilities to oversee public health and develop further health and social care integration.*

5.4.2 Under paragraph 8 of the Local Authorities Regulations 2013, made under section 6C of the National Health Service Act 2006, local authorities have a duty to provide information and advice to relevant organisations to protect the population's health; this can be reasonably assumed to include screening and immunisation. Local authorities also provide independent scrutiny and challenge of the arrangements of NHS England, PHE and providers to ensure all parties discharge their roles effectively for the protection of the local population.

5.4.3 It is NHS England's responsibility to commission screening programmes as specified in the Section 7A agreement: public health functions to be exercised by NHS England. In this capacity, NHS England will be accountable for ensuring local providers of services will deliver against the national service specifications and meet agreed population uptake and coverage levels, as specified in the Public Health Outcome Indicators and KPIs. NHS England will be responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.

5.5 Risk Management

5.5.1 At the population level, we would expect a higher rate of delayed diagnoses amongst those who have not accessed screening.

5.6 Equalities and Diversity

5.6.1 Very limited data is available on access to screening amongst protected groups. The North Central London Joint Health Overview and Scrutiny Committee noted its concern over this in discussion of the annual report in 2017 and asked that it be given closer attention.

5.7 Consultation and Engagement

5.7.1 We are not aware of any consultation or engagement work has taken place in relation to screening beyond work undertaken with practices to examine variation in screening uptake and promotional activities and that undertaken with Health Watch and Mind with residents with learning disabilities.

5.8 Insight

5.8.1 Data provided by NHS England.

6. BACKGROUND PAPERS

6.1 Health and Wellbeing Board, 9th March 2017.
http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8717&Ver=4

NHS England London Commissioning Antenatal and Newborn Screening Performance and Quality Board

North Central London

2016/17 Q3 – 2017/18 Q2

ANNB KPIs slide pack for Performance and Quality Board meetings – notes

NHS England

About

This is an overview of the data for 13 ANNB KPIs for the five London STPs, at provider level. Regional and national summary data is also provided for comparison.

Latest update

Quarterly data for 4 quarters up to 2017/18 Q2 (produced 16 February 2018)

Data source

PHE Screening

All KPI data has been submitted by local services via the regional Screening Quality Assurance Service (SQAS)

Aggregated totals have been calculated by the National Screening Data and Information Team, PHE Screening

Data sharing

This data is covered by the Memorandum of Understanding between PHE and NHSE. Data can be shared for management purposes only, for the enhancement of NHS screening programmes. MUST NOT be put in the public domain (this includes communications and minutes of meetings that may end up in the public domain).

Data caveats

As of Q4 2016/17, Hounslow and Kensington, Chelsea and Westminster hearing screening centres in North West London STP have merged to form Kensington, Westminster and Hounslow screening centre. As of Q1 2017/18, Epsom and St Helier Hospitals in South West London STP now report KPI data separately rather than as a single trust. Neighbourhood Midwives (NMW) is a new provider in North East London STP as of Q1 2017/18. See "Provider changes" below.

Provider changes

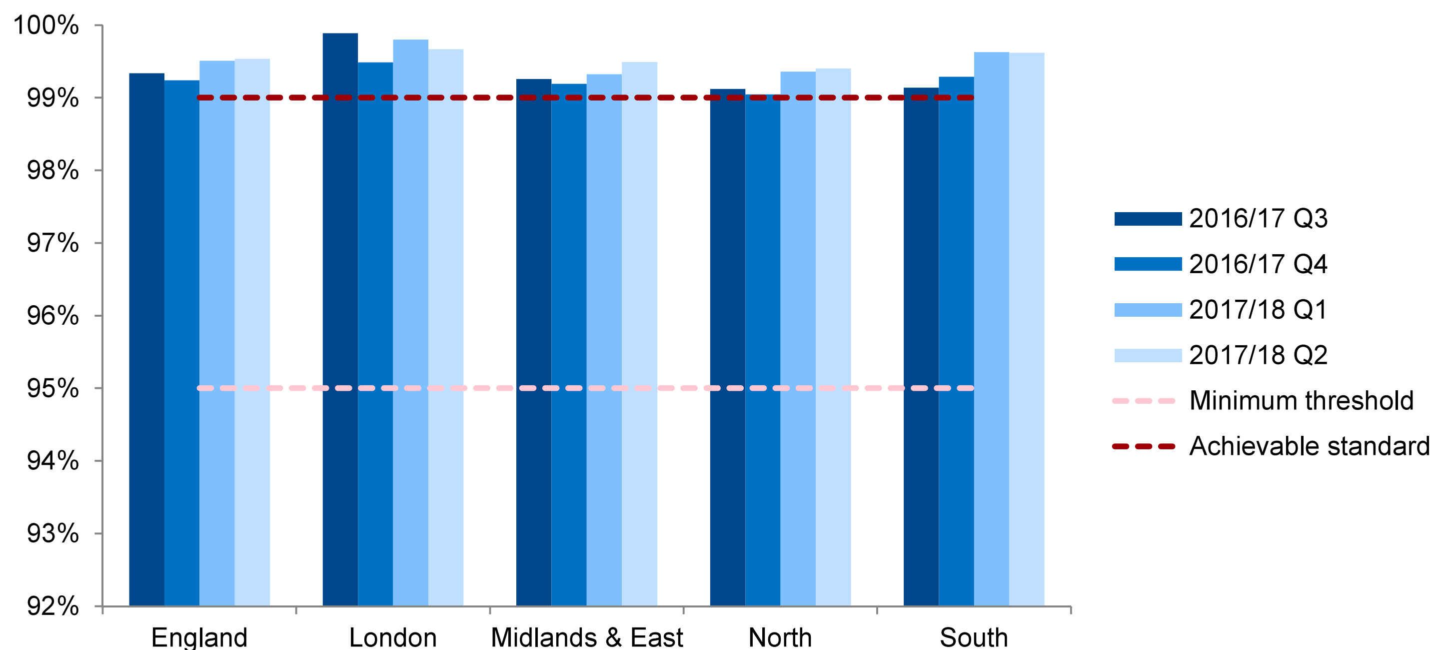
	Old code and unit name	**New code and unit name**
Q4 2016/17	HOU - Hounslow	KWH - Kensington, Westminster and Hounslow
	KCW - Kensington, Chelsea and Westminster	
Q1 2017/18	RVR - Epsom and St Helier University Hospitals NHS Trust	RVR - Epsom and St Helier University Hospitals NHS Trust (Epsom)
		RVR - Epsom and St Helier University Hospitals NHS Trust (St Helier)
	N/A	NMW - Neighbourhood Midwives

Further information

Minimum threshold	Minimum level of performance which programmes are expected to attain to ensure patient safety and programme effectiveness. Programmes not meeting the minimum standard are expected to implement recovery plans to ensure rapid and sustained improvement. All programmes are expected to exceed the minimum standard and should aspire towards performance above this level
Achievable standard	Level at which the programme is likely to be running effectively; screening programmes should aspire towards attaining and maintaining performance at this level

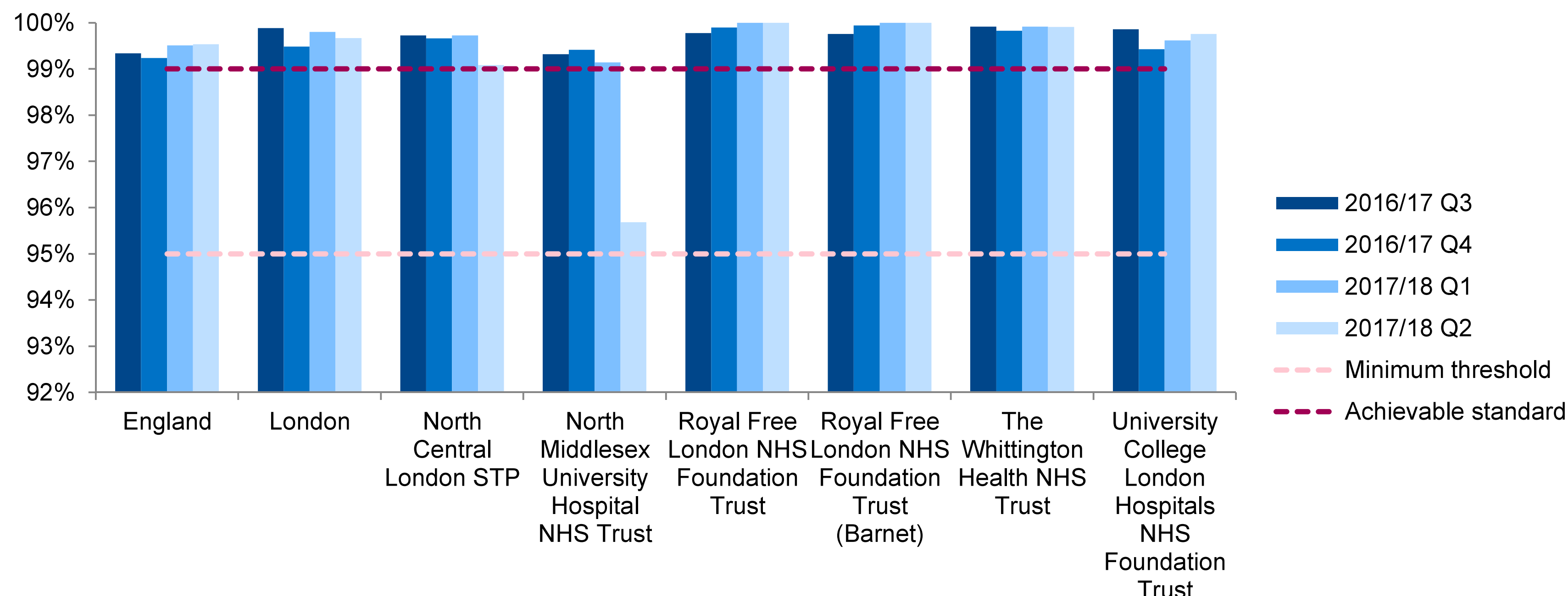
ST1: Antenatal sickle cell and thalassaemia screening – coverage

NHS England



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	99.3%	99.2%	99.5%	99.5%
London	99.9%	99.5%	99.8%	99.7%
Midlands & East	99.3%	99.2%	99.3%	99.5%
North	99.1%	99.0%	99.4%	99.4%
South	99.1%	99.3%	99.6%	99.6%

ST1: Antenatal sickle cell and thalassaemia screening – coverage



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	99.3%	99.2%	99.5%	99.5%
London	99.9%	99.5%	99.8%	99.7%
North Central London STP	99.7%	99.7%	99.7%	99.1%
North Middlesex University Hospital NHS Trust	99.3%	99.4%	99.1%	95.7%
Royal Free London NHS Foundation Trust	99.8%	99.9%	100.0%	100.0%
Royal Free London NHS Foundation Trust (Barnet)	99.8%	99.9%	100.0%	100.0%
The Whittington Health NHS Trust	99.9%	99.8%	99.9%	99.9%
University College London Hospitals NHS Foundation Trust	99.9%	99.4%	99.6%	99.8%

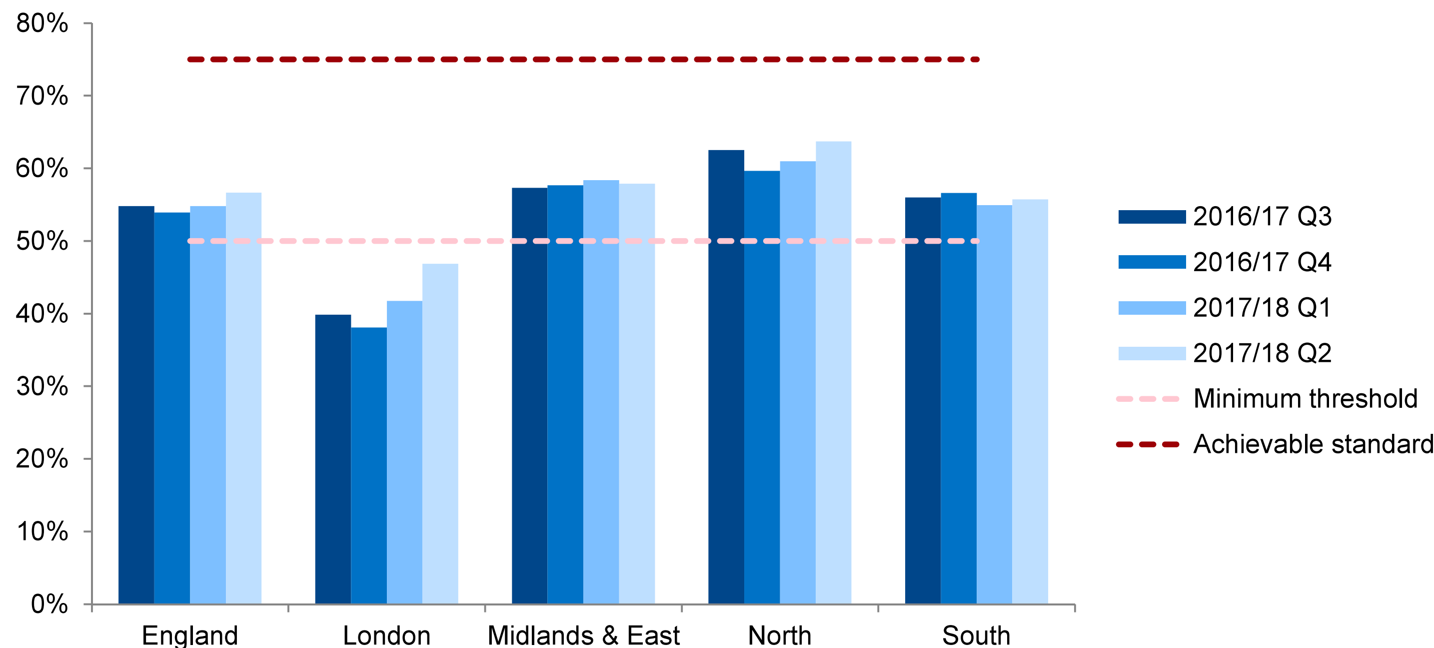
ST1 numerators and denominators

NHS England

	2016/17 Q3		2016/17 Q4		2017/18 Q1		2017/18 Q2	
	Num.	Den.	Num.	Den.	Num.	Den.	Num.	Den.
England	165,164	166,265	175,379	176,723	165,217	166,030	162,736	163,493
London	37,857	37,900	38,697	38,897	37,453	37,528	35,887	36,006
North Central London STP	7,299	7,319	7,386	7,411	7,186	7,206	7,054	7,119
North Middlesex University Hospital NHS Trust	1,455	1,465	1,520	1,529	1,272	1,283	1,307	1,366
Royal Free London NHS Foundation Trust	887	889	955	956	931	931	841	841
Royal Free London NHS Foundation Trust (Barnet)	1,651	1,655	1,700	1,701	1,732	1,732	1,743	1,743
The Whittington Health NHS Trust	1,155	1,156	1,138	1,140	1,184	1,185	1,090	1,091
University College London Hospitals NHS Foundation Trust	2,151	2,154	2,073	2,085	2,067	2,075	2,073	2,078

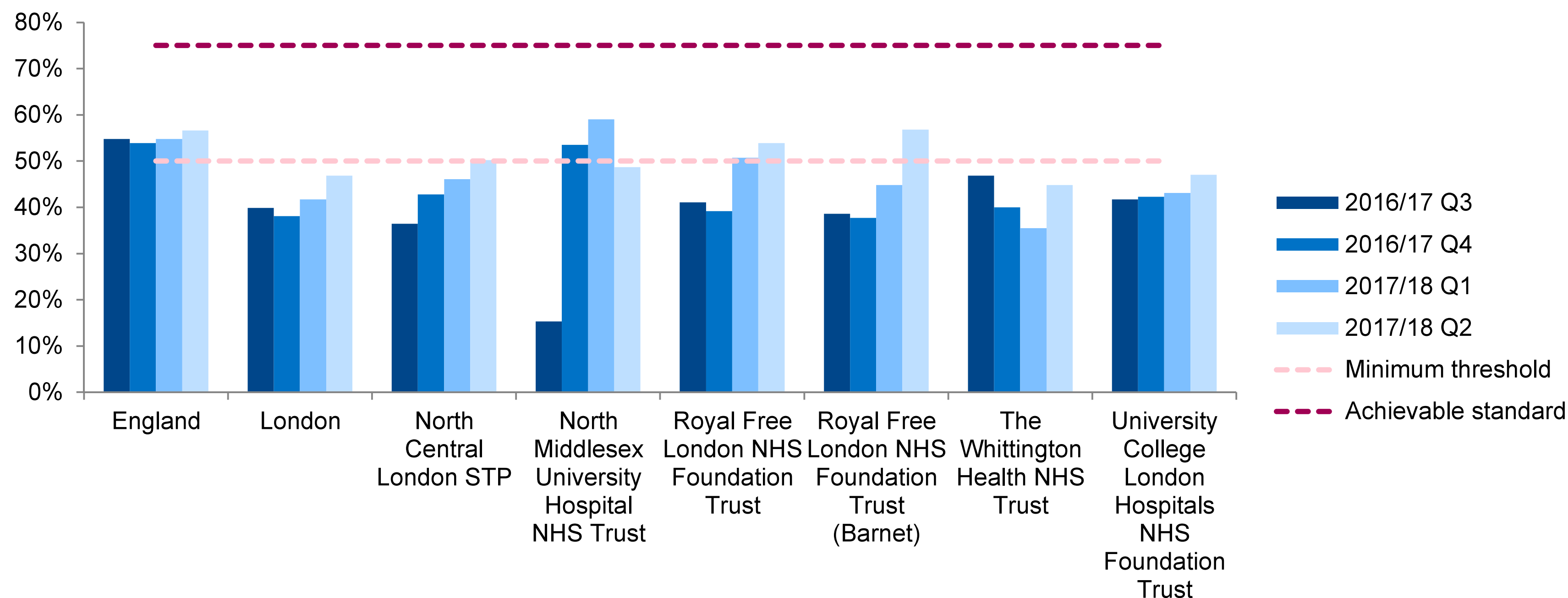
ST2: Antenatal sickle cell and thalassaemia screening – timeliness of test

NHS England



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	54.8%	53.9%	54.8%	56.7%
London	39.9%	38.1%	41.7%	46.9%
Midlands & East	57.3%	57.7%	58.4%	57.9%
North	62.5%	59.7%	61.0%	63.7%
South	56.0%	56.6%	54.9%	55.7%

ST2: Antenatal sickle cell and thalassaemia screening – timeliness of test



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	54.8%	53.9%	54.8%	56.7%
London	39.9%	38.1%	41.7%	46.9%
North Central London STP	36.4%	42.8%	46.1%	50.2%
North Middlesex University Hospital NHS Trust	15.3%	53.5%	59.0%	48.7%
Royal Free London NHS Foundation Trust	41.1%	39.2%	50.7%	53.9%
Royal Free London NHS Foundation Trust (Barnet)	38.6%	37.7%	44.8%	56.8%
The Whittington Health NHS Trust	46.8%	40.0%	35.5%	44.8%
University College London Hospitals NHS Foundation Trust	41.7%	42.3%	43.1%	47.1%

ST2 numerators and denominators

NHS England

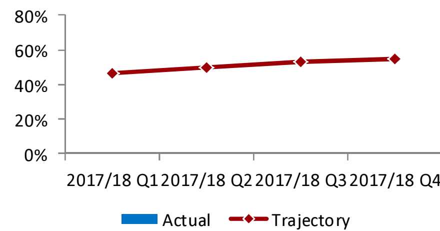
	2016/17 Q3		2016/17 Q4		2017/18 Q1		2017/18 Q2	
	Num.	Den.	Num.	Den.	Num.	Den.	Num.	Den.
England	95,998	175,236	98,096	181,929	94,204	171,881	97,046	171,299
London	14,400	36,118	14,413	37,822	15,156	36,308	16,458	35,116
North Central London STP	2,671	7,329	3,172	7,412	3,330	7,229	3,589	7,145
North Middlesex University Hospital NHS Trust	224	1,465	818	1,529	762	1,291	672	1,380
Royal Free London NHS Foundation Trust	365	889	376	960	472	931	454	842
Royal Free London NHS Foundation Trust (Barnet)	643	1,666	641	1,700	776	1,732	996	1,753
The Whittington Health NHS Trust	541	1,155	455	1,138	426	1,200	491	1,096
University College London Hospitals NHS Foundation Trust	898	2,154	882	2,085	894	2,075	976	2,074

NHS England

ST2: Trajectories

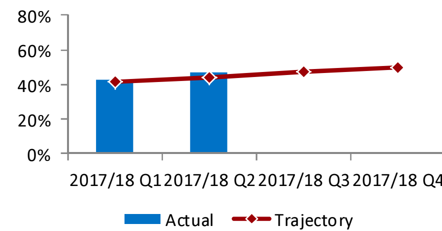
The Whittington Hospital NHS Trust

	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4
Trajectory	46.8%	50.0%	53.0%	55.0%
Actual				



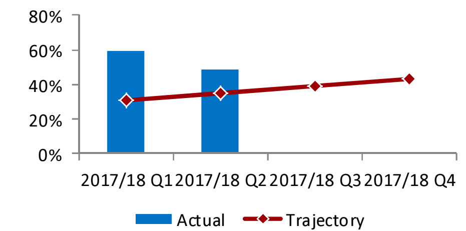
University College London Hospitals NHS Foundation Trust

	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4
Trajectory	41.7%	44.0%	47.0%	50.0%
Actual	43.1%	47.1%		



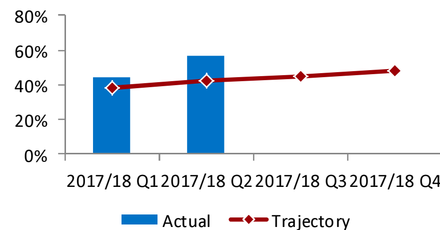
North Middlesex University Hospital NHS Trust

	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4
Trajectory	30.5%	35.0%	39.0%	43.0%
Actual	59.0%	48.7%		



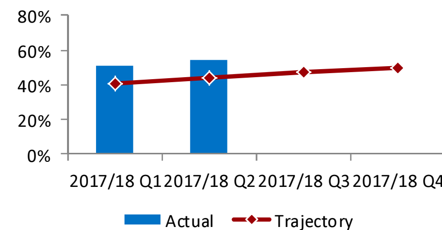
Royal Free London NHS Foundation Trust (Barnet)

	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4
Trajectory	38.6%	42.0%	45.0%	48.0%
Actual	44.8%	56.8%		

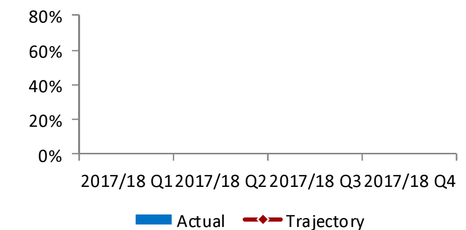


Royal Free London NHS Foundation Trust

	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4
Trajectory	41.1%	44.0%	47.0%	50.0%
Actual	50.7%	53.9%		

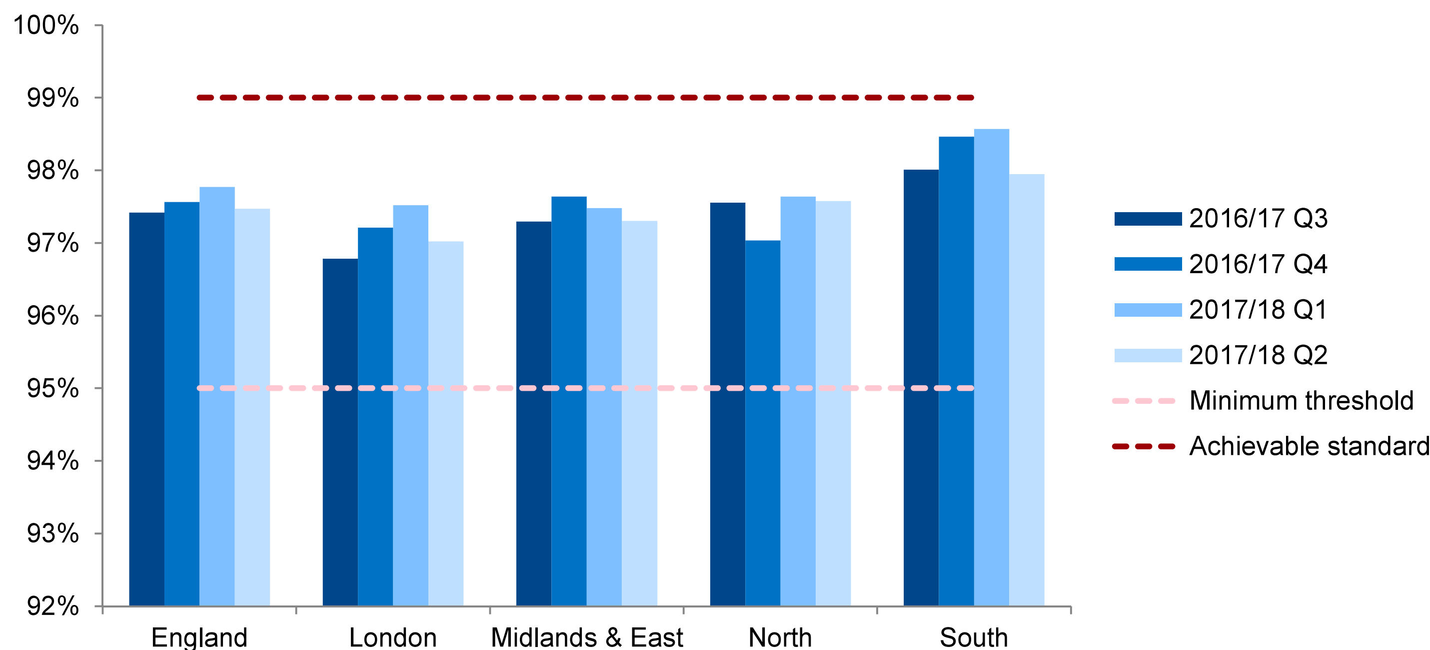


	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4
Trajectory				
Actual				



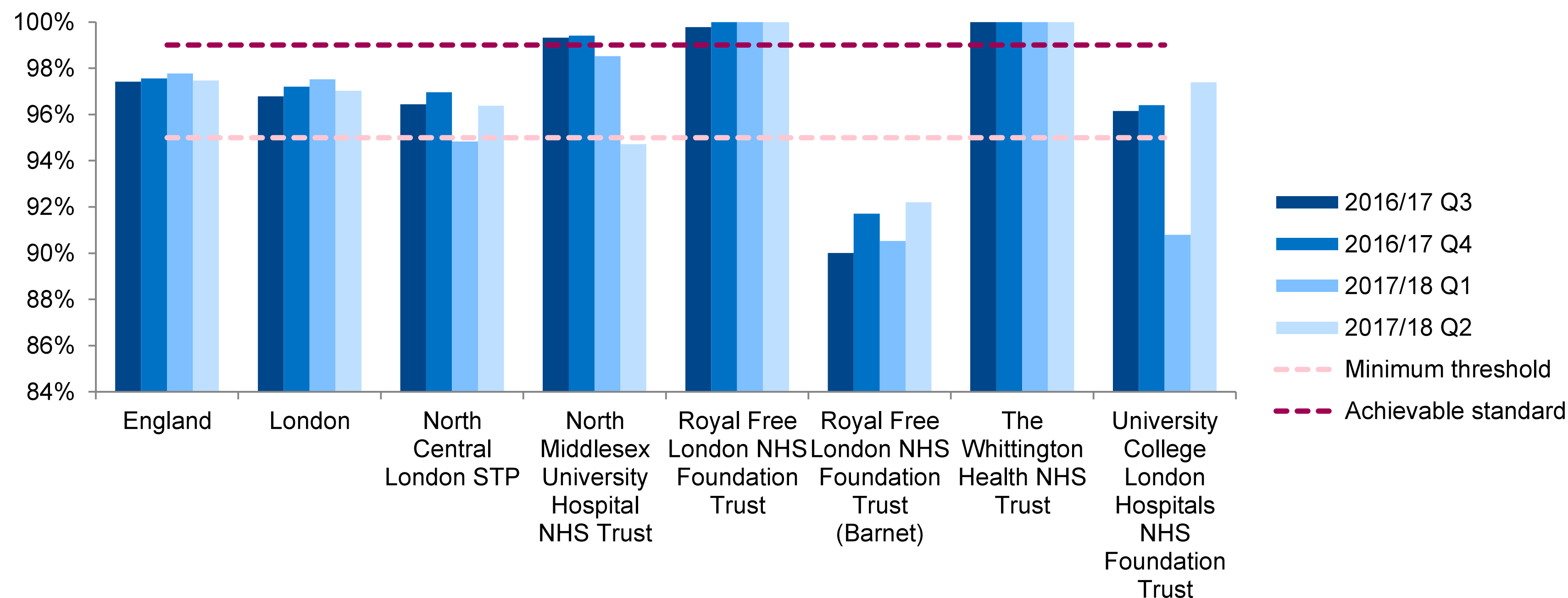
ST3: Antenatal sickle cell and thalassaemia screening – completion of FOQ

NHS England



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	97.4%	97.6%	97.8%	97.5%
London	96.8%	97.2%	97.5%	97.0%
Midlands & East	97.3%	97.6%	97.5%	97.3%
North	97.6%	97.0%	97.6%	97.6%
South	98.0%	98.5%	98.6%	97.9%

ST3: Antenatal sickle cell and thalassaemia screening – completion of FOQ



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	97.4%	97.6%	97.8%	97.5%
London	96.8%	97.2%	97.5%	97.0%
North Central London STP	96.4%	97.0%	94.8%	96.4%
North Middlesex University Hospital NHS Trust	99.3%	99.4%	98.5%	94.7%
Royal Free London NHS Foundation Trust	99.8%	100.0%	100.0%	100.0%
Royal Free London NHS Foundation Trust (Barnet)	90.0%	91.7%	90.5%	92.2%
The Whittington Health NHS Trust	100.0%	100.0%	100.0%	100.0%
University College London Hospitals NHS Foundation Trust	96.1%	96.4%	90.8%	97.4%

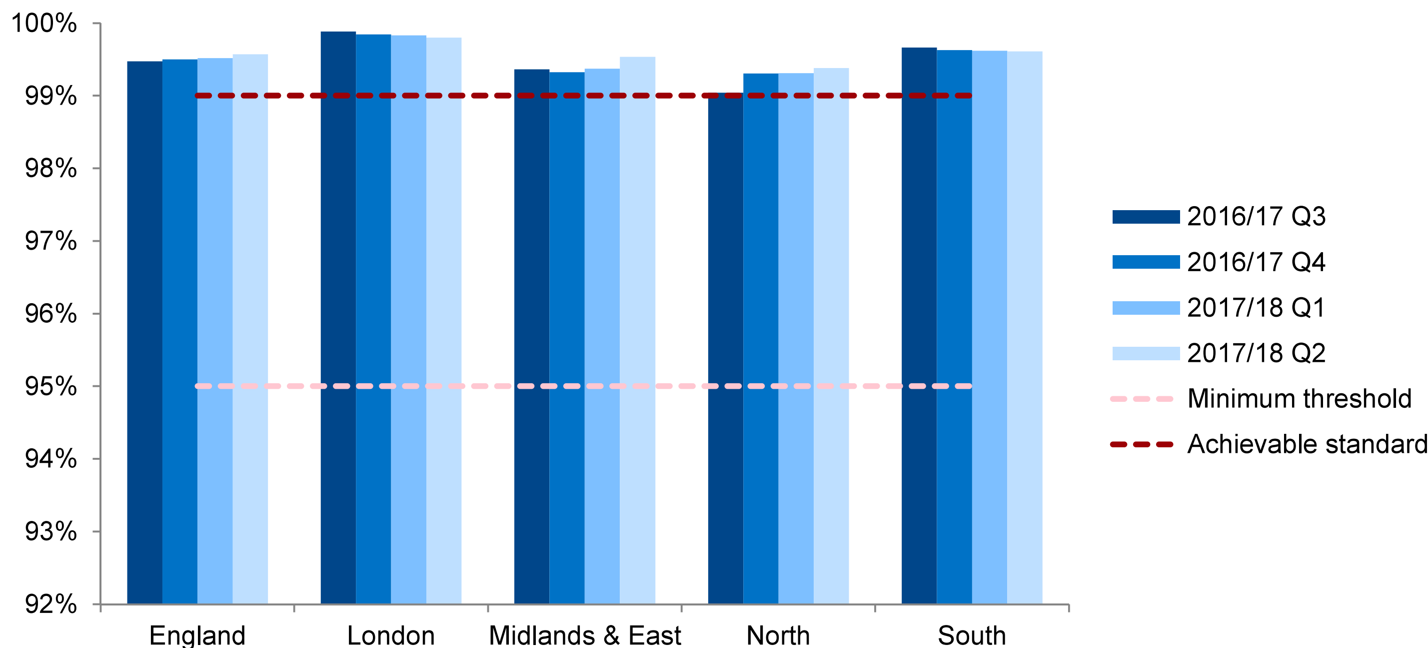
NHS England

ST3 numerators and denominators

	2016/17 Q3		2016/17 Q4		2017/18 Q1		2017/18 Q2	
	Num.	Den.	Num.	Den.	Num.	Den.	Num.	Den.
England	172,077	176,634	179,319	183,796	171,951	175,871	167,369	171,714
London	36,173	37,376	37,273	38,343	36,698	37,631	33,875	34,915
North Central London STP	7,064	7,325	7,182	7,407	6,855	7,229	6,780	7,035
North Middlesex University Hospital NHS Trust	1,455	1,465	1,520	1,529	1,272	1,291	1,307	1,380
Royal Free London NHS Foundation Trust	887	889	955	955	931	931	842	842
Royal Free London NHS Foundation Trust (Barnet)	1,496	1,662	1,559	1,700	1,568	1,732	1,515	1,643
The Whittington Health NHS Trust	1,155	1,155	1,138	1,138	1,200	1,200	1,096	1,096
University College London Hospitals NHS Foundation Trust	2,071	2,154	2,010	2,085	1,884	2,075	2,020	2,074

ID1: Antenatal infectious disease screening – HIV coverage

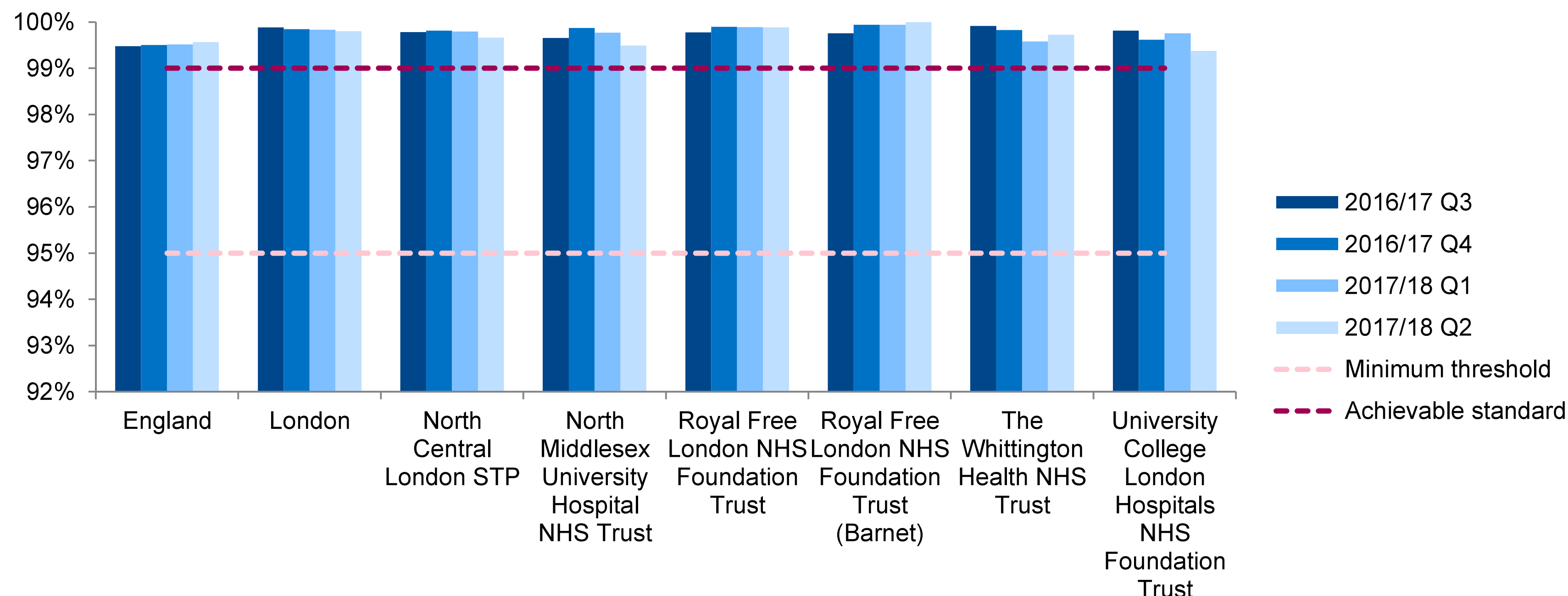
NHS England



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	99.5%	99.5%	99.5%	99.6%
London	99.9%	99.8%	99.8%	99.8%
Midlands & East	99.4%	99.3%	99.4%	99.5%
North	99.0%	99.3%	99.3%	99.4%
South	99.7%	99.6%	99.6%	99.6%

ID1: Antenatal infectious disease screening – HIV coverage

NHS England



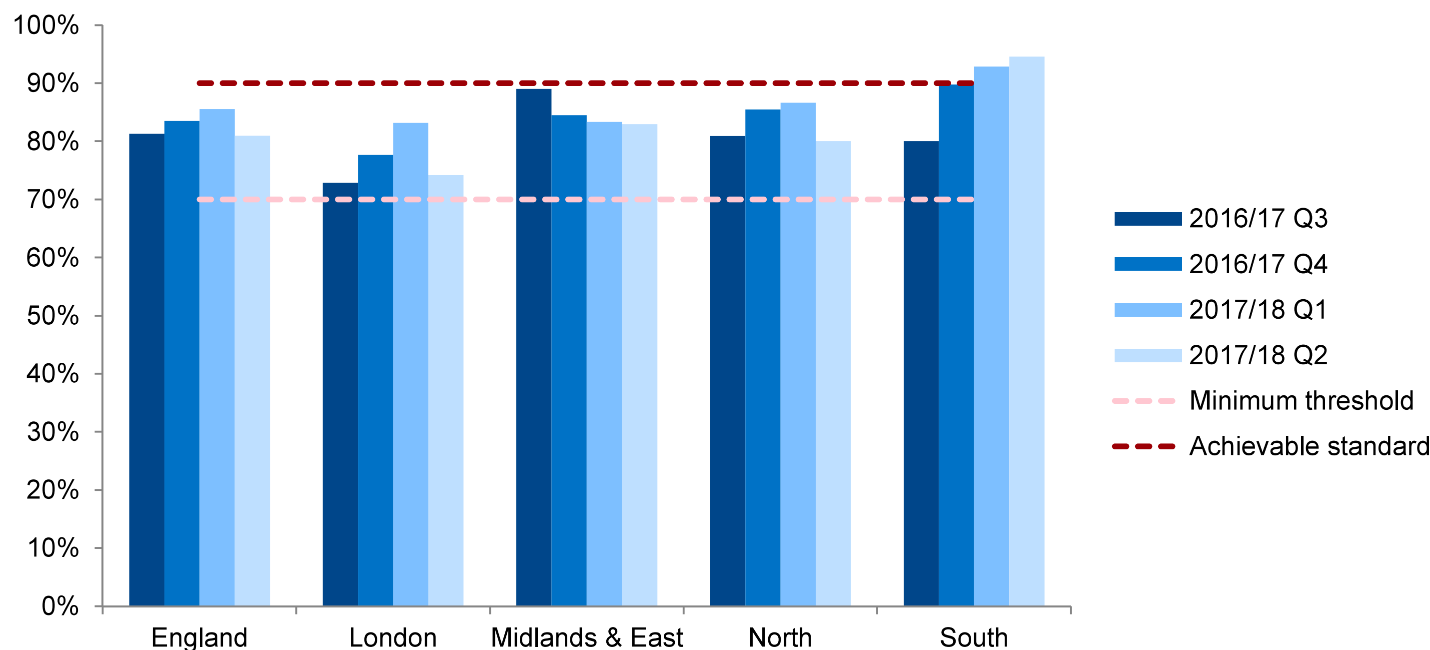
	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	99.5%	99.5%	99.5%	99.6%
London	99.9%	99.8%	99.8%	99.8%
North Central London STP	99.8%	99.8%	99.8%	99.7%
North Middlesex University Hospital NHS Trust	99.7%	99.9%	99.8%	99.5%
Royal Free London NHS Foundation Trust	99.8%	99.9%	99.9%	99.9%
Royal Free London NHS Foundation Trust (Barnet)	99.8%	99.9%	99.9%	100.0%
The Whittington Health NHS Trust	99.9%	99.8%	99.6%	99.7%
University College London Hospitals NHS Foundation Trust	99.8%	99.6%	99.8%	99.4%

ID1: numerators and denominators

	2016/17 Q3		2016/17 Q4		2017/18 Q1		2017/18 Q2	
	Num.	Den.	Num.	Den.	Num.	Den.	Num.	Den.
England	165,045	165,915	178,173	179,068	166,430	167,240	164,087	164,798
London	37,833	37,877	38,822	38,882	37,497	37,560	35,952	36,024
North Central London STP	7,284	7,300	7,400	7,414	7,206	7,221	7,107	7,131
North Middlesex University Hospital NHS Trust	1,455	1,460	1,521	1,523	1,288	1,291	1,359	1,366
Royal Free London NHS Foundation Trust	887	889	955	956	930	931	840	841
Royal Free London NHS Foundation Trust (Barnet)	1,651	1,655	1,700	1,701	1,731	1,732	1,743	1,743
The Whittington Health NHS Trust	1,155	1,156	1,142	1,144	1,191	1,196	1,089	1,092
University College London Hospitals NHS Foundation Trust	2,136	2,140	2,082	2,090	2,066	2,071	2,076	2,089

ID2: Antenatal infectious disease screening – timely assessment of women with hepatitis B

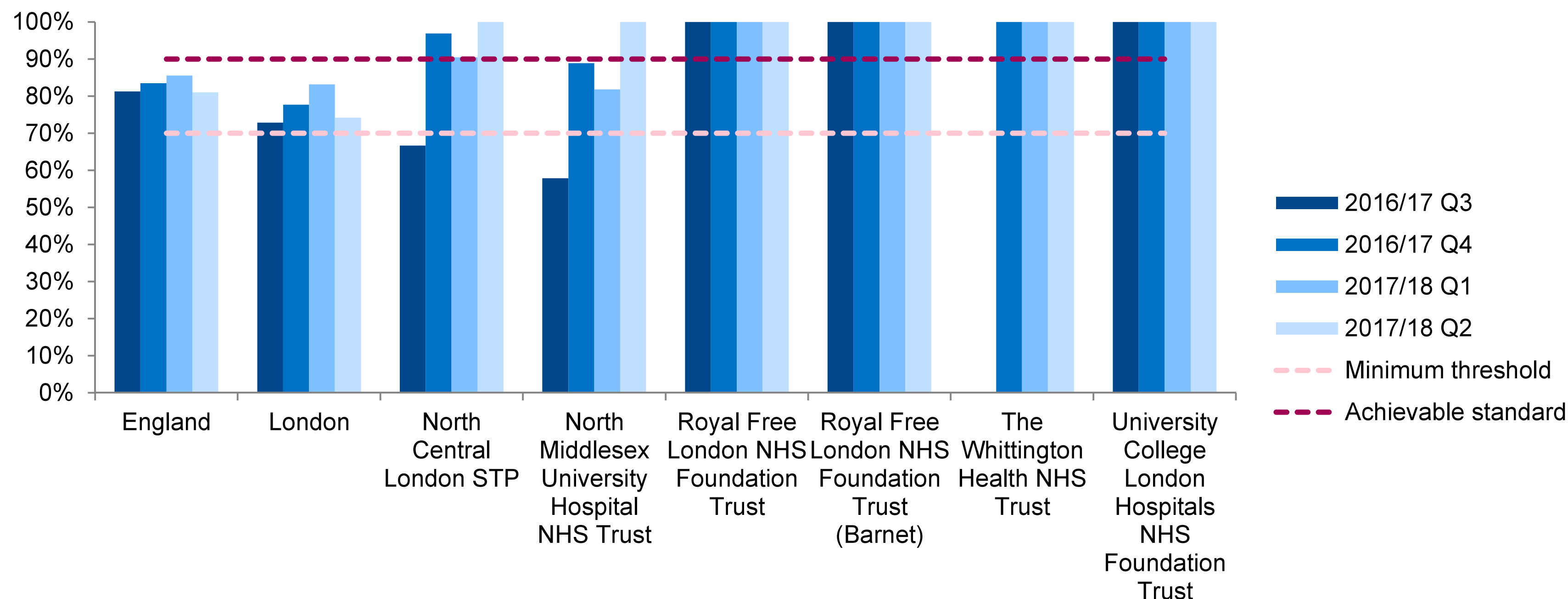
NHS England



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	81.3%	83.5%	85.5%	81.0%
London	72.8%	77.7%	83.1%	74.2%
Midlands & East	89.0%	84.5%	83.3%	82.9%
North	80.9%	85.5%	86.7%	80.0%
South	80.0%	89.8%	92.9%	94.6%

ID2: Antenatal infectious disease screening – timely assessment of women with hepatitis B

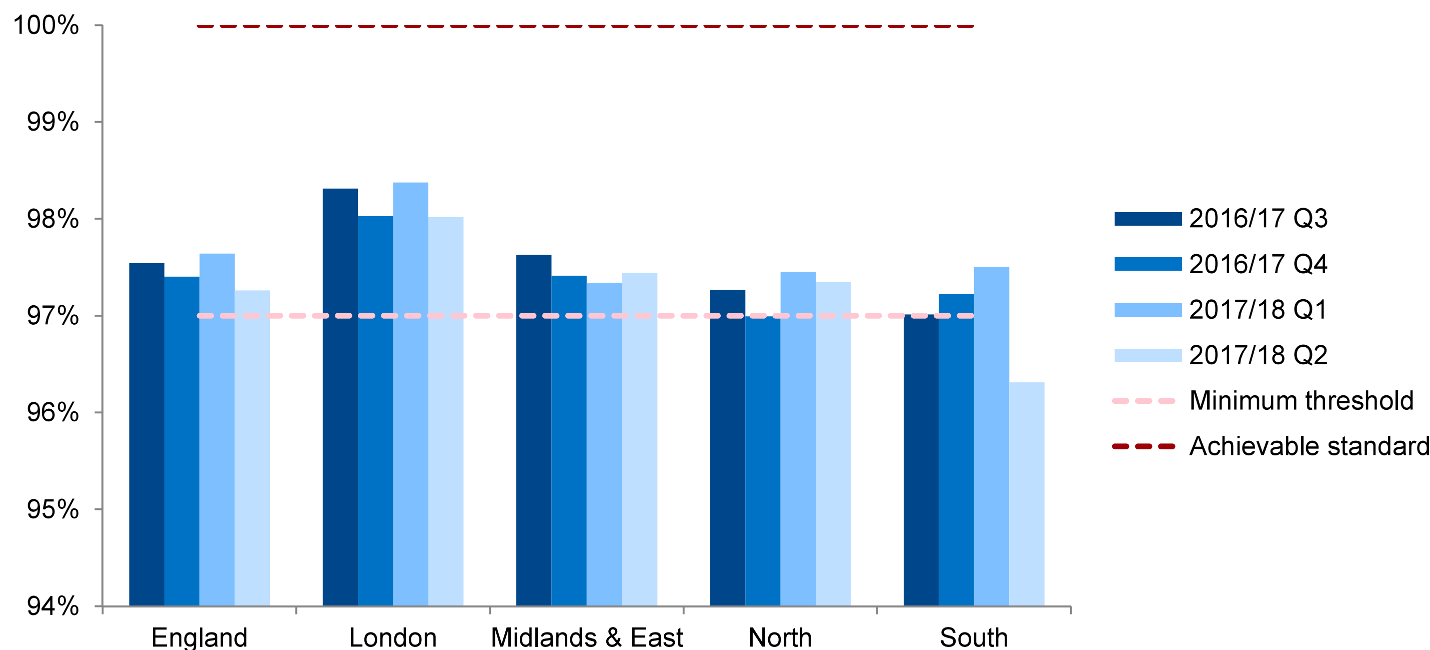
NHS England



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	81.3%	83.5%	85.5%	81.0%
London	72.8%	77.7%	83.1%	74.2%
North Central London STP	66.7%	96.9%	90.5%	100.0%
North Middlesex University Hospital NHS Trust	57.9%	88.9%	81.8%	100.0%
Royal Free London NHS Foundation Trust	100.0%	100.0%	100.0%	100.0%
Royal Free London NHS Foundation Trust (Barnet)	100.0%	100.0%	100.0%	100.0%
The Whittington Health NHS Trust	No cases identified	100.0%	100.0%	100.0%
University College London Hospitals NHS Foundation Trust	100.0%	100.0%	100.0%	100.0%

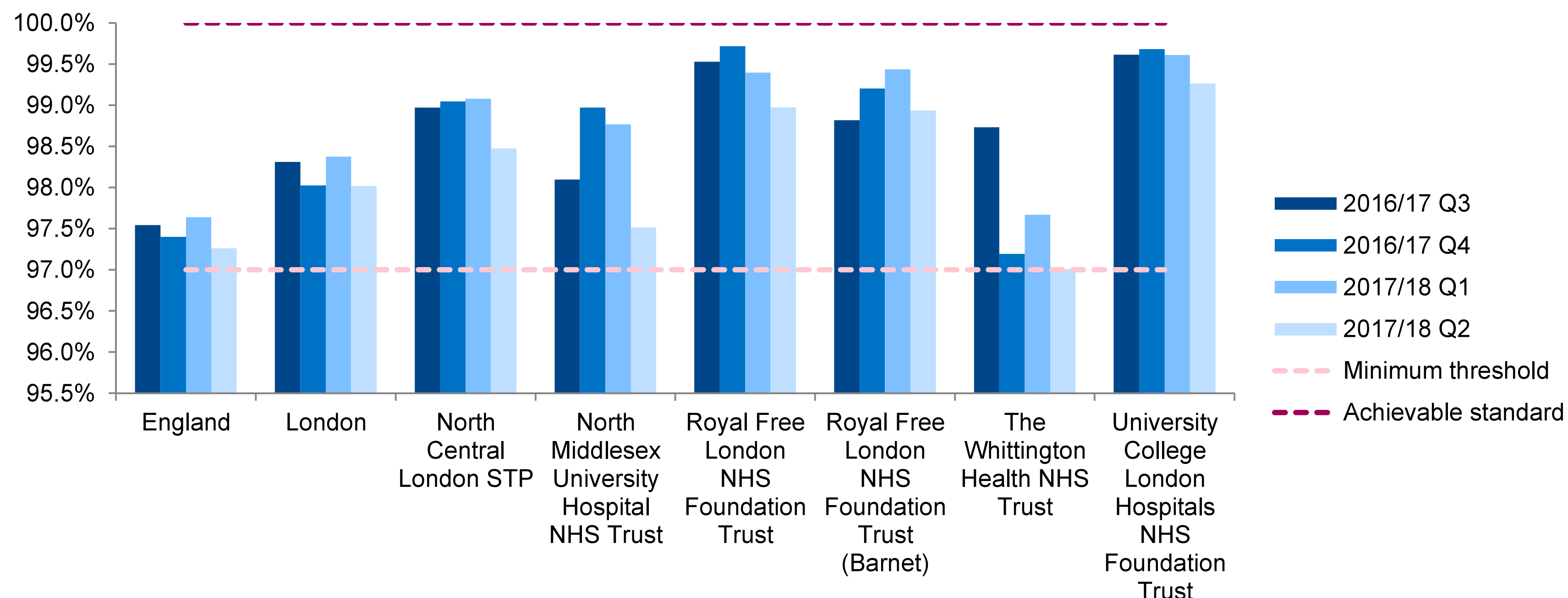
FA1: Down’s syndrome screening – completion of laboratory request forms

NHS England



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	97.5%	97.4%	97.6%	97.3%
London	98.3%	98.0%	98.4%	98.0%
Midlands & East	97.6%	97.4%	97.3%	97.4%
North	97.3%	97.0%	97.5%	97.3%
South	97.0%	97.2%	97.5%	96.3%

FA1: Down's syndrome screening – completion of laboratory request forms



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	97.5%	97.4%	97.6%	97.3%
London	98.3%	98.0%	98.4%	98.0%
North Central London STP	99.0%	99.0%	99.1%	98.5%
North Middlesex University Hospital NHS Trust	98.1%	99.0%	98.8%	97.5%
Royal Free London NHS Foundation Trust	99.5%	99.7%	99.4%	99.0%
Royal Free London NHS Foundation Trust (Barnet)	98.8%	99.2%	99.4%	98.9%
The Whittington Health NHS Trust	98.7%	97.2%	97.7%	97.0%
University College London Hospitals NHS Foundation Trust	99.6%	99.7%	99.6%	99.3%

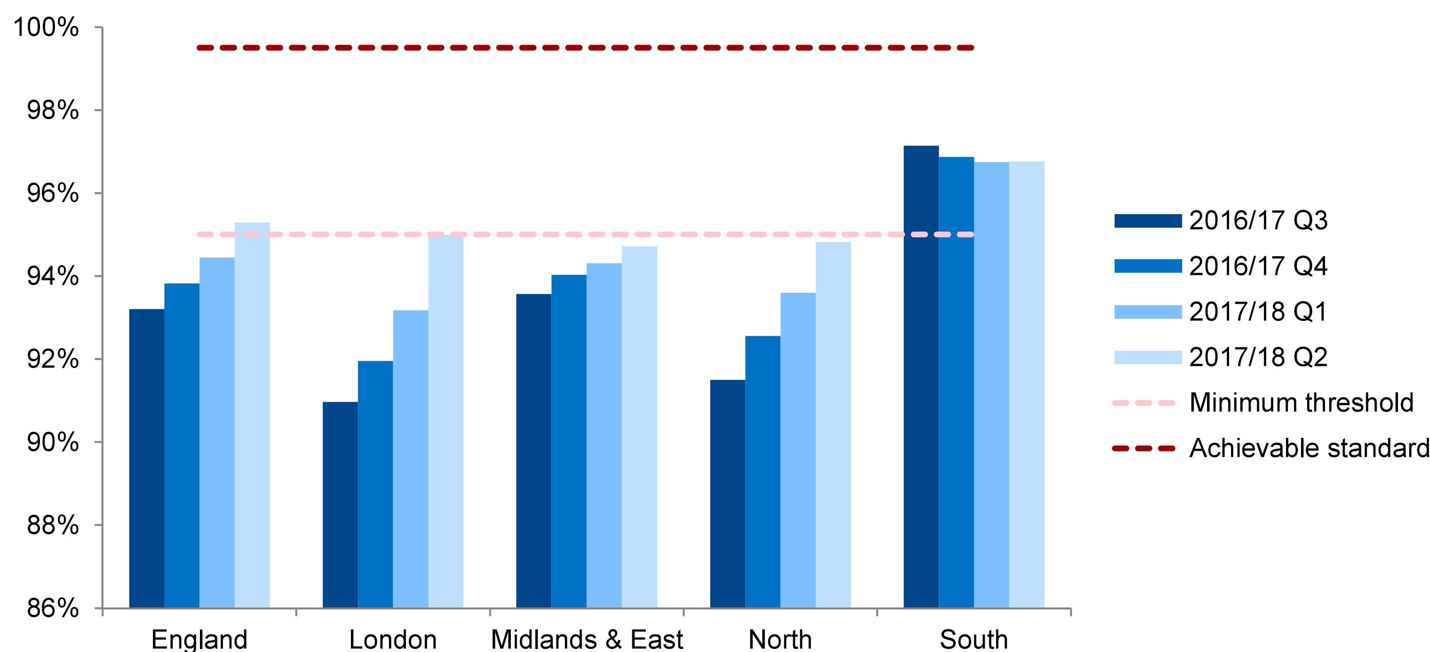
FA1: numerators and denominators

NHS England

	2016/17 Q3		2016/17 Q4		2017/18 Q1		2017/18 Q2	
	Num.	**Den.**	**Num.**	**Den.**	**Num.**	**Den.**	**Num.**	**Den.**
England	120,459	123,494	127,839	131,250	122,697	125,664	117,994	121,317
London	27,009	27,473	27,861	28,422	27,734	28,192	26,402	26,936
North Central London STP	5,293	5,348	5,501	5,554	5,263	5,312	4,966	5,043
North Middlesex University Hospital NHS Trust	1,082	1,103	1,152	1,164	1,043	1,056	981	1,006
Royal Free London NHS Foundation Trust	633	636	706	708	659	663	579	585
Royal Free London NHS Foundation Trust (Barnet)	1,252	1,267	1,247	1,257	1,234	1,241	1,209	1,222
The Whittington Health NHS Trust	779	789	831	855	796	815	713	735
University College London Hospitals NHS Foundation Trust	1,547	1,553	1,565	1,570	1,531	1,537	1,484	1,495

NP1: Newborn and Infant Physical Examination – coverage (newborn)

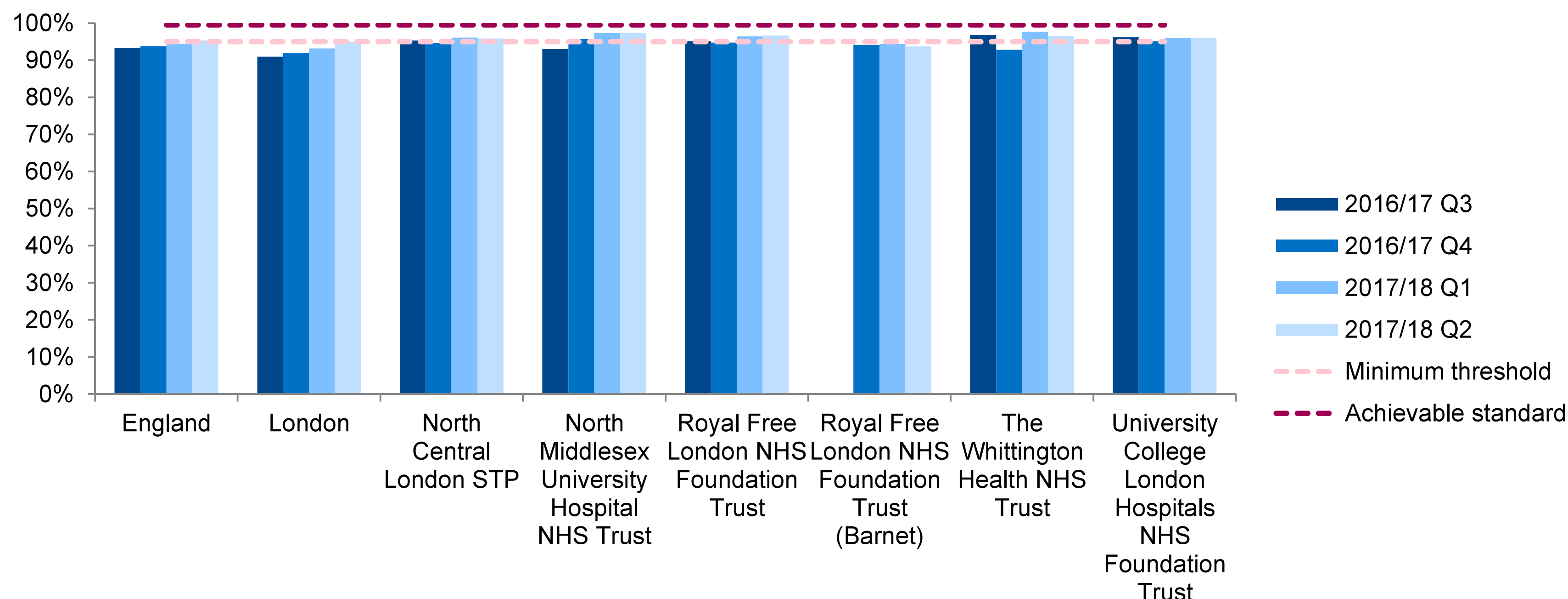
NHS England



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	93.2%	93.8%	94.5%	95.3%
London	91.0%	92.0%	93.2%	95.0%
Midlands & East	93.6%	94.0%	94.3%	94.7%
North	91.5%	92.6%	93.6%	94.8%
South	97.1%	96.9%	96.7%	96.8%

NP1: Newborn and Infant Physical Examination – coverage (newborn)

NHS England



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	93.2%	93.8%	94.5%	95.3%
London	91.0%	92.0%	93.2%	95.0%
North Central London STP	95.3%	94.6%	96.1%	95.9%
North Middlesex University Hospital NHS Trust	93.1%	95.7%	97.4%	97.4%
Royal Free London NHS Foundation Trust	95.1%	94.7%	96.4%	96.6%
Royal Free London NHS Foundation Trust (Barnet)	No return	94.1%	94.3%	93.7%
The Whittington Health NHS Trust	96.8%	92.8%	97.7%	96.5%
University College London Hospitals NHS Foundation Trust	96.1%	95.1%	96.0%	96.0%

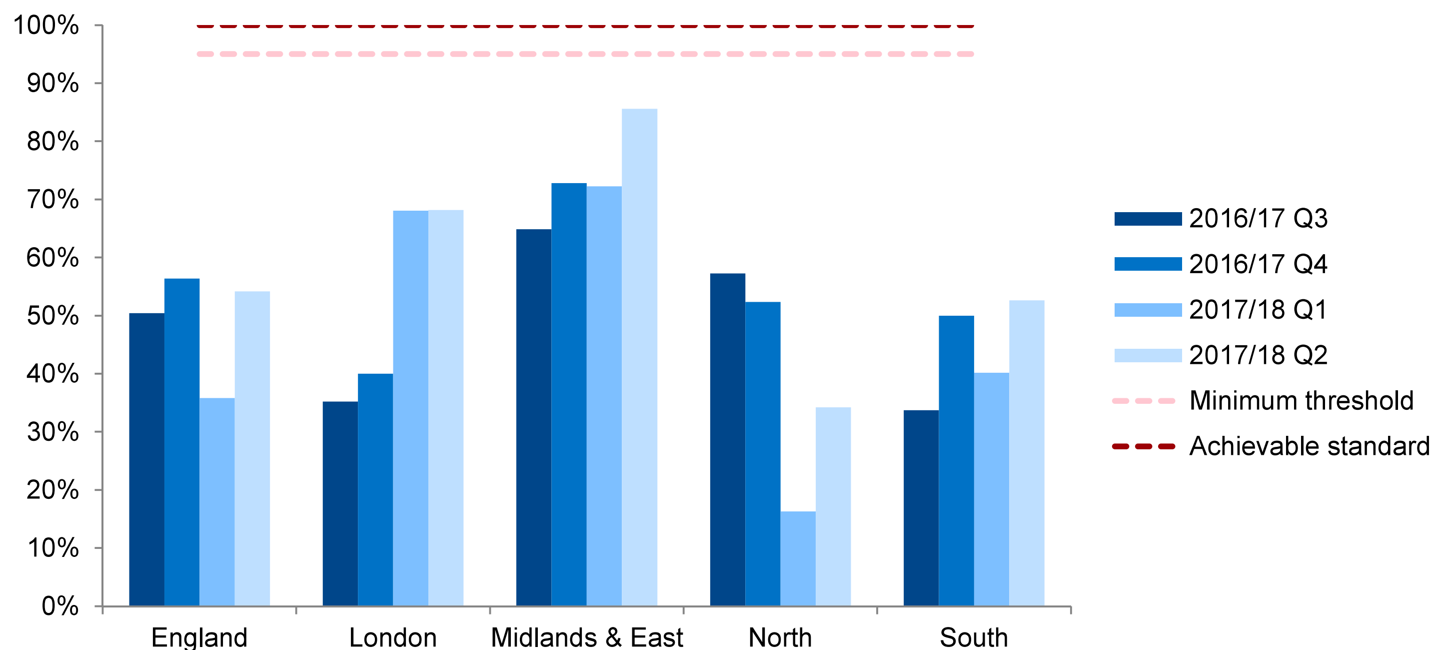
NP1: numerators and denominators

NHS England

	2016/17 Q3		2016/17 Q4		2017/18 Q1		2017/18 Q2	
	Num.	Den.	Num.	Den.	Num.	Den.	Num.	Den.
England	144,022	154,515	141,887	151,223	148,371	157,087	154,945	162,611
London	28,165	30,963	28,520	31,014	30,363	32,586	29,428	30,978
North Central London STP	4,346	4,561	5,429	5,740	5,523	5,748	5,625	5,867
North Middlesex University Hospital NHS Trust	1,125	1,209	1,063	1,111	1,148	1,179	1,217	1,250
Royal Free London NHS Foundation Trust	722	759	679	717	744	772	800	828
Royal Free London NHS Foundation Trust (Barnet)	0	0	1,278	1,358	1,378	1,461	1,354	1,445
The Whittington Health NHS Trust	904	934	825	889	631	646	656	680
University College London Hospitals NHS Foundation Trust	1,595	1,659	1,584	1,665	1,622	1,690	1,598	1,664

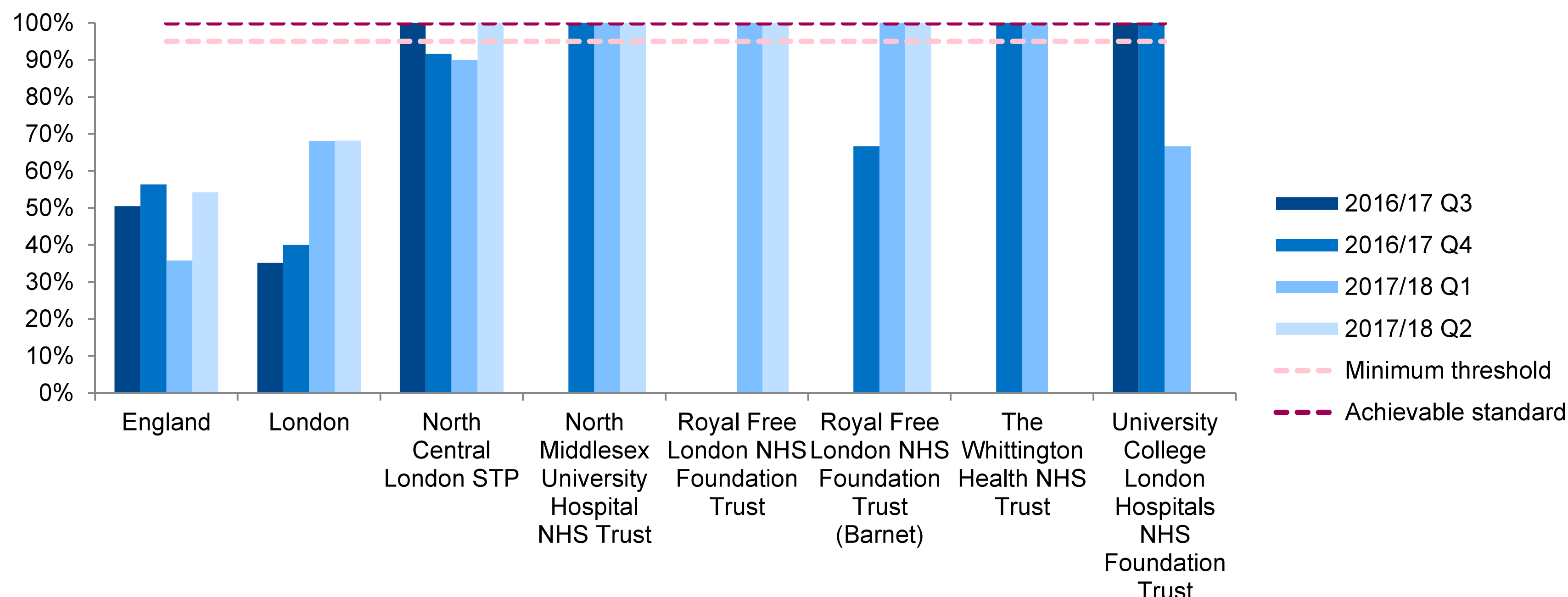
NP2: Newborn and Infant Physical Examination – timely assessment of DDH

NHS England



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	50.4%	56.4%	35.8%	54.2%
London	35.2%	40.0%	68.1%	68.2%
Midlands & East	64.9%	72.8%	72.3%	85.6%
North	57.2%	52.3%	16.3%	34.2%
South	33.7%	50.0%	40.1%	52.6%

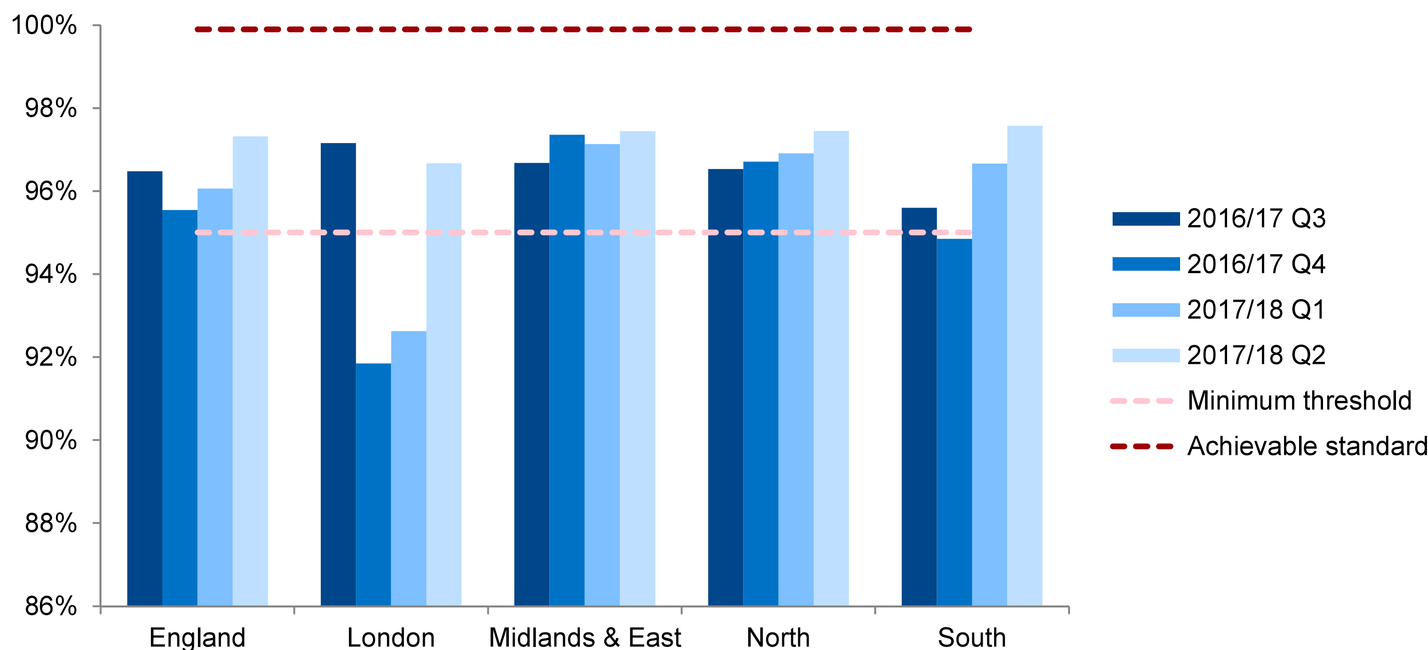
NP2: Newborn and Infant Physical Examination – timely assessment of DDH



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	50.4%	56.4%	35.8%	54.2%
London	35.2%	40.0%	68.1%	68.2%
North Central London STP	100.0%	91.7%	90.0%	100.0%
North Middlesex University Hospital NHS Trust	No cases identified	100.0%	100.0%	100.0%
Royal Free London NHS Foundation Trust	No cases identified	No cases identified	100.0%	100.0%
Royal Free London NHS Foundation Trust (Barnet)	No cases identified	66.7%	100.0%	100.0%
The Whittington Health NHS Trust	No cases identified	100.0%	100.0%	No cases identified
University College London Hospitals NHS Foundation Trust	100.0%	100.0%	66.7%	No return

NB1: Newborn blood spot screening – coverage (CCG responsibility at birth)

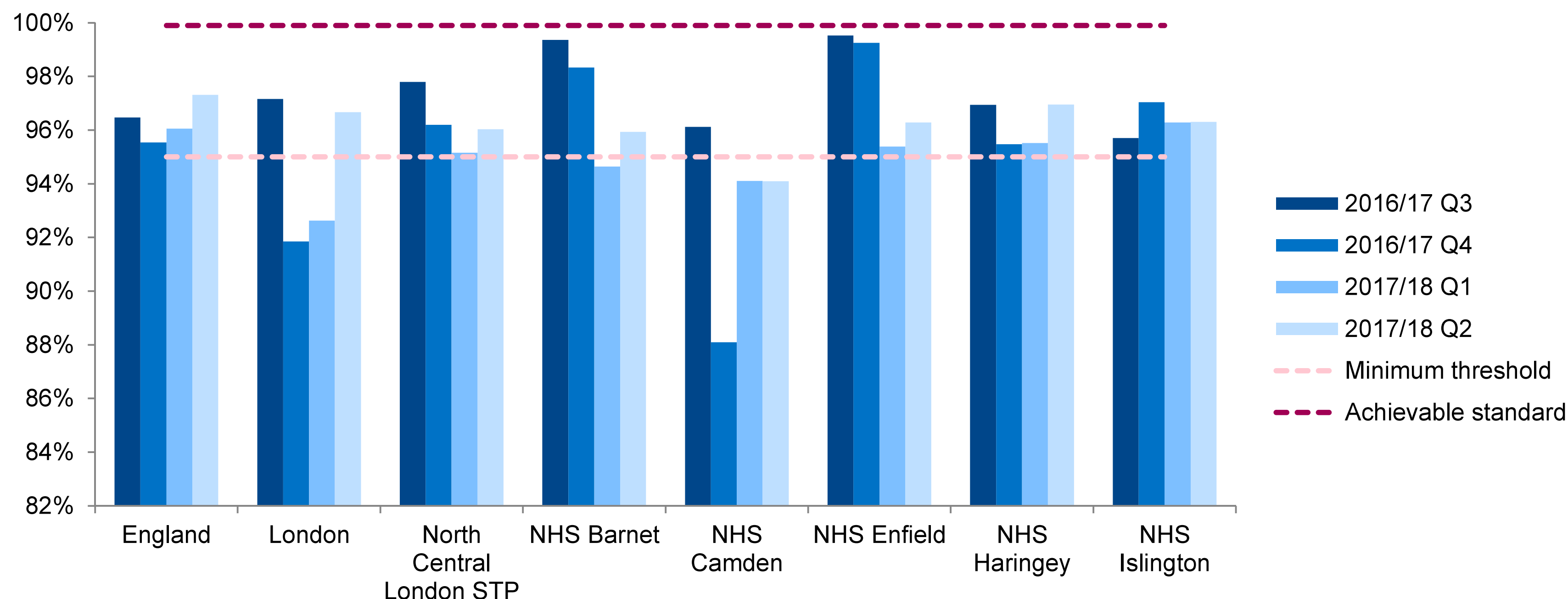
NHS England



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	96.5%	95.5%	96.1%	97.3%
London	97.2%	91.8%	92.6%	96.7%
Midlands & East	96.7%	97.4%	97.1%	97.4%
North	96.5%	96.7%	96.9%	97.4%
South	95.6%	94.9%	96.7%	97.6%

NHS England

NB1: Newborn blood spot screening – coverage (CCG responsibility at birth)



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	96.5%	95.5%	96.1%	97.3%
London	97.2%	91.8%	92.6%	96.7%
North Central London STP	97.8%	96.2%	95.2%	96.0%
NHS Barnet	99.4%	98.3%	94.6%	95.9%
NHS Camden	96.1%	88.1%	94.1%	94.1%
NHS Enfield	99.5%	99.2%	95.4%	96.3%
NHS Haringey	96.9%	95.5%	95.5%	97.0%
NHS Islington	95.7%	97.0%	96.3%	96.3%

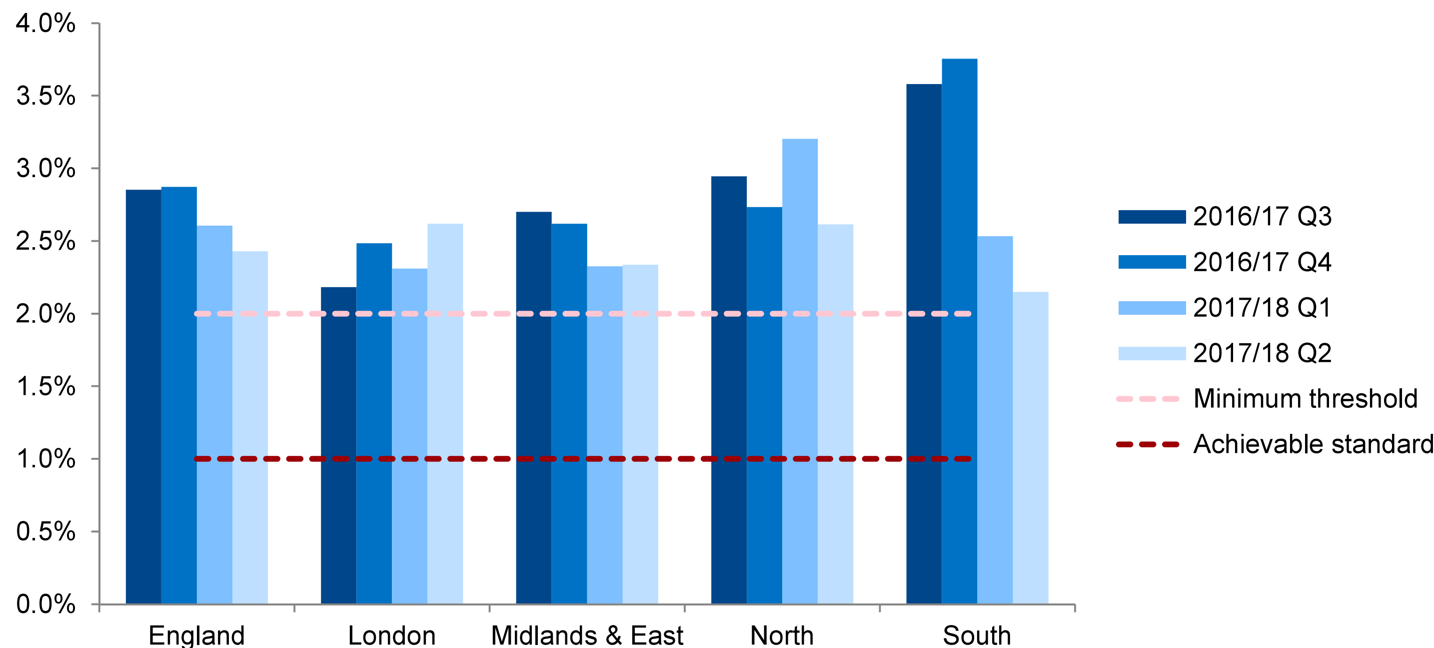
NHS England

NB1: numerators and denominators

	2016/17 Q3		2016/17 Q4		2017/18 Q1		2017/18 Q2	
	Num.	**Den.**	**Num.**	**Den.**	**Num.**	**Den.**	**Num.**	**Den.**
England	144,521	149,802	138,238	144,691	142,502	148,348	152,701	156,908
London	27,899	28,715	24,970	27,186	27,725	29,931	30,467	31,516
North Central London STP	4,439	4,539	3,824	3,975	4,464	4,691	4,653	4,845
NHS Barnet	1,083	1,090	1,060	1,078	1,237	1,307	1,276	1,330
NHS Camden	644	670	555	630	639	679	622	661
NHS Enfield	1,047	1,052	922	929	971	1,018	1,064	1,105
NHS Haringey	952	982	697	730	917	960	987	1,018
NHS Islington	713	745	590	608	700	727	704	731

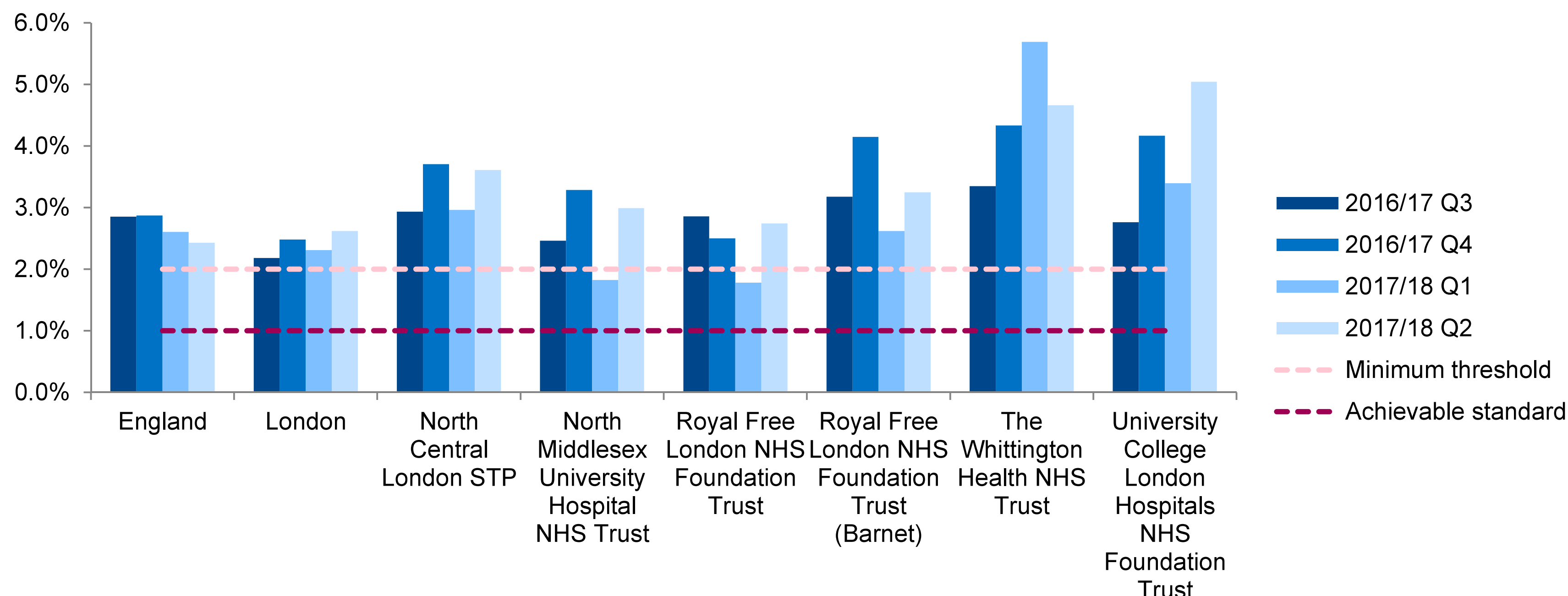
NHS England

NB2: Newborn blood spot screening – avoidable repeat tests



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	2.9%	2.9%	2.6%	2.4%
London	2.2%	2.5%	2.3%	2.6%
Midlands & East	2.7%	2.6%	2.3%	2.3%
North	2.9%	2.7%	3.2%	2.6%
South	3.6%	3.8%	2.5%	2.1%

NB2: Newborn blood spot screening – avoidable repeat tests



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	2.9%	2.9%	2.6%	2.4%
London	2.2%	2.5%	2.3%	2.6%
North Central London STP	2.9%	3.7%	3.0%	3.6%
North Middlesex University Hospital NHS Trust	2.5%	3.3%	1.8%	3.0%
Royal Free London NHS Foundation Trust	2.9%	2.5%	1.8%	2.7%
Royal Free London NHS Foundation Trust (Barnet)	3.2%	4.1%	2.6%	3.2%
The Whittington Health NHS Trust	3.3%	4.3%	5.7%	4.7%
University College London Hospitals NHS Foundation Trust	2.8%	4.2%	3.4%	5.0%

NHS England

NB2: numerators and denominators

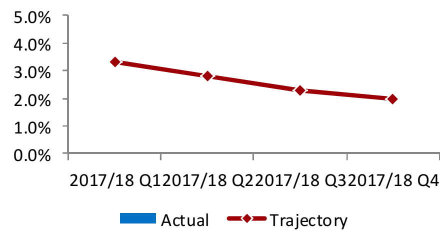
	2016/17 Q3		2016/17 Q4		2017/18 Q1		2017/18 Q2	
	Num.	Den.	Num.	Den.	Num.	Den.	Num.	Den.
England	4,638	162,563	4,534	157,788	4,211	161,665	4,018	165,468
London	753	34,492	817	32,901	781	33,805	895	34,162
North Central London STP	165	5,629	198	5,347	160	5,405	202	5,594
North Middlesex University Hospital NHS Trust	33	1,340	41	1,247	24	1,314	41	1,372
Royal Free London NHS Foundation Trust	25	875	23	919	16	899	24	875
Royal Free London NHS Foundation Trust (Barnet)	49	1,542	58	1,398	37	1,413	50	1,540
The Whittington Health NHS Trust	36	1,076	44	1,015	56	984	50	1,073
University College London Hospitals NHS Foundation Trust	22	796	32	768	27	795	37	734

NHS England

NB2: Trajectories

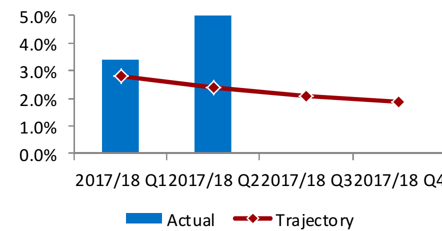
The Whittington Hospital NHS Trust

	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4
Trajectory	3.3%	2.8%	2.3%	2.0%
Actual				



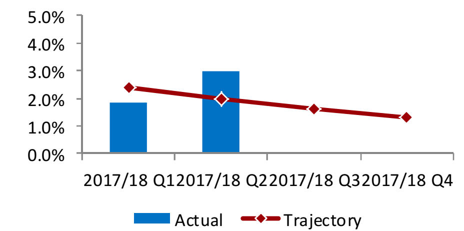
University College London Hospitals NHS Foundation Trust

	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4
Trajectory	2.8%	2.4%	2.1%	1.9%
Actual	3.4%	5.0%		



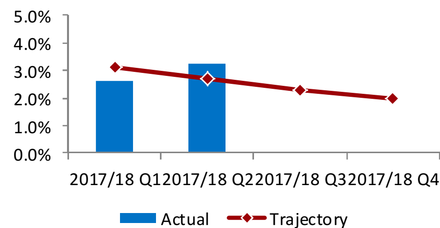
North Middlesex University Hospital NHS Trust

	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4
Trajectory	2.4%	2.0%	1.6%	1.3%
Actual	1.8%	3.0%		



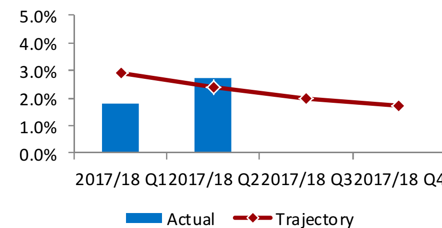
Royal Free London NHS Foundation Trust (Barnet)

	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4
Trajectory	3.1%	2.7%	2.3%	2.0%
Actual	2.6%	3.2%		

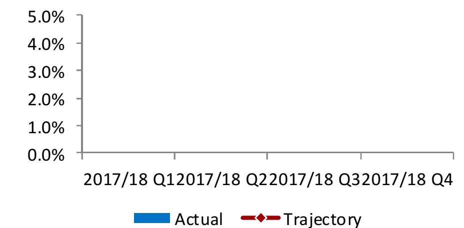


Royal Free London NHS Foundation Trust

	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4
Trajectory	2.9%	2.4%	2.0%	1.7%
Actual	1.8%	2.7%		

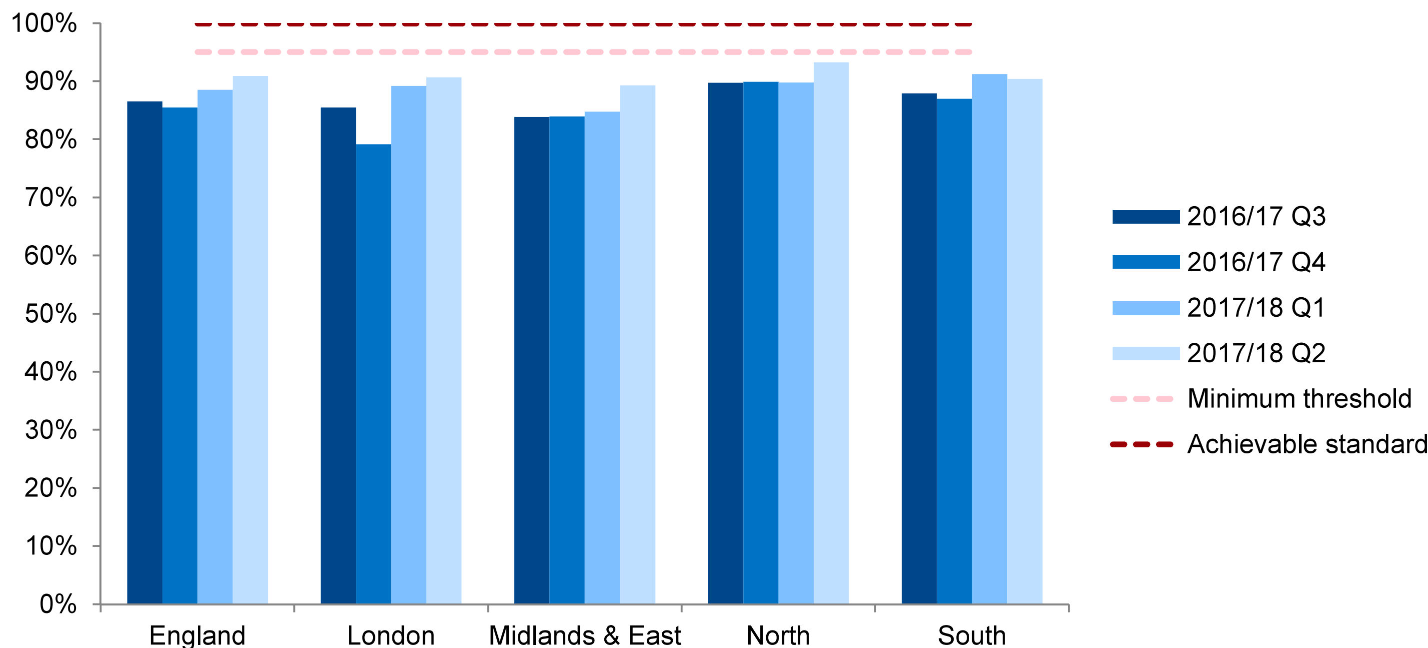


	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4
Trajectory				
Actual				



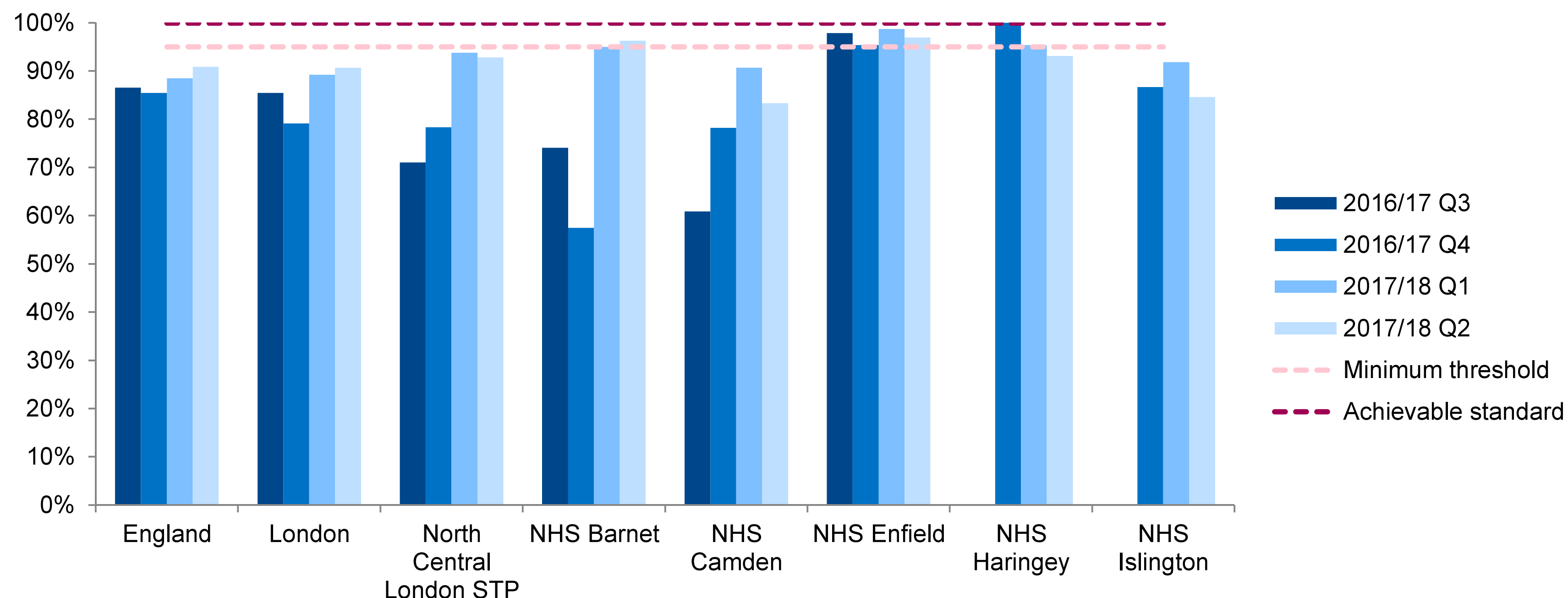
NHS England

NB4: Newborn blood spot screening – coverage (movers in)



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	86.5%	85.5%	88.5%	90.9%
London	85.5%	79.1%	89.2%	90.7%
Midlands & East	83.8%	83.9%	84.8%	89.3%
North	89.7%	89.9%	89.8%	93.3%
South	87.9%	87.0%	91.2%	90.4%

NB4: Newborn blood spot screening – coverage (movers in)



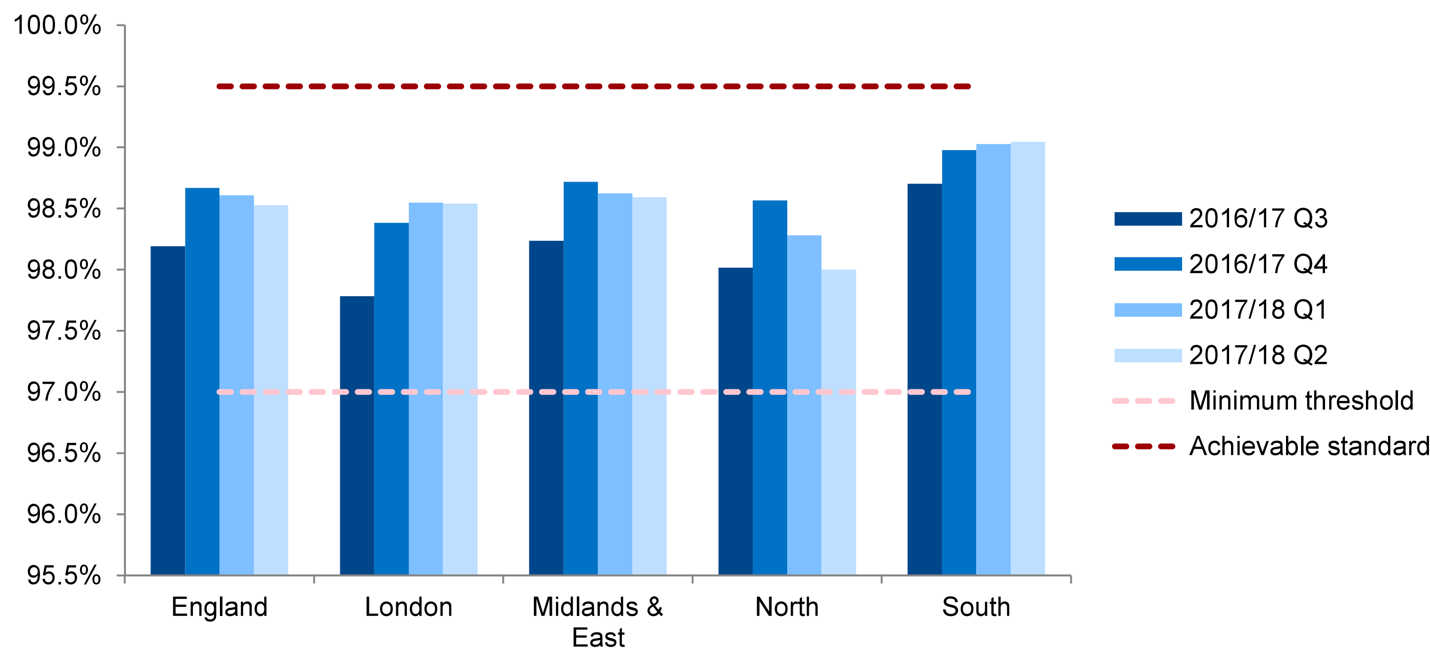
	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	86.5%	85.5%	88.5%	90.9%
London	85.5%	79.1%	89.2%	90.7%
North Central London STP	71.0%	78.3%	93.8%	92.8%
NHS Barnet	74.0%	57.4%	95.0%	96.3%
NHS Camden	60.9%	78.2%	90.7%	83.3%
NHS Enfield	97.9%	95.4%	98.7%	96.9%
NHS Haringey	0.0%	100.0%	95.3%	93.1%
NHS Islington	No cases identified	86.7%	91.8%	84.6%

NHS England

NB4: numerators and denominators

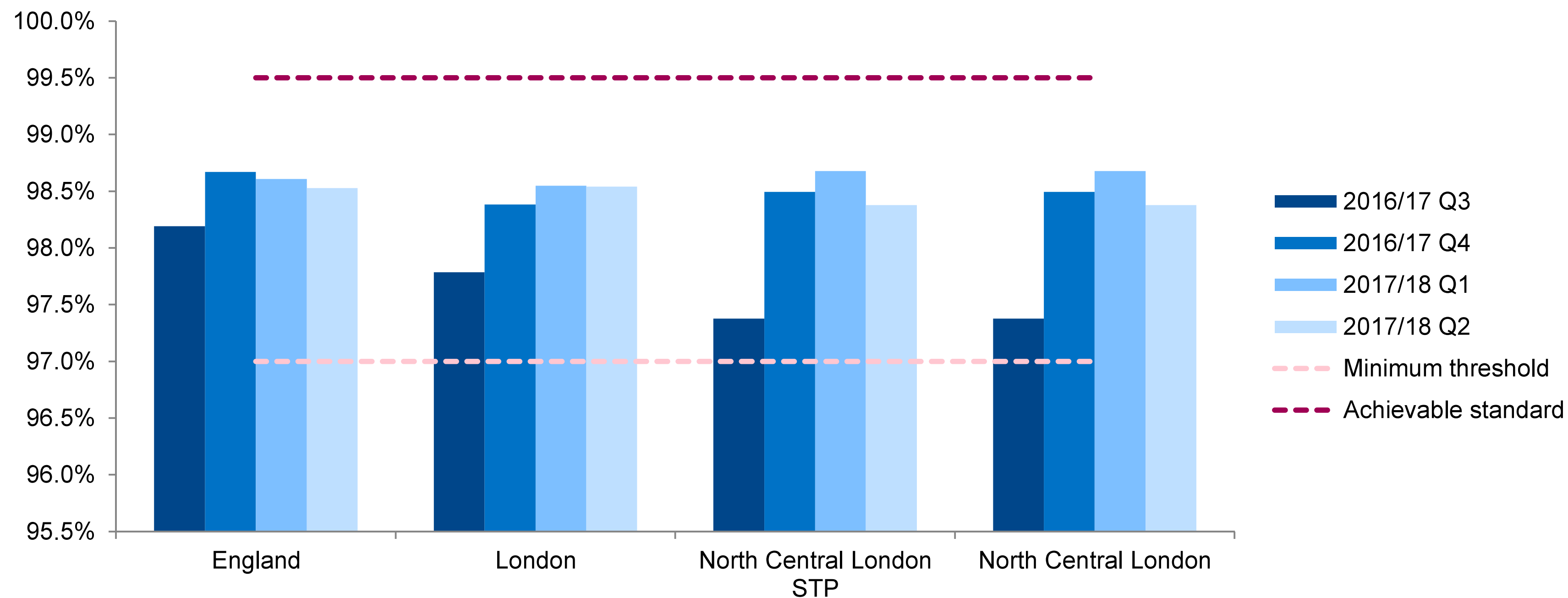
	2016/17 Q3		2016/17 Q4		2017/18 Q1		2017/18 Q2	
	Num.	Den.	Num.	Den.	Num.	Den.	Num.	Den.
England	7,900	9,131	8,353	9,774	9,596	10,843	11,026	12,134
London	1,234	1,444	1,175	1,485	2,361	2,647	2,218	2,446
North Central London STP	157	221	213	272	435	464	284	306
NHS Barnet	97	131	54	94	76	80	104	108
NHS Camden	14	23	43	55	146	161	30	36
NHS Enfield	46	47	62	65	75	76	63	65
NHS Haringey	0	20	28	28	82	86	54	58
NHS Islington	0	0	26	30	56	61	33	39

NH1: Newborn hearing screening – coverage



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	98.2%	98.7%	98.6%	98.5%
London	97.8%	98.4%	98.5%	98.5%
Midlands & East	98.2%	98.7%	98.6%	98.6%
North	98.0%	98.6%	98.3%	98.0%
South	98.7%	99.0%	99.0%	99.0%

NH1: Newborn hearing screening – coverage



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	98.2%	98.7%	98.6%	98.5%
London	97.8%	98.4%	98.5%	98.5%
North Central London STP	97.4%	98.5%	98.7%	98.4%
North Central London	97.4%	98.5%	98.7%	98.4%

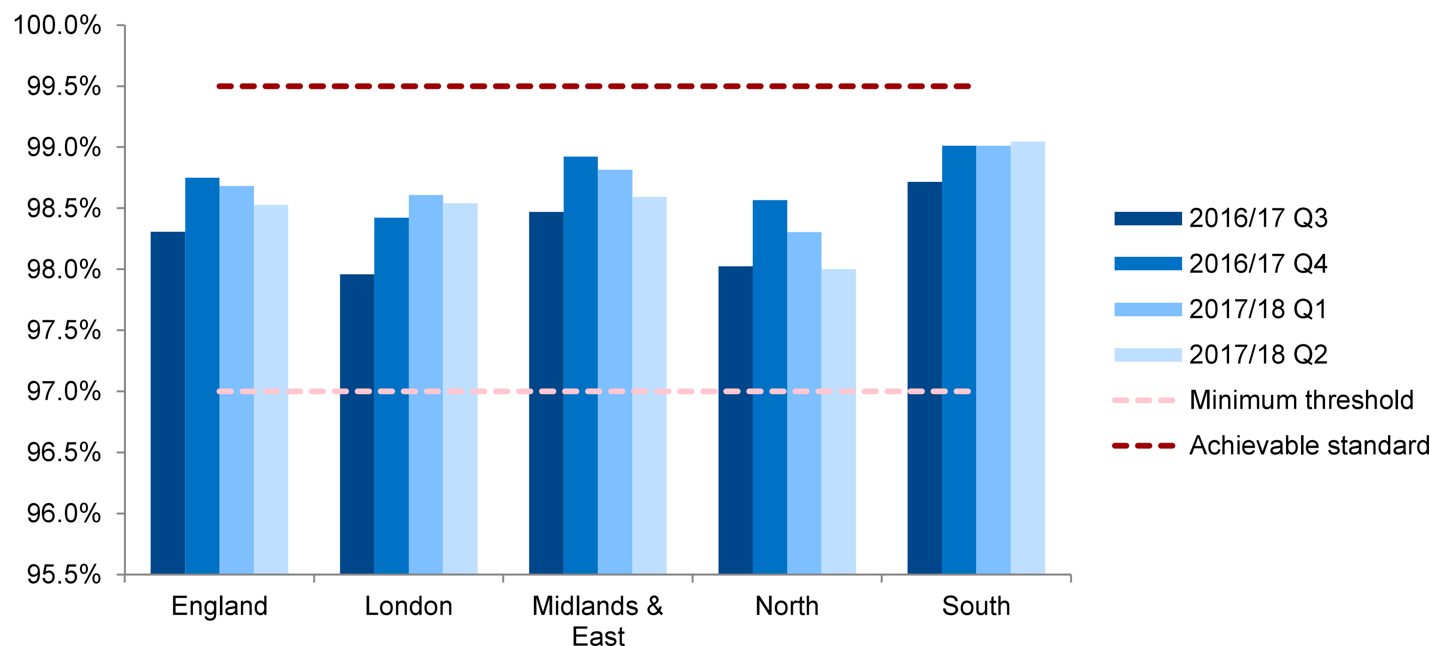
NHS England

NH1: numerators and denominators

	2016/17 Q3		2016/17 Q4		2017/18 Q1		2017/18 Q2	
	Num.	Den.	Num.	Den.	Num.	Den.	Num.	Den.
England	159,465	162,403	153,209	155,276	157,798	160,024	164,190	166,646
London	31,991	32,716	30,727	31,232	32,146	32,620	32,852	33,339
North Central London STP	4,898	5,030	4,645	4,716	4,927	4,993	4,912	4,993
North Central London	4,898	5,030	4,645	4,716	4,927	4,993	4,912	4,993

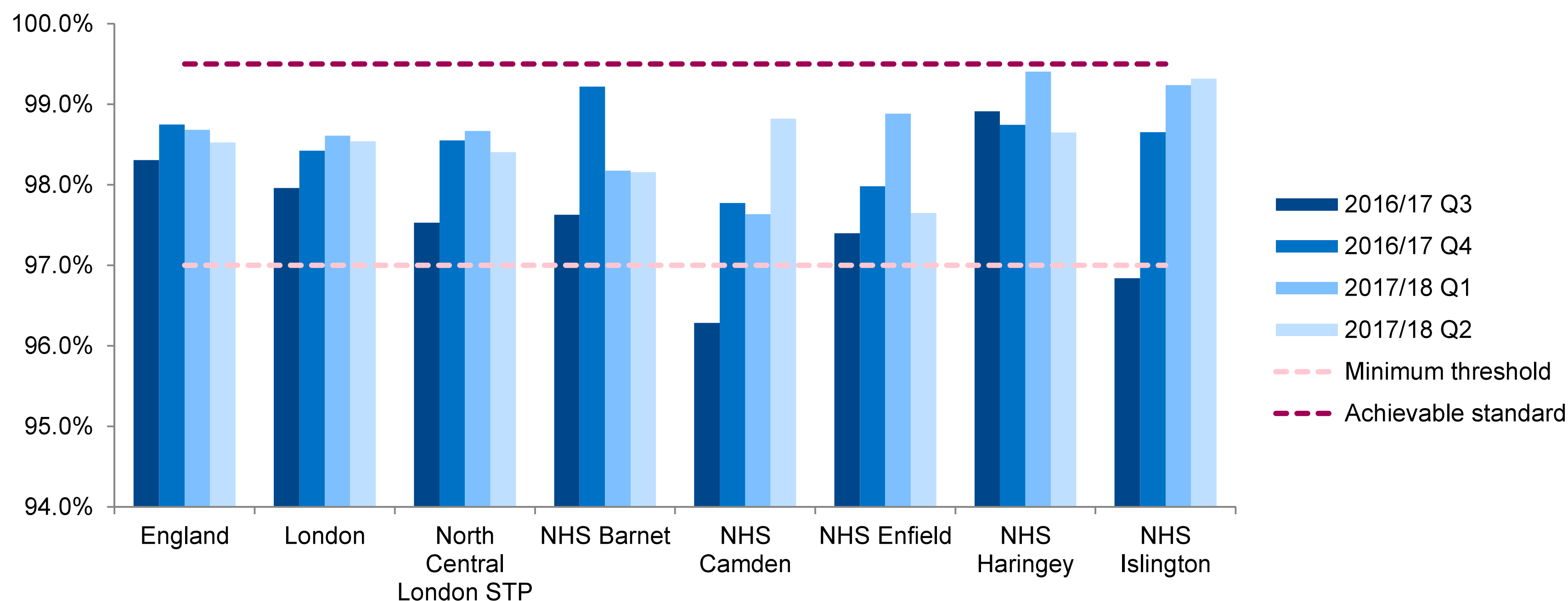
NHS England

NH1 (CCG): Newborn hearing screening – coverage



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	98.3%	98.7%	98.7%	98.5%
London	98.0%	98.4%	98.6%	98.5%
Midlands & East	98.5%	98.9%	98.8%	98.6%
North	98.0%	98.6%	98.3%	98.0%
South	98.7%	99.0%	99.0%	99.0%

NH1 (CCG): Newborn hearing screening – coverage

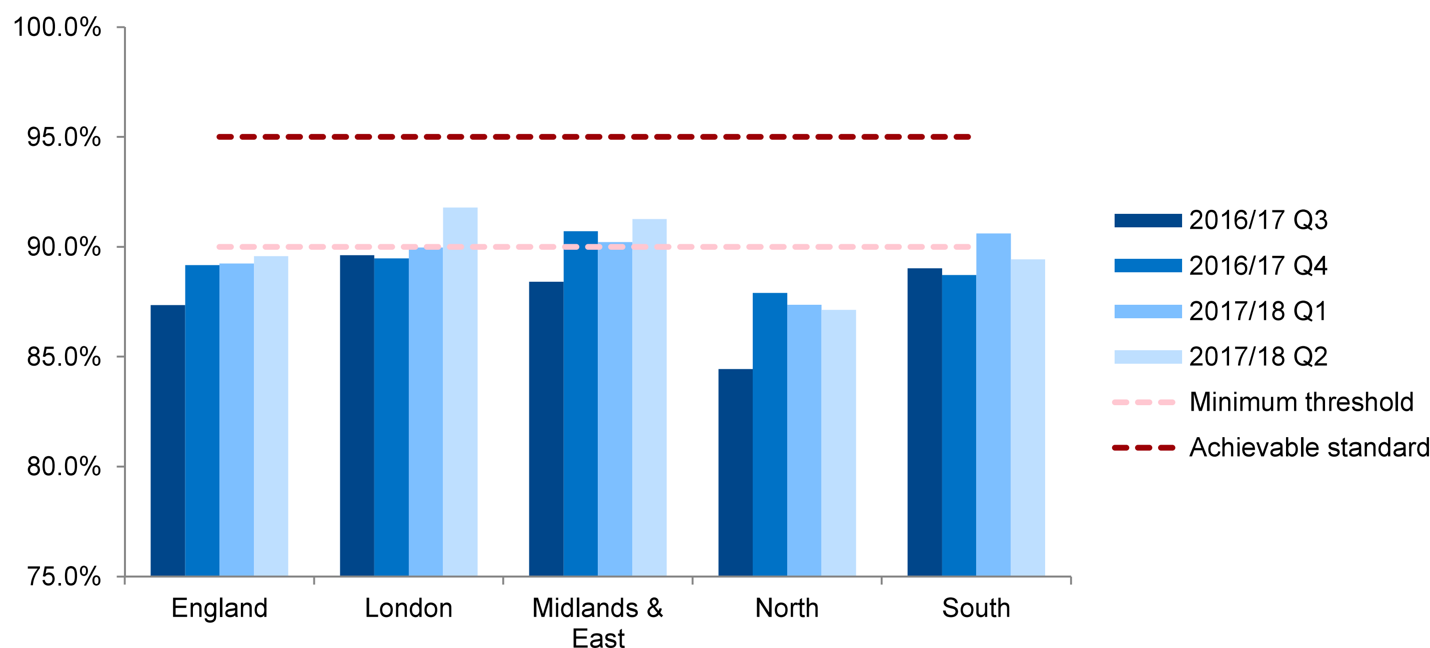


	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	98.3%	98.7%	98.7%	98.5%
London	98.0%	98.4%	98.6%	98.5%
North Central London STP	97.5%	98.5%	98.7%	98.4%
NHS Barnet	97.6%	99.2%	98.2%	98.2%
NHS Camden	96.3%	97.8%	97.6%	98.8%
NHS Enfield	97.4%	98.0%	98.9%	97.7%
NHS Haringey	98.9%	98.7%	99.4%	98.6%
NHS Islington	96.8%	98.7%	99.2%	99.3%

NH1 (CCG): numerators and denominators

	2016/17 Q3		2016/17 Q4		2017/18 Q1		2017/18 Q2	
	Num.	Den.	Num.	Den.	Num.	Den.	Num.	Den.
England	158,670	161,404	152,528	154,461	157,054	159,151	164,190	166,646
London	31,032	31,679	29,803	30,281	31,185	31,625	32,852	33,339
North Central London STP	4,851	4,974	4,619	4,687	4,885	4,951	4,867	4,946
NHS Barnet	1,317	1,349	1,268	1,278	1,344	1,369	1,330	1,355
NHS Camden	648	673	658	673	701	718	669	677
NHS Enfield	1,122	1,152	1,019	1,040	1,061	1,073	1,122	1,149
NHS Haringey	998	1,009	943	955	1,001	1,007	1,021	1,035
NHS Islington	766	791	731	741	778	784	725	730

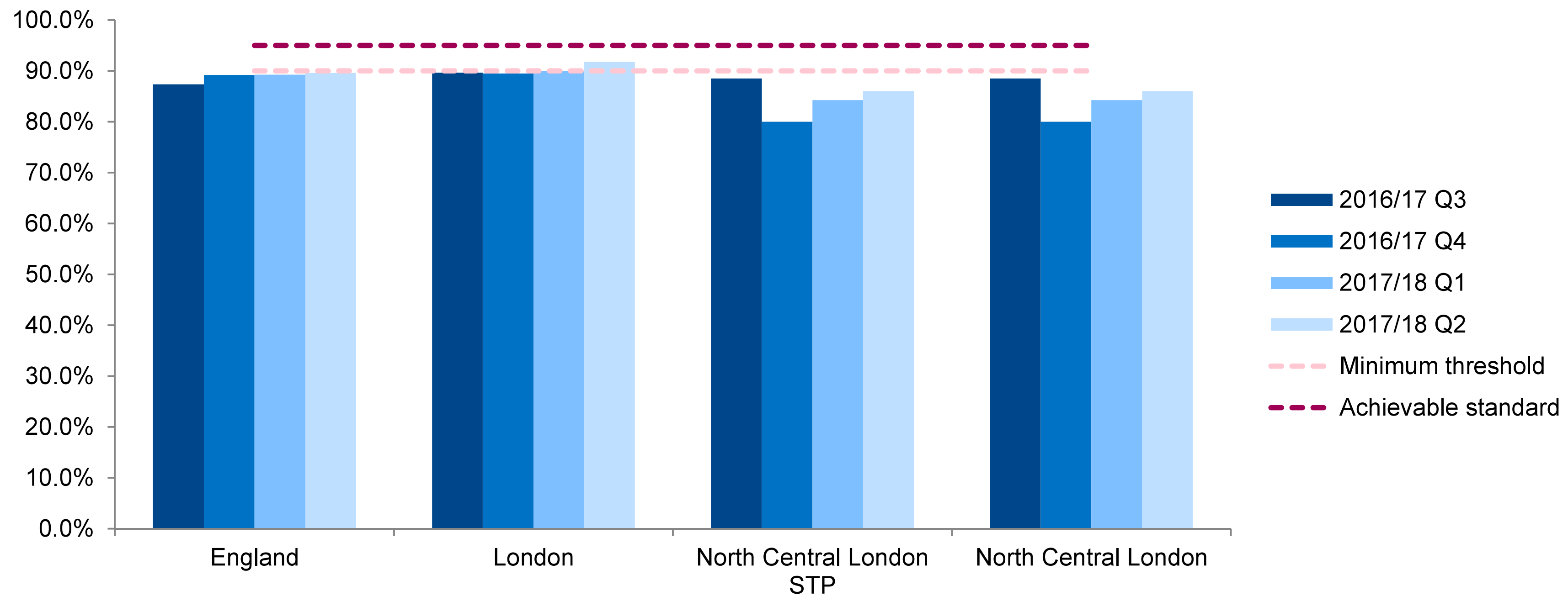
NH2: Newborn hearing – timely assessment for screen referrals



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	87.3%	89.2%	89.2%	89.6%
London	89.6%	89.5%	90.0%	91.8%
Midlands & East	88.4%	90.7%	90.2%	91.3%
North	84.4%	87.9%	87.4%	87.1%
South	89.0%	88.7%	90.6%	89.4%

NHS England

NH2: Newborn hearing – timely assessment for screen referrals



	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2
England	87.3%	89.2%	89.2%	89.6%
London	89.6%	89.5%	90.0%	91.8%
North Central London STP	88.5%	80.0%	84.2%	86.0%
North Central London	88.5%	80.0%	84.2%	86.0%

NH2: numerators and denominators

	2016/17 Q3		2016/17 Q4		2017/18 Q1		2017/18 Q2	
	Num.	Den.	Num.	Den.	Num.	Den.	Num.	Den.
England	3,555	4,070	3,546	3,977	3,474	3,893	3,482	3,887
London	725	809	765	855	727	808	704	767
North Central London STP	154	174	164	205	155	184	154	179
North Central London	154	174	164	205	155	184	154	179

Report to Health and Wellbeing Board on Population Based Adult and Cancer Screening Programmes in Barnet

March 2018

1. Aim

The purpose of this paper is to provide an overview of Section 7a Adult and Cancer Screening programmes in the London Borough of Barnet for 17/18. The paper covers uptake and coverage for each programme along with an account of what NHS England London Region (NHSE) are doing to improve uptake and coverage. Section 7a Adult and Cancer Screening programmes are national screening programmes that are offered to a variety of cohorts depending on the condition for which the population is being screened and are as follows:

1. Abdominal Aortic Aneurysm Screening (Adult)
2. Diabetic Eye Screening (Adult)
3. Bowel Cancer Screening (Cancer)
4. Cervical Cancer Screening (Cancer)
5. Breast Cancer Screening (Cancer)

Members of the Health and Well-Being Board are asked to note and support the work NHSE (London) and its partners such as Public Health England (PHE) and the local authority are doing to increase screening uptake and coverage in Barnet.

2. Headlines for London

London performs better than the rest of the country when measured in terms of performance against national KPIs, indicating that provision of screening services in London is of high quality.

There are challenges across all adult and cancer screening programmes for uptake and coverage. Groups known to have poorer uptake of screening across programmes include but are not limited to: those with learning difficulties, black and minority ethnic groups, prisoners and those from areas of deprivation. London also has the challenge of a more transient population compared to other areas, which further impacts on uptake and coverage.

NHSE is working in partnership with CCGs, Service Providers, Transforming Cancer Services Team, PHE, Cancer Vanguards, the Voluntary Sector and others to improve uptake and coverage for Adult and Cancer Screening programmes.

3. Cancer Screening Programmes

3.1. Bowel Cancer Screening

3.1.1 Overview of Programme

Bowel Cancer Screening is aimed at reducing morbidity and mortality from colorectal cancer in the population. Both men and women are invited to take part in screening every two years between the ages of 60 and 74 years. Those over the age of 74 can self-refer. Members of the eligible population receive invitations through the post along with a test kit, which they are encouraged to use and return to the London Bowel Screening Hub in a prepaid envelope for analysis. Those who test positive are offered further investigations and referred for treatment

if required. In addition a complementary screening test that looks at the large bowel using a flexible sigmoidoscopy is currently being rolled out nationally. This programme aims to identify pre-cancerous polyps that can be removed preventing them from developing into cancer. The test is currently offered as a one off screen for men and women aged 55 but is not yet available to the entire population.

3.1.2 Commissioning and Service Provision

NHSE are responsible for the commissioning of all aspects of the bowel screening programme. This includes the call/recall system, analyses of specimens, assessment of individuals who test positive and diagnostic investigations. The screening pathway ends once an individual is found to have cancer, at which point they move under the care of symptomatic treatment services.

In London, as with the rest of the country, there is a bowel screening administrative hub, which is responsible for call/recall, analyses of specimens and booking of initial assessment appointments across the entire London footprint. The hub is based at St Mark's Hospital, London Northwest Healthcare NHS Trust. Clinical services are distributed throughout the London footprint and are closely aligned to STP areas. University College Hospitals London NHS Foundation Trust (UCLH), which hosts the North Central London Bowel Screening Programme, is commissioned to deliver clinical bowel screening services to the population of Barnet.

Bowel Scope Screening is not yet live for the Barnet population. This aspect of the programme is currently being rolled out in a phase approach with an anticipated completion date for London wide provision by end of 2020/21. Barnet is due to go live this year with an anticipated completion date in November/December 2018. Bowel scope requires participants to self-administer an enema at home prior to their appointment. For this reason services need to be delivered as close to the local population as possible, taking into consideration local transport links. For the Barnet population UCLH currently sub-contracts The Whittington Hospital to provide this service.

3.1.3 Uptake and Coverage in Barnet

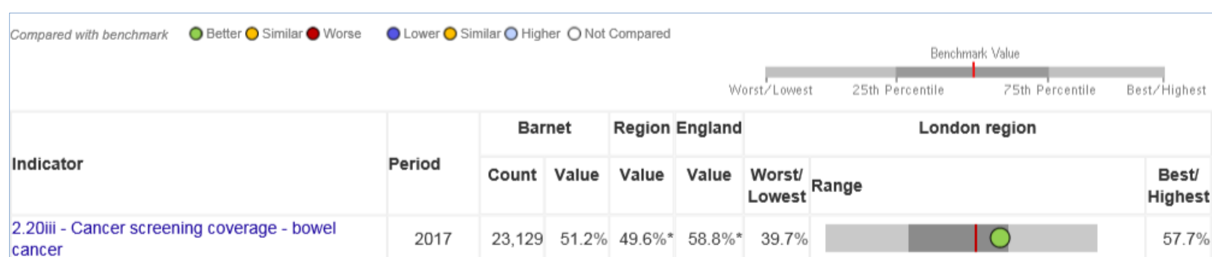
Definitions

Uptake is defined as the percentage of people adequately screened out of those invited for FOBt screening.

Coverage is defined as the percentage of people adequately screened in the last 2.5 years out of those who are eligible for FOBt screening. The national minimum standard is 52% and the national achievable target is 60%.

Barnet performs better than the London average for coverage. Fig 1 demonstrates coverage when compared to the rest of London. Compared to the England average however Barnet performs significantly worse as seen in Fig 2 below.

Figure 1



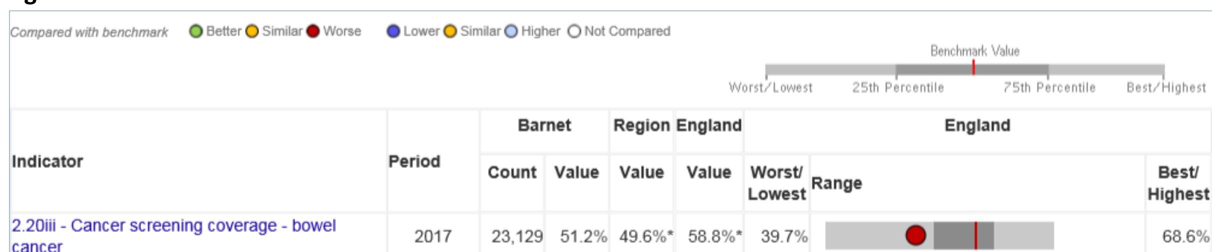
Compared with benchmark: Better, Similar, Worse; Lower, Similar, Higher, Not Compared

Benchmark Value; Worst/Lowest; 25th Percentile; 75th Percentile; Best/Highest

Indicator	Period	Barnet		Region	England	London region		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
2.20iii - Cancer screening coverage - bowel cancer	2017	23,129	51.2%	49.6%*	58.8%*	39.7%		57.7%

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England available at https://fingertips.phe.org.uk/profile/health-profiles

Figure 2



Compared with benchmark: Better, Similar, Worse; Lower, Similar, Higher, Not Compared

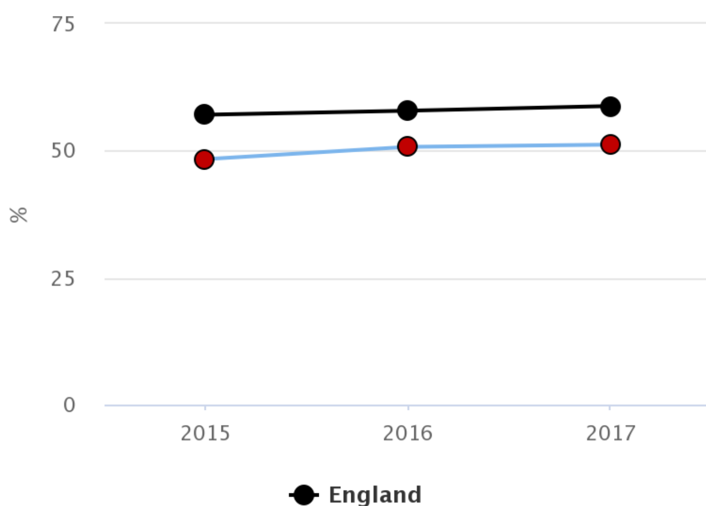
Benchmark Value; Worst/Lowest; 25th Percentile; 75th Percentile; Best/Highest

Indicator	Period	Barnet		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
2.20iii - Cancer screening coverage - bowel cancer	2017	23,129	51.2%	49.6%*	58.8%*	39.7%		68.6%

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England available at https://fingertips.phe.org.uk/profile/health-profiles

Trends in coverage within the Barnet population have remained consistent over the period 2015 – 2017, in line with the rest of the county. See figure 3.

Figure 3



Source: Health and Social Care Information Centre (Open Exeter)/Public Health England available at https://fingertips.phe.org.uk/profile/health-profiles

3.1.4 Initiatives to tackle low uptake and coverage

National initiatives

In June 2016 a ministerial announcement advised that the current primary bowel screening test, gFOBt (guaiac faecal occult blood test) would be replaced by a more reliable test; FIT (Faecal Immunochemical Test). The benefits of FIT are as follows:

- It can be measured more reliably by machine than by the human eye
- It is sensitive to a much smaller amount of blood and can detect cancers more reliably and at an earlier stage depending on the chosen threshold
- it needs just one tiny faecal sample from a single bowel motion compared to 2 samples from 3 different motions for gFOBt
- it is more acceptable to people invited for screening, which increases uptake

Trial data also demonstrated the greatest increase was noted in those groups who were previously less likely to participate. It is anticipated that an increase of around 10% will be seen in uptake for the bowel cancer screening programme although this will vary across regions and boroughs. Barnet is likely to exceed the current national uptake target of 52% following the implementation of FIT.

Regional Initiatives

NHSE has worked across the system with partners including the CCGs, Cancer Research UK, Public Health England (PHE), the Cancer Vanguards and Transforming Cancer Services Team (TCST) to implement evidence based initiatives to improve uptake. These have included GP endorsement on all invitation letters and reminder letters along with the development of good practice guidance for all cancer screening programmes. [1]

3.1.5 Priorities for Barnet

- Increase uptake and coverage within the current gFOBt programme
- Roll out bowel scope to the entire eligible population within Barnet
- Implementation of FIT across the London programme in line with the national specification
- Ensure adequate endoscopy capacity is available within North Central London to absorb the impact of increased activity following implementation of FIT

3.2 Breast Cancer Screening

3.2.1 Overview of programme

The breast screening programme is aimed at reducing morbidity and mortality from breast cancer in the population. All women between the ages of 50-70 years are invited to take part in screening every three years. Age extension has also been rolled out in Barnet meaning women are invited aged 47-49 years and 71-73 years, this is part of a study to consider whether the breast screening age should be extended.

Members of the eligible population receive an invite in the post with a timed appointment to attend the local breast screening unit to have mammography; results of the test are issued within two weeks. The majority of results will be normal (96 of every 100) with no

[1] NHSE, TCST, PHE Good practice screening guide: breast, cervical and bowel available at https://www.healthylondon.org/resource/good-practice-screening-guide-breast-cervical-bowel/

abnormalities detected. Four out of every 100 women will be asked to attend an assessment clinic, with just under half of these undergoing a needle biopsy to confirm whether they have cancer or not. Once a diagnosis of cancer is confirmed, women exit the screening programme and are managed under symptomatic treatment services.

3.2.2 Commissioning and Service provision

NHSE are responsible for commissioning all aspects of the breast screening programme. This includes the call/recall system, mammography, assessment of individuals and further diagnostic investigations. NHSE commissions the Royal Free NHS Foundation Trust to provide call/recall for London along with other administrative functions of the service. Clinical services are distributed throughout the London footprint and are closely aligned to STP areas. The North London Breast Screening Service at the Royal Free NHS Foundation Trust provides screening for women resident within Barnet.

3.2.3 Uptake and Coverage in Barnet

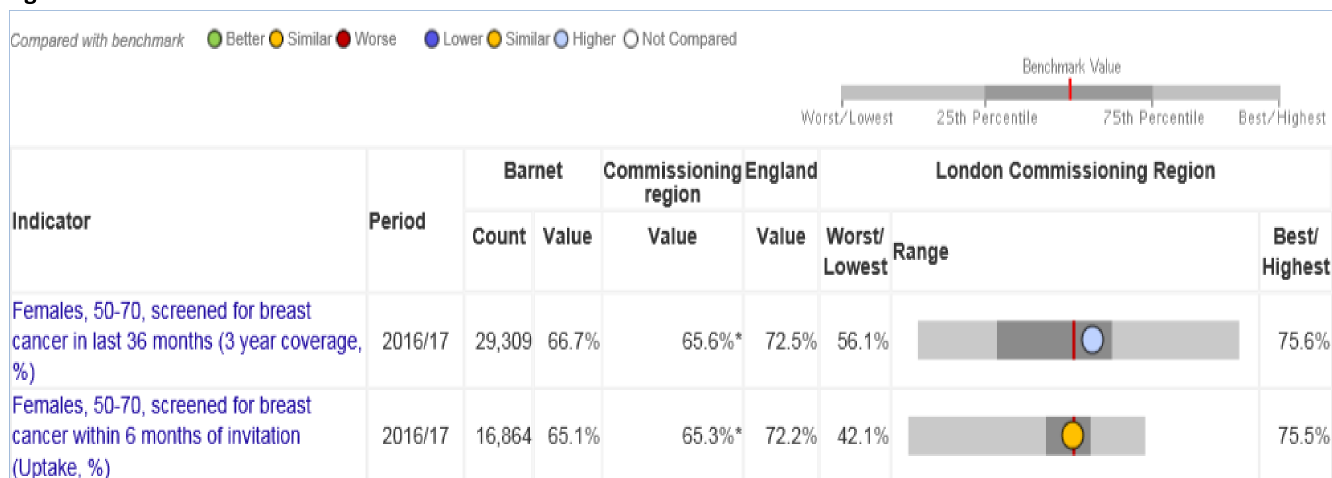
Definitions

Uptake is defined as the percentage of women adequately screened within 6 months of invitation.

Coverage is defined as the percentage of eligible women aged 50 – 70 years screened in the last 36 months. The national minimum target for breast screening is that 70% of women will have been screened within the previous 3 years. The achievable standard is 80%.

Coverage in Barnet was higher than the London average for 2016/2017. See Figure 4. Uptake for the same period was similar compared to London. However compared to the national average Barnet performed worse for both uptake and coverage. See Figure 5

Figure 4



Compared with benchmark Better Similar Worse Lower Similar Higher Not Compared

Benchmark Value — Worst/Lowest, 25th Percentile, 75th Percentile, Best/Highest

Indicator	Period	Barnet		Commissioning region	England	London Commissioning Region		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	2016/17	29,309	66.7%	65.6%*	72.5%	56.1%		75.6%
Females, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	2016/17	16,864	65.1%	65.3%*	72.2%	42.1%		75.5%

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England available at ***https://fingertips.phe.org.uk/profile/health-profiles***

Figure 5

Compared with benchmark ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not Compared

Benchmark Value: Worst/Lowest | 25th Percentile | 75th Percentile | Best/Highest

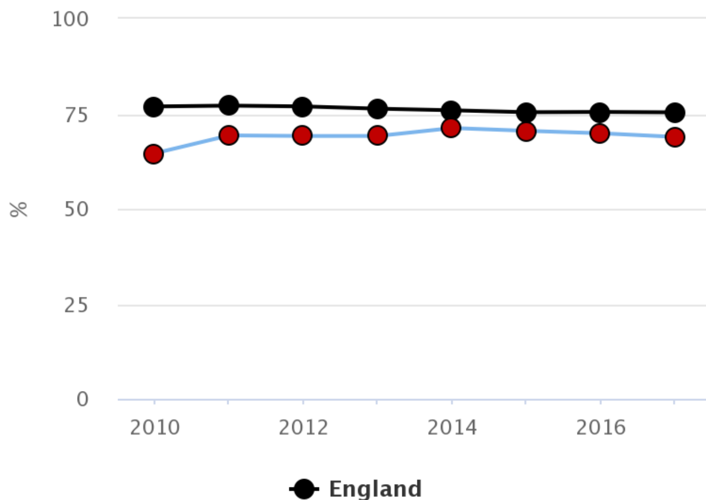
Indicator	Period	Barnet		Commissioning region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	2016/17	29,309	66.7%	65.6%*	72.5%	56.1%		82.5%
Females, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	2016/17	16,864	65.1%	65.3%*	72.2%	42.1%		82.1%

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England available at ***https://fingertips.phe.org.uk/profile/health-profiles***

Figure 6 demonstrates that coverage for the population of Barnet increased in 2010/11 and has remained consistent since, in line with the national trend.

Figure 6

2.20i – Cancer screening coverage – breast cancer – Barnet



Source: Health and Social Care Information Centre (Open Exeter)/Public Health England available at ***https://fingertips.phe.org.uk/profile/health-profiles***

3.2.4 Initiatives to tackle low uptake and coverage

Regional

The administrative hub is commissioned to send pre-invitation letters to all women due to be invited for breast screening appointments along with two SMS text messages, at 7 days and 2 days prior to the appointment.

The hub is currently developing a Health Promotion and Communications strategy for London which will include communication with CCGs and Primary Care prior to the start of a screening round and feedback of results following completion of the round

Local

The clinical team from the North London Breast Screening Service will visit practices on request to update staff on the NHS Breast Cancer Screening Programme.

Work to develop a new static screening unit at Finchley Memorial will be completed by 31st May 2018; the breast screening service will continue to site a mobile van at Finchley until the site is fully operational to ensure a seamless hand over from mobile to static unit. NLBSS will continue to utilise mobile screening vans across the North London area in areas such as Barnet, where it is harder for clients to use a fixed site across a large geographical area.

3.2.5 Priorities

To work with Barnet CCG and the NCL Strategic Transformation Partnership to increase coverage to above the minimum national target.

3.3 Cervical Screening

3.3.1 Overview of programme

The aim of the NHS Cervical Screening Programme (NHSCSP) is to reduce the incidence of and mortality from, cervical cancer through a systematic, quality assured population-based screening programme for eligible women.

A woman's first invitation for routine screening is sent out six months before her 25th birthday, i.e. at the age of 24 and a half. This ensures that the woman can be screened by her 25th birthday. Subsequent invitations to screening must be sent around six weeks before the woman's test due date:

- women aged from 24 and a half to 49 should receive a routine invitation 34.5months after a previous test
- women aged 50 to 64 should receive a routine invitation 58.5 months after a previous test

3.3.2 Commissioning and Service provision

Under the terms of the tripartite agreement, NHSE has the mandated responsibility for the commissioning of the cervical screening pathway; however contracting of services is complex:

- Sample taking in Primary Care (GP practice) is contracted by the Primary Care Commissioning team;

- Limited sample taking in Contraceptive and Sexual Health services has been commissioned by NHSEL as part of a short term (six month) contract designed to increase uptake of the cervical screening programme;
- Cytology services commissioned by NHSEL in line with Section 7a service specifications;
- HPV triage is commissioned from Bart's Health through a cost & volume contract by NHSEL
- Colposcopy services are contracted as part of trust block contracts by CCGs in line with Section 7a service specifications

For Barnet, cytology services are provided by the laboratory at Chase Farm Hospital and colposcopy services are provided by both Barnet and Chase Farm Hospitals

It is anticipated that the laboratory at Chase Farm Hospital will move in to the Health Service Laboratory as of 1st April 2018 to maintain compliance with the required 35,000 samples per year.

3.3.3. Implementation of Primary HPV testing

In July 2016, Jane Ellison, Public Health Minister, announced plans for the implementation of Primary HPV Screening in the NHS cervical screening programme (NHSCSP) by December 2019. The process of cervical screening is to be changed to allow women to benefit from more accurate tests. After a successful pilot programme and a recommendation by the UK National Screening Committee (UKNSC), screening samples will be tested for human papilloma virus (HPV) first. The majority (99.7%) of cervical cancers are caused by persistent HPV infection, which causes changes to the cervical cells. If HPV is found it is a useful guide as to whether abnormal cells are present. Women can then be monitored more closely and any developing abnormal cells found sooner. If no HPV is present the test also minimises over-treatment and anxiety for women.

Introduction of primary HPV screening will reduce cytology workload by an estimated 85% reducing the number of NHSCSP tests carried out in London from 594,436 (2016/17) to approximately 90,000, while increasing colposcopy workloads by between 40 and 60% based on evaluation from the current pilot sites. An options appraisal carried out by PHE has indicated that, across England there will be 13 laboratories. In London this will equate to either 1 or 2 laboratories instead of the current 10.

Procurement of HPV will be in two phases:

- Stage 1: National Procurement - delivery of a national framework, from development of service specifications, market engagement to identification of approved providers through completion of PQQ;
- Stage 2: Regional procurement (commissioning) of laboratory services

Primary HPV screening will be implemented by December 2019 with full roll-out by April 2020

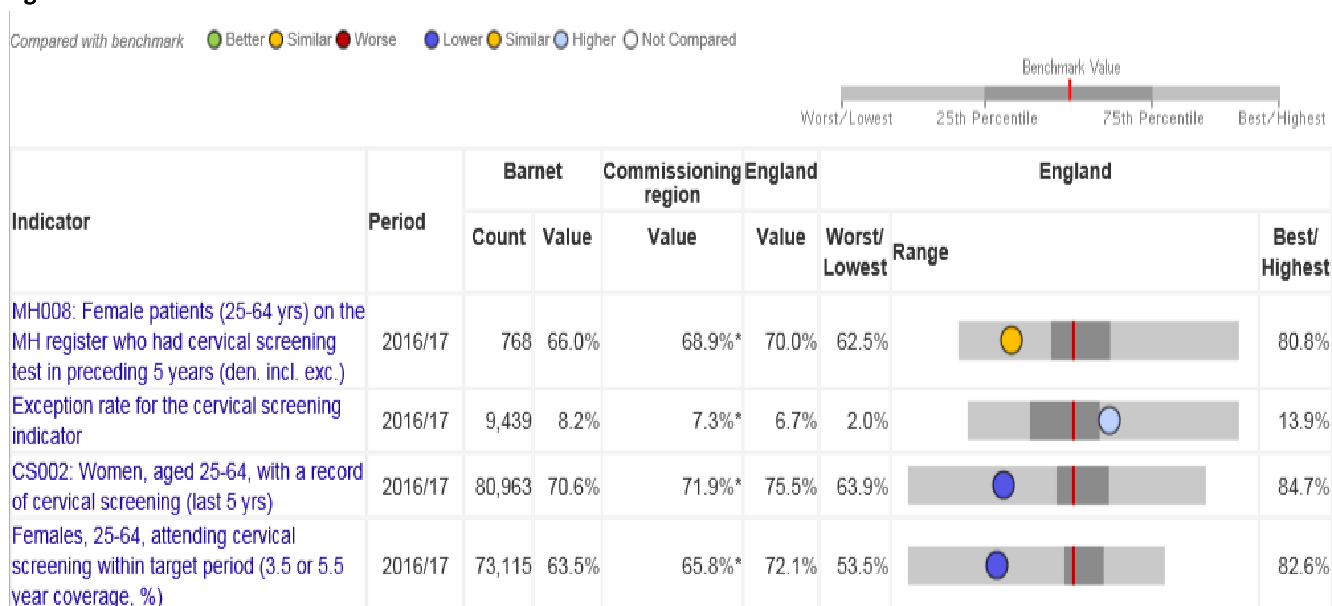
3.3.3 Coverage
Definition

Coverage is defined as the percentage of eligible women adequately screened within 3.5years for 25-49 year olds and 5.5years for those aged 50-64 year olds

The national target for cervical screening coverage is 80%.

Row 4 in Figure 7 below demonstrates coverage in Barnet was lower when compared to the national average for 2016/17. Row 2 refers to women who have been offered but failed to attend 3 consecutive appointments and who have subsequently been removed from the denominator of women eligible for cervical screening within that practice population. This practise improves coverage rates for GP Practices even though a number of eligible women did not attend screening. Those women who are on the mental health register are known to have much poorer rates of attendance for all screening programmes and are represented in the first row of the table below. The rate for of attendance for this group is similar in Barnet to the rest of England. Figure 8 shows the comparison between coverage in Barnet and London for the same year: coverage in Barnet was slightly lower than the London average of 65.8%

Figure 7



Compared with benchmark: Better / Similar / Worse; Lower / Similar / Higher / Not Compared

Benchmark Value — Worst/Lowest, 25th Percentile, 75th Percentile, Best/Highest

Indicator	Period	Barnet		Commissioning region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
MH008: Female patients (25-64 yrs) on the MH register who had cervical screening test in preceding 5 years (den. incl. exc.)	2016/17	768	66.0%	68.9%*	70.0%	62.5%		80.8%
Exception rate for the cervical screening indicator	2016/17	9,439	8.2%	7.3%*	6.7%	2.0%		13.9%
CS002: Women, aged 25-64, with a record of cervical screening (last 5 yrs)	2016/17	80,963	70.6%	71.9%*	75.5%	63.9%		84.7%
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	2016/17	73,115	63.5%	65.8%*	72.1%	53.5%		82.6%

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England available at ***https://fingertips.phe.org.uk/profile/health-profiles***

Figure 8

Appendix 2

Compared with benchmark ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not Compared

Benchmark Value — Worst/Lowest, 25th Percentile, 75th Percentile, Best/Highest

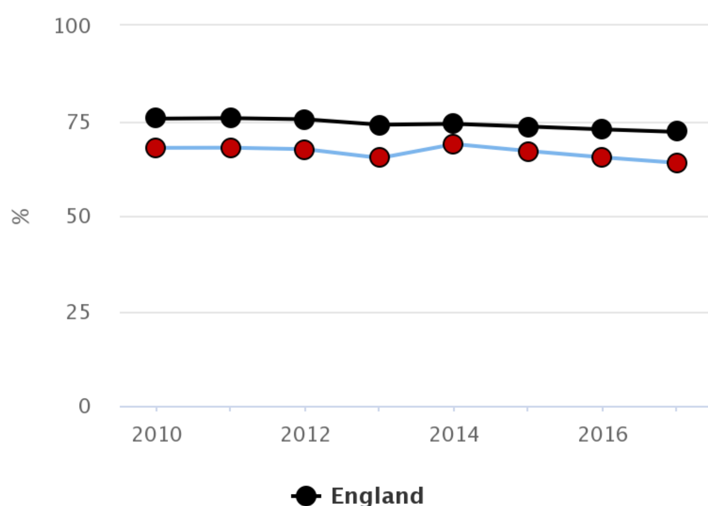
Indicator	Period	Barnet		Commissioning region	England	London Commissioning Region		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
MH008: Female patients (25-64 yrs) on the MH register who had cervical screening test in preceding 5 years (den. incl. exc.)	2016/17	768	66.0%	68.9%*	70.0%	62.5%		72.9%
Exception rate for the cervical screening indicator	2016/17	9,439	8.2%	7.3%*	6.7%	4.1%		11.0%
CS002: Women, aged 25-64, with a record of cervical screening (last 5 yrs)	2016/17	80,963	70.6%	71.9%*	75.5%	63.9%		77.6%
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	2016/17	73,115	63.5%	65.8%*	72.1%	53.5%		75.0%

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England available at ***https://fingertips.phe.org.uk/profile/health-profiles***

Coverage in Barnet has consistently fallen below the London and national averages since 2010 as shown in figure 9. Coverage is significantly lower in women aged 25-49 years than in eligible women aged 50-64 years.

Figure 9

2.20ii – Cancer screening coverage – cervical cancer – Barnet



Source: Health and Social Care Information Centre (Open Exeter)/Public Health England available at ***https://fingertips.phe.org.uk/profile/health-profiles***

Cervical screening coverage in women aged 25 – 64 varies between practices from 42.6% to 77.8%; there are no practices achieving the national target. In women aged 25 – 49, coverage is lower and varies between 41.2% and 73.8%, whilst in women aged 50 – 64 years the range is 46.8% and 82.3%. A breakdown of coverage by GP practice is shown in Appendix 1

3.3.4 Initiatives to tackle low uptake and coverage
National
PHE has conducted a number of Public Health Matters webinars and has produced a blog relating to improving cervical screening coverage and reducing inequalities. This information is available at:

https://publichealthmatters.blog.gov.uk/2017/09/20/health-matters-your-questions-on-cervical-screening/

Regional
NHSE London is working to commission Sexual and Reproductive Health providers to offer opportunistic screening for women with an unclear, unknown or overdue screening history as well as hard to reach women such as sex workers and asylum seekers or women on short recall following discharge from Colposcopy services that have not been screened within the recommended period. The contract will also include routine screening for HIV positive women, transgender men, victims of sexual assault and women who have been subjected to female genital mutilation. This will help to reduce inequalities in uptake and improve access to screening.

NHSE is also working to deliver a SMS text message reminder service for all women invited for screening from April 2018, with the anticipation that this will increase coverage by 6%.

Additionally we are reviewing the feasibility of using a MyGP app to facilitate the booking of cervical screening appointments on-line at a more convenient time. We are also working with GP federations to deliver cervical screening services to increase access and choice for women.

Local
NHSE is working with Jo's Cervical Cancer Trust to design campaigns targeting women aged 25-49 years in eight boroughs with the lowest coverage; this will include Barnet.

3.3.5 Priorities
To increase coverage of women in eligible population, screening eligible women aged 25-49 every three years and women aged 50-64 every 5 years, with particular regard to those aged 25 - 35.

To work with local authorities and third sector organisations to understand and develop plans to increase uptake amongst vulnerable and hard-to-reach groups within the eligible population.

To tailor an awareness raising campaign for the population of Barnet

3.4 Abdominal Aortic Aneurysm Screening (AAA)

3.4.1 Overview of programme

The NHS abdominal aortic aneurysm (AAA) screening programme is available for all men aged 65 and over in England. The programme aims to reduce AAA related mortality among men aged 65 to 74. Research shows that offering men ultrasound screening in their 65th year should reduce the rate of premature death from ruptured AAA by up to 50 per cent.

A simple ultrasound test is performed to detect AAA. The scan itself is quick, painless and non-invasive and the results are provided straight away. A result letter is also sent to all patients' GPs

3.4.2 Commissioning and Service provision

NHS England (London) commission the provision of an end-to-end screening service for the eligible population of the national AAA screening programme. In London, this currently comprises of five Provider organisations delivering to an eligible population of approximately 35,000 men per year. For the population of Barnet, screening services are provided by the NCL AAA hosted by The Royal Free Hospital.

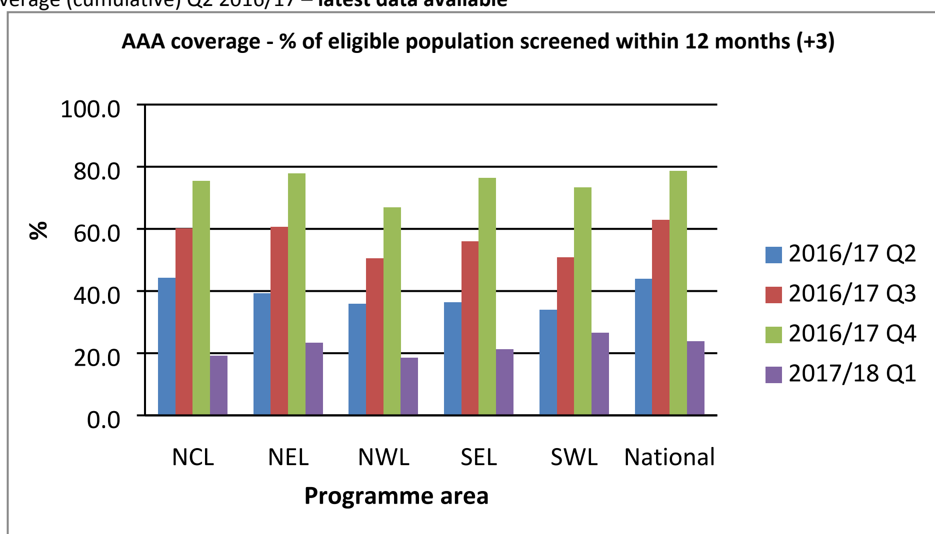
Providers are paid a block contract, negotiated annually. The contract is for delivery of the national service specification, which includes four KPIs and a number of screening pathway standards. Assurance is received through quarterly multi-disciplinary Programme Performance Boards that are facilitated and chaired by the commissioning team.

Treatment centres and pathways (symptomatic services) are commissioned by CCGs.

3.4.3 Uptake and Coverage

Coverage is defined as the proportion of eligible men, offered an appointment during the screening year and that have an outcome as attended and screened. Unlike other screening programmes that operate a call/recall cycle, for the vast majority of men AAA screening is a one off test. As such, uptake and coverage can only be reported as a cumulative figure throughout the financial year.

Figure 10: Coverage (cumulative) Q2 2016/17 – **latest data available**



Three of five London AAASPs achieved the acceptable performance threshold of 75% at the end of the 2016/17 screening year.

At the end of 2016/17, the uptake for AAA screening across NCL met the national acceptable standard of 75%. There were no performance issues across the sector or within Barnet.

Across all London AAASPs, there is compliance with trajectory targets to the end of Q1 2017/18, according to locally provided data.

3.4.4 Coverage – Surveillance:
Men who have been diagnosed with an enlarged aorta at their initial screening appointment are entered into a surveillance programme. There are two different surveillance programmes:

- Annual surveillance, for men diagnosed with an aorta sized between 3cm to 4.4cm
- Quarterly surveillance, for men diagnosed with an aorta sized between 4.5cm to 5.4cm

Figures 11 and 12 show achievement against this target, respectively:

Figure 11: KPI AAA3 – Annual surveillance

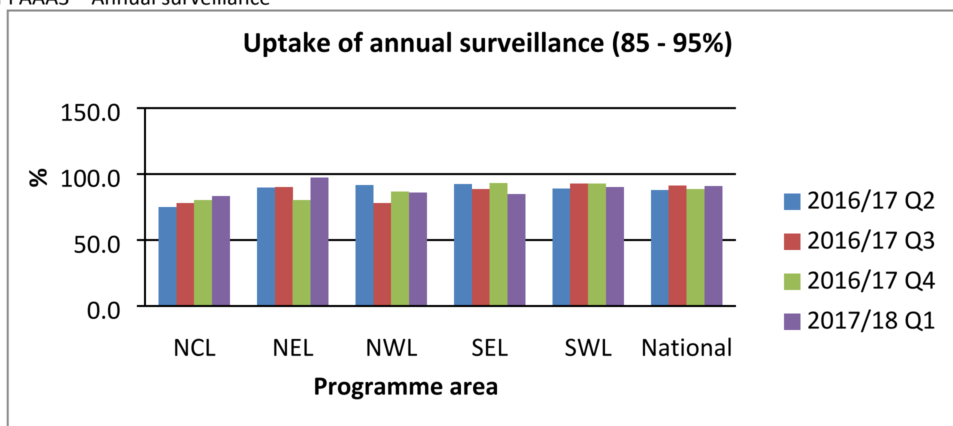
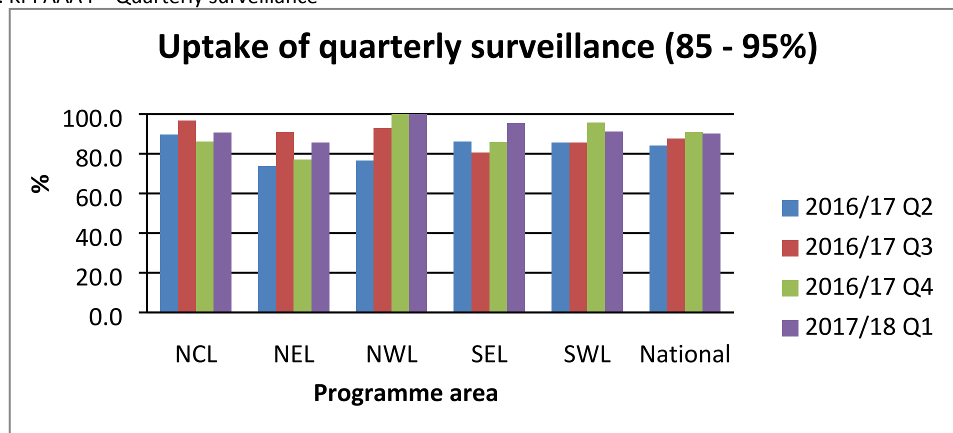


Figure 12: KPI AAA4 – Quarterly surveillance



The numbers of men in the AAA surveillance pathway are small. Services track the attendance of each man and where they are reported to the commissioner as not attending (when invited), an exception report is provided.

The primary reason men do not attend a surveillance appointment is because of choice. Men are offered an appointment and a second following non-attendance. To support attendance a member of the AAA administration team will call. Where this is not successful, a call will often be made by the vascular nurse specialist or the vascular surgeon, to encourage attendance. Following each non-attendance, the GP is notified. Following the final invitation and where the patient continues not to attend, the GP is informed and encouraged to discuss the importance of attending their appointments when invited.

Additionally, due to the small surveillance group in NCL, men have historically been invited to attend an appointment earlier than their planned 12 month interval, to support training and development of new staff. This may result in the patient not requiring an appointment at the 12 month planned interval and result in an inflated denominator in the AAA IT system.

3.4.5 AAA Procurement and the future provision of AAA screening in Barnet and North London

NHS England (London) has completed a procurement process that aimed to remodel service provision across London. The procurement was driven by:

- A requirement to test the Provider market – NHS England (London) are aware that the Provider market capable to deliver screening Programmes is greater than those currently contracted to do so. As such, the commissioning authority must periodically test that market to ensure the best value is achieved, both in terms of patient outcomes and financial efficiency.
- Risk management - Over 70% of formally reported risks, issues and screening incidents had an identified root cause of lack of capacity in the Provider workforce. Prior to procurement, the programme sizes were small and as such, Provider organisations had delivery teams that reflected the scale of task. This repeatedly posed challenges to service continuity when staff sickness and loss of staff occurred. Increasing the scope of the programme, through larger geographies, would require a larger workforce, delivering greater resilience to the risk of staff loss.
- Financial equity - When NHS England (London) inherited responsibility for the commissioning of AAA services in London, they inherited a legacy of significant funding inequity. The cost per population screened varied from approximately £25 per screen to £70 per screen, depending on which part of London you were operating in. This is unfair and unsustainable.
- The payment model - Previous block contracts did not support Providers financially to invest in capacity that would support continual improvement in uptake performance.

The procurement process concluded in December and resulted in InHealth being identified as the preferred Provider for the North London Programme.

The new North London service will begin delivery on the 1st April 2018.

3.5 Diabetic Eye Screening (DES)

3.5.1 Overview of programme

Diabetic eye screening is important as it helps to prevent sight loss. Screening can detect the condition early before changes to vision are experienced and referral to ophthalmology can

be made to ensure timely treatment is received. Untreated diabetic retinopathy is one of the most common causes of sight loss. When the condition is caught early, treatment is effective at reducing or preventing damage to sight.

3.5.2 Commissioning and Service provision

NHS England (London) commission the provision of an end-to-end screening service for the eligible population of the national DESP. In London, this currently comprises of five Provider organisations delivering to an eligible population of approximately 500,000 patients per year. In Barnet the DESP is delivered by The North Middlesex Hospital.

Providers are paid a standard tariff and have a 5 year contract with an option to extend for a further 2 years. The contract is for delivery of the national service specification, which includes three national KPIs and a number of screening pathway standards. Assurance is received through quarterly multi-disciplinary Programme Performance Boards that are facilitated and chaired by the commissioning team.

Treatment centres and pathways are commissioned by CCGs.

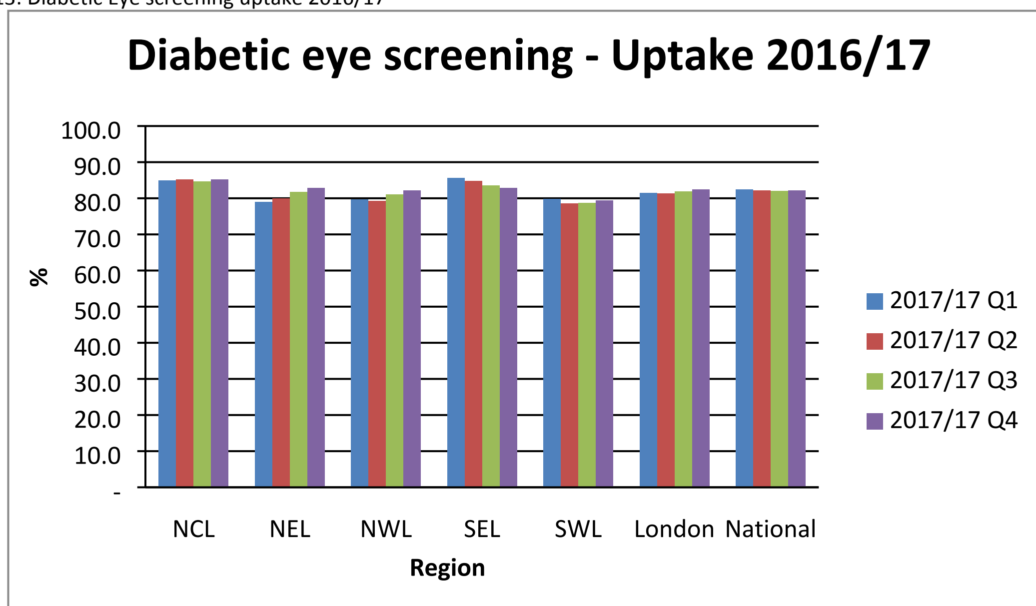
3.5.3 Uptake and Coverage

There is no KPI data available for all diabetic eye screening programmes nationally for Q1/Q2 2017/18. In April NDESP launched new pathway standards, despite screening programme management software being unable to report against the new KPIs and pathway standards.

Commissioners continue to hold Programme Boards and review available data produced locally and are assured performance remains stable.

Figure 13 shows KPI performance for the four quarters of the screening year 2016/17.

Figure 13: Diabetic Eye screening uptake 2016/17



London region has surpassed the National performance reported at the end of 16/17 for uptake. The North Central London programme is the highest performing service in London in terms of uptake (85.2%).Locally reported data at the end of Q2 2018/18 (un-validated so

should be treated sensitively) shows Barnet and Enfield have the highest uptake in the NCL patch, currently with 85.8% and 85.9% respectively.

Additionally, London region is achieving national standards and performing better than other regions against the other two KPIs (issuing of results letters and referral to consultation).

3.5.4 Priorities

All London DESPs are working to deliver an enhanced surveillance service that can support community management of people identified with low risk retinopathy through routine digital screening.

Diabetes Eye Screening Programmes are required to refer patients who are graded ‘M1’ (diabetic maculopathy), ‘R2’ (pre-proliferative retinopathy) or ‘R3’ (proliferative retinopathy) to a Hospital Eye Service (HES).) About 5% of screened patients are graded in one of these referable categories.

Of those referrals, the majority of patients have diabetic maculopathy (M1) (between 70-80% of total referrals). Many of those patients do not need any intervention in the HES other than regular review with an optical coherence tomographic (OCT) examination.

In various regions of the UK some hospital eye services and some diabetes eye screening programmes have already set up, special OCT clinics to monitor M1 patients. These OCT clinics are not part of the NHS DESP pathway and are therefore not funded by NHS England.

Screening commissioners and DES service providers are currently negotiating the funding of this enhanced surveillance pathway with CCG commissioners across London. If full roll out is achieved, the initiative will prevent approximately 10,000 referrals per year being made to hospital eye services, at a saving of between 40% and 50% to that currently incurred by commissioners across the system. The NCL programme have a clear strategy for implementation and it is anticipated roll out will begin in Q1/Q2 of 2018/19

AGENDA ITEM 7

	Health and Wellbeing Board 8th March 2018
Title	**Update report on progress of Barnet Children's Services Improvement Action Plan**
Report of	Chairman of the Committee, Councillor Reuben Thompstone
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	**Appendix 1: Ofsted Monitoring visit letter** **Appendix 2: Improvement plan data dashboard (to follow)**
Officer Contact Details	Chris Munday Strategic Director for Children and Young People Chris.Munday@barnet.gov.uk

Summary

The Health and Wellbeing Board at its meeting on 14 September 2017 agreed to receive the update report on the Ofsted Improvement Action Plan. This report presents the information that will be considered by the Children, Education, Libraries and Safeguarding Committee on 7th March 2018.

Children's services in Barnet were judged by Ofsted to be inadequate when Ofsted undertook a Single Inspection Framework (SIF) during April and May 2017. The Council fully accepted the findings of the report and is working collectively with the partnership to drive the improvements needed to transform social care services for children, young people and their families from inadequate to good rapidly. In response to the recommendations and areas for improvement identified by Ofsted, the Barnet Children Services Improvement Action Plan was developed and a final version presented to Committee in November 2017.

In January 2018, Ofsted conducted the second monitoring visit of Children's Services, which focussed on the 'front door' arrangements in the Multi-Agency Safeguarding Hub (MASH), the Duty & Assessment Teams and Intervention and Planning Teams. The update on Barnet Children's Services Improvement Action Plan includes reference to this monitoring visit. The Monitoring Visit feedback letter has been included in Appendix 1.

This report provides an update on progress of Barnet Children's Services Improvement Action Plan to ensure scrutiny by elected members in improving the effectiveness of the local authority in protecting and caring for children and young people as a corporate parent. This is the fourth update report to be received by Committee and the reporting period for progress is January and February 2018. The update on progress is structured according to the seven improvement themes in the action plan, and the improvement plan data dashboard has been included in Appendix 2.

Recommendations
1. That the Board notes the progress of the Barnet Children's Services Improvement Action Plan as set out in paragraphs 1.4 to 1.50.
2. That the Board notes details of Ofsted's monitoring visit set out in paragraphs 1.11 to 1.19 and the monitoring visit feedback letter received from Ofsted attached in Appendix 1.
3. That the Board notes the performance information provided in paragraphs 1.51 to 1.61 and Barnet Children's Services Improvement Plan Data Dashboard attached in Appendix 2.

1.1 Children's services in Barnet were judged by Ofsted to be inadequate when Ofsted undertook a Single Inspection Framework (SIF) of these services in April and May 2017.

1.2 The Council fully accepted the findings of the report and is working collectively with the partnership to drive the improvements needed to transform social care services for children, young people and their families from inadequate to good rapidly.

1.3 To enhance scrutiny by elected members to support and challenge this continuous improvement, it was agreed at Children, Education, Libraries and Safeguarding (CELS) Committee in July that an update on the progress of implementing improvements will be a standing item on committee agendas. This is to ensure the local authority is effective in protecting children in need and caring for children and young people as a corporate parent.

Barnet Children's Services Improvement Action Plan

1.4 In July 2017 CELS Committee was presented with the recommendations and areas for improvement highlighted by Ofsted along with a draft Improvement Action Plan developed in response to these, which Committee approved for consultation. Committee also delegated authorisation to complete and submit the plan to the Strategic Director for Children and Young People in consultation with the Chief Executive and Lead Member.

1.5 The action plan was finalised as *Barnet Children's Services Improvement Action Plan* and submitted to Ofsted and the Department for Education. The Strategic Director received confirmation from Ofsted on 31 October that *"the plan satisfactorily reflects the recommendations and priorities of the inspection report".*

1.6 The action plan sets out the improvement journey and gives focus to transform services, especially social care, from inadequate to good rapidly. The action plan is in line with the three core strategic objectives that cut across all our plans for children, young people and families and underpin the systemic and cultural change needed to drive improvement within the borough:

- Empowering and equipping our workforce to understand the importance and meaning of purposeful social work assessments and interventions with families

- Ensuring our involvement with the most vulnerable children in the borough positively impacts on their outcomes

- Providing Practice Leadership and management throughout the system to ensure progress is made for children within timescales that are appropriate and proportionate to their needs and that practitioners are well supported, child curious and focused

1.7 The action plan has two elements of improvement planning which are complementary. The first being the turnaround priority that has a forensic focus on social work practice driving our capacity and capability to transform at pace and the second being a series of improvement themes:

1. Turnaround priority: To drive sustainable Practice Improvement at pace

Improvement themes

2. Governance Leadership, and Partnership
3. Embedding Practice Leadership
4. Right interventions, right time (Thresholds)
5. Improving Assessment for children
6. Improving Planning for children
7. Effective Communications and Engagement to drive culture change that will improve children's lives.

Update on progress since the last report:

1.8 This is the fourth update report to be received by Committee and the reporting period for progress is January and February 2018.

1.9 The update on progress is structured according to the seven improvement themes in the action plan. Under each improvement theme there is a description of the theme and an update on key activities since the previous update report. There is a detailed update on the turnaround priority to drive sustainable practice improvement at pace.

1. Turnaround priority: To drive sustainable Practice Improvement at pace

1.10 This theme is driving the quality of social work practice to turn around at pace to ensure children's outcomes are improved.

1.11 **Ofsted monitoring visit and report**

Ofsted undertook a Monitoring Visit on 30 and 31 January 2018. This was the second monitoring visit since Barnet Children's Services were judged inadequate in July 2017. The first visit took place on 14 and 15 November 2017 and was reported to Committee on 16 January 2018.

The monitoring visit focussed on the 'front door' arrangements in the Multi-Agency Safeguarding Hub (MASH), the Duty & Assessment Teams and Intervention and Planning Teams, including:

- The effectiveness of the MASH in responding to concerns for children; the application of thresholds for statutory intervention and early help;
- The quality and effectiveness of strategy discussions and section 47 enquiries leading to Initial child protection conferences (ICPC's);
- The quality and timeliness of assessments leading to child protection and child in need work and plans;
- The quality and effectiveness of practice for children subject to children in need and child protection plans;
- The quality and timeliness of management oversight and decision making of case work including compliance with statutory guidance.

1.12 Inspectors noted that there was continued progress and consolidation of recent improvements seen in the first monitoring visit and reported that senior leaders and managers are appropriately focussed on embedding the cultural change required to improve and embed good social work practice. Inspectors found:

- Strengthened practice within the multi-agency safeguarding hub (MASH);
- More consistent approach to the application of thresholds, information sharing and improvements to the timeliness of decision making;
- More timely identification of risk and appropriate immediate actions to protect children in MASH and DATs.

1.13 Inspectors noted staff morale was good, and that staff stated that they enjoyed working in Barnet. It was recognised that workforce development activities are relevant and helpful and social workers have manageable caseloads which are better supported through permanent recruitment of managers and staff. The Quality Assurance process was noted to have been further strengthened and assisting focus on areas for improvement.

1.14 Ofsted found that strategy discussions and section 47 child protection enquiries were timely although the quality of strategy discussions remains variable as social workers are not consistently inviting health professionals to participate; there is further work to do to improve this area of practice. However, s47 enquiries demonstrated application of consistent thresholds which are appropriate to risk. Ofsted noted that children were being seen quickly and effective safety plans were being made. Decision making at Initial Child Protection Conferences was also seen to be appropriate.

1.15 Inspectors found variable standards of case recording, although acknowledged staff knew children and families well. The quality of assessment is still mostly weak as they do not yet effectively analyse relationships, parental capacity or risk. It was also found that the diversity of children and families is not yet considered fully and the views of children and family members are not always clearly represented.

1.16 There is more work to do to improve child in need planning and achieve consistency in child protection planning to ensure plans are purposeful and achievable. There was some evidence of drift, delay and ineffective decision making for children, particularly where parents were failing to engage in Public Law Outline, pre-proceedings processes.

1.17 Supervision was not consistently found to be regular, evident on children's records or being used to provide challenge, reflection and accountability to address practice shortfalls.

1.18 The pace of change within Barnet has remained consistent and focussed, with inspectors noting that it is beginning to raise practice standards. The process of changing the culture of acceptable practice is continuing, and as per the last monitoring visit, remains a significant challenge. Overall, social work practice remains inadequate in some areas considered during the visit; however, several improvements were seen. The inspector's letter received following this monitoring visit can be found in Appendix 1.

1.19 The next monitoring visit will take place on 25 and 26 April 2018 focussing on vulnerable adolescents (child sexual and criminal exploitation and missing children).

<u>2. Governance Leadership, and Partnership</u>

1.20 This theme focuses on strengthening systems leadership for children with sufficient capacity and capability at all levels and governance arrangements that prioritise children and add value to improvements. The theme also seeks to ensure effective corporate support is in place which understands the role of social workers and reflects a collective ambition for children in the borough.

1.21 Recruitment was highlighted as a challenge in the Ofsted update report presented at CELS in November 2017. Another round of advertising began in January 2018. Despite the challenges social worker recruitment presents in London and nationally, we have been successful in recruiting four permanent employees in January 2018 and we are in discussions with 6 agency social workers to apply for permanent roles; assessment and recruitment commences first week of March 2018. We continue business as usual advertising and headhunting through recruitment agencies.

1.22 Training is underway for Members; a Safeguarding training session was delivered in early February 2018 and Corporate Parenting responsibilities training in January 2018 as outlined in 1.23. An induction for new elected Members is being developed and will be implemented after the local election on 3 May 2018, which will include a wider review of governance. For now, ensuring reporting is self-critical and focussed is managed via Children's Service's Improvement Board and CELs through improved reporting.

1.23 The follow up Corporate Parenting Responsibilities training for members was delivered in January 2018. The condensed training introduced the statutory responsibilities of members in their role as Corporate Parents to members who were unable to attend the first session delivered in December 2017. The training aimed to provide members with a high-level understanding of how they can engage the voice of Barnet's children and young people in their work and explore the methods by which they can hold services to account. A total of 19 members attended the training, and verbal feedback received after the event indicated that members found it to be useful and reflective of its aims. In total, 51 members attended the training on Corporate Parenting Responsibilities.

Care Quality Commission (CQC) inspection

1.24 The CQC is the independent regulator of health and social care services in England. Their role is to make sure that health and social care services provide people with safe, effective, compassionate and high-quality care, and encourage them to make improvements.

1.25 On 15 February 2018, Barnet Clinical Commissioning Group (CCG) received notification of review of services for looked after children and safeguarding commencing 19 February and ending on 23 February. The reviews will be conducted under section 48 of the Health and Social Care Act 2008 and will focus on the quality of health services for looked after children, and the effectiveness of safeguarding arrangements for all children in the area.

1.26 The lines of enquiry for the inspection are:

- The experiences and views of children and their families.
- The quality and effectiveness of safeguarding arrangements in health including:
    - Assessing need and providing early help.
    - Identifying and supporting children in need.
    - The quality and impact of child protection arrangements.
- The quality of health services and outcomes for children who are looked after and care leavers.
- Health leadership and assurance of local safeguarding and looked after children arrangements including:
    - Leadership and management.
    - Governance.
    - Training and supervision.

1.27 Following the inspection, the CQC will write a report about their key findings across the local health economy, and if necessary, make recommendations for improvement.

3. Embedding Practice Leadership

1.28 This improvement theme seeks to strengthen practice leadership through effective management oversight and increased capacity.

1.29 Support for Team Managers is available through Practice Development Workers, who work alongside the Social Worker and Team Manager in drawing up agreements for support plans. Where there remains a performance issue with these staff, a framework for feeding this work into a more formal process of capability management is being developed.

1.30 Reporting is available for case supervision frequency; however, this needs to be embedded into the reporting framework and made available regularly at worker level. Improvements have been identified in the HR Core system that will enable reporting on professional supervision. A 2-day supervision training has been provided to all social work managers and further training is available via the teaching partnership with Middlesex University. Improving and recording case supervision is a high priority for action across the service.

1.31 The *Child's Journey* Panel has been established by the Head of Service for Corporate Parenting and Permanence. This Forum will provide practice leadership on care planning for children in care to ensure no delay or drift in permanency planning.

1.32 There is currently a staff consultation underway within Family Services regarding new Practice Standards. This consultation will close on Friday 23 February 2018; responses will be discussed by the Senior Management Team in early March 2018 and we will seek to implement it by 30 March 2018.

4. Right interventions, right time (Thresholds)

1.33 This theme is focused on developing an effective MASH and proportionate, effective and timely decision making across the whole social care system.

1.34 The partnership threshold document *Continuum of health and support* has now been signed off, and a schedule of training will be taking place over the next month for partners.

1.35 Headteachers and General Practitioners (GPs) have been visiting the Multi-Agency Safeguarding Hub (MASH), and the new Children's Services School Liaison Officer is working with managers in educating Headteachers about how the MASH functions and in making appropriate referrals. Heads of Service from the MASH and Corporate Parenting, along with the Child Sexual Exploitation and Missing Lead, have delivered training to the Police and will be offering more sessions to uniformed officers over the coming months. GPs have received training from the MASH team.

5. Improving Assessment for children

1.36 This theme focuses on strengthening risk assessments and ensuring child focussed assessments to ensure that plans are robust and focused on timely improvements for children and families.

1.37 Additional capacity in Duty and Assessment is allowing the 'double lock' of assessments, which is feeding into the Quality Assurance framework, targeting Social Workers who would benefit from working with a Practice Development Worker.

1.38 Key areas for development in assessment were identified through internal audit activity and echoed by Ofsted during the November 2017 and January 2018 monitoring visit. Recent audit analysis depicts an improvement in positive engagement with partner agencies, greater consideration of diversity in planning and increased professional curiosity; the recent round of audits found no inadequate audits in the Duty and Assessment Teams. This remains a focus for improvement activity.

6. Improving Planning for children

1.39 This improvement theme seeks to ensure planning is child centred and that these plans achieve the best outcomes.

1.40 The Head of Service for Corporate Parenting and Permanence now chairs a fortnightly Care Planning Forum meeting where cohorts of children, include those subject to Child Protection Plans, are tracked and potential permanence options are identified to begin parallel planning. Where necessary, the meeting also considers children that have been in care for more than two years or are exiting care via Private Law Orders.

1.41 There is a weekly permanency planning meeting that takes place to consider matching for children in care aged 13 years old and above and all new pre-admissions to care, to ensure that the right support is in place for children and young people. Care Plans in proceedings and pre-proceedings are further tracked and discussed with Barnet's legal team, Social Workers and Team managers to ensure the timeliness of Child Permanency Reports and viability assessments of extended family members to consider more detailed requirements for children coming into care.

1.42 The Foster Carer Recruitment and Assessment team will be promoting the current *#MoreToGive* recruitment campaign at the council's International Women's Day celebration and Violence Against Women and Girls Strategy launch on 8 March 2018. The team will be speaking to visitors about foster care and taking expressions of interest.

1.43 Monthly meetings of the multi-agency Corporate Parenting Officers Group (CPOG) review and track the priorities set out to ensure the joint planning for children in care and care leavers to improve their outcomes.

1.44 The Corporate Parenting Pledge theme of *Staying Safe* was the focus of the CPOG in January 2018. This theme's outcomes relate to practitioner's ability to build on strengths of young people and manage risk, care leaver's access to services and a joined-up approach to children in care with multiple risk factors. Most of actions are currently BARG rated as amber, which indicates that there are plans in place to deliver, although this may fall outside of timescales. Updates from this reporting period include:

- Increased use of Signs of safety planning tool through group supervision and individual work in Onwards and Upwards, to enhance the identification and response to risks experienced by care leavers;
- Practice Development Worker working with the Placements Team around the use of case recording and case notes to ensure appropriate information sharing relating to risk within placements;
- Further development of the new #BOP website, in conjunction with care leavers. The website will include links to services such as health and police, as well as the promotion of key information such a staying put (where a young person continues to live with their former foster carer beyond the age of 18), to enable service and information access in ways and at times convenient to children in care and care leavers.

1.45 Additional work progress from CPOG during this period includes:

- A briefing paper on council tax reduction for Barnet care leavers was finalised and presented to Corporate Parenting Advisory Panel on 3 February 2018. This is part of the work to improve outcomes for care leavers and ensure they are adequately prepared for independent living.
- The proposal was approved at Policy & Resources Committee on 13 February 2018 to authorise the Deputy Chief Executive to consult on a policy for offering council tax relief to care leavers on the basis of guaranteed relief for their first two years of independent living, and a presumption in favour of granting relief should it be required after that up to age 25; and instruct the Deputy Chief Executive to bring the policy to a future meeting of the committee for approval.

1.46 Young people have attended CPOG in December and will attend quarterly to inform planning.

1.47 The quality of planning for Children subject to Child in Need and Child Protection Plans remains a key area of focus. Improvements in this area are progressing through several work streams. These include, the co-location of Practice Development Workers in the Duty & Assessment and Intervention & Planning Teams who are supporting the completion of comprehensive and analytical assessments that identify need and risk and from which clear Plans can be developed.

1.48 The establishment of a Child in Need Panel chaired by the Head(s) of Service for Duty & Assessment and Intervention & Planning Teams in which Care Plans are reviewed to ensure that they are driving timely change in children's circumstances. The Panel also ensures that children who no longer need statutory interventions are swiftly progressed back to early help systems.

1.49 A programme of activities, in collaboration with Essex County Council, has been developed to strengthen Child Protection Conferences and Looked After Children Reviews. The improvement work aims to ensure that children's Plans are developed in accordance with identified need with clear and measurable outcomes and to ensure that children and families are fully engaged plans in planning and review processes. Child Protection Conference Chairs and Independent Reviewing Officers observed Conferences in Essex County Council during December and January and attended a training day with Essex. There is a forward plan for Essex to observe 8 'mock' multi-agency Child Protection Conferences during February and March to embed learning and support the roll out of a new model of Conferencing in April 2018.

1.50 The next monitoring visit will take place on 25 & 26 April 2018 and will focus on vulnerable adolescents which includes children where Child Sexual Exploitation (CSE), missing episodes, criminal involvement or exploitation is present as a risk or vulnerability factor. 233 children and young people have been identified as 'in scope' for this inspection and review and audit of this work is now underway.

<u>7. Effective Communications and Engagement to drive culture change that will improve children's lives</u>

1.51 This improvement theme will develop connection via impactful two-way communication and engagement from the top to the bottom of the children's service and strong cross agency engagement and communication from top to bottom. The improvement journey needs to be owned by all. Ofsted reflect in the report from their monitoring visit that the pace of change has been 'consistent and focussed, and has started to raise practice standards' while noting that there are still significant challenges in making the cultural changes required to ensure that children and young people in Barnet are safeguarded effectively. This remains an area of active focus.

Quantitative performance data

1.52 Quantitative performance data is based on activity in January 2018. Reporting is of indicators that are subject to additional focus through the Improvement Plan, with information about what needs to change and what is being done about it, as well as what is working well. The full Barnet Children's Services Improvement Plan data dashboard for this reporting period has been included in Appendix 2.

What are the key areas of focus

1.53 The number of open Common Assessment Frameworks (CAFs) is lower in comparison to this time last year, although there has been a slight increase in the last month the number of open CAF's is 630, compared with 888 at the same period last year; representing a reduction of 258 over the year. The number of CAFs closed in January was also low at 83, a decrease of 16 on the same period last year. The percentage of CAFs open for more than 12 months has reduced since November and is currently at 6.5% compared to 13% in November. 41% of closed CAFs were due to needs being met, and 16.9% being referred to Children's Social Care.

1.54 The percentage of assessments completed within 45 working days has decreased slightly since the last reporting period, with 52.5% being completed within time, 37.5% away from the target of 90%. There has been a significant increase in the number of assessments being completed, and is almost 200 more than the number completed in the previous month (December 2017 = 331 and January 2018 = 533). This correlates with an increase in the rate of contacts to referral which is currently at 28.1% compared to the previous month of 25.4%. Since April 2017 93% of referrals lead to assessment. During this period (January 2018) there was an increase in the number of assessments resulting in No Further Action, 56%, although 15% in Section 17 provision and 11% were stepped-down to the Early Help System.

1.55 16% of section 47 enquiries progressed to an Initial Child Protection Conference (ICPC) during this period, the number of CiN plans currently open is at 682, a reduction on the previous month but significantly higher than the same period last year when the number of open Child in Need (CiN) Plans was 255, and is at its highest since June 2016 when it was 340. Although the number of open CiN plans has been steadily increasing since the beginning of this year, January was the first month where the number of plans open decreased. The number of new CiN plans during the month was double that of the previous month (150 in January compared to 69 the previous month). The number of plans closed during this period was 116, compared to 20 in December.

1.56 The percentage of CiN visits completed within 4 weeks has shown a steady decrease since November 2017 when it peaked at 68.7%, the number of visits within 4-weeks is now at 42.2%, which is the lowest it's been since May 2016. Visits reporting to be out of timescale have been sampled and continue to evidence that most children have been seen in timescale but social workers have not recorded these as 'visits' on the child's record. A CiN visit tracker has been developed and monitors all overdue, pending and future visits detailing children, social workers and team managers. This has enabled increased management oversight for planning and prompting social workers to plan visits in their calendar, re-arrange cancelled and failed visits and record visits that have been undertaken.

1.57 The number of children made subject to a Child Protection (CP) Plan has been decreasing over the last three-months, and is lower than the same period last year (150 versus 244 at the same point last year). 184 children have been made subject to a CP Plan between April 2017 to January 2018 compared to 164 in the same period last year. (the majority of these (61%) are under 10-years old and 21% of these are under 1 year's old).

What is working well

1.58 Visits to children subject to Child Protection (CP) Plans within 10-days continue showing an improvement and are currently reported at 77.2%, this has been on a steady increase since August 2017. There are currently 53 children under 5 on a CP Plan, and 43 (77%) of these had been seen within 10 days. 50 children under 5 had been seen within 4 weeks (94.3%).

1.59 As with the CiN visits that are reporting to be out of timescale, sampling has been undertaken and continue to evidence that the large majority of children have been seen in timescale but social workers have not recorded these as 'visits' on the child's record. Further, the volume of children in sibling groups affects the overall picture. A CP visit tracker has been developed and monitors all overdue, pending and future visits detailing children, social workers and team managers. This enables increased management oversight and interrogation of the data in addition to planning activities to prompt social workers to plan visits in their calendar, re-arrange cancelled and failed visits and record visits that have been undertaken.

1.60 The percentage of Children in Care (CiC) visited within timescale has decreased slightly to 87.3%. Although there was a dip in this indicator in September 2017 the percentage of visits in timescale has been on an upward trend since then. This coincides with a greater focus on practice and child centred work along with the implementation of the daily visit tracker to enable team managers to monitor activity in this area. As with the other visit information (CiN and CP) recording visits on the child's file in a timely way remains an area for improvement and the team managers are now able to access information from the visit tracker on their individual staff member's performance which informs supervision and performance management.

1.61 Figures for participation in Looked After Child (LAC) reviews continue to be above the target of 95% (97.4%) and continues to increase since April 2017. This indicator has remained above the target of 90% over the last two-years.

2. REASONS FOR RECOMMENDATIONS

2.1 Members are asked to note progress to ensure scrutiny by elected members and improve the effectiveness of the local authority in protecting and caring for children and young people as a corporate parent.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The continued monitoring of progress and impact of Barnet Children's Services Improvement Action Plan is integral to driving the continuation of the Family Services' improvement journey to ensure improved outcomes for children and families. The alternative option of maintaining the status quo will not make the desired improvements or improve outcomes at the pace required.

4. POST DECISION IMPLEMENTATION

4.1 As the primary driver of improvement, the Children's Service Improvement Board will oversee the delivery of the action plan and is ultimately responsible for its delivery. The Children's Services Improvement Board is independently chaired by the lead improvement partner (Essex County Council Executive Director) and will provide scrutiny and challenge as well as measure impact.

4.2 Operationally the Improvement Plan is driven and directed by the Operational Improvement Group chaired by the Strategic Director of Children's Services with senior representatives from key partner agencies. The group will oversee the day to day transformation of services and ensure effective communication and engagement with staff, children, young people and their families.

4.3 Reports on the progress of the action plan will be received by Children, Education, Libraries and Safeguarding Committee, Health and Well-Being Board and Barnet Safeguarding Children's Board.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- The implementation of Barnet Children's Services Improvement Action Plan is a key mechanism through which Barnet Council and its partners will deliver the Family Friendly Barnet vision to be the most family friendly borough in London by 2020.

- This supports the following Council's corporate priorities as expressed through the Corporate Plan for 2015-20 which sets outs the vision and strategy for the next five years based on the core principles of fairness, responsibility and opportunity, to make sure Barnet is a place;

  - Of opportunity, where people can further their quality of life
  - Where people are helped to help themselves, recognising that prevention is better than cure

- The Barnet Children's Services Improvement Action Plan looks to improve children's participation to ensure that all decisions and planning that affects them is influenced by their wishes and feelings. The action plan also includes actions to strengthen how the views and experiences of children, young people and their families influence service design. This feedback will also help monitor the impact of improvement activity.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- Policy and Resources Committee of June 2017 agreed to invest an additional £5.7m in Family Services, some of which has been invested to improve practice to ensure improvements are made which result in better outcomes for children, young people and families. The detailed breakdown of this additional £5.7 million is provided in item 7, CELS agenda 18 September 2017.

- MTFS savings for 2018 - 2020 have been reviewed in light of the Family Services improvement journey to consider achievability. The original target for CELS Committee for 2018/19 – 2019/20 was £8.303m, this has been fully reviewed and revised to £5.590m in the 2018/19 CELS Business Planning Report. The report on the Children, Young People and Family Hubs – Outline Business Case, a CELS agenda item for 16 January 2018, outlines the initial proposals and timeline for achieving £2.727m within this target. All the savings proposals, including the additional items totalling £2.863m over and above the Family Hub proposal, can be found in the CELS Business Planning Report 2018/2019 which is provided in item 11, CELS agenda 15 November 2017.

- The ongoing improvement will continue to place pressure on existing resources; the additional directed requirement for two assistant heads of service, 3 Duty assessment Team managers and 8 Duty assessment Team social workers has resulted in an additional £0.390 million pressure in the current financial year, and was reflected in the Quarter 3 monitoring report.

5.3 Social Value

5.3.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.4 Legal and Constitutional References

- Local authorities have specific duties in respect of children under various legislation including the Children Act 1989 and Children Act 2004. They have a general duty to safeguard and promote the welfare of children in need in their area and, if this is consistent with the child’s safety and welfare, to promote the upbringing of such children by their families by providing services appropriate to the child’s needs. They also have a duty to promote the upbringing of such children by their families, by providing services appropriate to the child’s needs, provided this is consistent with the child’s safety and welfare. They should do this in partnership with parents, in a way that is sensitive to the child’s race, religion, culture and language and that, where practicable, takes account of the child’s wishes and feelings.

- Part 8 of the Education and Inspections Act 2006 provides the statutory framework for Ofsted inspections. Section 136 and 137 provide the power for Ofsted to inspect on behalf of the Secretary of State and requires the Chief Inspector to produce a report following such an inspection. Ofsted will have monitoring visits on a regular basis in local authorities found to be inadequate. A new Ofsted framework will be in place from January 2018, however monitoring visits will still be undertaken for authorities found to be inadequate. In addition to Ofsted's statutory responsibilities, the Secretary of State has the power to direct local authorities. This power of direction includes the power to impose a commissioner, direct the local authority to work with improvement partners and direct alternative delivery options. Subsequent directions can be given if the services are not found to be adequate.

- Article 7 of the council's constitution states that the Children, Education, Libraries and Safeguarding Committee has the responsibility for all matters relating to children, schools, education and libraries. In addition to this, the committee has responsibility for overseeing the support for young people in care and enhancing the council's corporate parenting role. The Health and Wellbeing Board has specific responsibilities for overseeing public health.

5.5 Risk Management

5.5.1 The nature of services provided to children and families by Family Services manage significant levels of risk. An inappropriate response or poor decision-making around a case could lead to a significant children's safeguarding incident resulting in significant harm. Good quality early intervention and social care services reduce the likelihood of children suffering harm and increase the likelihood of children developing into successful adults and achieving and succeeding. The implementation of the Barnet Children's Services Improvement Action Plan based on inspection findings and recommendations reduce this risk and drive forward improvements towards good quality services.

5.6 Equalities and Diversity

5.6.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies **to have due regard** to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

5.6.2 The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services

5.6.3 Equalities and diversity considerations are a key element of social work practice. It is imperative that help and protection services for children and young are sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender, identity, language, race and sexual orientation. Barnet has a diverse population of children and young people. Children and young people from minority ethnic groups account for 52%, compared with 30% in the country. The percentages of children and young people from minority ethnic groups who receive statutory social care services account for 61% of Children in Need cases, 56% of child protection cases and 60% of all Children in Care. The proportion of children and young people with English as an additional language across primary schools is 44% (the national average is 18%).

5.6.4 Social workers practice in relation to inequalities and disadvantage is inconsistent. Recent learning from audits and practice week has highlighted attention to diversity and the cultural context in assessments is an area of practice in need of immediate support from management, the Practice Development Workers and targeted training. The action plan addresses the additional work which needs to be done to ensure that children's diversity and identity needs are met; "5b(ii) Strengthen consideration of diversity in assessment so that assessments thoroughly explore and consider family history including the influence of cultural, linguistic and religious beliefs, norms and expectations".

5.7 Corporate Parenting

5.7.1 In July 2016, the Government published their Care Leavers' strategy *Keep on Caring* which outlined that the ''… [the government] will introduce a set of corporate parenting principles that will require *all departments* within a local authority to recognise their role as corporate parents, encouraging them to look at the services and support that they provide through the lens of what a reasonable parent would do to support their own children.'

5.7.2 To ensure that Barnet acts as a good corporate parent to children in care and care leavers, we:

- have committed to supporting children and young people to achieve their best in childhood, adolescence and adulthood as outlined in the Corporate Parenting Pledge for children in care and care leavers as approved by full council on 29 January 2016. Updates on performance against the pledge are provided to Corporate Parenting Panel annually;
- provide learning and development for elected members and senior officers to understand their duties and responsibilities to children and care and care leavers;
- ensure elected members, senior officers and partners can monitor and challenge the performance of the council and its partner agencies regarding outcomes for children in care and care leavers through the appropriate channels such as the Children, Education, Libraries and Safeguarding Committee, Corporate Parenting Advisory Panel and Corporate Parenting Officers' Group.

5.8 Consultation and Engagement

- Consultation and engagement with children and young people is central to social work practice and service improvement across the Safeguarding Partnership. A service user experience strategy has been developed and was launched on 19th February 2018. The strategy ensures that how we work with children and young people is child centred, that we know, understand and can capture the lived experience of children and feed lessons learnt into service improvement. We have nominated Voice of the child champions across partner agencies and within Family Services to promote and lead on the Service User Engagement agenda within their respective areas.

- Our Voice of the Child Strategy Group enables the wider engagement of children and young people in service design and commissioning of provision across the partnership. This includes youth forums such as Barnet Youth Board and Youth Assembly, the SEN forum (to co-design services) and Children in Care Council (to improve the support children in care receive). The team have been working closely with UNICEF UK to deliver the Child Friendly Communities and Cities initiative. This is a global programme that aims to advance children's rights and well-being at the local level. More recently the team have had a change in staff with a newly appointed Voice of the Child Coordinator and Child's Rights Lead. The team are reviewing the current Youth Voice Offer to develop a structured action plan to focus on increasing reach and impact for children and young people in Barnet.

- The Barnet Children's Services Improvement Action Plan looks to improve children's participation to ensure that all decisions and planning that affects them is influenced by their wishes and feelings. The action plan also includes actions to strengthen how the views and experiences of children, young people and their families influence service design. This feedback will also help monitor the impact of improvement activity.

- Improving the quality of services to children is a key partnership and corporate priority and collective work is needed across the partnership and the council to drive improvements. The action plan was completed in consultation with various stakeholders. Staff engagement activities have included monthly staff briefings, team meetings, staff conference. Partners have been engaged through the safeguarding partnership board. Senior leaders are members of the Improvement Board and their continued engagement is assured though core multiagency groups and specific forums such as head teacher's forums.

- There is much more work to do to create the culture needed within services for children, young people and families in Barnet, albeit some positive progress is being made. In January 2018, a second social worker survey was undertaken, based on the social work survey developed by Eileen Munro in 2014.

- This was the first survey completed since the Ofsted Single Inspection Framework in May 2017; the one prior to this was completed in January 2017 and received a good response. The survey aims to hear social worker views on how they see the workplace, their workload and the support they receive to do their jobs well, to inform Family Service's Workforce Development Strategy.

- There was a 6% (n=9) decrease in response rate this year, however, the workforce has changed since the survey was completed last year, at a time when Barnet still Ofsted rated 'Good'.

- Some clear themes emerged from the recent survey; workers outlined "*one thing that would help you implement resilience based practice"*, these are:

    - More time (to embed, reflect and develop)
    - More training
    - Better communication between teams and across the service
    - More support from leaders and managers
    - Lower caseloads
    - More efficient processes
    - A simpler, more efficient and less bureaucratic IT system

- Over the next month, the Family Services Engagement Lead will be attending team meetings of each team over the next month to drill down into the responses and trends; this will enable practical steps that can be taken to be identified. Benchmarking with other Local Authorities will also be undertaken concurrently, to provide insight into how Barnet can maximise engagement, and how we perform in relation to other authorities. Following this process, the engagement lead will develop a plan to next steps forward within the service.

5.8 Insight

5.8.1 Insight data will continue to be regularly collected and used in monitoring the progress and impact of Barnet's Children's Services Improvement Action Plan and to shape ongoing improvement activity.

6. BACKGROUND PAPERS

6.1 Single Inspection of services for children in need of help and protection, children looked after and care leavers and Review of the effectiveness of the Local Safeguarding Children Board report, Ofsted, 7 July 2017 https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/barnet/051_Single%20inspection%20of%20LA%20children%27s%20services%20as%20pdf.pdf

6.2 Statutory Direction to Barnet Borough Council in relation to children's services under section 497A(4B) of the Education Act 1996, Secretary of State for Education, 12 September 2017 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/643791/Barnet_Stat_Direction_Sept-2017.pdf

Clive House
70 Petty France
Westminster
London SW1H 9EX

T 0300 123 1231
enquiries@ofsted.gov.uk
www.ofsted.gov.uk

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Chris Munday
Strategic Director for Children and Young People
London Borough of Barnet
Building 4, North London Business Park
Oakleigh Road South
London N11 INP

chris.munday@barnet.gov.uk

Dear Mr Munday

Monitoring visit to Barnet children's services

This letter summarises the findings of the monitoring visit to Barnet children's services on 30 and 31 January 2018. The visit was the second monitoring visit since the local authority was judged inadequate for overall effectiveness in July 2017. The inspectors were Louise Warren HMI and Tara Geere HMI.

In the aspects of practice considered during this visit, the local authority is continuing to progress and consolidate recent improvements to services for children and young people seen during the first monitoring visit. Senior leaders and managers are appropriately focused to improve and embed good quality social work practice.

During this visit, inspectors found strengthened practice within the multi-agency safeguarding hub (MASH). This is leading to a more consistent approach to the application of thresholds, information sharing and improvements to the timeliness of decision-making. The duty and assessment teams and intervention and planning teams are beginning to improve practice for children in need of help and protection, although improvements are not consistent across the service. In most cases considered, there is a more timely identification of risk and appropriate immediate actions to protect children. However, longer term planning to improve outcomes for children remains variable and in too many cases remains inadequate.

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Areas covered by the visit

During the course of this visit, inspectors reviewed the progress made in the areas of help and protection, including:

- the effectiveness of the MASH in responding to concerns for children including the application of thresholds for statutory intervention and early help
- the quality and effectiveness of strategy discussions and section 47 enquiries leading to initial child protection conferences (ICPCs)

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- the quality and timeliness of assessments leading to child protection and child in need work and plans
- the quality and effectiveness of practice for children subject to children in need and child protection plans
- the quality and timeliness of management oversight and decision making of case work, including compliance with statutory guidance.

Inspectors considered a range of evidence during this inspection, including electronic case records, supervision records, case management records, performance data, audits and progress reports. Inspectors spoke to a range of staff, including managers, social workers, practitioners and professionals from partner agencies.

Overview

Senior leaders and managers understand the widespread nature and scale of the improvements required within the service. They continue to appropriately prioritise activities, with a strong focus on improving social work practice and embedding the cultural change required to achieve this. The improvement board and the local authority improvement partner are providing expertise and support to senior leaders in order to implement and manage improvements. Inspectors found improved quality assurance processes, including an increase in internal auditing. This is providing valuable information for senior leaders and managers to monitor progress in the areas for development.

Social workers report to inspectors that they are able to access relevant and helpful training, that their case loads are manageable and that they enjoy working in Barnet. Many staff expressed support and commitment to the changes the local authority is making to promote better and more effective practice for children and their families.

During this visit, inspectors found some positive improvements in practice. This was particularly apparent within the MASH. Inspectors also found some very recent and limited improvements within the duty and assessment and the intervention and planning teams. Both the MASH and duty and assessment teams have been supported through additional resourcing that has increased levels of staffing, including managers. This has made a positive difference to operational capacity and managerial oversight of case work. Within the MASH, this has enabled the more timely progression of contacts and referrals and less variability in the application of thresholds.

For children at risk of harm, inspectors found that responses within the MASH were appropriate, including clear identification of risks and decision-making to address these. The duty and assessment teams also responded appropriately to risks to children, providing effective and immediate safety plans to safeguard them.

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In the cases considered, practice was weaker and there was more limited improvement for children subject to child protection plans or child in need plans. Assessments of children's needs and the plans to support them are not thorough or effective. This leads to drift and delay in achieving improved outcomes. Some very recent practice improvements are in place for some children, but these had not yet made a significant difference to them or their families.

Findings and evaluation of progress

Managers and social workers report that staff morale is good. The recruitment of permanent staff and managers has continued and turnover of staff is stabilising. This offers more continuity to children and families and is beginning to assist in improving levels of practice, managerial oversight and case direction.

Strengthened quality assurance processes are becoming increasingly embedded into the culture of the service. This is assisting the identification and monitoring of the areas that require improvement. The cases tracked and audited by the local authority for the monitoring visit were completed during this visit without the oversight of the improvement partner. They were thorough and accurately identified practice deficiencies and set clear expectations for practice improvements.

Further developments within the MASH have consolidated improvements since the last monitoring visit. Staff are increasingly confident in their roles. The systems and processes to manage workflow and recording are better aligned. This is facilitating faster and more effective decision-making, communication and the sharing of information. Recent improvements, including the introduction of the 'daily meeting', are effective in checking and ensuring that thresholds are consistently applied. Arrangements for signposting cases to early help services are appropriate for children and their families, enabling them to access help and support.

Inspectors found that practice deficits identified and shared with the local authority during the previous monitoring visit have been addressed. The use of the BRAG (blue, red, amber and green) rating system is now more rigorous and key decisions and oversight are more robust. This is ensuring that nearly all children are safeguarded effectively and in a timely manner.

Section 47 enquiries are timely, and thresholds are consistently applied and are appropriate to the levels of assessed risk. In cases considered by inspectors, social workers are visiting children and parents quickly and making effective safety plans for them. Decision-making to consider the needs of children at initial child protection conferences were considered, in the cases seen, to be appropriate.

Strategy discussions are timely, although the quality of these remains variable. While inspectors note improvements in police attendance at strategy meetings, the attendance of health professionals is still inconsistent. Social workers therefore need

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to follow up with health partners outside of strategy meetings to obtain relevant advice and information.

The standard of case recording remains too variable. Inspectors considered some case files where documents were not available and case notes not updated, despite some social workers clearly knowing the children and families well. There is evidence of case summaries on files, although chronologies are not consistently updated or sufficiently thorough to evidence all significant events. Some audits identified that case notes must be updated but progress to achieve this was still not evident on case files.

Inspectors did not find evidence of improved assessments for children and their families. The quality of assessments considered was mostly weak. Assessments lack a thorough understanding of family relationships and parental capacity and do not always include a thorough analysis of the risks to children. The views of family members, particularly fathers, were not adequately sought to inform assessments and planning. Children are being seen more regularly by social workers and alone where this is appropriate. However, their views are not always clearly represented and there is a lack of focus on a child's lived experience.

A lack of engagement by parents requiring specialist assessments contributes to drift and delay and ineffective decision-making. This is particularly apparent within the public law outline (PLO). The diverse needs of children and their families was poorly represented in assessments and case recording generally. Insufficient consideration is given to their family heritage or other protected characteristics.

In the cases considered, the quality of child protection planning is variable and children in need planning is mostly weak. Plans do not address core concerns and actions are therefore not clear or specific, or always updated. Inspectors found that a lack of planning was leading to significant drift and delay for some children. Lack of parental engagement or delays in convening core groups and children in need meetings are not always challenged and lead to drift and a lack of progress. This was particularly evident within the PLO process. The local authority has recently taken action to address this deficit in the appointment of a permanence assurance manager. The impact of this action is yet to be seen.

Inspectors found that the supervision of staff remains too variable. It is not always consistent, regular or evident on case files. It is not used to provide challenge, reflection or accountability. Evidence of management oversight by senior managers, team managers and quality assurance officers is being appropriately recorded on case files. However, this does always offer effective case direction or address inadequate practice in order to ensure that children and their families are able to receive the help and support they require.

The pace of change has remained consistent and focused and is beginning to raise practice standards. However, social work practice remains inadequate in some areas

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considered during this visit by inspectors. The process of changing the culture to promote acceptable practice is continuing, but remains a significant challenge.

I am copying this letter to the Department for Education.

Yours sincerely

Louise Warren
Her Majesty's Inspector

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AGENDA ITEM 8

	Health and Wellbeing Board 8 March 2018
Title	**Children and Young People with Special Educational Needs and Disabilities: Joint Strategic Needs Assessment and Strategy**
Report of	Strategic Director for Children and Young People
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	**Appendix A** - Special Educational Needs and Disabilities (SEND) Strategy 2017-2020 for Barnet **Appendix B** – SEND Joint Strategic Needs Assessment, Executive Summary **Appendix C** - SEND Joint Strategic Needs Assessment, Full JSNA
Officer Contact Details	Simon James, Assistant Director, SEND & Inclusion Simon.James@Barnet.gov.uk Ava Habibzadeh, Health Improvement Officer Ava.Habibzadeh@harrow.gov.uk

Summary

This report seeks approval of the priorities outlined in the Special Educational Needs and Disabilities (SEND) Strategy 2017-2020 for Barnet contained in Appendix A. The strategy has been developed in partnership with schools and parents and carers and proposes a local vision along with priorities for the future provision and development of services to support children with SEND.

The JSNA was developed to understand the needs of the SEND population in Barnet and is structured around the three strands set out by the Ofsted framework: systems to identify need, assessing and meeting needs, and outcomes achieved. This report asks the Health and Wellbeing Board to note the recommendations of the Joint Strategic Needs Assessment (JSNA) and note that the findings feed into the Special Educational Needs and Disabilities (SEND) Strategy 2017-2020.

Recommendations
1. That the Health and Wellbeing Board endorses the priorities outlined in the Special Educational Needs and Disabilities (SEND) Strategy 2017-2020 for Barnet
2. That the Board endorses the next steps outlined in the Special Educational Needs and Disabilities (SEND) Strategy 2017-2020 for Barnet
3. That the Board endorses the recommendations of the SEND JSNA and notes that the findings feed into the SEND Strategy

1. WHY THIS REPORT IS NEEDED

1.1. This report proposes the approval of the priorities in the strategy to meet the needs of Special Educational Needs and Disabilities (SEND) from 2017 through to 2020. The strategy has been developed in partnership by the council, schools, health partners, voluntary sector partners and parents and carers. The strategy sets out a partnership vision and identifies six strategic priorities to drive the work of the SEND partnership in Barnet. It describes how the partnership will work together to steer the delivery of the strategic priorities in order to achieve the best possible outcomes for children and young people aged 0-25 with SEND.

The JSNA has developed recommendations to support the better identification of Children and Young People who have SEND, to improve the assessment and meeting needs of this population and also to improve their educational outcomes. Key strategic recommendations are to improve integration of pathways, processes and governance across education, health and social care, jointly commission integrated services for children with SEND and to embed co-production with children and young people and their families.

Context

1.4 Around 2.6% of Barnet's school population has an Education, Health and Care Plan or statement; this compares to 2.8% nationally. A further 11% of the school population has been identified as having a special educational need and is receiving support (known as SEN support). The largest groups of needs are Autistic Spectrum Conditions and Speech, Language and Communication Needs; between them they account for the majority of children and young people with an Education, Health and Care Plan or statement.

1.5 The overall number of children and young people with SEN statements or Education, Health and Care Plans has risen by 21% since 2014 and is expected to rise by a further 20% between 2017 and 2025. A significant proportion of the growth is due to the extension of SEND eligibility from 0-18 to 0-25; the growth also reflects the overall increase in Barnet's population of children and young people. The number of children and young people with

Autistic Spectrum Conditions is growing significantly faster than for other types of need.

Between 2017 and 2050, the number of SEND pupils aged 5-11 is estimated to grow by 5%, 16-19 year olds to grow by 4%, 11-15 year olds by 1%, 20-25 year old by 0.6% and under 5s by 0.4%.
Burnt Oak and Colindale are estimated to have the highest projected growth in the number of SEND pupils between 2017 and 2030 for both for the 0-15 population and for the total population (ages 0 to 25).

Vision

1.6 Barnet is an inclusive authority, with a significantly greater proportion of students educated in mainstream schools than the national average. The strategy builds on the strength of the local partnership and the strategy's vision is:

'*That all children and young people with special educational needs and disabilities reach their full potential. We are committed to ensuring that clear and realistic outcomes are achieved and that young people have the opportunity to become as healthy, independent and resilient as possible.*'

1.7 This vision supports the ambition of Barnet to be the most Family Friendly Borough by 2020 as well as helping to deliver Barnet's Education Strategy's vision for '*Barnet to be the most successful place for high quality education where excellent school standards result in all children achieving their best, being safe and happy and able to progress to become successful adults'*

Strategic priorities:

1.8 The strategy sets out six priorities to achieve the vision:

- Priority 1: To ensure effective, timely and robust decision-making for children, young people and their families
- Priority 2: To improve participation of, and co-production with, key partners, parents, families, children and young people in decision-making
- Priority 3: To ensure effective joint commissioning and integration of services from early years through to adulthood
- Priority 4: To champion the educational progress and attainment of pupils with SEND
- Priority 5: To ensure sufficient and appropriate local and inclusive provision
- Priority 6: To promote independence and prepare children and young people for adulthood

1.9 For each priority the strategy sets out the reasons for the priority, what success in achieving the priority looks like and the key actions required to deliver the priority.

Governance

1.10 The strategy also sets out the governance arrangements for overseeing the delivery of the strategy. Parents and carers are part of the governance arrangements and help lead the delivery of local SEND service development in the borough. Parent and carer are represented within a number of multi-agency working groups that each lead on a particular strand of SEND service (Education, Health and Care Plans and SEN Support; Co-production; Local Offer; Early Years; Preparing for Adulthood).

Future need for SEND provision

1.11 The SEND strategy sets out in more detail the plans for meeting the future need for school and post-16 places for children and young people with SEND through to 2025. On the 14th June 2016, the Children, Education, Libraries and Safeguarding Committee considered the result of consultation undertaken on options to meet the future needs for SEND places, resulting in plans for development of The Windmill, a new all-through free school for children and young people with Autistic Spectrum Disorders (ASD).

1.12 This new free school will meet a significant element of need but the analysis identifies more provision will be required – around an additional 125 specialist places by 2025. The government is making a one-off pot of capital investment funding available to local authorities in recognition of the need to provide more school places for children with SEND. Barnet's allocation is about £3m across 2018/19 to 2020/21 (£1m each year) enabling the council to invest in new specialist provision to meet this need.

1.13 The strategy proposes that this additional need is met through the commissioning of three Additional Resourced Provisions within maintained schools and in the consultation, consultees will be invited for their views on this approach. This report seeks the delegation of decision making in relation to meeting this additional need to the Strategic Director for Children and Young People, taking account of any consultation responses.

2. REASONS FOR RECOMMENDATIONS

The strategy provides a framework to drive the work of the SEND partnership in Barnet through to 2020 to deliver the best possible outcomes for children and young people with SEND and their families.

The JSNA has synthesised the data and evidence available for children and young people with SEND across the London Borough of Barnet and partner

agencies. The JSNA is a core component of the CQC and Ofsted measurement framework.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

The strategic priorities were developed in partnership with schools, health partners, voluntary sector partners and parents and carers and therefore reflect the priorities of the partnership.

4. POST DECISION IMPLEMENTATION

Action to deliver the strategic priorities will be overseen by the governance arrangements set out in the strategy.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

The quality of the education offer is at the heart of Barnet's continuing success as a place where people want to live, work and study.

It plays a crucial part in making Barnet family friendly, with many families attracted to the area by the good reputation of Barnet's schools. Excellent educational outcomes and ensuring children and young people are equipped to meet the needs of employers are key to deliver the Council's vision set out in its Corporate Plan 2015-20 for:

- Barnet's schools to be amongst the best in the country, with enough places for all, and with all children achieving the best they can
- Barnet's children and young people to receive a great start in life and
- For there to be a broad offer of skills and employment programmes for all ages

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

The strategy will be delivered within existing revenue resources. In relation to capital funding, the council's medium term financial strategy contains provision for new school places, including for those children and young people with SEND. The capital funding identified in the council's medium term financial strategy will be partly funded by the one-off government capital grant of £3m across 2018/19 to 2020/21 (£1m each year).

5.3 Legal and Constitutional References

5.3.1 As set out in Article 7 of the Council Constitution (Committees, Forums, Working Groups and Partnerships) the Health and Wellbeing Board has responsibility to:

- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies
- To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into account the findings of the JSNA and performance manage its implementation to ensure that improved outcomes are being delivered.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate
- Specific responsibilities to oversee public health and develop further integration of health and social care

5.3.2 Section 13 of the Education Act 1996 place a duty on local authorities to secure efficient primary, secondary and further education are available to meet the needs of the population of their area. Section 13A requires local authorities to ensure that their functions are exercised with a view of promoting high standards, ensuring fair access to opportunity for education and training and promoting fulfilment of learning potential for children and young people in its area. Section 14 requires local authorities to secure sufficient schools and sufficient is defined by reference to number, character and equipment to provide appropriate education based on age, ability and aptitude, as well as ensuring diversity of provision. These duties are overarching duties and apply regardless of whether schools are maintained by the local authority or independent of local authority support.

5.3.3 Section 27 of the Children and Families Act requires local authorities to keep under review its special educational provision and social care provision.

5.3.4 Regulations on school organisation require local authorities to follow a prescribed process when making changes to maintained schools. Adding, removing or altering SEN provision at a mainstream school would require the statutory process to be followed. Whilst there is not a statutory duty to consult prior to publication of proposals, the statutory guidance recommends that local authorities consult interested parties in formulating proposals.

5.3.5 The statutory guidance also recommends that local authorities aim for a flexible range of provision and support that can respond to individual pupil needs and parental preference.

5.4 Risk Management

All pupil place planning is based on pupil projections and there is a risk that the projections are inaccurate. There is a risk that the needs of groups of children change over time. Future provision will be developed to promote flexibility to respond to changing needs.

5.5 Equalities and Diversity

The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to: eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010; advance equality of opportunity between people from different groups; foster good relations between people from different groups.

The broad purpose of this duty is to integrate considerations of equality into day to day business and to keep them under review in decision making, the design of policies and the delivery of services.

Ensuring a high quality education offer for children and young people with SEND supports the educational progress of children and young people with additional learning needs and young people with behavioural emotional and social difficulties.

5.6 Consultation and Engagement

The partnership's shared vision and strategic priorities at the core of the strategy have been developed in consultation with schools, health partners, voluntary sector partners and parents and carers. Working groups with representation from parents and carers have identified the key areas of improvement required in the development of SEND services for wider consultation.

The strategy has been shared with headteacher representatives, parent and carer representatives as well as key health and voluntary sector partner organisations. A wider consultation with parents and carers of children with SEND, key education providers and key partner organisations has been undertaken through the distribution of consultation documents to parents and carers, schools, education providers, the young people's representative group, and partner organisations.

5.8 Insight

A range of data sources including demographic projections, pupil characteristics, census date, national assessment results and school census returns are used in the development of priorities and in monitoring outcomes for children and young people with SEND

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Special Educational Needs and Disabilities Strategy

London Borough of Barnet

2017 - 2020

Contents

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2. Vision
3. Aim
4. Local need and context
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6. Delivering the priorities
7. Performance measures

Appendices:

Appendix (i) : Definition of SEND

Appendix (ii): Future need for specialist places

1. Introduction

Barnet's, Special Educational Needs and Disabilities (SEND) Strategy 2017–2020 has been developed in partnership by the council, schools, health partners, voluntary sector partners and parents and carers. The strategy sets out our vision and strategic priorities and describes how we propose to deliver against these, including how we are responding to the recent SEND reforms and changes in local demand in order to achieve the best possible outcomes for children and young people aged 0-25 with SEND. The strategy is for everyone involved with special educational needs and disabilities including families, headteachers, governors, special educational needs coordinators in schools, health and social care professionals, partner agencies and the voluntary sector.

The strategy cannot capture the wide range of activity, support and service delivery that happens each day in Barnet by families, services, voluntary sector agencies and others to support and champion the needs of Barnet's children and young people with SEND. Rather, it is intended to provide a framework for the work of the SEND partnership over the next few years, operating within the national and local context for SEND services.

2. Vision

Our vision for children and young people with SEND is:

'*That all children and young people with special educational needs and disabilities reach their full potential. We are committed to ensuring that clear and realistic outcomes are achieved and that young people have the opportunity to become as healthy, independent and resilient as possible*.'

This vision supports the ambition of Barnet to be the most Family Friendly Borough by 2020. The strategy to achieve this, set out in Barnet's Children and Young People Plan, focuses on developing families' resilience, which evidence tells us is pivotal to providing inclusive services that support all children and young people to be as independent as possible. Resilience based practice sits at the heart of improving outcomes for children and young people. The role that schools play in the day to day life of children and their families, particularly for children with SEND, provides a unique opportunity to promote and embed resilience.

Our vision for SEND also supports Barnet's Education Strategy's vision for '*Barnet to be the most successful place for high quality education where excellent school standards result in all children achieving their best, being safe and happy and able to progress to become successful adults'* – to be achieved through:

- Every child attending a good or outstanding school, as judged by OfSTED
- The attainment and progress of children in Barnet schools being within the top 10% nationally
- Accelerating the progress of the most disadvantaged and vulnerable pupils in order to close the gap between them and their peers.

The Education Strategy sets out a number of strategic goals to achieve this vision around the key themes of access, inclusion and achievement. This SEND strategy drives the work of the partnership to deliver these goals for children and young people with SEND.

3. Aim

Our aim is for all children with SEND to receive high quality, integrated and inclusive services through effective and timely decision-making across partner agencies and through listening and responding to the voices of children and young people, parents, families and professionals. We want services to be delivered locally and as inclusive and close to home as possible to ensure children and young people with SEND can benefit from the support and services within Barnet, their families and their local community. We want to support children and young people with SEND to progress, to be the best they can be and to achieve successful transitions from early years through into adulthood and independence.

Nationally, support for children with Special Educational Needs and Disabilities (SEND) continues to undergo radical reform. The Children and Families Act 2014 extends the SEND system from birth to 25; replacing statements of special educational needs with a new birth-to-25 Education Health and Care plan (EHC); broadens the definition of SEND to include any disability including mental health; and offers personal budgets to those families with children affected by SEND. (The definition of SEND can be found in Appendix (i))

Working together, we,- local authority SEND services, headteachers, governors, special educational needs coordinators (SENCo's), early years, social care, health partners, parents and carers and the voluntary sector - have already made significant progress in responding to the new legislative requirements for SEND services.

The strategic priorities set out in section 5 have been developed by our local partnership to drive forward our work to deliver our vision and aim.

4. Local need and context

The strategic priorities have been shaped by the locally commissioned Barnet SEND Joint Strategic Needs Analysis (JSNA). Developing this JSNA has been a multi-agency project led by Barnet's Public Health Consultant working with schools, social care, education and health professionals. The SEND JSNA outlines the needs of children and young adults up to 2025 and key headlines include:

- Barnet is the largest borough in London by population and is continuing to grow. The population of 93,590 children and young people (age 0 to 19) is expected to grow by about 6% between 2015 and 2020 when it will reach about 98,900.

- 2.6% of Barnet's school population have an Education, Health and Care Plan (2.8% nationally) and 10.9% receive SEN Support (11.9% nationally). The largest groups of needs are Autistic Spectrum Conditions and Speech, Language and Communication Needs; between them they account for the majority of children and young people with an Education, Health and Care Plan.

- The overall number of children and young people with SEN statements or Education, Health and Care Plans has risen by 21% since 2014 and is expected to rise by a further 20% between 2017 and 2025. A significant proportion of the growth is due to the extension of SEND eligibility from 0-18 to 0-25 whilst also reflecting the overall increase in Barnet's population of children and young people. The number of children and young people with Autistic Spectrum Conditions is growing significantly faster than for other types of need.

- Barnet's population is diverse and is projected to become increasingly diverse. SEND is disproportionately prevalent within the Black and Black British community (4.5% of Black children and young people will have an Education, Health and Care Plan, compared to 2.6% across the entire population of children and young people).

Overall in Barnet, the offer for children with SEND is provided through an inclusive approach by our local schools partnership; an approach we want to promote and maintain. In 2016, around 60.6% of children and young people with Education, Health and Care Plans or Statements of SEN were educated in state-funded mainstream schools compared to 46.7% nationally, 53.8% in London and 49% across statistical neighbours (average).

Within the local partnership, there are four long-established special schools (two primary and two secondary) all rated good or outstanding and twelve mainstream schools with specialist SEND provision (Additionally Resourced Provision). A fifth special school, a new special Academy, has recently been established through the conversion of a previously designated Additional Resourced Provision. This new special Academy has not yet been inspected by Ofsted.

There is a relatively low level of 'out-of-borough' residential placements at 1.23% of placements overall, although a key priority for this strategy is to further reduce this percentage, despite the overall growth in demand.

In relation to the educational outcomes, children and young people with SEND perform well in Barnet schools:

- Early years pupils with SEN with a Statement or an EHC Plan are performing better than the national average
- Early years pupils with SEN without a Statement or an EHC Plan are achieving the national average (and below the London and Statistical neighbour average).
- Pupils in Key Stage 1 both with and without a Statement or a Plan are performing better than the national average.
- Pupils in Key Stage 2 both with and without a Statement or a Plan are performing better than the national average in Reading and Maths
- Pupils in Key Stage 4 both with and without a Statement or a Plan are performing better than the national average.

5. Strategic priorities

In this section, we set out six strategic priorities to shape the work of the SEND partnership over the next 3 years. In April 2016 the London Borough of Barnet entered into a seven-year strategic partnership with Cambridge Education for the provision of its education services, including SEND, an arrangement that is governed in partnership with schools. This partnership has produced the Education Strategy for Barnet referred to above (http://barnet.moderngov.co.uk/documents/s41004/Cover%20Education%20Strategy%20v3%20FINAL.pdf) and the priorities set out in the SEND strategy contribute to its delivery.

As well as the contractual strategic partnership with Cambridge Education, the council and the Barnet Clinical Commissioning Group (CCG) have formal joint commissioning arrangements in place underpinned by a Memorandum of Understanding and S.75 agreement. This joint approach has enabled a shared approach to meeting the health, social care and education needs for children and young people with SEND.

The Barnet with Cambridge Education SEND Partnership Board is responsible for leading the strategic approach to meeting the needs of Barnet's children and young people with SEND. The Board acts as a forum to identify activities, to oversee action to deliver the council's statutory requirements in relation to the Children and Families Act 2014 and to monitor SEND performance. This strategic board is attended by the council, Cambridge Education and schools and is informed and supported by a wider SEND Development Group that brings together the council, schools, parent and carer representatives, health commissioners and other service providers.

The work of the SEND Development Group has been delivered through five multi agency working groups with education, health, social care, parent carer and voluntary sector representation.

These governance arrangements and working groups have shaped the priorities set out below and will oversee their delivery, as described in section 6.

Priority 1: To ensure effective, timely and robust decision-making for children, young people and their families

As part of delivering the government's SEND reforms, we have made significant progress in improving the timeliness of new assessments and in transferring SEN statements to Education, Health and Care Plans. However, there is more to be done to ensure that children's needs are consistently assessed in a timely way and that the plans prepared are of the highest quality. We have also identified that more focus is required in formalising processes and planning for pupils with SEN support, a cohort that represents 11 per cent of the community.

Identifying opportunities for personal budgets from an early stage can be helpful in enabling children and families to shape the services that best meet their needs, but, as in many local areas, the uptake of personal budgets in Barnet has been relatively low. Families are in receipt of personal budgets for some short breaks, educational support, health provision and SEN transport but more work is required to widen the remit of personal budgets, promote and increase access so that the families have more choice in relation to the care and support of their children.

What success looks like:

- The timely completion and reviews of Education, Health and Care Plans.
- Education, Health and Care Plans are good quality with clear evidence of effective contributions by education, health and social care, co-produced with children, young people and their families.
- Consistency across schools in meeting the needs of children with SEN support
- Personal budgets for families to choose are promoted and supported at an early stage

Key next steps include:

- Embedding a quality assurance process for EHC assessments and planning and ensuring that all EHCP plans meet the expected standards
- Ensuring that the improved performance in the timeliness of the completion of EHCP plans is sustained.
- Improving the integration of processes and planning across education, social care and health to ensure that services are joined up to deliver positive outcomes for children and young people

- Ensuring effective engagement with children, young people and their families in SEN processes and decision making
- Enhancing and increasing the consistency of the SEN support offer across schools
- Identify and promote opportunities for personal budgets from an early stage

Priority 2: To improve participation of, and co-production with, key partners, parents, families, children and young people in decision-making
A key part of our drive to improve the experiences of children with SEND and their families is to ensure that a child's and their family's voice is at the centre of decision-making and that Education, Health and Care Plans are developed and produced in consultation and collaboration with families and other services supporting the child. Barnet's Parent and Carers Forum is represented on the SEND Development Group, helping to shape and drive strategic developments. The voice of the child is getting stronger through the work of the Barnet Development Team Youth, a group of young people with SEND. However, we need to provide better evidence that children and families have been engaged in a genuine co-production process and that plans reflect agreed joint outcomes across agencies so that families only need to tell us once.

A key tool to support co-production is Barnet's Local Offer and parents have been actively involved in its creation and development. It is increasingly well used and is becoming an established initial point of information for families. However, further work is required on the offer to ensure that the information is kept current and attractive to users. During 2018/19 it will be reviewed as part of the Council's website design programme, providing an important opportunity for further co-design with families.

What success looks like:

- The local area partnership understands the views of parents, carers, children and young people and is responsive to feedback
- Families feel they are able to participate in shaping service developments (as well as the plans for their own children highlighted under priority 1 above) and have a sense of co-ownership
- Parents and carers understand and are satisfied with the support their children receive
- The local offer is easy to use and is well known and used by parents, carers and practitioners

Key next steps include:

- More effectively and consistently capture the voice of the child and young person during assessments and reviews and demonstrate impact on outcomes
- Develop communication materials and channels targeted at children and young people to support their involvement in decision making.
- Increase the engagement of children, young people and families in strategic decision making processes, for example, commissioning services and senior officer recruitment.
- Strengthening the young people's representative group, Barnet Development Team-Youth, by increasing its membership and its representation of different types of SEND
- Regularly review, refresh and promote the Local Offer to ensure it is current and well-used and involves children and families in its re-design during 2018.

- Develop the ‘You Said – We Did’ approach where SEND services / agencies share information on how feedback from children, young people and families has impacted on service delivery.

Priority 3: To ensure effective joint commissioning and integration of services from early years through to adulthood
Local areas are required to jointly commission services for young people with SEND. The council and the Clinical Commissioning Group’s (CCG) Joint Commissioning Unit work to deliver the joint commissioning for a range of services including occupational therapy, speech and language therapy, services for Looked After Children and the Children and Adolescent Mental Health Services. The JCU also commissions a Designated Medical Officer for SEND which is a critical role in improving outcomes for children and young people. In September 2016 the CCG and LA (social care and education) agreed to a tripartite approach to funding placements and packages of care for children and young people with the most complex needs. This progress in ensuring a jointly commissioned and co-ordinated delivery of services needs to be maintained and developed to ensure that services meet the needs of children and families from early years through to the transition into adulthood.

What success looks like:

- Joint commissioning and co-design arrangements are informed by a clear assessment of local need and provide high quality services for children and young people age 0-25 with SEND, both with and without EHC plans.
- Joint commissioning and co-design arrangements enable the local area to make best use of all available resources to improve outcomes for children and young people in the most efficient, effective, equitable and sustainable way.
- An increased proportion of families use personal budgets in respect of jointly commissioned services.

Key next steps include:

- Jointly commission/re-commission, through a co-produced approach, an integrated 0-25 therapy service across education, health and social care, child and adult mental health services and services to build and support capacity of the third sector.
- Develop and promote personal health budgets
- Establish a joint social communication clinic for under 5's following a pilot project involving paediatricians, speech therapy and the pre-school Teaching Team to speed up assessments and to reduce the number of appointments families require in order to access appropriate services
- Trial an integrated assessment process for 2 year olds in a locality
- Establish an early years ‘advice hotline’ for parents/carers who are concerned about their child's development in response to feedback from parents that they didn't know who to talk to when they were first worried about their child.

Priority 4: To champion the educational progress and attainment of pupils with SEND
Barnet’s Education Strategy sets out to improve the educational progress and outcomes for all children and young people, including those with SEND, across all phases and types of institution from early years to post-16, including progress into Higher Education, Apprenticeships or employment. It also seeks to close the gap in attainment and progress between the most disadvantaged and vulnerable pupils and their peers by accelerating their progress and building resilience. Overall, children and young people with Education, Health and Care Plans, and those in receipt of SEN support, achieve high educational outcomes

when compared with statistical neighbours and the national average but maintaining this performance requires a relentless focus across the partnership.

What success looks like:

- The attainment gap between pupils with and without SEND continues to narrow and all children make the best progress they can
- SEN support is consistently outcome-focused, purposeful and regularly reviewed, and parents, carers, children and young people are consistently involved at every stage.
- The rate of exclusion for pupils with SEND continues at the current low level
- Children and young people with high needs progress towards further independence

Key next steps include:

- Support School Improvement Partnerships to explore opportunities to jointly commission support services for children with SEND and/or pool expertise, such as educational psychology
- Promote the use of high quality data analysis to track progress of SEND pupils
- Ensure that the progress and attainment of children with SEND are informing the School Improvement Service's termly school review process to identify schools causing concern.
- Encourage schools to commission an external review of SEND to evaluate the effectiveness of their practice

Priority 5: To ensure sufficient and appropriate local and inclusive provision
The number of children and young people with Education, Health and Care Plans and with SEN support is growing as a result of both demographic growth and the government SEND reforms. The need for additional local provision at primary, secondary and post-16 phases also arises from our aim to reduce the number of pupils placed in out-borough provision both to maximise the proportion of children and young people that are educated close to their family and community support networks and to ensure that resources are appropriately deployed to meet the needs of all pupils with SEND.

In addition, whilst the proportion of children educated within a mainstream setting is high in comparison to others, we have identified a need to respond to the increasing numbers of pupils in mainstream primary schools that are requiring more specialist provision as they reach the secondary phase.

To meet the need for more provision, particularly more local places, our aim is to ensure that there is sufficient growth in capacity within special schools, mainstream schools, within ARP provision and in Further Education. A new all-through free school for children with Autistic Spectrum Conditions has been approved by the DfE to open in Barnet, subject to the identification of an appropriate site. In addition a current independent special school is in the process of opening as a free school and offering additional places.

Whilst significant additional provision at Oak Lodge special school has recently been delivered, as well as additional post-16 places at Barnet and Southgate College, our projections indicate that still more provision will be required at primary, secondary and post-16. A detailed assessment of the future need for places and the plans emerging to meet this need can be found in Appendix (ii).

What success looks like:

- There are sufficient numbers of high quality local SEN school places from early years through to post-16 to meet current and future needs
- Children with SEND can access education as close as possible to home
- The number of Barnet pupils attending schools outside of Barnet is reduced
- Mainstream schools are inclusive, welcoming and meet the needs of all children in their school

Key next steps include:

- A proposal to commission primary and secondary Additional Resourced Provision to meet current and future projected need (Appendix (ii))
- Support the creation of additional post-16 provision at schools and colleges
- Work closely with the Department for Education to establish The Windmill free school
- Work with the AP Multi Academy Trust to develop a spectrum of services to support schools to be as inclusive as possible.

Priority 6: To promote independence and prepare children and young people for adulthood

Supporting children and young people with SEND to achieve a successful transition into adulthood through building resilience and independence needs to drive and shape services from early years onwards. The council has established a 0-25 service for children and young people with the most complex needs. We need to establish clear pathways for the transition into adulthood and ensure young people are well prepared. We need to strengthen our planning and tracking of post-16 provision to ensure that there are appropriate opportunities including tailored work based opportunities for young people with SEND.

What success looks like:

- EHCP reviews are effective in helping young people prepare for adulthood and independent living.
- There is a broad range of post-16 opportunities for young people with SEND available within the local area, including work-based opportunities.
- Young people with SEND are travelling as independently as possible
- Young adults with SEND are as healthy as possible.
- Young adults with SEND report they have choice and control over their lives and the support they receive

Key next steps include:

- Establish clear pathways for the transition of young people with an EHCP into adulthood and develop a ‘preparation for adulthood’ protocol
- Improve multi-agency tracking of young people post-16 with SEND
- Improve the offer and take-up of health checks for young people post-16 with SEND
- Increase the opportunities for independent travel training and increase the use of personal travel budgets among young people with SEND
- Develop more work based opportunities through supported internships and similar initiatives for young adults with EHCPs
- Work with schools to review and develop high quality careers guidance for young people with SEND

6. Delivering the priorities

Delivering the priorities in this strategy requires close collaboration and planning across statutory services, partner agencies, schools, and parents and carers. The strategy is supported by a detailed action plan that is a 'live' document, regularly reviewed.

The governance arrangements that will oversee the delivery of our priorities are:

The Barnet with Cambridge Education (BCE) **SEND Partnership Board** is responsible for leading the strategic approach of the partnership of the council, Cambridge Education and schools, to meeting the needs of Barnet's children and young people with SEND. The Board acts as a strategic forum to identify priorities and to oversee the delivery of the council's statutory requirements in relation to the Children and Families Act 2014. The Board also monitors the performance of the contract with Cambridge Education in relation to its delivery of SEND services on behalf of the council.

The strategy is supported by a detailed improvement plan that is a 'live' document, developed and co-ordinated by BCE **SEND Development Group.** This is a multi-agency group co-chaired by leaders across education, health, social care and the **Barnet Parent Carer Forum** and is the primary forum for co-ordinating the operational SEND developments in Barnet. It is also responsible for driving the implementation of the national SEND reforms.

The SEND Development Group is supported by five **working groups** with representation from the SEND service, schools, health, social care, parent and carers, and the voluntary sector. The working groups lead on

- Education, Health and Care Plans and SEN Support
- Co-production
- Local Offer
- Early Years
- Preparing for Adulthood

The BCE **School Organisation and Place Planning Partnership Board (SOPP**) is responsible for the strategic approach to meeting the need for sufficient education provision from Reception through to aged 19 (to 25 for young people with Learning Difficulties and Disabilities). This Board is informed by the SEND Strategy. It is responsible, jointly with the BCE SEND Partnership Board, for meeting the following strategic objectives:

- To ensure sufficient specialist places provided locally to meet current and future needs.
- To ensure that pupils with SEND can access education as close as possible to home.

Plans for achieving these objectives are included in the council's School Places Strategy, which is kept under review by the SOPP Board and updated each year in consultation with the SEND Partnership Board. An annual report is made on the strategy and plans for the next three years to the council's Children, Education, Libraries and Safeguarding Committee.

The BCE **School Standards Partnership Board (SSPB)** is responsible for the strategic approach to promote the continuous improvement of school standards in Barnet. Its remit includes keeping under review those aspects of the Barnet education strategy that relate to:

- school standards;
- pupil attainment, attendance and progress;
- narrowing gaps between disadvantaged pupils and their peers;
- the authority's monitoring, challenge and support of maintained schools;

- other relevant statutory functions.

It is responsible, jointly with the BCE SEND Partnership Board, for meeting the following strategic objective:

- To narrow the gap between pupils with and without SEND.

Plans for achieving these objectives are included in the council's School Improvement Strategy, which is kept under review by the SSPB and updated each year in consultation with the SEND Partnership Board. An annual report is made on the strategy and plans for the next year to the council's Children, Education, Libraries and Safeguarding Committee.

7. Performance measures

This section contains a number of performance measures to monitor the progress towards achieving our priorities for children and young people with SEND. These performance measures will be monitored through the governance arrangements set out in section 6 and reported annually to the Children, Education, Libraries and Safeguarding Committee.

	Performance indicator	**2016-17 baseline (School year 2015/16)**	**Target for 2017-18 (School year 2016/17)**	**Target for 2018-19 (School year 2017/18)**	**Target for 2019-20 (School year 2018/19)**
	Percentage of final EHC plans issued within 20 weeks	53.5%	90%	90%	100%
	Percentage of SEN statements transferred to EHC Plans in accordance with the council's Transition Plan	Target of 553 transfers between 1.4.16 and 31.3.17. Total transferred was 615.	100% of remaining transfers complete by 31.3.18.	N/A	N/A
	Percentage of all EHC plans issued in the year that are judged as good or better through the internal quality assurance process	N/A	80% of all new EHCPs are quality assured and at least 60% are assessed as good	90% of all new EHCPs are quality assured and at least 70% are assessed as good.	90% of all new EHCPs are quality assured and at least 80% are assessed as good.
	Percentage of special primary schools rated as 'good' or better	100%	100%	100%	100%

	Performance indicator	2016-17 baseline (School year 2015/16)	Target for 2017-18 (School year 2016/17)	Target for 2018-19 (School year 2017/18)	Target for 2019-20 (School year 2018/19)
	Percentage of special secondary schools rated as ‘good’ or better	100%	100%	100%	100%
	The percentage of SEND pupils with a statement or EHCP:				
	a) Attaining the ‘expected standard’ in English Reading at the end of Key Stage 2	a) 18%	Top 10% in England	Top 10% in England	Top 10% in England
	b) Making expected progress in Reading at the end of Key Stage 2	b) -3.4	Top 10% in England	Top 10% in England	Top 10% in England
	c) Attaining the ‘expected standard’ in Maths at the end of Key Stage 2	c) 19%	Top 10% in England	Top 10% in England	Top 10% in England
	d) Making expected progress in Maths at the end of Key Stage 2	d) -3.5	Top 10% in England	Top 10% in England	Top 10% in England
	e) Average Attainment 8 score for pupils with a statement of SEN or EHCP	e) 23.2%	Top 10% in England	Top 10% in England	Top 10% in England
	f) Average Progress 8 score pupils with a statement of SEN or EHCP	f) -0.7	Top 10% in England	Top 10% in England	Top 10% in England

Appendix (i) Definition of SEND and SEND reforms

i) Definition of SEND

Under Section 20 of the Children and Families Act 2014 and Section 312 of the 1996 Education Act, a child or young person has special educational needs if they have a learning difficulty or disability which calls for special educational provision to be made for them. Children have a learning difficulty or disability if they:

- have a significantly greater difficulty in learning than the majority of others the same age;
- have a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions; or
- are under compulsory school age and fall within one of the definitions above or would do so if special educational provision was not made for them.

Children must not be regarded as having a learning difficulty solely because the language or form of language of their home is different from the language in which they will be taught.

Special educational provision means:

- for children of 2 years or over, educational provision additional to, or different from, the educational provision made generally for children of their age in schools maintained by the local authority, other than special schools, in the area; or
- for children under 2, educational provision of any kind.

In addition, the SEND Code of Practice (2015) sets out four broad areas of need and support which may be helpful when reviewing and managing special educational provision. These are:

- communication and interaction;
- cognition and learning;
- social, emotional and mental health difficulties; and
- sensory and/or physical needs.

Further information can be found within Section 6.28 – 6.35 of the SEND Code of Practice (2015).

ii) SEND reforms

The Children and Families Act 2014 represents the biggest reform to the special educational needs system for 30 years. The key changes to the SEND system cover the following areas:

- The introduction of a single assessment process that is coordinated across education, health and care that involves children, young people, carers and their families throughout the whole assessment process.
- The statutory assessment system, that resulted in statements and learning difficulty assessments, is now replaced by a 0-25 education, health and care plan.
- A responsibility on the local authority to publish and keep under review a local offer of services that has been developed with parents, carers and young people so that they can understand what services and support are available locally.
- The option of a personal budget for families and young people with an EHCP, with the aim of extending choice and control over their support
- A stronger process for preparing for adulthood with a focus on achieving desired outcomes.

- Families (parents, young people, children and carers) are not only involved in our processes but are, and must be, fundamentally central to, and the focus of, the services offered.

The SEND code of practice: 0–25 years (2015) is a set of statutory guidelines for organisations which work with, and support, children and young people who have special educational needs or disabilities. It builds on the legislative changes of 2014 and provides compulsory guidance on how they are to be implemented.

Appendix (ii) Future need for specialist places

In planning future provision to meet the needs of children and young people with SEND, projections for the number of new places required takes account of the following factors:

- Demographic and housing changes, e.g. birth rate, migration patterns, new build housing
- The requirement to maintain more Education, Health and Care Plans for young people between the ages of 16 and 25 as required by legislation
- The local ambition to reduce the numbers of pupils placed in out-borough provision both to reduce unnecessary costs and to improve the experience of the pupils;
- The increasing numbers of pupils in mainstream schools that require more specialist provision at the secondary phase.
- The need to accommodate the current bulge in the primary phase moving into the secondary phase.

In June 2016, the Council's Children, Education, Libraries and Safeguarding Committee considered the outcome of consultation and engagement with schools, parents and key partner organisations on a series of options to meet the future need for school places for children and young people with SEND. A full report of the assessment of need and the consultation can be found at:
http://barnet.moderngov.co.uk/documents/s32465/The%20future%20provision%20of%20specialist%20places%20for%20children%20and%20young%20people%20with%20Special%20Educational%20Nee.pdf

As a result of this consultation, a proposal to open a new all-through free school for 90 children and young people with an autism spectrum condition (ASC) was submitted to the Department for Education by Oak Lodge special school (which converted to an Academy on 1 January 2017), with the full support of the council. This new free school – known as The Windmill, was approved for opening and the Council is working with the DfE to identify a site for the new free school.

In the meantime, recent other SEND developments include:

- The expansion of Oak Lodge Special School was completed in July 2017 providing additional capacity for up to an additional 40 children with special educational needs and/or disabilities
- In February 2017, Kisharon School, an independent all-through special school with a Jewish ethos, was granted planning consent to proceed with the construction of a new school on its current site. This will enable the school to expand its provision.
- For September 2017, new provision was commissioned from Oak Lodge school and located on its current site for children with ASC working at a higher level than the majority of pupils at the main school therefore requiring a specialist and tailored curriculum.
- Coppetts Wood additional resourced provision (ARP) which is currently designated to cater for children with speech and language needs is being re-commissioned to focus on the needs of children with ASC.
- Oak Hill Additional Resourced Provision separated from Mill Hill County High School Academy Trust to become Oak Hill Special Academy under the new AP Barnet Multi-Academy Trust (MAT), which has been established by a partnership of Barnet Academies to provide a range of alternative provision and school places for pupils with Social, Emotional and Health Difficulties. The Pavilion Pupil Referral Unit and Northgate School are expected to convert to Academies and join the MAT once building issues have been resolved at their existing sites.

- Additional places for young people with learning difficulties (LDD) and/or disabilities are being created at Barnet and Southgate College in their LDD provision at the Southgate campus, helping to meet the rise in this cohort of young people.

The need through to 2025

The Windmill Free School will provide 90 places. In addition, current projections indicate a need for around 125 additional specialist places by 2025 across the primary, secondary and post-16 phases of education.

The government is making a one-off pot of capital investment funding available to local authorities in recognition of the need to provide more school places for children with SEND. Barnet's allocation is about £3m across 2018/19 to 2020/21 (£1m each year). This provides an opportunity for us to devise a further investment programme to meet the shortfall.

To deliver the aim of our strategy for services to be delivered locally and as inclusive and close to home as possible, our approach for commissioning future provision is to aim for children and young people to be able to go to a suitable local school. Meeting SEND needs in Barnet schools can be met in mainstream classes in mainstream schools or in ARPs in mainstream schools or in special schools.

The Windmill special free school (see above) will provide a brand new special school resource for the borough. In order to maintain a mix of provision across special schools and mainstream schools and colleges, and thus to meet different types of need and to offer some choice to parents, it is proposed to meet the remaining need through:

- Approximately 15 places through 1 additional Additional Resourced Provision (ARP) in the primary phase.
- Approximately 50 places through 2 additional Additional Resourced Provisions (ARPs) in the secondary phase.
- Approximately 60 additional specialist places in school sixth forms and local colleges.

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BARNET LONDON BOROUGH

NHS Barnet Clinical Commissioning Group

Special Educational Needs and Disability (SEND) JSNA

Executive Summary

London Borough of Barnet

2017-2020

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1 Introduction

Barnet is committed to meet the needs of children and young people with special needs and disabilities living within the borough. The development of this Joint Strategic Needs Assessment (JSNA) will help to understand and identify the needs of this population and build them into local commissioning plans.

An up-to-date JSNA is a mandated part of the Ofsted and CQC measurement framework. As a result Ofsted and CQC have chosen to assess the strength of arrangements in local areas as a whole, rather than the contribution of individual agencies against 3 broad strands. These 3 strands have been used to summarise the JSNA findings.

- What we know about children and young people with SEND, including risk factors for SEND and vulnerable groups? (systems to identify need)
- What are the key services within the Local Offer and how do they work together? (Assessing and meeting needs)
- How effective is the local area in improving outcomes for children and young people who have a SEND? (Outcomes achieved)

This JSNA looks at all the evidence available for children and young people with special needs and disabilities within Barnet Council and all health partners, combined with nationally published statistics and research materials. The evidence base looks at current literature and Barnet intelligence about the prevalence and trends in special educational needs and/or disability in the borough. It explores the characteristics of the children and young people and discusses the factors which can lead to a child having special educational needs and/or disability.

The JSNA represents an accurate picture of known data and information available as of May 2017. A key recommendation of the JSNA is to improve the sharing of data between health, social care and education, and it is recommended that this JSNA is refreshed once a single database is introduced.

1.1 Strategic Priorities

1.1.1 Strategic Objectives

1.1.1.1 Performance in Completion of EHCPs, Transition Plan and Annual Reviews

- To complete all new EHCP assessment in 20 weeks and ensure all plans meet agreed quality standards.
- To convert all of the remaining Statements into EHCPs by 31 March 2018.
- To ensure that the Quality Assurance Framework is fully embedded.

1.1.1.2 Participation and Co-production

- To ensure engagement with stakeholders in SEN processes and decision-making.
- To ensure families experience greater co-production.

1.1.1.3 Joint Working and Integration

- To ensure effective working across partner agencies in order to deliver high quality integrated services to children and young people with SEND.

1.1.1.4 Strategic Planning and Provision

- To ensure sufficient specialist places provided locally to meet current and future needs.
- To ensure that pupils with SEND can access education as close as possible to home.
- To ensure that the schools are as inclusive and resilient as possible.

1.1.1.5 Achievement of pupils with SEND

- To narrow the gap between pupils with and without SEND.

1.1.1.6 Preparing for Adulthood

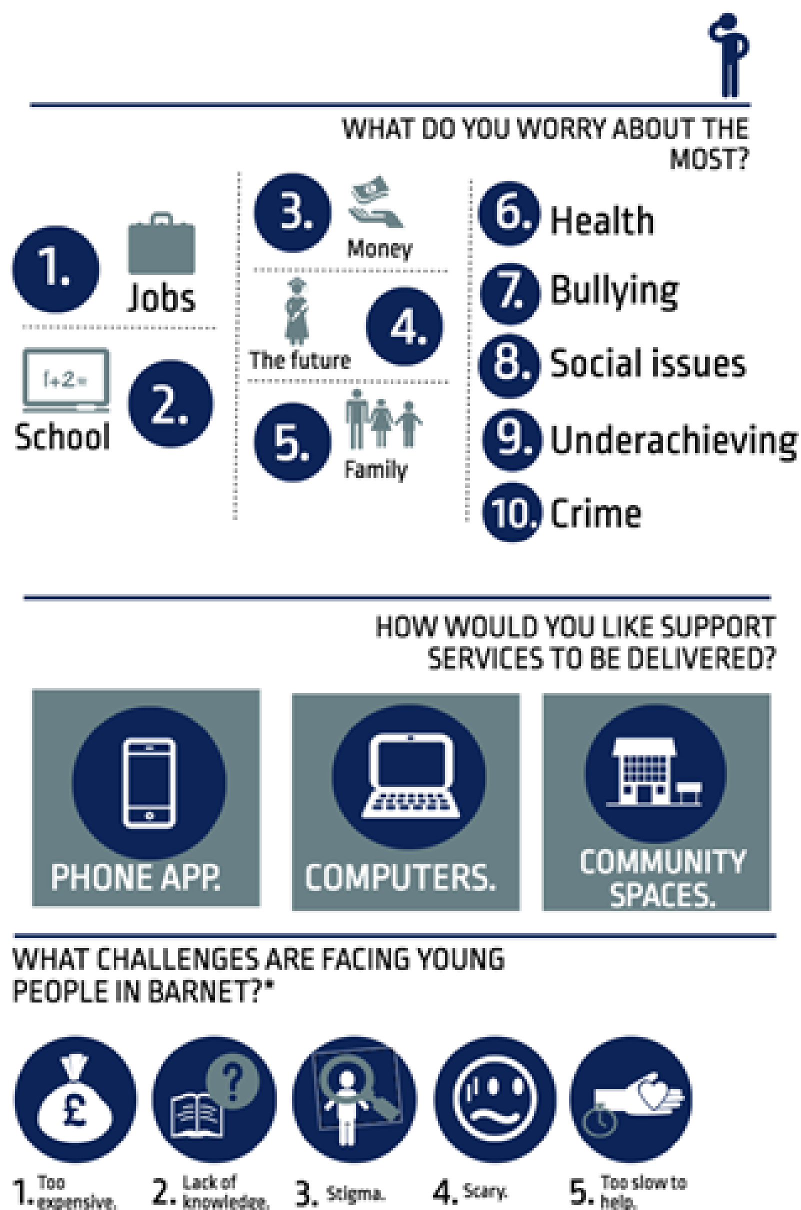
- To provide the best possible employment opportunities for young adults with SEND.
- To ensure young adults with SEND can live as independently as possible.
- To ensure young adults with SEND are as healthy and resilient as possible.
- To develop work based opportunities through supported internships and similar initiatives to maximise work outcomes for those with EHCPs.

2 Local Context

2.1 Pupil and Parent Voice

Barnet is committed to ensure that one of the strongest themes running through the Children and Families Act and the SEND code of practice is that children and their families should be at the centre of our service delivery and development. This happens on an individual level though the assessment and EHC planning processes around a child and also at the strategic planning level.

Co-production is a key strategic priority of the Barnet SEND partnership This means putting the views of parent carers at the heart of shaping the services we deliver and highlighting strengths and areas for improvement. Barnet Voice of the Child team and Barnet Youth Development Group have established a SEND youth voice forum working with the SENDIASS team and Cambridge Education. The aim of the youth voice forum is to ensure that children and young people with SEND are able to have a say in decision making that affects their lives.



Barnet's Local Offer is co-produced with input from schools, local community organisations, London Borough of Barnet and children, young people and families. London Borough of Barnet is continually looking for opportunities to enhance the Local Offer to make it more engaging and easy to use and increase input from across the Barnet community.

2.2 Prevalence

In 2016, the proportion of identified SEND pupils in Barnet was 13.6%, slightly lower than the London and England averages. This equated to 8,637 students.

1.8% of Barnet's resident population have a Statement of SEN or an EHC Plan. This is below the national and London average, and below Barnet's statistical neighbours.

2.6% of Barnet's school population have a Statement of SEN or EHC Plan this is below the national average and below the majority of Barnet's statistical neighbours.

10.9% of the Barnet school population have Special Educational Needs without a Statement or EHC Plan. This is below the national average but higher than the majority of statistical neighbours

National trends suggest that there has been a rise in the prevalence of Specific Learning Disabilities and Profound Multiple Learning Difficulties, largely as a result of:

- Increases in maternal age
- A rise in the number of premature and low weight births.

Factors that are likely to lead to a decrease in incidence include:

- The increasing availability of pre-natal screening;
- Advances in medical interventions, e.g. cochlear implants;
- Improving health care and support resulting in fewer 'at risk' infants developing learning disabilities;
- Reduction in child poverty rates;
- Improvements in early years services.

2.3 Trend

The prevalence of statements of SEN or EHC Plans within the resident population of Barnet remained fairly stable between 1.75% and 1.8% between 2011 and 2015. There appears to be an increase in the prevalence in 2016 for all comparators, and the 2017 data for Barnet suggests this is set to continue to increase in 2017 although the national and London 2017 data is not yet available[1].

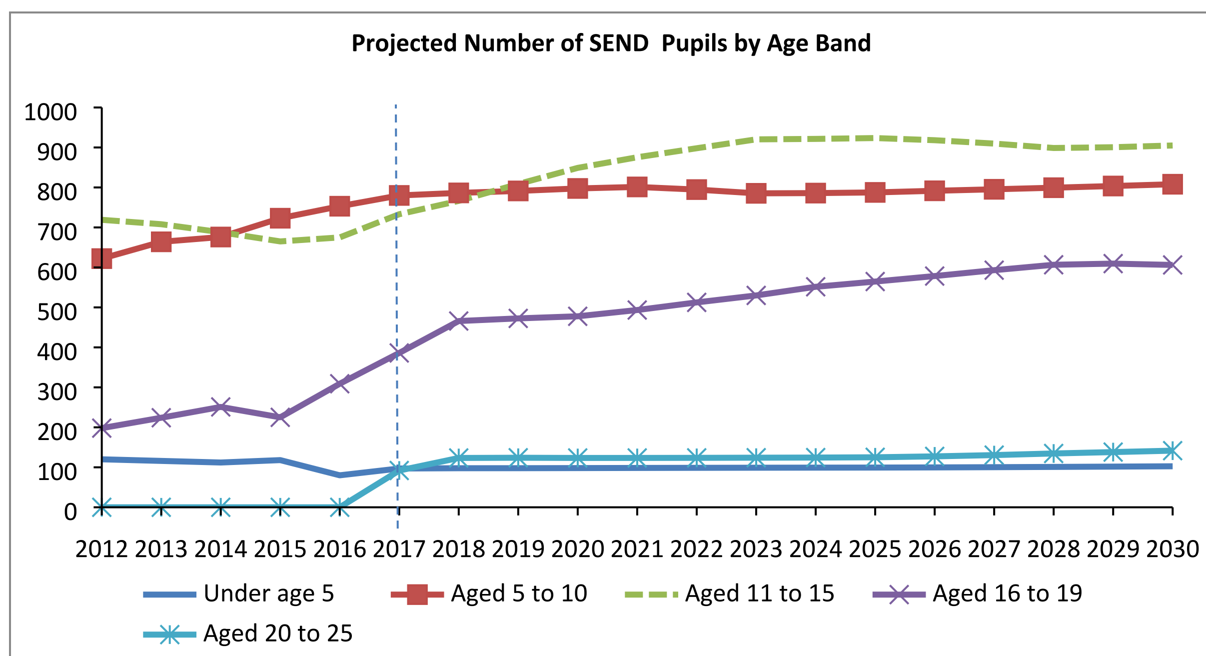
The prevalence of Statements of SEN or EHC Plans within Barnet's school population is higher than within the resident population (2.6% in the school population in 2016, compared to 1.84% for the

[1] Source: DfE SFR29/2016 and ONS Population Estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2015

resident population). Barnet's prevalence rate has remained between 2011 and 2017, whilst the prevalence for statistical neighbours and London has gradually increased over time[2].

The prevalence of Special Education Needs without a statement of SEN or EHC Plan within the school population in Barnet schools has fallen more than the national, London and statistical neighbour average since 2011. The impact of the new SEN Code of Practice and Children's and Families Act, 2014 can be seen between 2014 and 2015 in the sharp drop across all data series[3].

A significant portion of the growth is due to the extension of SEND eligibility from 0-18 to 0-25. There was also an increase in the prevalence of SEND within certain age groups between 2014 and 2017, which has been factored into these projections. The rest of the growth is a result of changes to the size of the broader population of children and young people in Barnet (primarily as a result of large regeneration schemes).

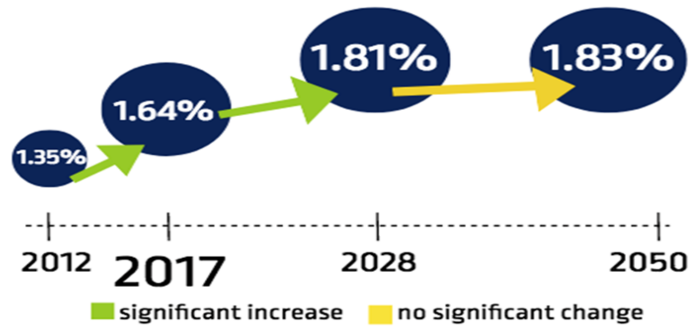


[2] Source: DfE SFR14/2011, SFR14/2012, SFR30/2013, SFR26/2014, SFR25/2015, SFR29/2016
[3] Source: DfE SFR14/2011, SFR14/2012, SFR30/2013, SFR26/2014, SFR25/2015, SFR29/2016

2.4 Projections

The overall number of SEND pupils has risen by 21% since 2014 and the overall number of SEND pupils is expected to rise by a further 20% between 2017 and 2025 (a rise of 412 SEND pupils, from 2088 to 2500).

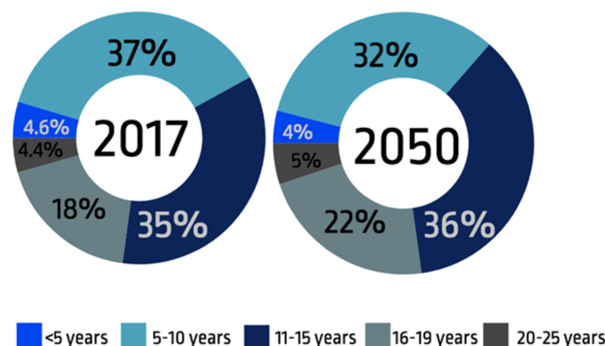
Figure 1 Forecasted prevalence of SEND population ages 0-25 years, Barnet source: Source: GLA Central Trend-based projection (housing linked); GLA Central Trend based projection (housing linked, ward level); SEN2 Data 2012 to 2017; Tribal extract February 2017.



2.4.1 Projected growth by age

Between 2017 and 2050, the number of SEND pupils aged 5-11 is estimated to grow by 5%, 16-19 year olds to grow by 4%, 11-15 year olds by 1%, 20-25 year old by 0.6% and under 5s by 0.4%.

Figure 2 Projected prevalence of SEND by age cohort. Source: GLA Central Trend-based projection (housing linked); GLA Central Trend based projection (housing linked, ward level); SEND Data 2012 to 2017; Tribal extract February 2017.



2.4.2 Projected growth by ward

Burnt Oak and Colindale are estimated to have the highest projected growth in the number of SEND pupils between 2017 and 2030 for both for the 0-15 population and for the total population (ages 0 to 25).

3 Identification of Children and Young People who have SEND

The initial identification of a potential disability or special educational need can happen in a number of different places but primarily the main areas are:

- Within the home where a parent or carer identifies a difficulty;
- Within health where a health professional identifies concerns;
- Within an educational establishment where a teacher may express concern with learning.

Within SEND learner support, the majority of referrals for very young children come from health professions including health visitors, therapists, paediatricians, other consultants and specialists within the field of Hearing Impairment/Visual Impairment e.g. audiology professionals, although very few referrals are actually via GPs.

3.1 Parental involvement in identification

Barnet is committed to Listening to parents/ carers and help them stay involved in the identification process. Barnet Parent/ Carer forum identified that:

- Parents felt that they controlled the identification process and drove the process around gathering the evidence to support identification. Their experiences of identification of needs by health were poor in particular when needs were less obvious, support from GPs was patchy, complex needs were identified more effectively and this was likely to have been whilst in hospital.
- The parents' experience of local health visitors is poor and the HV awareness of the SEND reforms can be ill informed. Parents are worried about the identification of mental health issues; unnecessary delays can worsen the problems whilst needs are not being met. They are keen to find out more information about local services available.
- SENCO support was perceived to be mixed across the area; identification from within this service is seen as an area for improvement.
- Parents feel frustrated when there are differences of professional opinion between schools and parents which often families obtaining independent private professional.

3.2 Local Services

3.2.1 Barnet Child Development Service

Within Barnet, a weekly Child Development Service Intake Referral meeting is held to ensure that all clients' (0 – 19) access relevant services in a timely way. This supports early identification of a delay in a child's growth and development.

3.2.2 Maternity Services

Strong links with maternity services are essential to ensure risk prevention, where possible, and early identification and referral to services as required. Low birth-weight babies (infants under 2,500g) are at increased risk of problems at birth, early childhood and in later life in 2015. Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health

problems, including: lower birth weight, pre-term birth and placental complications, which could lead to disabilities.

3.2.3 Maternal Mental Health Services

Historically there has been not been a specialist clinical service for maternal mental health and in 2016 we identified an urgent need to develop one. A new clinical service covering North Central London is now under development and will be in place by the summer of 2017.

3.2.4 Health Visiting Services

The Health Visiting Team undertakes an assessment of a child's growth and development at every contact either in a community setting or in the family home.

3.2.5 School Services

The School Nursing Service has a pivotal role in identifying and supporting SEND needs. They carry out a health assessment for all reception year pupils including health and sight tests.

3.3 Risk Factors

3.3.1 Maternal and Mental Health

Between 10% and 20% of women develop a mental illness of some kind during pregnancy or within the first year after the baby's birth (Centre for mental Health / LSE 2014). Data from ONS 2015 suggested that between 10-15% of woman were affected Mild-moderate depressive illness at the time of delivery.

3.3.2 Child Abuse and Neglect

Child abuse and neglect have been shown to cause important regions of the brain to fail to form or grow properly, resulting in impaired development. Barnet has fewer cases with 'Neglect' recorded as the category of abuse when compared to our statistical neighbours (35.6% compared to 41.3%). Similarly, Barnet has a greater percentage of Physical Abuse cases compared to statistical neighbours (30.7% compared to 8.8%).

3.3.3 Looked After Children (LAC)

Even the best early intervention cannot prevent some children needing to come into care. The evidence over the past few years demonstrates an upward trend of children being placed in care in Barnet. The Barnet rate, at 35 per 10,000, is lower than the national average of 60 per 10,000, the London average of 51 per 10,000 and our statistical neighbours at, 43.5 per 10,000. Burnt Oak and Colindale have the highest number of children looked after. This is in keeping with the concentration of deprivation along the borough's western corridor. As at March 2017 10% of our Looked After Children were recorded with a disability.

3.3.3.1 LAC with complex needs/disabilities

As at March 2017 10% of our Looked After Children were recorded with a disability. The Children's Social Care service currently case manages 36 Looked After Children (13 of which are Out of Borough – in External Residential Placements). 18% of children/ Young People are in residential care, which have a Statement or an EHC Plan (this represents 5% of LAC).

3.3.4 Children on a Child Protection Plan

The number of children being injured in the family home is dropping. Barnet has a rate of 30.1 children per 10,000 who became the subject of a child protection plan; this is lower than the London average at 37.9 per 10,000 and the national average at 43.1 per 10,000. The number of children and young people on Child Protection Plans reached its highest figures seen, between April – December 2016 (274 – 290 children). These increases during 2016-17 meant that the average over this period was 266, compared to the average of 259 during 2015 – 16.

3.3.5 Neglect in early years

Barnet as a lower percentage of cases with Neglect recorded as the category of abuse when compared to our statistical neighbours (35.6% compared to 41.3%). Barnet has a greater percentage of Physical Abuse cases compared to statistical neighbours (30.7% compared to 8.8%).

3.3.6 Unaccompanied asylum seekers

There were 54 recorded UASC as at 31st March 2017. This is a significant increase from 3 as at 31st March 2014. This has further increased in 2015/16 with 22 as at 31st December 2015.

3.4 Service development and improvement

Some of recent service developments to improve the identification of SEND include:

a) A multi-agency (including parents) early years work stream is coordinating and overseeing early years improvement activity. This includes developing a model for integrated two-year-old reviews, building on the learning from a pilot scheme.
b) Barnet's speech and language therapy provider recently reviewed their team structure, made additional appointments to the service so it is now fully staffed and prioritised referrals; consequently improved performance against this target is anticipated over the next few months and is being closely monitored by commissioners
c) A substantial package of investment for children's safeguarding has been agreed and an improvement plan, overseen by the Department for Education, is in place.
d) An acute commissioner has been recruited who will review local arrangements for new-born screening, identify any gaps and set out new commissioning intentions.
e) Barnet's CAMHS Transformation Plan 2015-2020 is beginning to shift the balance of support from crisis intervention to early help.
f) Parent 'drop-ins'- a universal service for the parent community to meet directly with professionals to discuss any concerns they may have.
g) The CCG, LA, health providers and parent representatives (BPCF) have initiated work to develop clearer, more responsive pathways and care packages for children with ASC in the early years

h) Youth justice assessments (ASSET Plus) now routinely examine each young person's current and educational history alongside a speech, language and communication assessment and an emotional health assessment.
i) Barnet CCG now funds an educational psychologist to work within Barnet's youth offending service one day per week.
j) Barnet Youth Offending Services (YOS) and the SEND service area have established an information sharing process to identify young people who are subject to youth justice arrangements and who have, or may have, SEND.
k) To increase capacity within the community paediatric team, the CCG have funded three additional 'programmed activity' (PA) sessions, bringing the total number of PAs to 17.

4 Assessing and meeting the needs of children and young people with SEND

4.1 Parental involvement in assessing and meeting needs

4.1.1 Barnet Parent/ Carer Forum

Barnet is committed to listening to parents/ carers and engaging them in the assessment and meeting the needs of their child with SEND. Experiences of engagement and coproduction between families and health services has pockets of good practice although specific health input to plans from professionals especially GPs was sometimes inaccurate, and at other times difficult to get a focus on both the input and defining of health outcomes. It is identified that families want a joined up integrated health service with a dedicated Paediatrician. When families brought in their own professional input to the process they felt satisfied that the reports they had purchased were accurate, good value and made a positive contribution. SENCos can sometimes be ill informed. Families don't see enough support and provision in the system, waiting lists and access to services is a challenge and when at home both education and home learning is not happening. They feel that a move towards a tribunal can trigger action, and experiences post plan being agreed can cause issues with provision and disputes occur.

Engagement with officials is frustrating with email and phone calls not being returned, families want a respectful level of communication. Experiences with Special schools are good and they are seen as performing very well at meeting needs. Families reach out to SENDIASS, Barnardo's and other charitable organisations for support around the EHCP process especially when plans are of a poor quality to seek guidance on how to take their concerns and issues forward. Access to mental health services remains poor and there can be a lack of follow up once access is obtained. Staff turnover is an issue. Families are concerned about provision post 19 and are nervous about the re-commissioning of therapies contracts next year.

The Local Offer is improving, the signposting and introduction is good and the language friendly on some pages. Families feel that they have coproduced this well with the local area and is a good example of effective coproduction. However they remain concerned about the engagement and contribution from Health and Social Care. They both need to provide the required information promoting their services especially short breaks and access to services post 16. There is a perceived variability of access to respite and short breaks, access to the provision is mixed and thresholds vary.

Provisions are often described as merely providing a baby sitter service. Relations with Social Care are poor.

Families expect access to more experienced professional staff, improved Local Offer website, fair and equitable short breaks and respite services and improved and stimulating community services providing wheelchair access. Areas for improvement include access to school residentials and school trips, YP are often excluded or the onus is on parents to meet their need.

4.2 Key Services within the Local Offer

4.2.1 Children and young adults with a disability (0-25 Service)

Following on from the SEND and Care Act Legislation, Barnet commissioned a piece of research aimed at ascertaining how services for children, young people and their families could be improved. As a result, the new 0-25 service was commissioned. The service will centre on a resilience model where children, young adults and their families will be supported to develop the strength to navigate through adversity and develop their own resources to manage under difficult circumstances.

Under 18s - The Tripartite Panel of Education, Health and Social Care has facilitated a joined-up approach to cases where children and young people under 18 require joint funding. Services are in place more quickly, there is increased engagement in this process by partner agencies, and the panel has been a forum for creative solutions for complex cases, helping to prevent escalation.

Over 18s - Plans are being advanced to enable young people to retain the same social worker post-18 to facilitate consistency wherever possible and to strengthen the transition planning. Work is also underway to embed packages of support based on need rather than a sense of entitlement.

Transition to adulthood - A joint funding approach has also been developed for children transitioning to adulthood to ensure that smart and efficient planning takes place around health, social welfare and further education or training.

4.2.2 Health services for children and young people with SEND

Barnet as a vast range of health services for children and young people from 0-25 years including GPs, pharmacists, dental services, available to everyone based on the individual's health needs.

Children with special educational needs and disabilities are able to access these services directly without needing to go through any kind of referral. These services are known as 'universal' in that they are available to everyone. General practices (GPs) are funded to provide enhanced care to people with learning disabilities aged 14 and over which includes a health check.

4.2.3 Children in Care/Adoption Team

The Children in Care/Adoption Team provides specialist mental health support to children and young people in the care system and adoptive families, and consultation to professionals and carers. The team applies a fast-track service and assessment to the clients referred and provides a comprehensive multi-disciplinary service (Psychiatrist, Clinical Psychologist, Psychotherapist, Family Therapists, Art Therapists, and Social Workers) to Children in Care of the London Borough of Barnet (LBB), irrespective of their address or GP.

4.2.4 Barnet CAMHS and LAC

Barnet, Enfield and Haringey each have a CAMHS Access service, which provides a central point of referral for professionals to refer young people with mental health concerns. These referrals may then be discussed with the young person, their family/carers, or the referrer in order for the Access team to gather all the relevant information and send the referral to the most appropriate team or signposting to other support in the borough.

4.2.5 Community Health Services

CLCH, ELFT, BEH Mental Health Trust and Royal Free currently provide therapy services to children aged 0-19 years registered with a Barnet GP and resident in Barnet in a variety of settings including home, clinics, early years and education. For children and young people the following provisions are available:

4.2.5.1 Community Paediatrics

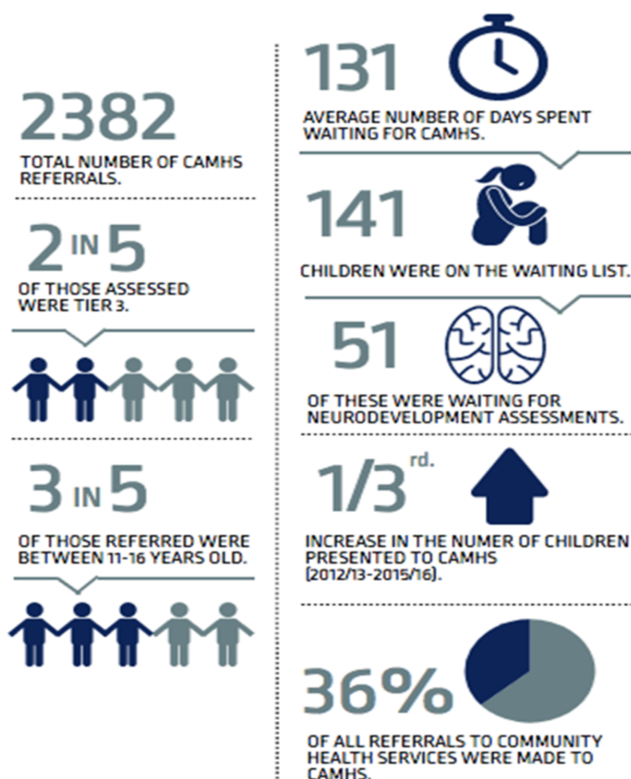
Paediatric NHS services have a higher level of internal referral, as clinicians hold on to cases for longer periods than with adult NHS services and may refer to allied health professionals.

This fits with Children and Young People using these services having Lifelong limiting illnesses and long term conditions and which are usually complicated and with co or multiple morbidities or other health needs i.e. physical and mental.

4.2.5.2 Child and Adolescent Mental Health Services (CAMHS)

a) The CAMHS transformation plan has implemented a wide-range of service improvements including:
   - clearer reporting and identification for children at higher risk of family breakdown
   - written procedures for Care Education and Treatment Reviews (CETRs); CETRs are now undertaken when required
   - the identification of resources to increase capacity for CAMHS SEND services as part of the new model
   - funding additional emergency capacity through SLAM NHS Foundation trust to reduce waiting list for SCAN
   - improved strategic and operational links between mental health and SEND partners
   - Funding a North Central London (NCL) wide Project Manager for Transforming Care Programme and establishing a working group across the 5 NCL CCG's.
   - identification of the need for additional community based services for LD/Autism CAMHS in section 2 of our NCL CAMHS Transformation plan
   - beginning to establish links with voluntary sector Autism organisations and inviting them into our new CAMHS Network body starting autumn 2017
   - CAMHS commissioners and providers participating in the Barnet Leading Edge Group who are also being consulted on the New CAMHS Model.

4.2.5.3 **Figure 3 Barnet CAMHS service insight. (2015-16). Source: Barnet CAMHS, November 2016.**



4.2.5.3.1 Occupational Therapy

Central London Community Health (CLCH) provides occupational therapy. In May 2017 review concluded that the children's occupational therapy service is significantly under-resourced relative to predicted need and comparator benchmarking. Commissioners and the provider have worked hard to reduce waiting times and as at March 2017, the mean waiting time from referral to first treatment was 75 days, which is within the 18 week target. The number of children waiting has been significantly reduced from 96 children in January 2017 to 39 as at 30th April 2017. As at 3rd May 2017, there were no children breaching the 18 week wait time limit. Further work is needed to close gaps in service provision including meeting the broader needs of children and young people in mainstream school, particularly those with Autistic Spectrum Disorder.

4.2.5.3.2 Physiotherapy

The physiotherapy service, provided by CLCH, is predominantly a clinic-based service covering both musculoskeletal service (for younger children) and neurodevelopmental services; they also organise and clinically support the provision of orthotics with a contracted orthotist. The majority of children and young people are seen within 18 weeks referral to treatment, with any breeches reported and remedial actions put in place. In the period from start of May to end July, the maximum number of CYP waiting for treatment was 57 with five waiting over 12 weeks with one CYP waiting more than 18 weeks. Physiotherapy saw an average increase in contacts of 15% and around a 10% increase in new referrals from 2012 to 2016.

4.2.5.3.3 Speech and Language Therapy

The speech and language therapy service is provided by East London Foundation Trust (ELFT). The service has a range of universal and targeted packages in place, including drop in sessions allowing easy access for families. In June 2017, 77% of children and young people were seen within 18 weeks (referral to treatment).

The re-procurement of a new integrated model for C&YP's Community therapies is underway. The new service will work collaboratively with parents, each other and the wider workforce to achieve the outcomes in line with the Balanced System®. The new model once embedded will result in more early intervention and preventative care; and identifying ways to do things more efficiently. The new model uses an evidenced and outcomes-based framework that has been developed to ensure that the needs of children and young people with therapy needs are met in a whole systems approach, using three levels of intervention: universal, targeted and specialist. Increased investment will allow for an increase in staffing across the service and will address identified gaps including ASD, transitions, special schools and Youth Justice team.

4.2.5.3.4 Therapeutic services offered by specialist LAC clinician

Children benefit from a proactive committed Virtual School and LAC Health Team who become part of the child's journey from the onset of them being in care.

Barnet has successfully launched a new therapeutic care training programme to develop and up-skill approved carers interested in supporting older children with complex needs. The aim is to train 22 carers by March 2018 by providing clinical support and group supervision. Trained carers will be part of a new service being developed to enable children living in residential homes to move to foster families and effectively support children, with a plan for re-unification, to return to their birth families.

4.2.5.3.5 Palliative Care Services

CLCH Continuing Care is provided for children and young people under NICE guidance and using the continuing care decision support toolkit. Working in partnership with Royal Free acute care/tertiary care services, the Home Care team provide practical nursing support, 9-5 Mon-Sun, for children with a terminal illness.

Within Barnet, Noah's Ark Hospice provides support and care to children living with lifelong limiting conditions; this is not directly commissioned by the CCG.

- Community Hospice
- Covers 5 boroughs – Barnet, Camden, Enfield, Haringey, Islington
- Currently undertaking a capital appeal to build a residential 6 bed facility in Barnet.

Barnet Family Services commission Noah's Ark Hospice to offer support to families through their short breaks contract.

4.3 Placement type of Looked After Children

As at March 2017:

- 49% of LAC are in foster care placements (17% in agency foster care and 32% in in-house foster care. Over the past 2 years there has been a decrease in agency foster care (24% - 17%) and in-house foster care has remained largely static (32%).
- 10% of the Looked After Children cohorts have a disability, with 3% placed in residential accommodation. Over the past 2 years there have not been any major changes in the numbers of LAC children in residential care (8% - 10%).
- 48% of those in external residential accommodation have SEN.

4.4 Schools and Education Engagement

4.4.1 Characteristics of pupil with SEND

The prevalence of pupils with a statement or EHCP are generally slightly higher in Barnet schools than for the Barnet population as a whole, suggesting Barnet schools may be a net importer of SEND statement/EHCP pupils from out of borough.

Gender: Around two thirds of pupils with SEN support are males. The proportion of males to females increases when measuring whether they have an EHCP or statement

Age: Pupils identified as having SEND at both SEN Support and Statement/EHCP are more likely to be male than female. The prevalence of SEN support is higher in primary schools than secondary schools in Barnet – this may be due to a high proportion of selective secondary schools in Barnet. Rates of SEND increase as the age of the child increases, to a maximum around Year 7. From year 7 onwards, the rate generally decreases as the age of the child increases. There is a much sharper drop off in the rate of SEND from Year 14 onwards.

Health Conditions: The largest group of children and young people with SEND are those with Autistic Spectrum Conditions, followed by those with Speech, Language and Communication Needs. The number of children and young people with Autistic Spectrum Conditions is growing significantly faster than other groups need.

Ethnicity: The proportion of Black or Black British with a statement or EHC plan is higher than the proportion of any other ethnicity. The proportion has also risen in all ethnicities other than Chinese since 2014/15.

4.4.2 Education, Health and Social Care Plan

In April 2017, 100% of ECHPs issued were within 20 weeks. As at 30th April 2017, 991 transfer reviews had been finalised, 64% of all existing statements. The local area is on track to convert all statements within statutory timescales.

Specialist Inclusion Services and the Educational Psychology team adhere to the 6 week timeframes for completing the assessment and providing advice and outcomes through a report in over 90% of cases. In April 2017, Barnet's SLT service provided advice for EHC assessments within statutory

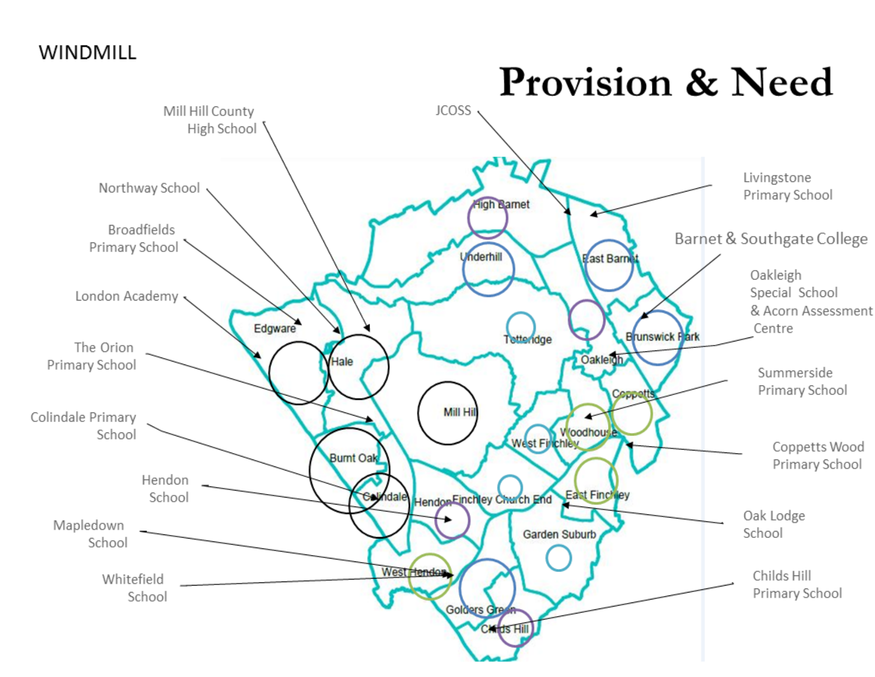
timescales in 68% of cases. SLT providers attribute the delay in providing assessment advice to the volume of EHCP transfers they are required to contribute to.

To date, the rate and timeliness of responses to EHC assessment requests for other service areas has not been routinely recorded; this has been identified as an area for development. Where appropriate, EHC needs assessments should be combined with s.17 social care assessments; from Sept 2017, Personal Education Plan reviews and Child in Need reviews will be synchronised with ECHP reviews.

4.4.3 Schools and Provision

The proportion of children and young people with SEND in maintained mainstream schools is higher than its statistical neighbours. Barnet does not have any children or young people with SEND placed in special academies or SEN units. The placements of pupils in Barnet indicates that Barnet has more inclusive patterns of educational provision for pupil with SEND compared to regional and national comparators. In 2016, 60.6% of pupils with a statement maintained by Barnet were educated in a state-funded mainstream provision compared to 46.7% in England, 53.8% in London and 49.0% across the statistical neighbour average.

Figure 4 Map of Special schools and schools with specialist provision, Barnet, 2017



4.4.3.1 Schools and Provision projection

Barnet's commissioning school places strategy 2015/16 to 2019/20 suggests that, through combining the impact of demographic growth and a desire to reduce dependence on the independent sector, a requirement for the following additional provision before 2019:

There is now a set of clear projections for the additional numbers of specialist places required between 2017 and 2025. These projections have included the following factors:

- Reduced birth rate projections;
- Reduction in migration into Barnet;
- Removal of 2 bulge classes;
- The effect of the current bulge in the primary phase moving into secondary;
- The maintenance of more EHCPs post 16 as a result of the 0-25 agenda;
- Reducing the numbers of pupils placed in out borough provision;
- The increasing numbers of pupils in mainstream that require specialist provision at secondary.

There are two areas of specific required growth:

1. The first of these is for pupils with Autistic Spectrum Conditions in secondary phase.
2. The second is for students with Autistic Spectrum Conditions between the ages of 16 and 25.

Pupil projections indicate that over the coming years there will be additional need for places for children with SEND at both the primary and secondary phases. This arises from the need to:

- reduce the number of pupils placed in out borough provision both to minimise costs and to improve the experience of the pupils
- accommodate the effect of the current bulge in the primary phase moving into the secondary phase
- maintain more Education, Health and Care Plans for young people between the ages of 16 and 25 as required by legislation
- respond to the increasing numbers of pupils in mainstream schools that require more specialist provision at the secondary phase.

The government recognises the need to provide more school places for children with SEND and is making some capital investment funding available, about £3m across 2018/19 to 2020/21 (£1m each year). In the meantime, there are several projects in progress or in the pipeline that help to meet this need:

- The expansion of Oak Lodge Special School was completed in July 2017 providing additional capacity for up to an additional 40 children with special educational needs and/or disabilities.
- Oak Lodge converted to an Academy on 1 January 2017 and its application to open a new special Academy free school for up to 90 children and young people with an autism spectrum condition (ASC) has now been approved by central government and the Council is working with the DfE to identify a site for the new free school (The Windmill).
- In February 2017, Kisharon School, an independent all-through special school with a Jewish ethos, was granted planning consent to proceed with the construction of a new school on its current site. This will enable the school to expand its provision.
- For September 2017, new provision was commissioned from Oak Lodge school and located on its current site for children with ASC working at a higher level than the majority of pupils at the main school therefore requiring a specialist and tailored curriculum.
- Coppetts Wood additional resourced provision (ARP) which is currently designated to cater for children with speech and language needs, is being re-commissioned to focus on the needs of children with ASC.

- Additional places for young people with learning difficulties (LDD) and/or disabilities are being created at Barnet and Southgate College in their LDD provision at the Southgate campus helping to meet the rise in this cohort of young people.
- The regeneration proposals for Brent Cross include the re-building of Mapledown Special School.

Table 1 Need for additional places by age band

Age Band	Need	Number of places required by 2025
0-4	ASC & SLCN	1
5-10	ASC & SLCN	3
11-15	ASC & SLCN	84
16-19	ASC & SLCN	86
20-25	ASC & SLCN	18

These numbers are the numbers of additional places required based on demographic growth and (broadly) the same proportion of EHCPs.

This does not account for additional need if we aim to reduce dependency on OOB placements AND support schools by recognising that we have children currently in mainstream that would benefit from specialist (i.e. displacing the mainstream pupils into specialist).

Table 2 Need for additional places by phase

Phase	**Need**	Number of places required by 2025
Early Years	ASC & SLCN	0
Primary	ASC & SLCN	15
Secondary	ASC & SLCN	120
Post 16	ASC & SLCN	90

These numbers account for the following:

- Demographic growth;
- Reducing dependency on OOB placements;
- Allowing scope for pupils currently 'just being managed' in mainstream schools additional capacity for those children where specialist provision may be more appropriate.

Implications:

- There is a shortfall of 15 places at primary;
- There is a shortfall of 120 places at secondary;
- There is a shortfall of 90 places at post 16;
- 1 additional ARP is required in the primary phase. This would need to accommodate 15 places;
- The Windmill would provide for 72 out of the 120 secondary places required;
- 2 additional ARPs are required in the secondary phase. These would provide for the remaining 48 places;

- 28 additional places are being created at Barnet and Southgate College in their LDD provision. This would leave a shortfall of 62 places.

4.4.4 Location of Pupils with Statements of SEN or EHC Plans maintained by Barnet

Within Barnet, the highest numbers of children and young people with statements or EHC Plans maintained by Barnet were in the West of the Borough. Burnt Oak has the highest number of SEN Statement/EHCP pupils (175) followed by Colindale (165).

4.4.5 Exclusions and Persistent Absenteeism

The absence rate for pupils with SEND in Barnet in 2013/14 was higher than London and statistical neighbours for both groups of SEN (those with a statement or EHCP and those with SEN without a Statement or EHCP). This compares to the absence rate of non-SEN pupils in Barnet which is in line with the national and statistical neighbour average.

4.5 Youth Justice

Between 2014 and 2017, 50 young people have been given custodial sentences and/or periods of remand into custody. Of those, a low number were identified on entry as having a statement of educational needs or an EHCP plans. On examination of the custody cohort, a high percentage of the young people were gang related and have had difficult educational experiences, including fixed term and permanent exclusions.

The YOT ASSETplus assessment contains an examination of a young person's current and educational histories. It also includes a speech, language and communication assessment and a further assessment of their emotional health. The YOT also has a protocol with the SEND department (see attached) which addresses the sharing of information and the ways in which we work together, following a young person being made subject to custody. The YOT currently has SALT (Speech and Language Therapy) provision but this is limited in availability, the provider and the YOT Manager meet to discuss the distribution of resource each month. This provision is currently being reviewed and developed. The YOT also has an Educational Psychologist (90 days provision only) which is valuable in supporting the SEND process. Funding to continue the Educational Psychology provision will need to be explored in the future.

4.6 Admissions Avoidance Register (AAR)

In response to the Transforming Care Partnership agenda the JCU LD team maintains a joint Adults' and Children's Admissions Avoidance Register (AAR) which is overseen by a Review Group. The AAR is a central point for sharing and recording information that monitors whether an individual with a Learning Disability and/or Autism is at risk of hospital admission. It enables and requires regular review by a multi-disciplinary team (MDT) to evaluate an individual's needs, support and contingency plans, risk assessing and increasing input and resources if necessary. The aim is to prevent unnecessary admission to inpatient services by assisting people in crisis to remain in the community, wherever it is safe to do so. Meeting fortnightly, the group reviews each case to ensure individual care planning for all those on the Register with Learning Difficulties and/or Autism and who may be at risk of hospital admission; in an effort to ensure that risk does not materialise. We

are very pleased to note that, as a result, there has not been even one unplanned admission in this cohort in over a year.

4.7 Transport

Recently there has been a refresh of our transport policy and we are working with parents/carers to develop a range of flexible travel options. 402 young people were provided with travel assistance in the 2015/16 academic year, of which 327 are on buses and 75 pupils are in taxis. The Passenger Travel Service operates 34 buses on a daily basis.

4.8 Service development and improvement

Some of recent service developments to improve assessment and meeting the needs of SEND include:

b) A new SLA is in place that requires the Pre-school Teaching team to collate evidence on the effectiveness of family service plans; initial findings will shortly be available.

c) The local authority has developed an EHCP outcomes performance report; this is beginning to enable more rigorous management oversight of the effectiveness and impact of plans. The report will provide detailed analysis of types of outcomes most commonly met/partially met/not met by different cohorts, thus supporting management scrutiny and enabling the development of targeted improvement plans where necessary

d) A revised EHCP multi-agency quality assurance framework was introduced. The framework is not yet sufficiently embedded to demonstrate an impact on overall quality but it is already enabling more rigorous management oversight and challenge

e) The DMO for SEND has initiated discussions with the LAC Health Team to improve the quality and timeliness of health advice to EHCP requests for children looked after. The CCG and the LAC Health team are seeking a solution for this within the LAC team, with guidance from the DMO for SEND and DMO for LAC.

f) The establishment of a coproduction development group, led by a Principal EP with representation from parents, voluntary sector, health, education and social care.

g) Barnet local area has jointly commissioned additional BPCF activity to support them in outreach work with to hard-to-reach groups, contributions to health recommissioning and advice to the CCG on coproduction.

h) Joint pathways and plans for partial integration of services between CAMHS SCAN and other therapies such as SLT have been developed

i) A Transitions Tracking meeting (including colleagues from health, social care and education) has been re-established to track all pupils from age 13-25 who are likely to require adult health and social care services.

5 Improvement of outcomes for children and young people with SEND

Barnet is committed to Listening to parents/ carers so that realistic and deliverable outcomes are agreed. Outcomes for SEND pupils are good across all phases of education. This is a consequence of effective, tailored support provided to all children with SEND from early years through to KS4.

The Barnet Local Offer is an accessible and comprehensive source of information for children and young people with SEND, their families and professionals access. It includes information about education, health and care services, leisure activities and support groups in their local area. It includes information targeted to support children and young people to gain independence, prepare for adulthood and play an active role in their local community.

5.1 Parental involvement in improving outcomes

5.1.1 Barnet Parent/ Carer Forum

Listening to parents/ carers so that realistic and deliverable outcomes are agreed is crucial especially around the time of annual reviews. Barnet Parent/ Carer Forum identified that families in Barnet are very frustrated and disappointed with the Preparing for Adulthood (PFA) service as they are aware of positive examples of provision including programmes for supported internships in neighbouring boroughs. A poor picture of transition into college and adulthood is being experienced. Staff support to cover out of borough reviews is an issue. Families described how they wanted access to services in the evening, life skills training for YP including being healthy as possible and support for living independently.

Dedicated units within colleges are sometimes poorly prepared and staffed, relying on parents to make the necessary steps to ease transition and support their children. Existing plans to manage support were not delivered in particular joined up working although on the academic side staffs were working hard and improvements being seen. The college week is shorter and this has adversely affected other areas of care. The College learning style does not fit well for with YP with needs, family members have to provide additional support for independent learning and project work. Well thought through support for work placements is needed. Families say that they actively avoid schools that are perceived to have a poor reputation for supporting SEND and providing SEN support. Families expect better informed staff who are aware of the reforms in mainstream schools.

They also felt that access to services provided by Social care is problematic. Assessments for carer support have been poor with families complaining about the process and in particular the follow ups. Families moving into the area with statements and plans report a poor experience of the system. Families want an improved PFA offer on the LO with a more user friendly and less jargonised website which contains a published, agreed clear Barnet SEND vision and strategy for the future.

5.2 Education

5.2.1 Mission Statement

Our mission for education is to ensure that:

- Every child attends a good or outstanding school, as judged by Ofsted.
- The attainment and progress of children in Barnet schools is within the top 10% nationally.
- There is accelerating progress of the most disadvantaged and vulnerable pupils in order to close the gap between them and their peers.

5.2.2 Education attainment

- Early years pupils with SEN with a Statement or an ECH Plan are performing better than the national average.
- Early years pupils with SEN without a Statement or an EHC Plan are achieving the national average (and below the London and Statistical neighbour average).
- Pupils in Key Stage 1 both with and without a Statement or a Plan are performing better than the national average.
- Pupils in Key Stage 2 both with and without a Statement or a Plan are performing better than the national average.
- Pupils in Key Stage 4 both with and without a Statement or a Plan are performing better than the national average.

5.2.3 LAC attainment

- Key stage 1 attainment is in line with the national average for pupils in care for 12 or more months.
- Key stage 2 attainment of the expected standard is above the national average for pupils in care for 12 or more months. Key stage 2 progress is broadly in line with the national average for all pupils in reading, writing and maths.
- Key stage 4 attainment across 8 subjects is ranked 115th (below the national average) and progress across 8 subjects is ranked 129th (88th percentile). Key stage 4 attainment in English is broadly in line with the national average, and above the national average in maths for pupils in care for at least 12 months. In English pupils make significantly less progress than the national average for all pupils. Pupils make progress below the national average for all pupils in maths.
- Key stage 4 progress in English Baccalaureate and other subjects is very low compared to the national average for all pupils, and compared to looked-after children nationally.
- Attendance has rapidly improved between 2013/14 and 2015/16, and is now broadly in line with the national average for looked after pupils, and the national average for all pupils.
- The rate of fixed term exclusions is in the lowest 1% of LAs nationally, and has been for the past 3 years.

Source: DfE

5.2.4 Other insights

- The absence rate for pupils with SEND in 2013/14 was higher than London and statistical neighbours for both groups of SEND (those with a Statement or EHCP and those with SEND without a Statement or EHCP). This compares to the absence rate of non-SEND pupils in Barnet which is in line with the national and statistical neighbour average.
- The rate of fixed term exclusions increases as the level of SEND intervention increases, although the fixed term exclusion rate for Barnet for both SEND Statement/EHCP pupils and SEND (no

Statement/EHCP pupils) is below all comparator groups, suggesting inclusive practices for most challenging behaviour in schools is strong.

- The proportion of NEETS in Barnet is low (in 2016 89% of 16-18yr olds were in education or training). It is below the national, London and statistical neighbour average. There are more males who are NEET and the largest numbers of NEETs are seen in the west of the borough. This correlates with levels of deprivation.

5.2.5 Education, Health and Social Care plans

- In April 2017, 100% of ECHPs issued were within 20 weeks. As at 30th April 2017, 991 transfer reviews had been finalised, 64% of all existing statements.
- The local area is on track to convert all statements within statutory timescales.
- Within Barnet, the highest numbers of children and young people with Statements or EHC Plans maintained by Barnet were in the West of the Borough. Burnt Oak has the highest number of SEND Statement/EHCP pupils (175), followed by Colindale (165).

5.2.6 Schools and Provision

Currently, there are four special schools in the borough that are all rated as good or outstanding, two Primaries and two Secondaries.

5.3 Service developments and improvements

Some of recent service developments to improve SEND leadership and outcomes include:

a) The CCG has recently increased the capacity for the SEND DMO from three to six programmed activity sessions to allow the DMO to focus on overseeing the health care of children and young people with SEND; coordinating medical information, assessments and recommendations; contributing to development of strategic commissioning arrangements including joint commissioning strategies and participation.

b) In relation to early years:
   - An extended moderation plan that includes earlier agreement trialling for all schools. This enables schools to identify those at risk of not achieving 'good levels of development' (GLD) at an earlier stage and develop appropriate early interventions.
   - 'School readiness' programmes delivered through Barnet children's centres and targeted at localities (by postcode) that achieved lower GLD rates in 2016.
   - All termly network meetings for schools and PVI's (plus additional half termly for PVI's) are attended by the pre-school inclusion team who offer advice, guidance and expertise in supporting children and their families with SEND. In addition, a themed network meeting was held in June, focused on transition and attended by schools and preschools; this provided a forum for practitioners to discuss individual children that they have concerns about (particularly SEND).
   - A revised training offer from the Early Years Standards team. Using EYFS profile results, alongside discussions with schools on their baseline profile and any associated trends, tailored projects are offered to selected schools and settings; this is in addition to the core training programme.

6 Recommendations

#	Overarching strategic recommendations
1	Improve integration of pathways, processes and governance between education, health and social care
2	To jointly commission integrated services for children with SEND including therapies
3	Embed a meaningful approach to co-produce with children and young people with SEND and their families across health, education and social care
	Recommendations for identifying SEND
4	Refine processes in the In-take team meeting for identifying and supporting children with SEND – include professionals from CAMHS, 0 – 25, Health Visiting and School Nursing alongside the 0 – 19 Family Hubs
5	Increase CCG resource for LAC nursing and initial health assessments for LAC SEND children and develop a paediatric model for LAC Initial Health Assessments aged 0-9 year olds; review for 9 +
6	Improve voice of the child in EHC plans
7	Improve representation and reach of co-production with young people across the local area
	Recommendations for meeting needs
8	Review SEND support at key transition points in educational phases – reception intake, KS1 to KS2, secondary transfer, Post 16, and transition to adulthood to ensure meeting needs
9	Increase local capacity for special schools and for specialist provision in mainstream primary and secondary schools
10	Work with further education providers to increase the range of local provision and reduce the need for young people to access colleges away from home; planning together with CCG to minimise hospital admissions
11	Embed recommendations from CAMHS transformation programme to meet the emotional and mental health needs of all children with SEND including LAC
12	Embed recommendations from the children's therapies review and offer health sessions outside school time to minimise disruption to the school day
13	Improve quality of EHC plans
14	Improve the quality of the parent experience

	Recommendations to improve outcomes
15	Further improve quality of social work practice to improve quality of outcomes for children with SEND
16	Explore and analyse outcomes for children with SEND by ethnic group
17	Review Fixed Term Exclusion policies and practice to ensure schools are supported to gain EHCPs for behaviour (SEMH) where this would best support the child.
18	Review Early Years 0-5 SEND support and embed recommendations to improve outcomes. Ensure appropriate specialist training in PVI settings and supported integrated pathways are in place.
	Technical recommendations
19	Improve data quality, collection and processes in CCG for health outcomes for 19-25 year olds to inform decision making and planning
20	Improve data recording for post-16 population and for Unaccompanied Asylum Seeking Children (UASC) for review and planning purposes
21	Align caseloads between education and social care to minimise data inaccuracies between systems
22	Work towards a single patient record across health systems/ providers

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SEND Joint Strategic Needs Assessment

2015-2020

London Borough of Barnet

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Abbreviations

AAR	Admissions Avoidance Register
ARP	Additional Resourced Provisions
ASD	Autistic Spectrum Disorder
BAME	Black, Asian and Minority Ethnic
BAS	Barnet Adolescent Service
BCDS	Barnet Child Development Service
BESM	Behavioural, Emotional, Social and Mental health needs
BEYA	Barnet Early Years Alliance
BMI	Body Mass Index
CAD	Children and Adults Team for people with disabilities
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CIC	Children in Care
CIN	Children in Need - A child in need are ned under the Children Act 1989 as a child
CLCH	Central London Community Health
CMG	Contract Management Meeting
CP	Child Protection Child protection is the process of protecting individual children
CO	Carbon Monoxide
CYP	Children and young People
CYPHS	Children and Young People's Health Data Set
EHC/P	Education and Health Care / Plans
FSP	Foundation Stage Profile
GFR	general fertility rate
GP	General Practice
GLA	Greater London Authority
HSCIC	Health and Social Care Information Centre
JCU	Joint Commissioning Unit
JSNA	Joint Strategic Needs Assessment
KS	Key Stage
LA	Local Authority

1. Introduction

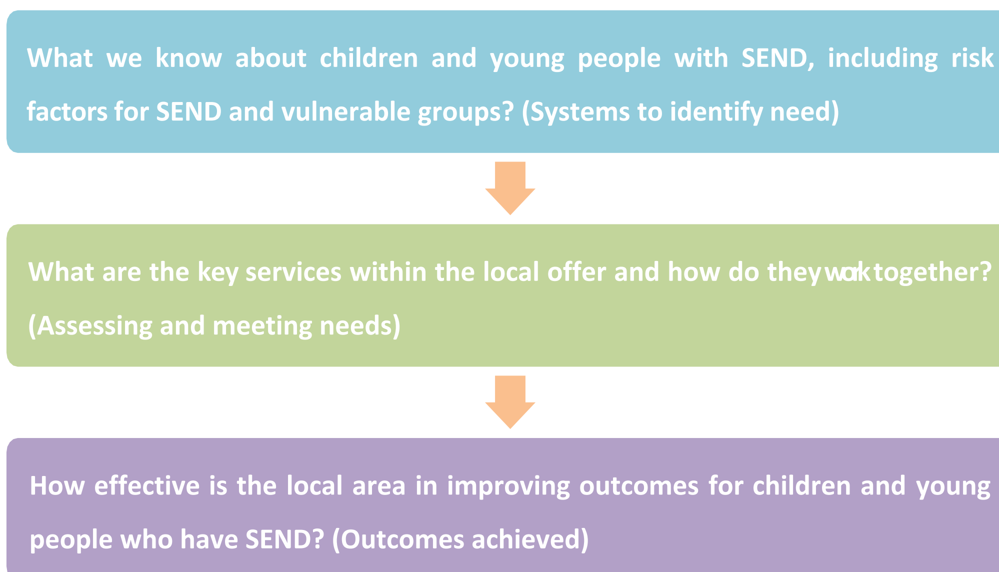
Barnet is committed to meet the needs of children and young people with special needs and disabilities living within the borough. The development of this Joint Strategic Needs Assessment (JSNA) will help to understand and identify the needs of this population and build them into local commissioning plans.

Support for children with Special Educational Needs and Disabilities (SEND) is undergoing radical reform. The Children and Families Act 2014 extends the SEND system from birth to 25; replacing statements of special educational need with a new birth-to-25 Education Health and Care plan (EHC); broadens the definition of SEND to include any disability including mental health; and, offers personal budgets to those families with children affected by SEND.

The act puts children, young people, parents and carers at the centre of the process. Providers are required to make available and easily accessible the full range of support in the Local Offer. A key feature of the Act is that health, (locally this is Barnet's Clinical Commissioning Group (CCG), and NHS England), are required to make joint commissioning arrangements to secure Education, Health and Care provision for children and young people for whom the authority is responsible for as well as those who have special educational needs.

The Special Educational Needs and Disability Code of Practice requires Health and Wellbeing boards to consider the needs of vulnerable groups, including those with SEN and disabled children and young people, those needing palliative care and looked after children. In order to ensure that the reforms are implemented successfully the Department for Education is introducing a new SEN Ofsted and Care Quality Commission (CQC) Inspection Framework for Local Areas.

An up-to-date JSNA is a mandated part of the Ofsted and CQC measurement framework. As a result Ofsted and CQC have chosen to assess the strength of arrangements in local areas as a whole, rather than the contribution of individual agencies against 3 broad strands. These 3 strands have been used to summarise the JSNA findings.



This JSNA looks at all the evidence available for children and young people with special needs and disabilities within Barnet Council and all health partners, combined with nationally published statistics and research materials. The evidence base looks at current literature and Barnet intelligence about the prevalence and trends in special educational needs and/or disability in the borough. It explores the characteristics of the children and young people and discusses the factors which can lead to a child having special educational needs and/or disability.

The JSNA represents an accurate picture of known data and information available as of May 2017.A key recommendation of the JSNA is to improve the sharing of data between health, social care and education, and it is recommended that this JSNA is refreshed once a single database is introduced.

1.1 National Context

1.1.1 Definition

Under Section 20 of the Children and Families Act 2014 and Section 312 of the 1996 Education Act, a child or young person has special educational needs if they have a learning difficulty or disability which calls for special educational provision to be made for them.

Children have a learning difficulty or disability if they:

- have a significantly greater difficulty in learning than the majority of others the same age;
- have a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions; or

- are under compulsory school age and fall within one of the definitions above or would do so if special educational provision was not made for them.

Children must not be regarded as having a learning difficulty solely because the language or form a language of their home is different from the language in which they will be taught.

Special educational provision means:

- for children of 2 years or over, educational provision additional to, or different from, the educational provision made generally for children of their age in schools maintained by the local authority, other than special schools, in the area; or
- for children under 2, educational provision of any kind.

In addition, the SEND Code of Practice (2015) sets out four broad areas of need and support which may be helpful when reviewing and managing special educational provision. These are:

- communication and interaction;
- cognition and learning;
- social, emotional and mental health difficulties; and
- sensory and/or physical needs.

Further information can be found within Section 6.28 – 6.35 of the SEND Code of Practice (2015).

1.1.2 Joint Strategic Needs Assessments

The Code of Practice sets out the relationship between population needs, what is procured for children and young people with SEN and disabilities, and individual EHC plans (see Figure 1). In line with guidance from the SEND Code of Practice states that this JSNA will inform the joint commissioning decisions made for children and young people with SEN and disabilities, which will in turn be reflected in the services set out in the Local Offer. At an individual level, services should co-operate where necessary in arranging the agreed provision in an EHC plan. Partners should consider how they will work to align support delivered through mechanisms such as the early help assessment and how SEN support in schools can be aligned both strategically and operationally. They should, where appropriate, share the costs of support for individual children and young people with complex needs, so that they do not fall on one agency.

Figure 1 **JSNA Process, SEND Code of Practice. Source: SEND code of practice, Department for Education/Department of Health (June 2014)**

1.1.3 National Prevalence

Nationally the true prevalence of SEND is unknown. The recorded prevalence has varied overtime in response to changes in national policy and its interpretation at local level.

Nationally there is not much data on the prevalence of disabilities in children and certainly not much comparable data showing changes over time, which makes future forecasting difficult. The last study of the prevalence of disabilities in children was carried out in 2004/05, following the Audit Commission's 2002 report:

Approximately 20% of children and young people will have a special educational need at some time; 2% may typically require resources over and above what might be commonly available in mainstream schools and require a statement. Recently however, the national rate for children being issued with statements has risen to closer to 3%.

National trends suggest that there has been a rise in the prevalence of Severe Learning Disabilities (SLD) and People with Mild Learning Disabilities (PMLD), largely as a result of:

- Increases in maternal age (associated with higher risk factors for some conditions associated with learning disabilities, such as Down's syndrome). However, the data suggests that this change happened mainly during the 1990s and that the pattern of age of maternal birth has

been fairly static since 2006. It is therefore unlikely that this factor will require consideration in forecasting over the next ten years.

- A rise in the number of premature and low weight births. Pre-term birth rates in England and Wales have remained steady (7.3% in 2009, 7.1% in 2010, and 7.2% in 2011). Very early pre-term births (under 24 weeks) have also remained steady (1.3% in 2009, 1.5% in 2010, and 1.3% in 2011). Barnet statistics mirror the national trend. The change is not in incidence of pre-term births, but in survival rates. The mortality rate of all pre-term births has dropped by 11% since 2006. This followed an improvement of 13% between 1995 and 2006.

Factors that are likely to lead to a decrease in incidence include:

- The increasing availability of pre-natal screening;
- Advances in medical interventions, e.g. cochlear implants;
- Improving health care and support resulting in fewer 'at risk' infants developing learning disabilities;
- Reduction in child poverty rates;
- Improvements in early years' services.

The impact of these competing pressures on the incidence of learning disabilities is complex and there has been no detailed research into their net effect. The following sections look at the most important of these factors in order to determine which and how these should influence forecasting for future needs.

1.2 Strategic objectives

Performance in Completion of EHCPs, Transition Plan and Annual Reviews

- To complete all new EHCP assessment in 20 weeks and ensure all plans meet agreed quality standards.
- To convert all of the remaining Statements into EHCPs by 31 March 2018.
- To ensure that the Quality Assurance Framework is fully embedded.

Participation and Co-production

- To ensure engagement with stakeholders in SEN processes and decision-making.
- To ensure families experience greater co-production.

Joint Working and Integration

- To ensure effective working across partner agencies in order to deliver high quality integrated services to children and young people with SEND.

Strategic Planning and Provision

- To ensure sufficient specialist places provided locally to meet current and future needs.
- To ensure that pupils with SEND can access education as close as possible to home.
- To ensure that the schools are as inclusive and resilient as possible.

Achievement of pupils with SEND

- To narrow the gap between pupils with and without SEND.

Preparing for Adulthood

- To provide the best possible employment opportunities for young adults with SEND.
- To ensure young adults with SEND can live as independently as possible.
- To ensure young adults with SEND are as healthy and resilient as possible.
- To develop work based opportunities through supported internships and similar initiatives to maximise work outcomes for those with EHCPs.

1.3 Joint Commissioning & Partnerships

Developing stronger partnerships across the borough's SEND sector is a key strategic priority. This includes bringing together Education, Health and Social Care, as well community and voluntary sector organisations, parent cares and their advocates. Stronger partnerships between organisations will lead to resilient communities; communities in which children and young people with SEND are well prepared to tackle the challenges they are presented with, as they grow and develop.

As a partnership with statutory duties, we work hard to increase the resilience of children and young people with SEND. Resilience based practice means protecting families from the big bumps, and supporting them through the little bumps, so that they can get the best for their child. This means all the services working with a family, coming together to share information and co-operate with each other, to ensure all children, including those with SEND, achieve their full potential.

The partnership between the **London Borough of Barnet and Cambridge Education** for the provision of SEND services is governed in partnership with schools. Partnership with schools, between schools and between the education service and other agencies is key to the continuing success of our schools and young people.

The partnership with Cambridge Education aims to maintain Barnet's excellent education offer and the good relationship between the council and schools, whilst also achieving the budget savings required by changes in local authority funding. This is a significant challenge but we have made a good start in addressing it. There was a smooth transfer of all services previously provided to

schools and the council, and new governance and performance monitoring regimes have been put in place.

The **CCG and the Local Authority** are continuing to work together to further develop joint pathways of support. Key priorities:

- Remodelling & Re-commissioning
- CAMHS
- Therapies
- LAC pathways
- Public health nursing
- Pathway for children's complex needs

have been agreed and work is beginning to take place on these key priorities. There are formal arrangements in place to support ongoing discussions which provide the structure for joint commissioning and integrated working going forward.

The **Children's Joint Commissioning Team** leads on developing the market for health provision, thereby impacting on services offered locally and outcomes for children in the borough. The aim of the JCU is to deliver an integrated commissioning process for partner organisations based on the shared priorities delivered through a shared work programme to make best use of our available resources to improve the health and wellbeing outcomes for children ensuring resilience and improving quality. This is also responsible for developing a strategic approach to commissioning across the SEND partnership. The aim of the service is to improve outcomes for children, young people and adults in Barnet, reduce duplication, ensure resilience, improve quality and increase efficiencies through effectively commissioning services across Children, Adults and Public Health.

Services that are currently jointly commissioned include occupational therapy, Speech and Language Therapy and the Children and Adolescent Mental Health Services. Further opportunities for joint commissioning of services are also being explored.

The Sustainability and Transformation Plan (STP) is a strategic driver for more cooperation at the North Central London level in relation to health and wellbeing. Partner organisations working together for the benefit of local people, is one of the North Central London Commissioning Strategy Principles. Within that, the SEND partnership has an important role to play in advocating that children and young people with SEND in Barnet retain access to the high quality health provision that they need, to achieve positive outcomes.

2. Methodology

2.1 Scope

A working group comprising policy, research and intelligence officers from health, education and social care was formed to scope this JSNA and contribute data, analytical products and intelligence from their areas of expertise. The partnership arrangement expanded the knowledge base and ensured that all parties were represented in this cross organisation work. This joint strategic needs assessment (JSNA) looks at all the evidence available for children and young people with special needs and disabilities within Barnet Council and all health partners, combined with nationally published statistics and research materials. The evidence base looks at current literature and Barnet intelligence about the prevalence and trends in special educational needs and/or disability in the borough. It explores the characteristics of the children and young people and discusses the factors which can lead to a child having special educational needs and/or disability.

2.2 Data Sources and Limitations

2.2.1 Community Health Services

NHS Barnet CCG undertakes monthly Contract Management Group meetings (CMG) and Service Performance Meetings of both the adults and children and young people community health services managed by CLCH, ELFT and Royal Free. For children and young people community paediatric, occupational therapy, speech and language and physiotherapy services are monitored. The JSNA has highlighted that the data collated is activity and process driven, and Barnet CCG are working with providers in developing a more outcome based approach. Some of this issue will be addressed through the new national data collection process managed by the Health and Social Care Information Centre (HSCIC) called the Children and Young People's Health Data Set (CYPHS)[1].

This will collate data on: personal and demographic; social and personal circumstances; breastfeeding and nutrition; care event and screening activity; diagnoses, including long term conditions and childhood disabilities; scored assessments

[1] http://content.digital.nhs.uk/maternityandchildren/CYPHS

2.2.1 Children and young adults with a disability (0-25 Service)

- The Not in Employment, Education or Training (NEET) and Unknown data provides a snapshot in time and does not reflect this in context of the overall population at that time.
- The placement data and student numbers are based on a snapshot in time – numbers will fluctuate depending on children and young people moving in and out of borough as well as changing placements mid-year.
- General Practices do not routinely collect SEND data on their systems so it is not possible to analyse primary care activity or level of support.
- Data accessibility and quality between Education, Health and Social Care proved to be one of the limitations with regards to analytical insights. The focus needs to continue on developing joint robust data collection and recording with responsibilities for SEND.
- There are related datasets from various council teams or services working with SEND. Integration of all related SEND datasets within the council is an important first step and is beginning. A second step is the integration with datasets from other relevant local partners and organisations. This will be important in ensuring that across all parties capacity can be evaluated, gaps identified and addressed.
- National data sources did not contain local level data particularly at ward level for some indicators; this meant that within Barnet comparison were difficult to produce for those indicators at a more local level.
- A significant proportion of the analysis was based on school census. The school census collects only a limited range of statutory indicators for 5-16 age range. This should be noted when interpreting the outputs produced. It is also important to note not all data is mandatory in the School Census and therefore could not be used as a comparator for all indicators.

3. Local context

Barnet is a suburban North London borough and is a great place to live for most families, children and young people, with some of the best schools in the country, some of the best parks and open spaces in London, and low levels of unemployment.

Barnet is the largest borough in London by population and is continuing to grow. The population of 93,590 children and young people (0 – 19) remains the second largest in London and accounts for one quarter of Barnet's overall population. This is estimated to grow by 6% between 2015 and 2020 when it will reach 98,914. Population growth is linked to the large-scale regeneration projects and migration, with the GLA estimating a net international migration into Barnet of almost 50,000 people over the period 2002 – 2013.

Barnet's population is diverse and is projected to become increasingly diverse. The overall Black, Asian and Minority Ethnic (BAME) population is projected to increase from 39% to 44% of the total Barnet population. This diversity is amplified for children and young people, there are more children from BAME groups in the 0 – 9 age group, than there are white children.

Although by religion, Christianity is the largest faith community in Barnet accounting for 41% of the total population. There is a significant Jewish and Muslim population. Judaism is the second most common religion (15%), this equates to 1 in 5 of all Jewish people in England and Wales living in Barnet. The Muslim community accounts for 10.3% of the community.

19% of children under five (5,000 children) live in low income families and the west of the Borough has the highest concentration of more deprived LSOAs, with the highest levels of deprivation in Colindale, West Hendon and Burnt Oak.

Children in Barnet achieve good levels of educational attainment against statistical neighbours and national averages. However, the attainment for disadvantaged groups against their peers in Barnet has widened compared to the London gap (CJJ to investigate). Furthermore, although participation at 16 is good in Barnet, there are specific issues for some young people who attend college rather than a school sixth form who become NEET at the age of 17.

Barnet has had relatively low levels of CIN, CP and CIC per 10,000 of the population compared to national and statistical neighbours. Analysis and modelling undertaken has shown that once population characteristics, including religion, are taken into account Barnet's rates are not significantly different from the rates of other local authorities.

Barnet is well known for the excellent quality of its schools and the diversity of its educational offer. These are at the heart of Barnet's continuing success as a desirable place where people want to live, work and study. Excellent educational outcomes and ensuring children and young people are equipped to meet the needs of employers are vital to Barnet's future success.

Barnet has 125 schools serving 54,524 pupils. There are 22 secondary schools, 90 primary schools, three all through schools, four nursery schools, four special schools and two pupil referral units. The number of pupils is growing and although there has been a substantial investment programme to provide new school places, more still are required as we move towards the end of the decade.

In recent years, children's achievements in Barnet's schools at all key stages have been among the very best in the country and a high proportion of Barnet's young people progress on to higher education. Over 90% of Barnet pupils are at schools which were graded good or better at their last Ofsted inspection.

We want to make Barnet the most Family Friendly Borough by 2020. Our strategy to achieve this is to focus on developing families' resilience, which evidence tells us is pivotal to delivering the best outcomes for children and young people. The role that schools play in the day to day life of children and their families provides a unique opportunity to promote and embed resilience. Resilience based practice sits at the heart of improving outcomes for children and young people; an approach that is based on looking for strengths and opportunities to build on, rather than for issues or problems to treat.

At the same time our education vision recognises the barriers facing many disadvantaged and vulnerable children and young people and includes a clear commitment to accelerating their progress and closing the gap between them and their peers.

In April 2016, the council entered into a seven-year strategic partnership with Cambridge Education (trading as Mott Macdonald) for the provision of its education services, an arrangement that is governed in partnership with schools. Partnership with schools, between schools and between the education service and other agencies is key to the continuing success of our schools and young people,

The council is committed to maintaining an active role in working with schools to ensure the continued and growing success of education in Barnet. We recognise and welcome the growing diversity of governance models amongst our schools and the changing role of the local authority but we believe in investing in education, in championing the needs and aspirations of children and young people and in taking a strategic pro-active approach to ensuring we have sufficient school places, a high quality educational offer in all our schools and that we and schools work together to meet the needs and promote the achievement of all pupils, including the most vulnerable and disadvantaged.

The partnership with Cambridge Education aims to maintain Barnet's excellent education offer and the good relationship between the council and schools, whilst also achieving the budget savings required by changes in local authority funding. This is a significant challenge but we have made a good start in addressing it. There was a smooth transfer of all services previously provided to schools and the council, and new governance and performance monitoring regimes have been put in place. We have also completed a number of service reviews in order to identify opportunities for service improvement, business development and efficiency savings.

3.1 Pupil and Parent Voice

Barnet is committed to ensure that one of the strongest themes running through the Children and Families Act and the SEND code of practice is that children and their families should be at the centre of our service delivery and development. This happens on an individual level though the assessment and EHC planning processes around a child and also at the strategic planning level.

Co-production is a key strategic priority of the Barnet SEND partnership This means putting the views of parent carers at the heart of shaping the services we deliver and highlighting strengths and areas for improvement. Barnet Voice of the Child team and Barnet Youth Development Group have established a SEND youth voice forum working with the SENDIASS team and Cambridge Education. The aim of the youth voice forum is to ensure that children and young people with SEND are able to have a say in decision making that affects their lives.

Insight has recently been gathered from young people at our SEND youth voice forum. Insight was also collected through the youth parliament, focus groups and youthorium.

Youth Parliament Survey

- Online survey
- Up to 7899 CYP responded
- Prescribed responses to questions asked.

- School focus groups and Youthorium
  - 18 focus groups delivered in schools, PRU, specialist schools, faith schools and VCS groups. Just over 200 CYP people participated. Use of technology and face to face facilitation throughout.
  - Youthorium; youth conference attended by 108 CYP people.
  - Blend of prescribed answers to closed questions and open questions

Figure 2 The Youth Parliament survey asked "Which of the following would you approach for support about mental health issues?" these are the results that came from this. Source: CAMHS

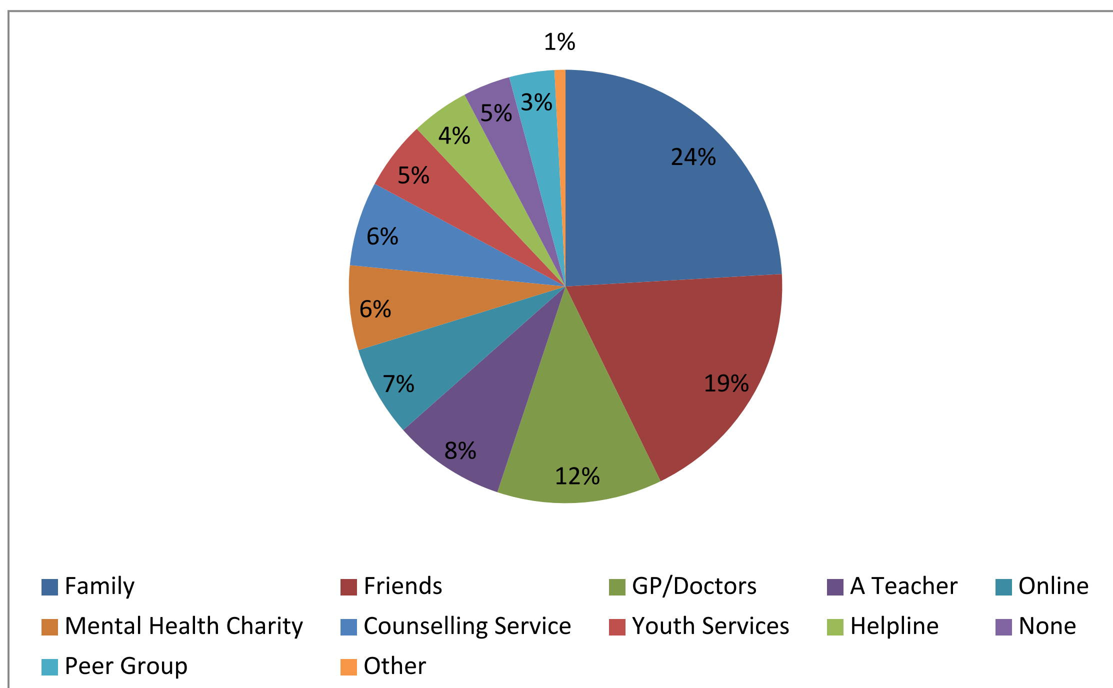
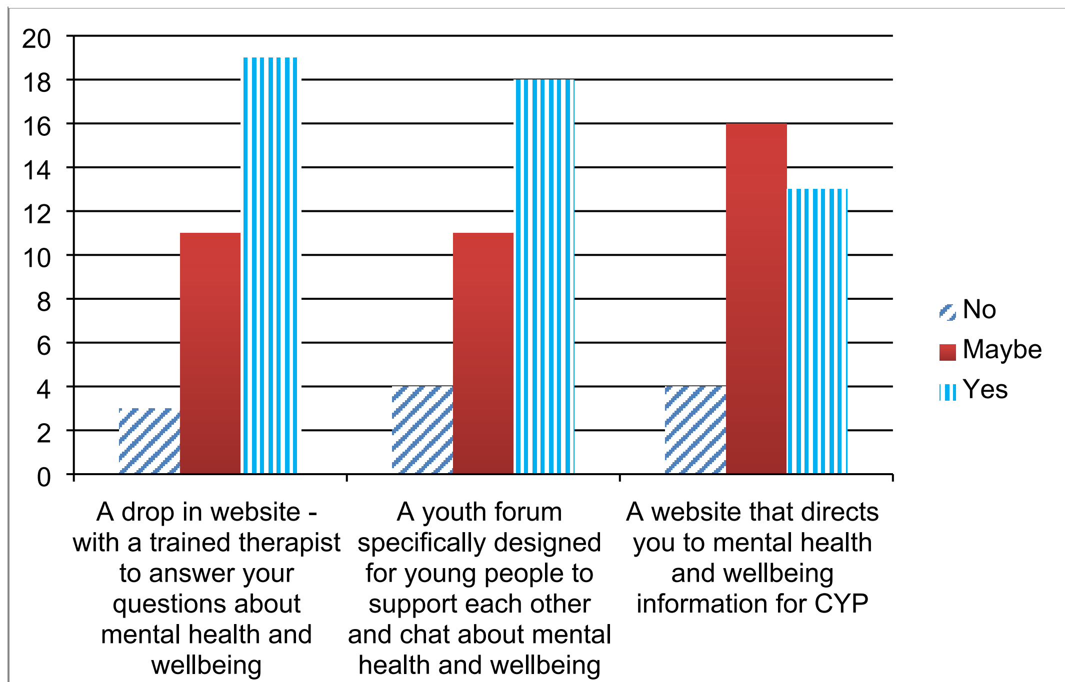


Figure 3 Feedback from children and young people on how they would like to receive support from CAMHS (Question: 'Out of these options, which would you use with regards to emotional wellbeing?') Source: CAMHS



3.2 Co-production with families

Co-production is a key strategic priority of the Barnet SEND partnership This means putting the views of parent carers at the heart of shaping the services we deliver and highlighting strengths and areas for improvement. The importance of listening to the views of parents and carers is enshrined within the Children and Families Act 2014.

Barnet Parent Carer Forum is made up of parent and family carers for children and young people with SEND. It works with London Borough of Barnet and Barnet Clinical Commissioning Group (CCG) to shape the development of services and ensure that the voices of parents and listened to and responded to. Barnet Parent Carer Forum is part of the National Network of Parent Carer Forums (NNPCF). NNPCF representatives, who are all parent carers, work with a broad range of organisations including Department of Education, Department of Health, Council for Disabled Children, British Academy of Childhood Disability and IPSEA.

The Barnet Local Offer is an accessible and comprehensive source of information for children and young people with Special Educational Needs and Disabilities (SEND), their families and professionals access. It includes information about education, health and care services, leisure activities and support groups in their local area.

Barnet's Local Offer is co-produced with input from schools, local community organisations, London Borough of Barnet and children, young people and families. Visitors to the site are able to provide feedback on the site and London Borough of Barnet are continually looking for opportunities to enhance the Local Offer to make it more engaging and easy to use and increase input from across the Barnet community.

4. What do We Know about Children and Young People with Special Educational Needs & Disabilities?

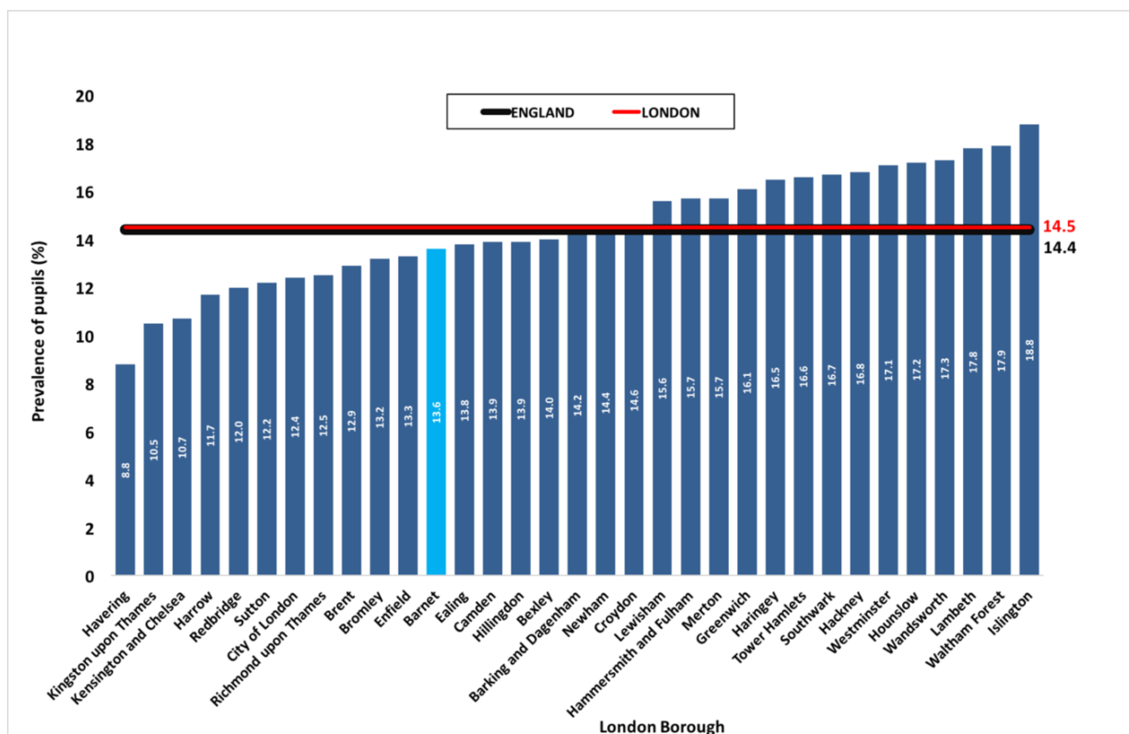
Barnet has the largest population of any London borough (GLA 2017 estimate, 389,600). By 2039, the borough's population is expected to exceed 450,000[2] . While this growth will affect all age groups, the number of children and older people will increase at a faster rate than the population as a whole[3]. In 2015, the general fertility rate (GFR) was 64.5 per 1,000 women of reproductive age (ages 15 to 44 years), a 3% increase from 2005[4]. Additionally, the net increase of children ages 0-19 from 2014-15 was 870[5]. By 2039, the number of children ages 0-19 will increase by about 7,000 with the greatest expansion expected in the south and west of the borough[6].

[2] GLA. (updated 2017). GLA Population Projections: Custom Age Tables. Retrieved from, https://data.london.gov.uk/dataset/gla-population-projections-custom-age-tables
[3] *Barnet Housing Strategy 2015 to 2025*. Barnet Council, 2015, p. 11. https://www.barnet.gov.uk/dam/jcr:b49187f8-d93a-41c8-9f32-57e8f49a15ae/Approved%20Housing%20Strategy%202015%20to%202025.pdf
[4] GLA. (2015). Births & Fertility Rates by London Borough. https://data.london.gov.uk/dataset/births-and-fertility-rates-borough
[5] GLA. (updated 2017). GLA Population Projections: Custom Age Tables. Retrieved from, https://data.london.gov.uk/dataset/gla-population-projections-custom-age-tables
[6] *Barnet's Joint Strategic Needs Assessment 2015–2020*. London Borough of Barnet, 2015, p. 24. https://www.barnet.gov.uk/jsna-home

4.1 Local Prevalence

In 2016, the proportion of identified SEND pupils in Barnet was 13.6%, slightly lower than the London and England averages. This equated to 8,637 students.

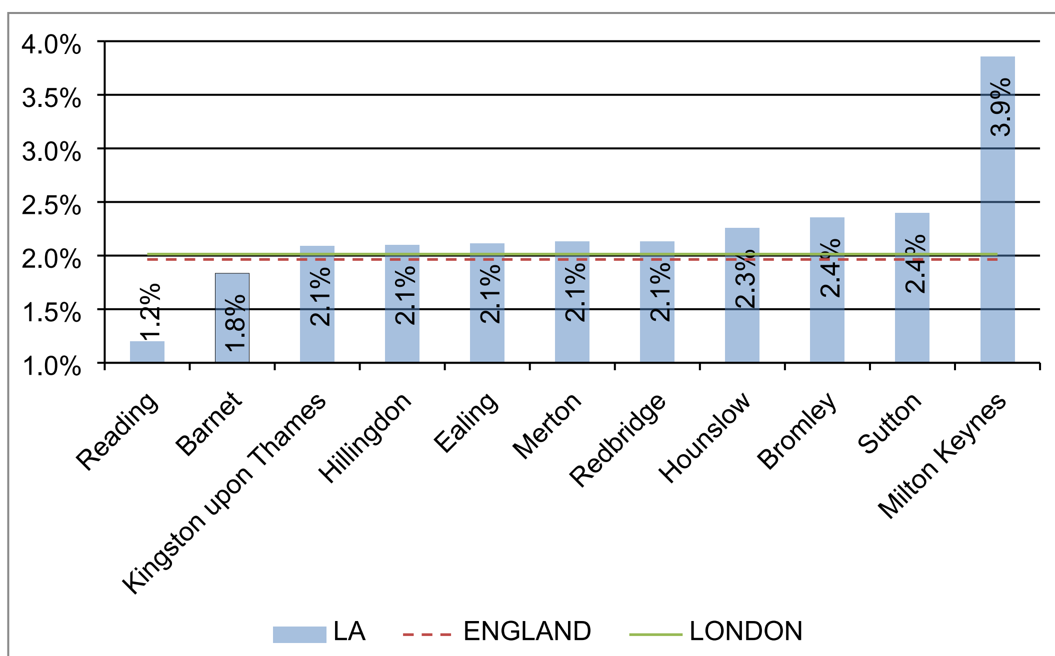
Figure 4 **Total prevalence of SEND across all London boroughs in 2016 (as identified as Statements/EHCP/SEN Support). Source: SEN statistics, Department for Education (2016).**



For whom the LA maintains a statement of SEN or EHC Plan?

1.8% of Barnet's resident population have a statement of SEN or an EHC Plan. This is below the national and London average, and below Barnet's statistical neighbours.

Figure 5 **% of Resident Population (ONS midyear estimates) for whom the LA maintains a Statement of SEN or EHC Plan, 2016. Source: DfE SFR29/2016 and ONS Population Estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2015**



Statements of SEN or EHC Plan within Barnet Schools

2.6% of Barnet's school population have a statement of SEN or EHC plan this is below the national average and below the majority of Barnet's statistical neighbours.

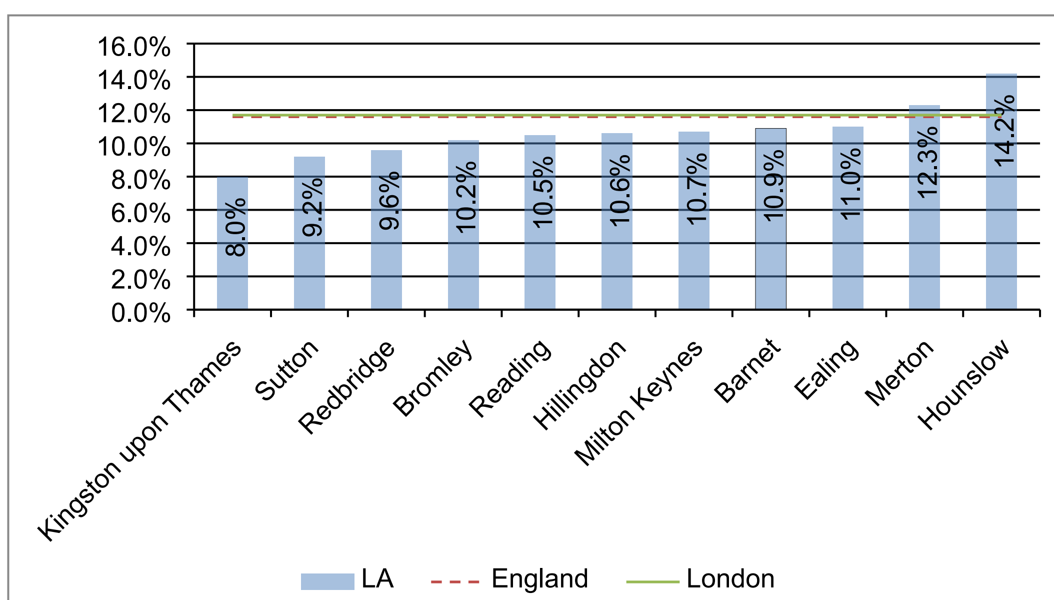
Figure 6 Prevalence of Barnet school population with Statement of SEN or EHC Plan, 2016 Source: DfE SFR29/2016

Peer moderation of SEND identification is underway to provide assurance that prevalence rates reflect local need; however current internal analysis indicates that Barnet's low prevalence rates reflect confident and competent practice within early years settings and schools, who are increasingly able to meet SEND needs without additional resources.

Special Educational Needs without a Statement of SEN or EHC Plan within Barnet Schools

10.9% of the Barnet school population have Special Educational Needs without a statement or EHC plan. This is below the national average but higher than the majority of statistical neighbours.

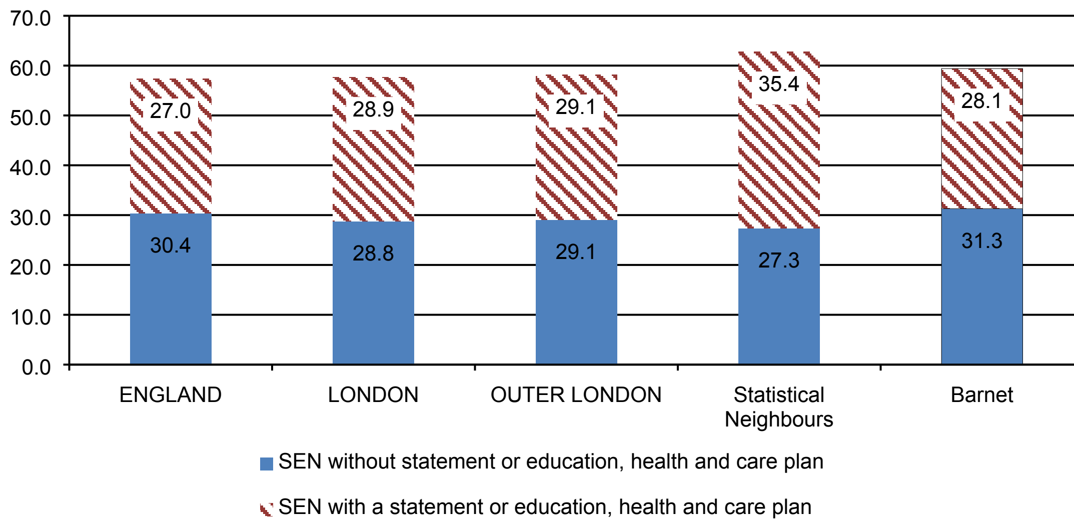
Figure 7 **Prevalence of Barnet school population with Special Educational Needs without a Statement or SEN or EHC Plan, 2016. Source: DfE SFR29/2016**



Looked after children with complex needs and disabilities

As at March 2017 10% of our Looked After Children were recorded with a disability. The stresses and strains of caring for a child with a disability are reflected in this figure 8. The Children's Social Care service currently case manages 36 Looked After Children (13 of which are Out of Borough – in External Residential Placements). 18 children/ Young People are in residential care, which have SEND statements (this represents 5% of LAC).

Figure 8Looked After Children with SEND. Source: DfE SFR12/2017.

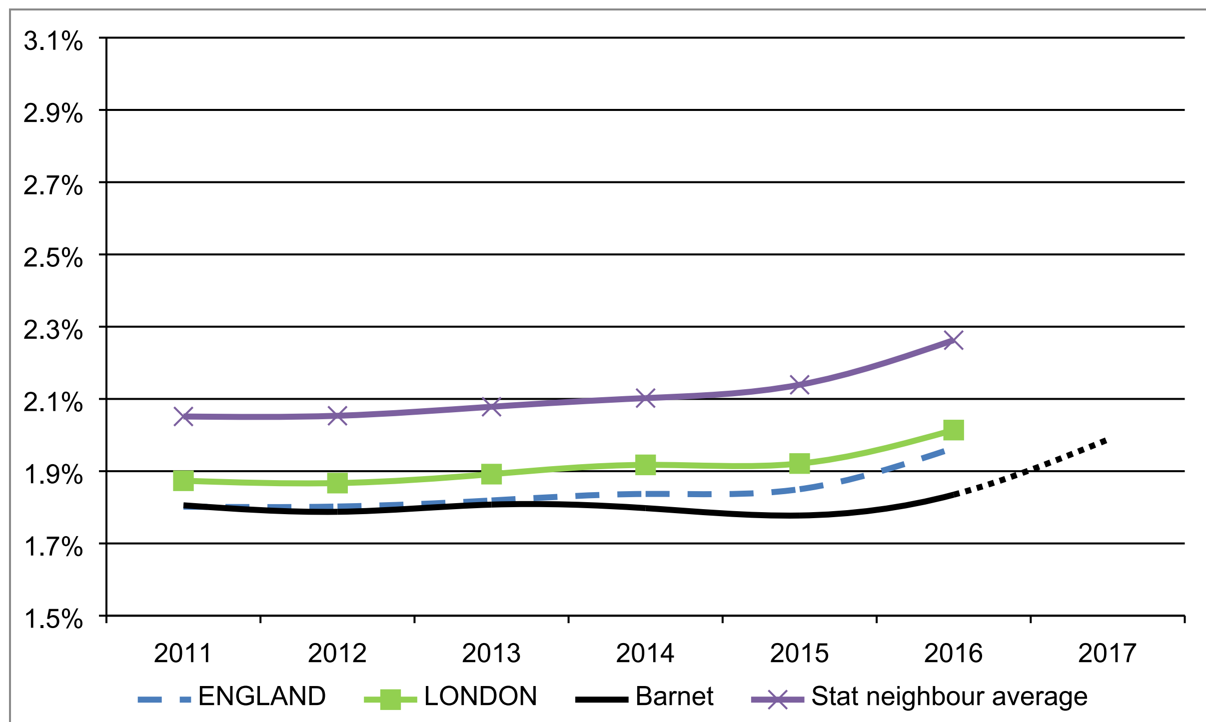


Trend

4.1.1 For whom the LA maintains a statement of SEN or EHC Plan

The prevalence of statements of SEN or EHC Plans within the resident population of Barnet remained fairly stable between 1.75% and 1.8% between 2011 and 2015. There appears to be an increase in the prevalence in 2016 for all comparators, and the 2017 data for Barnet suggests this is set to continue to increase in 2017 although the national and London 2017 data is not yet available.

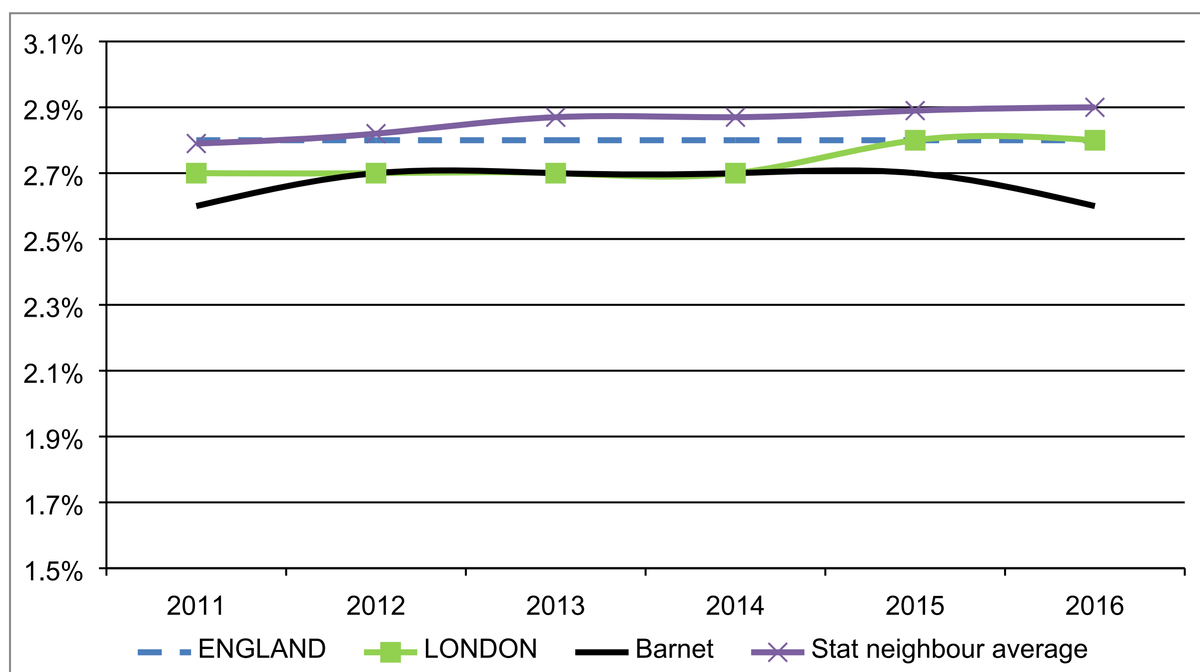
Figure 9 **prevalence of Statements of SEN or EHC Plan within the Resident Population, Trend Source: DfE SFR29/2016 and ONS Population Estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2015**



4.1.2 Statements of SEN or EHC Plan within Barnet Schools

The prevalence of Statements of SEN or EHC Plans within Barnet's school population is higher than within the resident population (2.6% in the school population in 2016, compared to 1.84% for the resident population). Barnet's prevalence rate has remained between 2011 and 2017, whilst the prevalence for statistical neighbours and London has gradually increased over time.

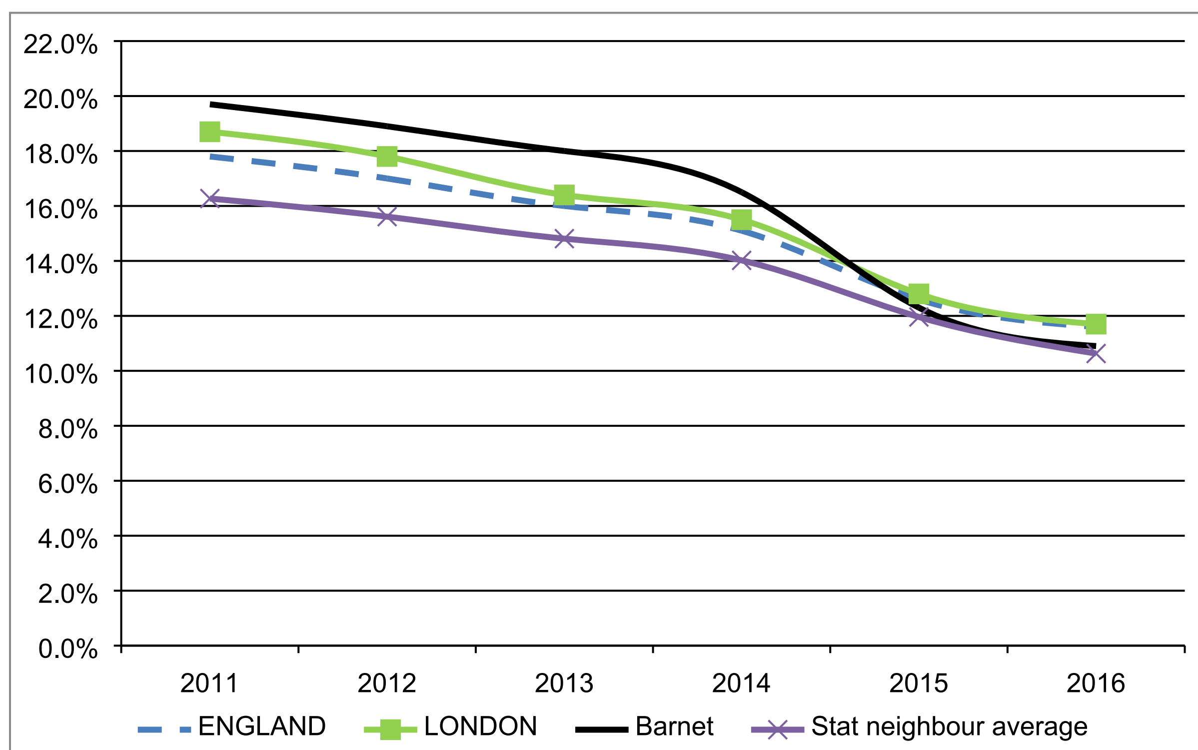
Figure 10 **Prevalence of Statements of SEN or EHC Plan within the School Population, Trend Source: DfE SFR14/2011, SFR14/2012, SFR30/2013, SFR26/2014, SFR25/2015, SFR29/2016**



4.1.3 Special Educational Needs without a Statement of SEN or EHC Plan within Barnet Schools

The prevalence of Special Education Needs without a Statement of SEN or EHC Plan within the school population in Barnet schools has fallen more than the national, London and statistical neighbour average since 2011. The impact of the new SEN Code of Practice and Children's and Families Act, 2014 can be seen between 2014 and 2015 in the sharp drop nationally, regionally and locally.

Figure 11 **Prevalence of Special Educational Needs (without a Statement of SEN or EHC Plan) within the School Population, Trend. Source: DfE SFR14/2011, SFR14/2012, SFR30/2013, SFR26/2014, SFR25/2015, SFR29/2016**

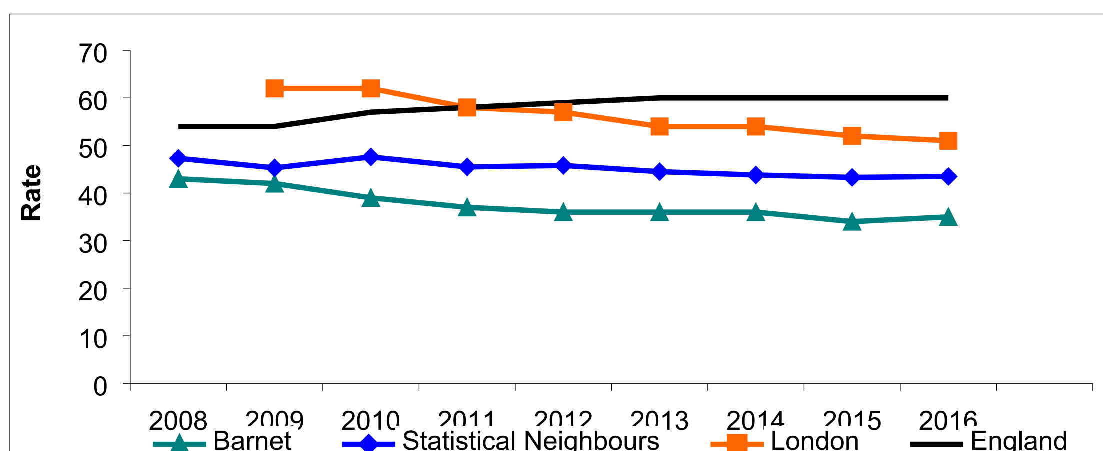


Following analysis on this, it appears that during 2013 and 2014, there was some over identification of pupils at school action plus. These numbers where then revised following the reforms in September 2014. This led to a significant downturn.

4.1.4 LAC Current picture and Trend

Comparisons with national and statistical neighbour data on the rate of children who are looked after shows that the Barnet rate, at 35 per 10,000, is lower than the national average of 60 per 10,000, the London average of 51 per 10,000 and our statistical neighbour at 43.5 per 10,000.

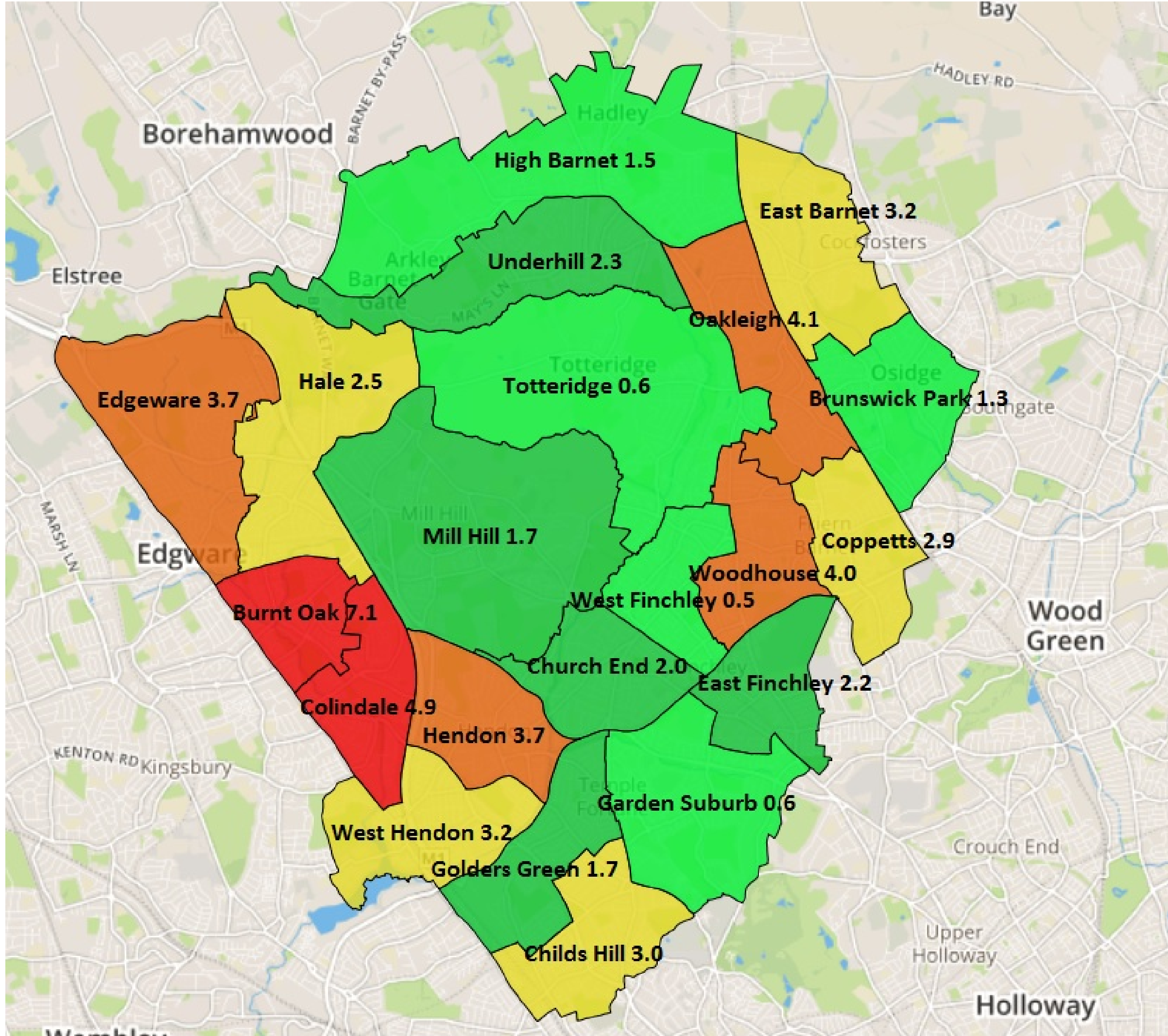
Figure 12 Children looked after at 31 March 2008 to 2016, rate of children per 10,000 comparing Barnet with Statistical Neighbours, London and England. Source: LAIT



4.1.5 Geography of LAC

Based on ward of family residence: Burnt Oak and Colindale have the highest number of children looked after. This is in keeping with the concentration of deprivation along the borough's western corridor (see 13).

Figure 13 Numbers of Looked After Children by ward, 2016/17 Source: Department of Education



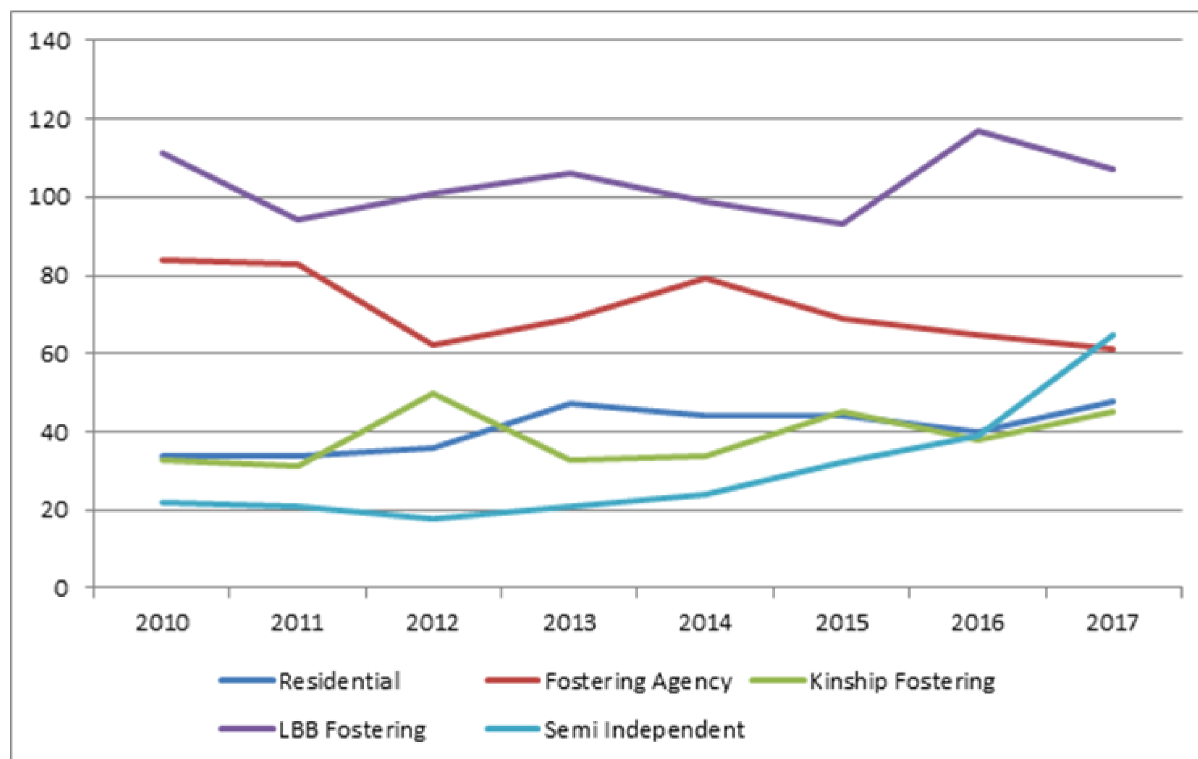
Below are key findings of placement type of Looked After Children as at March 2017 (see Figure 13):

49% in foster care placements (17% in agency foster care and 32% in in-house foster care). Over the past 2 years there has been a decrease in agency foster care (24% - 17%) and in-house foster care has remained largely static (32%).

10% of the Looked After Children cohort have a disability, with 3% placed in residential accommodation. Over the past 2 years there have not been any major changes in the numbers of

LAC children in residential care (8% - 10%). 48% of those in external residential accommodation have SEN.

Figure 14 Distribution of LAC by placement type, 2015/16 to 2016/17



(*Other includes: placed with prospective adopters; Secure accommodation; Semi Independent accommodation; on remand; health trusts, family trusts, etc.)

Future projections have not been included due to the fact that proposed changes to policy will lead to any linear projections being inaccurate.

4.2 Projections

4.2.1 Rationale

- A linear regression has been fitted to the 2015, 2016 and 2017 data points to ensure the impact of the new SEND Code of Practice: 0 to 25 years (2015) is fully reflected.
- As only two time periods have been used for forecasting purposes, the total number of forecasting periods used are equal to the total number of ages in the age band minus 2 (for age bands 5-10 and 11-15).

- The purpose of this constraint is to ensure that the forecast prevalence does not exceed operational capacity (e.g. rate of plan processing, etc.) yet allows for differences in the rate of transfers within each age within age bands.
- The Under 5s age band prevalence has been held constant as it was felt there was a stable balance between rate of increase of prevalence and high quality early intervention.
- The 16 to 19 age band prevalence and 20 to 25 age band prevalence has been held constant after one year as it was felt, due to Barnet's SEND processes, most children and young people who would choose to extend their EHC Plan would have been reflected in the 2017 data.
- The overall forecast is calculated from the aggregation of the individual age band forecasts to incorporate and accurately reflect the range of impact of the new SEN code of practice across the difference age bands.

Figure 15 **Forecasted prevalence of SEND population ages 0-25 years, Barnet. Source: GLA Central Trend-based projection (housing linked); GLA Central Trend based projection (housing linked, ward level); SEN2 Data 2012 to 2017; Tribal extract February 2017.**

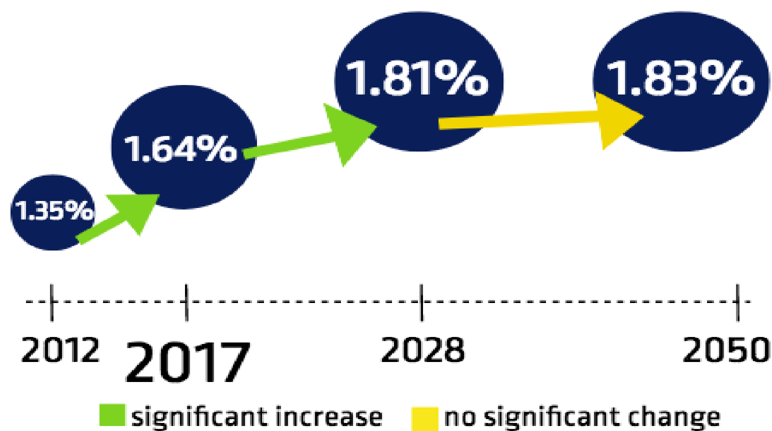


Table 1 **Forecast Numbers Source:GLA**

	SEND Prevalence						Numbers of SEND					
Year	**Under age 5**	**Aged 5 to 10**	**Aged 11 to 15**	**Aged 16 to 19**	**Aged 20 to 25**	**TOTAL**	**Under age 5**	**Aged 5 to 10**	**Aged 11 to 15**	**Aged 16 to 19**	**Aged 20 to 25**	**TOTAL**
2012	0.44%	2.22%	3.36%	1.22%	0.00%	1.35%	120	622	719	198	0	1659

	SEND Prevalence						Numbers of SEND					
Year	**Under age 5**	**Aged 5 to 10**	**Aged 11 to 15**	**Aged 16 to 19**	**Aged 20 to 25**	**TOTAL**	**Under age 5**	**Aged 5 to 10**	**Aged 11 to 15**	**Aged 16 to 19**	**Aged 20 to 25**	**TOTAL**
2013	0.42%	2.28%	3.30%	1.34%	0.00%	1.39%	116	664	708	224	0	1712
2014	0.41%	2.25%	3.16%	1.51%	0.00%	1.39%	112	676	688	251	0	1727
2015	0.43%	2.33%	3.03%	1.36%	0.00%	1.38%	118	723	665	225	0	1731
2016	0.30%	2.35%	3.02%	1.86%	0.00%	1.44%	80	753	675	309	0	1817
2017	0.37%	2.38%	3.16%	2.34%	0.32%	1.64%	97	780	733	386	92	2088
2018	0.37%	2.38%	3.18%	2.83%	0.43%	1.74%	98	786	766	466	123	2240
2019	0.37%	2.40%	3.24%	2.83%	0.43%	1.77%	98	791	809	472	124	2294
2020	0.37%	2.42%	3.30%	2.83%	0.43%	1.79%	98	797	849	478	123	2346
2021	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	98	801	875	493	123	2392
2022	0.37%	2.44%	3.30%	2.83%	0.43%	1.82%	99	795	898	512	124	2428
2023	0.37%	2.44%	3.30%	2.83%	0.43%	1.83%	99	785	920	530	124	2458
2024	0.37%	2.44%	3.30%	2.83%	0.43%	1.83%	99	786	921	552	124	2482
2025	0.37%	2.44%	3.30%	2.83%	0.43%	1.84%	99	788	924	565	125	2500
2026	0.37%	2.44%	3.30%	2.83%	0.43%	1.83%	100	792	918	578	127	2515
2027	0.37%	2.44%	3.30%	2.83%	0.43%	1.82%	100	795	910	593	131	2529
2028	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	101	799	899	607	135	2540
2029	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	102	804	901	609	138	2553
2030	0.37%	2.44%	3.30%	2.83%	0.43%	1.80%	103	808	905	606	142	2563
2031	0.37%	2.44%	3.30%	2.83%	0.43%	1.79%	103	813	911	598	145	2571
2032	0.37%	2.44%	3.30%	2.83%	0.43%	1.78%	104	815	914	584	146	2563
2033	0.37%	2.44%	3.30%	2.83%	0.43%	1.78%	104	817	915	581	146	2563
2034	0.37%	2.44%	3.30%	2.83%	0.43%	1.79%	104	818	916	582	144	2564
2035	0.37%	2.44%	3.30%	2.83%	0.43%	1.79%	103	819	918	583	143	2567
2036	0.37%	2.44%	3.30%	2.83%	0.43%	1.80%	103	820	919	584	142	2569
2037	0.37%	2.44%	3.30%	2.83%	0.43%	1.80%	103	821	921	585	140	2571
2038	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	103	822	922	586	139	2572
2039	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	103	822	924	586	138	2574
2040	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	103	822	926	587	138	2576
2041	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	103	821	927	588	139	2578
2042	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	104	821	928	586	138	2576
2043	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	104	821	929	584	138	2575
2044	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	104	822	929	582	137	2574
2045	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	104	824	930	581	136	2576
2046	0.37%	2.44%	3.30%	2.83%	0.43%	1.81%	104	826	932	580	135	2577
2047	0.37%	2.44%	3.30%	2.83%	0.43%	1.82%	104	830	933	578	134	2579

	SEND Prevalence						Numbers of SEND					
Year	**Under age 5**	**Aged 5 to 10**	**Aged 11 to 15**	**Aged 16 to 19**	**Aged 20 to 25**	**TOTAL**	**Under age 5**	**Aged 5 to 10**	**Aged 11 to 15**	**Aged 16 to 19**	**Aged 20 to 25**	**TOTAL**
2048	0.37%	2.44%	3.30%	2.83%	0.43%	1.82%	104	833	935	577	133	2582
2049	0.37%	2.44%	3.30%	2.83%	0.43%	1.82%	104	836	938	575	132	2586
2050	0.37%	2.44%	3.30%	2.83%	0.43%	1.83%	104	840	942	574	131	2590

Figure 16 **projected number of SEND pupils in Barnet Source: GLA Central Trend- based projection (housing linked); GLA Central Trend based projection (housing linked) ward level); SEN2 Data 2012 to 2017; Tribal extract February 2017.**

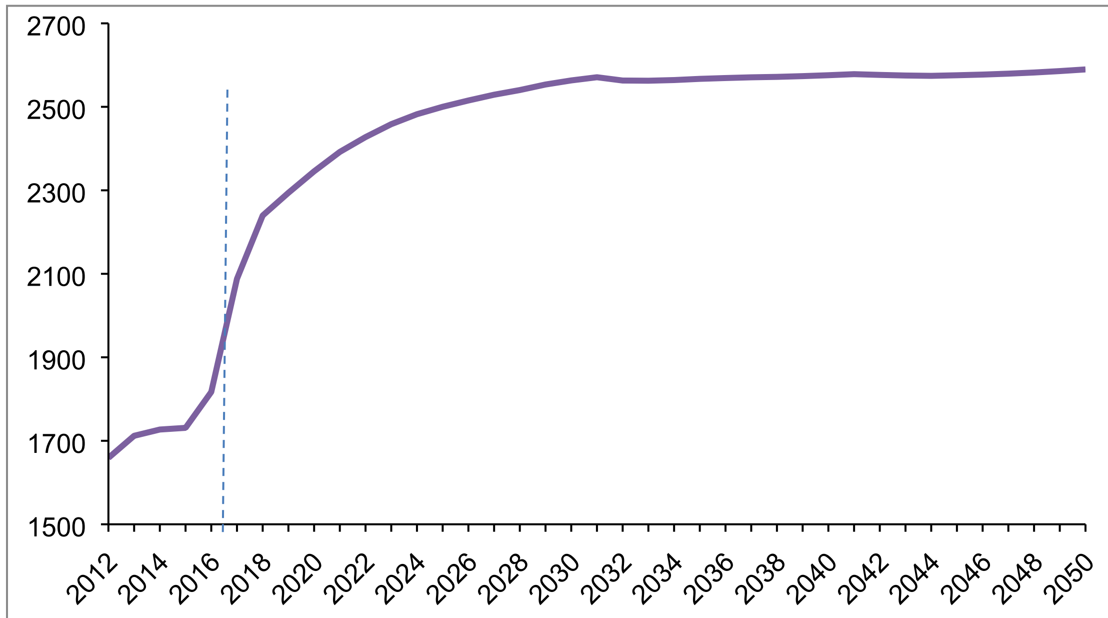


Figure 17 **Prevalence of SEND by age cohort (2017) and projected prevalence (2050), Barnet. GLA Central Trend-based projection (housing linked); GLA Central Trend based projection (housing linked, ward level); SEN2 Data 2012 to 2017; Tribal extract February 2017.**

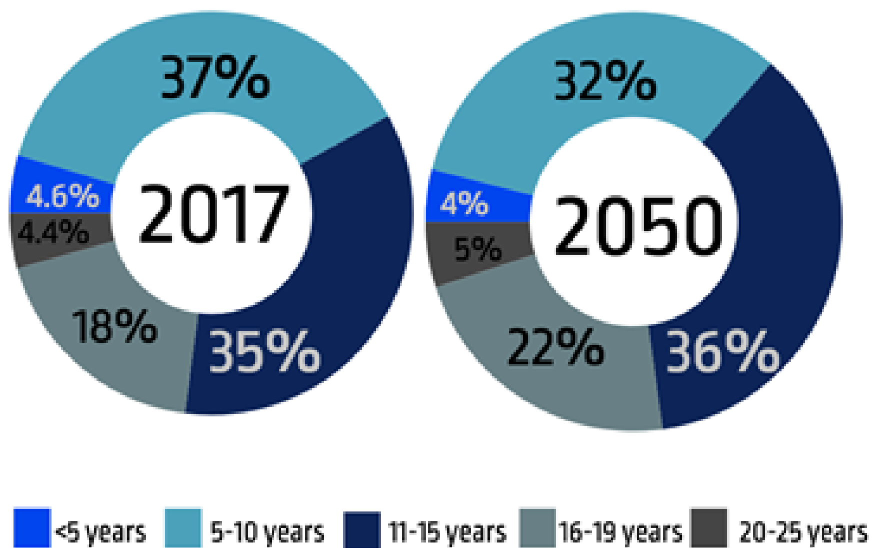
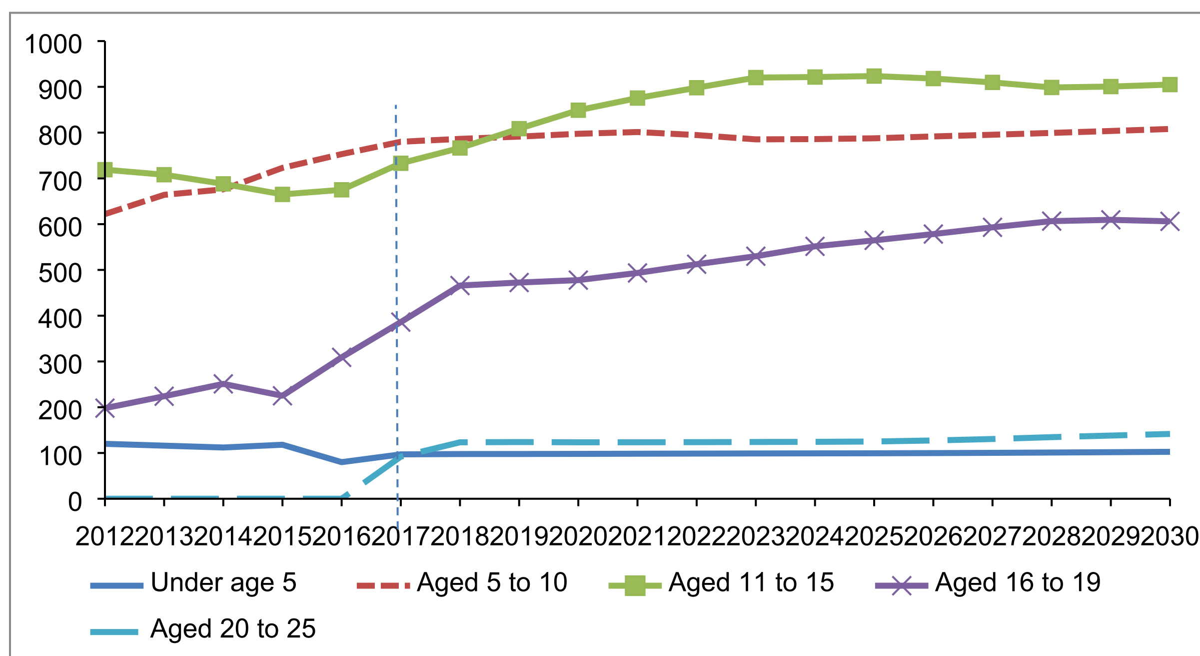


Figure 18 **Projected Number of SEND Pupils by Age Band Source: GLA Central Trend- based projection (housing linked); GLA Central Trend based projection (housing linked) ward level); SEN2 Data 2012 to 2017; Tribal extract February 2017.**



4.2.2 Type of SEND projections

Need has been apportioned out according to SEND EHCP/Statements as of February 2017.

Table 2 **SEND projections by type of SEND Source: GLA Central Trend- based projection (housing linked); GLA Central Trend based projection (housing linked) ward level); SEN2 Data 2012 to 2017; Tribal extract February 2017.**

Year	TOTAL	Autistic Spectrum Disorder	Hearing Impairment	Moderate Learning Difficulties	Multi-Sensory Impairment	Physical Difficulties	Profound and Multiple Learning Difficult	Severe Learning Difficulties	Social, Emotional & Mental Health (SEMH)	Specific Learning Difficulty	Speech And Language Communication Needs	Visual Impairment	Other Difficulty/Disability
2015	1731	582	46	161	9	151	19	40	194	62	409	27	33
2016	1817	597	48	169	8	159	22	43	210	65	434	28	34
2017	2088	684	55	213	9	183	30	48	238	72	488	32	37
2018	2240	726	59	234	9	197	35	51	258	77	522	34	39
2019	2294	739	61	239	9	202	35	52	266	79	536	35	40

2020	2346	752	62	244	9	207	36	54	274	82	549	36	41
2021	2392	764	64	249	10	211	36	55	281	84	561	37	42
2022	2428	771	65	253	10	215	37	55	287	85	571	38	42
2023	2458	776	66	256	10	218	38	56	293	87	579	38	42
2024	2482	783	67	259	10	220	39	57	297	88	584	39	42
2025	2500	788	67	261	10	222	39	57	299	88	589	39	43
2026	2515	793	68	263	10	223	40	57	301	89	592	39	43
2027	2529	798	68	265	10	225	40	58	302	89	594	39	43
2028	2540	802	68	267	10	226	41	58	302	89	596	39	43
2029	2553	807	69	269	10	227	41	58	304	89	599	39	43
2030	2563	811	69	270	10	228	42	58	304	89	601	39	43
2031	2571	814	69	272	10	228	42	58	305	90	602	40	43
2032	2563	812	69	271	10	227	41	58	303	89	600	39	43

4.2.3 Type of SEND – Primary and Secondary

The 5-10 age band (i.e. Years 1 to Year 6) and 40% of the 0-5 age band (to account for the age-related interaction of having an EHCP for the Reception cohort) has been combined to calculate the primary population.

Table 3 : Type of SEND – Primary Source: GLA Central Trend- based projection (housing linked); GLA Central Trend based projection (housing linked) ward level); SEN2 Data 2012 to 2017; Tribal extract February 2017.

Year	**PRIMARY**	**Autistic Spectrum Disorder**	**Hearing Impairment**	**Moderate Learning Difficulties**	**Multi-Sensory Impairment**	**Physical Difficulties**	**Profound and Multiple Learning Difficult**	**Severe Learning Difficulties**	**Social, Emotional & Mental Health (SEMH)**	**Specific Learning Difficulty**	**Speech Language And Communication Needs**	**Visual Impairment**	**Other Difficulty/Disability**
2015	782	346	17	66	6	63	6	20	48	17	167	9	17
2016	793	348	17	66	6	63	6	21	49	18	172	9	18
2017	829	365	18	69	6	66	6	22	51	18	179	9	18
2018	835	368	18	70	7	67	6	22	52	19	181	10	19
2019	840	370	18	70	7	67	6	22	52	19	182	10	19

2020	846	373	18	71	7	68	6	22	52	19	183	10	19
2021	850	374	18	71	7	68	6	23	53	19	184	10	19
2022	844	372	18	71	7	68	6	22	52	19	182	10	19
2023	835	368	18	70	7	67	6	22	52	19	180	10	19
2024	835	368	18	70	7	67	6	22	52	19	181	10	19
2025	837	369	18	70	7	67	6	22	52	19	181	10	19
Growth 2025	9	4	0	1	0	1	0	0	1	0	2	0	0
Specialist Req	4	2	0	0	0	0	0	0	0	0	1	0	0
2026	841	371	18	70	7	67	6	22	52	19	182	10	19
2027	846	372	18	71	7	68	6	22	52	19	183	10	19
2028	850	374	18	71	7	68	6	22	53	19	184	10	19
2029	854	376	19	71	7	68	6	23	53	19	185	10	19
2030	859	378	19	72	7	69	6	23	53	19	186	10	19
Growth 2030	31	14	1	3	0	2	0	1	2	1	7	0	1
Specialist Req	14	7	0	1	0	0	0	1	1	0	3	0	0
2031	864	381	19	72	7	69	6	23	53	19	187	10	19
2032	867	382	19	72	7	69	6	23	54	19	187	10	19

The secondary population includes the 11-15 year old population (i.e. Years 7 to 11).

Table 4Type of SEND – Secondary Source: GLA Central Trend- based projection (housing linked); GLA Central Trend based projection (housing linked) ward level); SEN2 Data 2012 to 2017; Tribal extract February 2017.

Year	**SECONDARY**	**Autistic Spectrum Disorder**	**Hearing Impairment**	**Moderate Learning Difficulties**	**Multi-Sensory Impairment**	**Physical Difficulties**	**Profound and Multiple Learning Difficult**	**Severe Learning Difficulties**	**Social, Emotional & Mental Health (SEMH)**	**Specific Learning Difficulty**	**Speech Language and Communication Needs**	**Visual Impairment**	**Other Difficulty/Disability**
2015	665	145	19	62	2	60	5	14	112	36	181	14	14
2016	675	147	19	63	2	61	5	15	114	37	184	15	15
2017	733	160	21	69	2	66	5	16	124	40	199	16	16
2018	766	167	22	72	2	69	5	17	129	42	209	17	17
2019	809	176	23	76	2	73	6	18	136	44	220	18	18
2020	849	185	24	80	2	76	6	18	143	46	231	18	18
2021	875	191	25	82	2	79	6	19	148	48	238	19	19

2022	898	195	26	84	2	81	6	20	152	49	244	20	20
2023	920	200	26	86	3	83	6	20	155	50	250	20	20
2024	921	201	26	86	3	83	6	20	155	50	251	20	20
2025	924	201	26	87	3	83	6	20	156	50	251	20	20
Growth 2025	191	41	5	18	1	17	1	4	32	10	52	4	4
Specialist Req	78	21	0	9	1	0	1	4	16	0	26	0	0
2026	918	200	26	86	2	82	6	20	155	50	250	20	20
2027	910	198	26	85	2	82	6	20	153	50	248	20	20
2028	899	196	26	84	2	81	6	20	152	49	245	20	20
2029	901	196	26	85	2	81	6	20	152	49	245	20	20
2030	905	197	26	85	2	81	6	20	153	49	246	20	20
Growth 2030	172	37	5	16	0	15	1	4	29	9	47	4	4
Specialist Req	70	19	0	8	0	0	1	4	15	0	23	0	0
2031	911	198	26	86	2	82	6	20	154	50	248	20	20
2032	914	199	26	86	2	82	6	20	154	50	249	20	20

The same proportions of specialist provision requirements have been applied as detailed in Barnet's 'Provision for Children and Young People with Special Educational Needs - Discussion Document for Head teachers, June 2015' to identify the number of additional specialist places required over 2017 to 2025.

4.2.4 Note regarding specialist provision

It is important to recognize that the amount of additional specialist provision may be greater than that identified in this document as:

- In 2015, mainstream schools may have been 'just managing' with some pupils with SEND, whereas these pupils may have benefitted from specialist provision and could therefore increase demand
- There may be changes in the complexity of SEND needs over time which may lead to changes in the proportion of pupils needing specialist provision
- Barnet may choose to make strategic decisions to reduce their dependence on independent placements, resulting in a displacement of demand into maintained specialist provision

4.2.5 SEND Projections by Ward

The projected number of SEND pupils in 2025 and 2030 by Ward, as well as the change between 2017 and 2030 are shown for the 0-15 population (i.e. early years to Year 11) and for the total population (ages 0 to 25). The projected number of SEND pupils has been apportioned based on the proportion in each ward in February 2017, and apportioned out across age bands based on the ward population.

Table 5 SEND Projections by Ward Source: GLA Central Trend- based projection (housing linked); GLA Central Trend based projection (housing linked) ward level); SEN2 Data 2012 to 2017; Tribal extract February 2017.

Borough	2015	2016	2017	2025	2030	Change To 2030
Brunswick Park: 0-15	74	72	85	96	96	+11
Brunswick Park: Total	92	96	111	132	136	+25
Burnt Oak: 0-15	118	115	135	152	153	+17
Burnt Oak: Total	146	153	176	210	216	+40
Childs Hill: 0-15	51	50	59	66	67	+8
Childs Hill: Total	64	67	77	92	94	+17
Colindale: 0-15	111	108	128	144	144	+16
Colindale: Total	137	144	166	198	203	+38
Coppetts: 0-15	59	57	68	76	76	+9
Coppetts: Total	73	76	88	105	108	+20
East Barnet: 0-15	70	69	81	91	91	+10
East Barnet: Total	87	91	105	125	128	+24
East Finchley: 0-15	63	61	72	81	81	+9
East Finchley: Total	78	81	94	112	115	+21
Edgware: 0-15	87	85	100	112	113	+13
Edgware: Total	107	113	130	155	159	+29
Finchley Church End: 0-15	34	33	39	44	44	+5
Finchley Church End: Total	42	44	51	61	62	+12
Garden Suburb: 0-15	36	35	41	47	47	+5
Garden Suburb: Total	44	47	54	64	66	+12
Golders Green: 0-15	81	79	93	105	105	+12
Golders Green: Total	100	105	121	144	148	+27
Hale: 0-15	89	87	102	115	115	+13
Hale: Total	110	115	133	159	163	+30
Hendon: 0-15	50	49	58	65	65	+7
Hendon: Total	62	65	75	89	92	+17

High Barnet: 0-15	57	56	66	74	74	+8
High Barnet: Total	71	75	86	103	105	+19
Mill Hill: 0-15	87	85	100	112	113	+13
Mill Hill: Total	107	113	130	155	159	+29
Oakleigh: 0-15	53	52	61	69	69	+8
Oakleigh: Total	66	69	80	95	98	+18
Totteridge: 0-15	41	40	48	53	54	+6
Totteridge: Total	51	54	62	74	76	+14
Underhill: 0-15	74	72	85	96	96	+11
Underhill: Total	92	96	111	132	136	+25
West Finchley: 0-15	39	38	44	50	50	+6
West Finchley: Total	48	50	58	69	71	+13
West Hendon: 0-15	62	61	71	80	81	+9
West Hendon: Total	77	81	93	111	114	+21
Woodhouse: 0-15	64	62	73	82	82	+9
Woodhouse: Total	78	82	95	113	116	+22

4.2.6 Delivery of additional provision

Barnet's commissioning school places strategy 2015/16 to 2019/20 suggests that, through combining the impact of demographic growth and a desire to reduce dependence on the independent sector, a requirement for the following additional provision before 2019:

Table 6 SEND school place projections. Source: LBB, Education and Skills

	Primary ASD/SLCN	Secondary ASD/SLCN	Secondary SEMH	Secondary MLD/SLD
In addition to 2017 existing provision	3	21/26	16	13

These figures take into account the projects already underway: the expansion of Oak Lodge and Oakleigh Special schools; the new resourced provision developing in the new relocated Orion School; the additional capacity planned at the new Academy Special School intended to replace the Oak Hill annex to Mill Hill Academy. They also assume that the Kisharon Day School, a local independent Special School with 27 places which has plans to become a Free School, can, as planned, expand its capacity to 40 places in its first year of operation, rising to 50 places over time. The increased MLD requirement would best be met by changing the balance of needs met by Oak Lodge and increasing

the additional ASD provision. We are therefore planning on the basis of an additional requirement of a minimum of 6 primary and 11 secondary ASD classes

5. Identification of Children and Young People who have SEND

The initial identification of a potential disability or special educational need can happen in a number of different places but primarily the main areas are: within the home where a parent or carer identifies a difficulty; within health where a health professional identifies concerns; or within an educational establishment where a teacher may express concern with learning. Within SEND learner support, the majority of referrals for very young children come from health professions including health visitors, therapists, paediatricians, other consultants and specialists within the field of Hearing Impairment/Visual Impairment e.g. audiology professionals, although very few referrals are actually via GPs.

Overall the local response to initial SEND identification is good with some variability depending on the age of the child, the type of presenting need, and where the child goes to school. Schools and settings are confident in their understanding and use of what is 'ordinarily available'. The local response to initial SEND identification is good for children and young people who require lower level SEN Support and those who meet the threshold for an EHC needs assessment.

Barnet's children's centres are aware of two-year olds in their locality who have a common assessment (CAF), child in need or child protection plan in place and those centres lead the coordination of progress checks. Speech therapy clinics held at Barnet's children's centres are effective in identifying speech and language needs and referring into the child development team. A broad and high-quality programme of training to improve the identification of SEND is offered to all early years settings. This could be strengthened by training private, voluntary and independent early years settings and schools together.

Barnet developmental paediatrics, SLT and the pre-school teaching team will shortly trial a 'social communication, faster response' clinic. The clinic will be offered to families whose children have been identified as being at higher risk through the one- or two-year check and aims to ensure that children with ASC are identified as soon as possible and provided with the right support.

Commissioners and providers have a clear and consistent understanding of current decision-making and care pathways within their own service areas; work is underway to develop understanding

across the partnership. Barnet CCG recognises the need for clearer, more responsive pathways for children and young people with SEND and reduced waiting times; a specification for a single, integrated 0-25 therapies service is in development and a new service will be in place by April 2018.

5.1 Parental Involvement in Identification

Barnet Parent/ Carer forum

Barnet is committed to Listening to parents/ carers and help them stay involved in the identification process. Parents felt that they controlled the identification process and drove the process around gathering the evidence to support identification. Their experiences of identification of needs by health were poor in particular when needs were less obvious, support from GPs was patchy, complex needs were identified more effectively and this was likely to have been whilst in hospital. This experience in hospital is more likely to have been in early years, and the subsequent access to services more straight forward and the pathway clearer. Young people in transition from Early Years to school without plans in place yet with their needs identified can be challenging, its essential that protocols are in place, and schools are in good shape to support at this time. In later year's identification and subsequent follow up contained gaps in the system particularly around the 2 year integrated health check. The parent experiences of local health visitors is poor and the HV awareness of the SEND reforms can be ill informed. Parents are worried about the identification of mental health issues; unnecessary delays can worsen the problems whilst needs are not being met. They are keen to understand more about the access to mental health services in Barnet schools and how this service performs to meet needs and supports identification of mental health issues.

The support provided by local authority staff in particular the pre-school team was recognised as being very good, although parents also stated that they were aware of large waiting lists to access this service. SENCO support was perceived to be mixed across the area; identification from within this service is seen as an area for improvement. Access to services in particular therapies is variable, thresholds were inconsistent and access to EPs challenging, including undertaking basic observation.

Transitions when led by schools in particular between primary and secondary schools were very good with a good mix of helpful and supportive staff along the way. At other transition points the experience was poor. Post 16 families reported that their children felt isolated, attainment fell and they dropped behind. Transition into adult services including health introduces different working practices and attitudes as to how identification and needs are to be met.

Parents are greatly frustrated when there are differences of professional opinion between schools and parents; often families obtain independent private professional advice to support their child's issues. They have significant concerns around access and the thresholds in place to access social care services. There should be signposting to address these issues as parents can be distressed when working full time, as there is limited time to seek help and support outside the confines of the borough and schools. Parents see a more resilient programme of SEN support in schools as a way to reduce the number of plans issued.

5.2 Identification of SEND Needs by Health

Pre-school children

There is relatively little data about prevalence rates for mental health disorders in pre-school age children. A literature review of four studies looking at 1,021 children aged 2 to 5 years inclusive, found that the average prevalence rate of any mental health disorder was 19.6%[7] .

Development checks in Early Years Settings

Developmental checks in nurseries and clinics identify children with additional needs at an early stage, who are promptly referred to specialist services as required; these referrals have a high rate of acceptance, indicating that most referrals are appropriate. For 2016/17, 70% of two-year-old health reviews are completed; this is being monitored through contract monitoring and performance meetings on a six weekly basis. This is higher than the London average (57%) and slightly lower than the England average (75%). Two-year-old checks are not always integrated, often due to issues of consent, difficultly in synchronising the timings of early year's reviews and the health check, and practitioner availability. The 'Ages and Stages' questionnaire forms the basis of the two-year-old health review and is an accurate, engaging way to screen children for developmental delays; work is required at a national level to make the questionnaire accessible to families who may have English as a second language or who have low levels of literacy. The collation of clinical outcome measures requires improvement. Health visitors run child health clinics for under 5's where assessment, advice and guidance can be given to parents; however parents say these clinics are not always effective in responding to initial SEND concerns. Barnet's children's centres are aware of two-year olds in their locality who have a CAF, child in need or child protection plan in place and coordinate development checks for those children. Speech therapy clinics held at Barnet's children's centres are effective in identifying speech and language needs and generate a significant number of referrals to Barnet's virtual child development service.

[7] https://www.ncbi.nlm.nih.gov/pubmed/16492262

To support families while they are waiting for direct interventions, the Pre-school Teaching Team (PsTT) offer quarterly 'Introduction to the PsTT' sessions; these groups provide support, information and advice to around 30 families a year, and reduces the volume of paperwork required at the commencement of direct work. The PsTT have received very positive feedback from families accessing this provision.

Barnet has a well-established and high quality early years SEND training programme for children's centres and child-minders. All early years settings, children's centres with childcare and CODPs have a named Area SENCo who are proactive in helping to identify children at risk of SEND and offer a core SEND training package, INSET, as well as additional specialist training as required. Therefore settings are confident in their understanding and use of what is 'ordinarily available'.

3.3 Barnet Early Years Alliance (BEYA) is a federation of three 'outstanding' nursery schools and a children's centre; BEYA uses the Early Excellence Assessment Tracker which is effective in identifying children who may have additional needs at the earliest point

The Role of Health Visiting the identification of Need

The health visiting team undertake an assessment of a child's growth and development at every contact either in a community setting or in the family home. Early identification of a delay in a child's growth and development is essential to ensure that relevant services are accessed in a timely way, a referral is made to the appropriate service with parental consent and families are supported through this process.

Referral pathways at point of identification for children and Young People with SEND

Currently the referral pathway for children with mental health and SEND conditions is divided into 0-7 age - Barnet Child Development Service (BCDS.) This is a Paediatrician led service. At 7 years of age, the child or young person will be referred to CAMHS SCAN- Service for Children and Adolescents with Neurodisability The virtual BCDS is well-established, and used by health, education, social care, parents and the voluntary sector. Parents can refer to the service directly. Referrals are reviewed on a weekly basis by a multi-agency team, including a virtual link into CAMHS – that is clinician to clinician telephone consultations, and a single referral form facilitates access to this 'one stop shop' for referrals to all agencies except CAMH in this instance referrals are received through the Access Team.

CAMHS SCAN has its own referral policy as outlined in the CAMHS referral policy for ages 0-17. This is accessible online. The CAMHS Access service provides a central point of referral for professionals to refer young people with mental health concerns. These referrals may then be discussed with the young person, their family, or the referrer in order for the Access team to gather all the relevant information and send the referral to the most appropriate team in this case SCAN or for signposting for other support in the borough. The referral criteria for Barnet SCAN is two-fold, firstly the referred child or adolescent must have a mental health problem as defined in the CAMHS Access Policy and the CYP neurodisability must be at a level where they attend one of the four special schools in Barnet. Some referrals are considered where the CYP attends one of the special educational units with a mainstream school and has a neurodisability such as an IQ below 70.

Referral Rates- the Barnet SCAN for BEHMHT Managers and Barnet Commissioners identified the following referral rates between April 2012 and July 2017.

Referrals to Barnet SCAN	
April 2017 – July 2017	15
April 2016 – March 2017	72
April 2015 – March 2016	69
April 2014 – March 2015	77
April 2013 – March 2014	92
April 2012 – March 2013	76

As at July 2017 there were 148 cases open to the SCAN team. The client group has a complex presentation of neurodisability and mental health problems and other difficulties such as chromosomal or physical health needs. Based on an audit taken in 2014, 82% of the patient caseload had at least 2 additional diagnosed neurodevelopment disability or medical conditions comorbid with multiple mental health difficulties. The audit demonstrated that nearly all the CYP have a learning disability and half are diagnosed with autism. Additionally the majority of the children and young people even if they do not have a formal diagnosis of ASC do have profound speech and language difficulties. Other presenting problems include:

Mood disorders, obsessive-compulsive disorder, psychosis; attention deficit hyperactivity disorder; significant challenging behaviours; self- injurious behaviours and harm to others; repetitive and sexualised behaviours as well as eating and sleeping problems.

The SCAN team have various processes in place to manage the high levels of risks that the CYP can present. For example, the team has a daily rota to attend to urgent calls; high risk patients are discussed weekly in team meetings so the whole team is aware of care and risk management plans. Management of risks and safeguarding are discussed directly with the family and referrals are made to social care when appropriate. The service recognises the impact of parenting a CYP with disabilities can have, for example, stress fatigue, anxiety and depression and refer to the Disabled Child standard, National Service Framework for Children and Young People and Maternity services (DH04Oct2004,p 27). Accordingly Barnet SCAN have developed a range of multidisciplinary approaches to support parents, including behaviour management, psychoeducation, parent support work, family therapy and network support. They recognise that supporting the parent is a vital part of effectively treating the mental health needs of CYP. The SCAN report also describes the decreasing availability of social care and community resources being available to struggling families. They provide the following examples: reduction in Respite services from MENCAP and difficulties in getting a social worker. To address some of the challenges faced, by CYP and their families, Barnet LBB and CCG are commissioning an Mental Health and Emotional Wellbeing system that has as, an integral element of it design, the ambition to build and support the capacity of the third sector to deliver a range of community services closer to home in line with future in mind promoting and building resilience in children and families.

The BCDS could be strengthened with social care input as social care needs are not routinely identified at the point of referral and by input from a Specialist Health Visitor. The forum enables a swift and coordinated multi-agency response to initial SEND identification and enables health to meet their duty to notify the local authority of children whom they believe has, or probably has, SEND. The time it takes to access waiting lists has been reduced through the weekly BCDS meeting as referrals to all necessary services are accepted simultaneously and families do not need to wait to see one professional before being referred to another; nevertheless, individual service waiting times are still too long. Prompt health checks in nurseries and clinics identify children with additional needs at an early stage and referrals are made as required. The virtual BCDS processes approximately 1500 referrals per annum and this number is increasing year on year. Over 2014/15-2015/16 there was a 42% rise in the number of referrals to the pre-school teaching team (PsTT); many of these referrals are subsequent to early health checks. This has increased the length of time that families wait to receive a PsTT service. To support families while they are waiting for direct-time interventions, the PsTT offer quarterly ‘Introduction to the PsTT’ sessions; these groups provide support, information and advice to around 30 families a year, and reduces the volume of paperwork

required at the commencement of direct work. The PsTT have received very positive feedback from families accessing this provision.

Commissioners and providers have a clear and consistent understanding of current decision-making and care pathways within their own service areas; work is underway to develop understanding across the partnership. Barnet CCG recognises the need for clearer, more responsive pathways for children and young people with SEND and reduced waiting times; a specification for a single, integrated 0-25 therapies service is in development and a new service will be in place by April 2018 and a 0 – 19 CYP emotional wellbeing and mental health service will be also be in place by April 2018.

Current Commissioned Services

CAMH services are currently commissioned primarily by the Joint Commissioning Unit (JCU), a team of commissioners from the London Borough of Barnet and Barnet CCG. The largest spend is through a block contract with the main provider Barnet Enfield and Haringey Mental Health Trust (BEHMHT). In total there are currently 3 key providers of CAMH services in Barnet: Barnet Enfield Haringey Mental Health Trust, Tavistock & Portman NHS Trust and Royal Free Foundation Trust.

- Barnet, Enfield and Haringey Mental Health Trust provides generic tier 3 services, primary/secondary projects in schools, looked after children, Service for Children and Adolescent with Neuro Developmental Difficulties ("SCAN") Barnet Adolescent Service ("BAS") and paediatric liaison.
- Royal Free Hospital provide out of hours, paediatric liaison and eating disorder service and general CAMHS.
- Tavistock and Portman provide brief therapy, family service, refugee service, autism team and fostering, adoption, kinship care and trauma service.

Finance and Investment

In 2014/15 approximately £5.6m was spent on commissioning CAMHS, including spot purchasing, with an estimated 88.61 FTE deployed across the services. The largest spend is with BEHMHT (£3.4m) with Royal Free Foundation Trust (£614k) and Tavistock and Portman (£306k). In addition to the unsatisfactory outcomes for children and families the estimated cost pressure on the whole system by failing to offer early help is £3.5-£5m, based on a baseline assumption for London average.

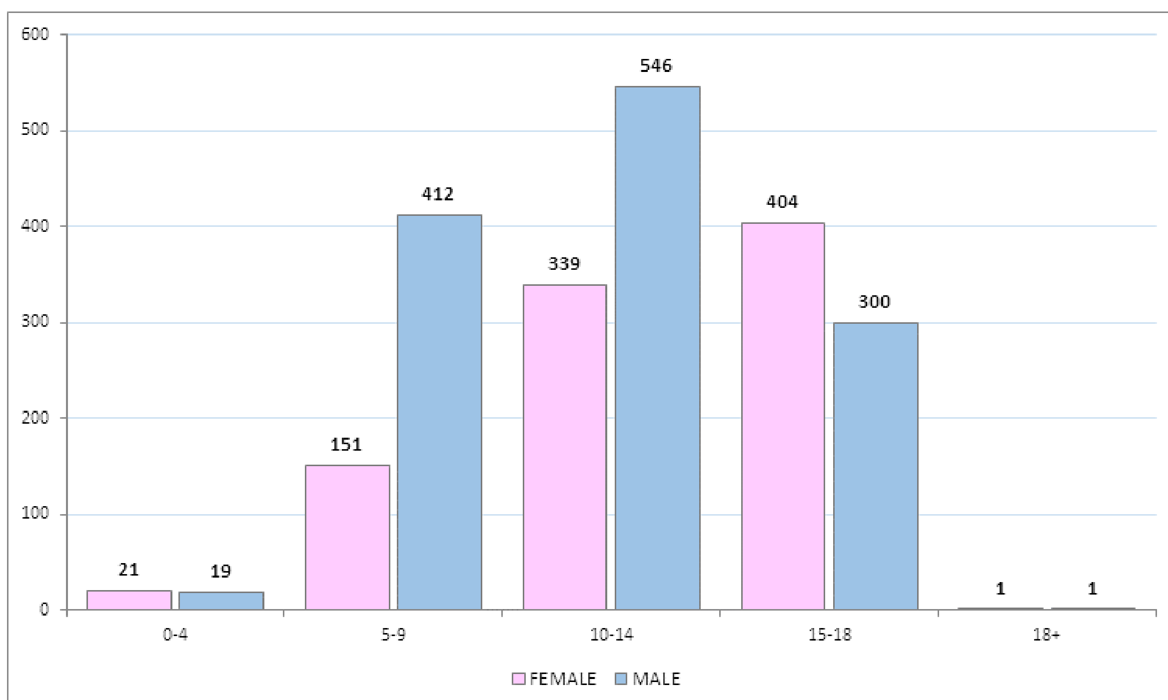
Table 7 Overview of CAMHS Activity Data 2015.16*, *November 2016. Source: CAMHS

Referrals	2382
Initial Assessments	1386 of which 963 Tier 3
Discharges	1621 of which 1175 Tier 3
Waiting Times*	Average 131 days Number on waiting List 141 Of which 51 waiting for Neurodevelopmental Assessments

A total of 2423 children (36.4% of referrals to community health services) were presented to the CAMHS service which accounted for the highest number of children compared to all the services in 2015/16. Almost 59% of children referred to CAMHS were aged 11 to 16 but only 1 child was over 19. In contrast there were only 17 (0.3% of referrals) children presented to Audiology services.

The total number of children presented to CAMHS increased by 34% (611) from 2012/13 to 2015/16; whilst the number of children presented to occupational therapy services increased by 188 which accounted for the highest percentage increase of almost two thirds (64%) from 2012/13 to 2015/16. In general the total number of children presented increased for all services.

Figure 19Number of children presented to CAMHS by age and gender up to month 10 (Jan 2017). Source: CAMHS



2% of the CAMHS caseload is pre-school children, 98% are school age and 58% of the caseload is male.

Relevant Findings from Barnet Needs Assessment and Service Review (November 2016):

In November 2016, Children Mental Health Commissioners undertook a review of local services. The review highlighted Barnet's limited provision of early help for mental ill-health and how this gap in provision was contributing significantly to demand on clinical community CAMHS, Crisis/Tier 4 services when compared to other London boroughs. Further CAMHS expenditure rates per 100,000 in Barnet are high on primary prescribing, mid-range on secondary care and low on community care and social care. Barnet's CAMHS Transformation Plan 2015-2020 sets out a clear plan to shift the balance of support.

The following issues were identified:

- A lack of satisfaction among GP's and other professional regarding current provision
- Findings of OFSTED Inspection BEH CAMHS 2016 on waiting times at BEH (requires improvement)
- Multiple providers (BEH, RFL and Tavistock and Portman under different contracts and difference governance arrangements
- Lack of integration with voluntary sector and council care services. There is recognition within the system that too many young people and children are ending up in acute hospitals, CAMHS residential units and CAMHS Clinical Services.
- Children and Young people wait on average 131 days waiting time referral to treatment.
- Tier 4 admission rate (per 100,000) for mental disorder in Barnet 167.6 is 2nd highest in London compared with London (87.1) and England (87.6).
- Higher level of Tier 3 referrals (2400 per year) than Tier 2 (400 per year) whereas the opposite picture would be expected.
- Young people with learning disabilities and autism experiencing severe delays – 6 months+ for assessment and treatment.
- No Telephone/Skype or online counselling/support available.
- No self-referral routes. Barriers to non-medical professionals making referrals.
- High level of need among vulnerable groups including Looked After Children and 'edge of care' (at risk of becoming LAC), Youth Offending, NEETS and others.

Source: Barnet CAMHS, November 2016.

Response to CAMHS Review Findings

In response to the key findings of the CAMHS Review Barnet CCG and Council have:

- Established an Admission Avoidance process for LD/Autism who have mental health or challenging behaviour (in line with Transforming Care Programme guidance
- Established clearer reporting and identification for children at higher risk of family breakdown
- Have put written procedures in place for Care Education and Treatment Reviews and undertaken CETR's when required
- Have identified plans and resources to increase capacity for CAMHS SEND services as part of our new service model
- Funded additional emergency capacity through SLAM NHS Foundation trust to reduce waiting list for children with SEND.
- Improve strategic and operational links between mental health and SEND partners
- Funded a North Central London (NCL) wide Project Manager for Transforming Care Programme and established a working group across the 5 NCL CCG's.
- LBB and CCG have identified the need for additional community based services for LD/Autism CAMHS in section 2 of our NCL CAMHS Transformation plan
- CAMHS Commissioners are developing links with Voluntary sector Autism organisations who are being invited to participate in the new CAMHS Network body which is due to be launched in autumn 2017
- CAMHS commissioners and providers are participating in the Barnet Leading Edge Group a strategic planning network who are informing the development of the New CAMHS service specification

5.3 Local services

Barnet Child Development Service

Within Barnet, a weekly Child Development Service intake Referral meeting is held to ensure that all clients' (0 – 19) access relevant services in a timely way. This supports early identification of a delay in a child's growth and development. Premature births have long term effects in motor development, behaviour and academic performance compared to term births. These types of impairments can be prevented through early parental guidance, monitoring by specialized

professionals and interventions. The proportion of premature live births in Barnet was 0.3% of total births in 2014-15. Early identification via newborn hearing screen and Health Visitor vigilance for sight problems in premature babies is essential. Once identified early support is key to development of age appropriate skills, again this has implications for early support services and sensory specialist advisory teachers.

Maternity Services

Strong links with maternity services are essential to ensure risk prevention, where possible, and early identification and referral to services as required. Barnet supports a comparably high proportion of women to receive a full health and social care assessment by 12 weeks, 6 days compared to 95.7% for London and England. We no longer concentrate on 12+6, but on booking by 10+0, this is to meet the screening KPI with NHSE for Sickle and thalassaemia. I don't have borough wide data, but Royal Free rates are 43% against an achievable rate of 50%.

Within maternity services the neonatal team at Royal Free hospital send a discharge summary of premature births and babies with health care needs. Community Paediatricians receiving the discharge summary take the information to the multi-agency planning meeting for appropriate services to be involved. It is recommended that there is a focus on healthy lifestyle support and advice in maternity services to address risk factors for SEND including obesity, maternal diet and smoking.

Low birthweight babies (infants under 2,500g) are at increased risk of problems at birth, early childhood, and in later life in 2015. A baby's low weight at birth is usually a result of a preterm birth (before 37 weeks of gestation) or due to restricted growth during pregnancy. The latter may be a result of maternal diet prior to and during pregnancy. The risk of having a low birthweight baby increases with increasing deprivation. There were 5,833 births in Barnet in 2015, of which 2.6 per cent (151) were born with birth weight less than 2500grams. 2016 data show this is below the average for London and England[8]

Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth and placental complications which could lead to disabilities. Whilst the proportion of women smoking at time of delivery is decreasing

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[8]http://fingertips.phe.org.uk/profile/health-profiles/data#page/0/gid/8000073/pat/6/par/E12000007/ati/101/are/E09000003

year on year in Barnet, the Borough have a lower percentage of pregnant women who smoke (3.4%), compared with the rest of London (4.9%), lower than England (10.6%) in 2015.

Barnet provides smoking cessation services through GPs and pharmacies and midwives routinely test for carbon monoxide through The Royal Free smoking cessation service.

Maternal Mental Health Services

Historically there has been not been a specialist clinical service for maternal mental health and in 2016 we identified an urgent need to develop a pathway which ensures that all women in North Central London (including Barnet) are able to access, not only the physical care they need during the perinatal period, but the emotional and mental health care too. In November 2016 a North Central London (NCL) funding bid to NHS England was successful. A new clinical service covering NCL is now under development and will be in place by the summer of 2017. The service will provide rapid access to specialist mental health support and diagnosis for high risk women and those with emerging severe mental health conditions.

Health Visiting Services

The health visiting team undertake an assessment of a child’s growth and development at every contact either in a community setting or in the family home. Health Visitors lead and deliver the healthy child programme for the 0 – 5 population and their families. They are a key contact for children’s health including prevention and early identification of developmental delay and its associated issues. As part of their role they run child health clinics for the under 5’s where assessment, advice and guidance can be given to parents. At present in Barnet, the Midwife would refer a baby to the Child Development Centre at birth if disability is identified or known. The Health Visitor would refer to the CDC if a disability is picked up at the regular touch points within the Healthy Child Programme. Then following referral it is a question whether the right support is put in place which then feeds into the Education Healthcare Plan. Pathways are currently under review.

School Services

The School Nursing Service has a pivotal role in identifying and supporting SEND needs. They carry out a health assessment for all reception year pupils including health and sight tests. School nurses lead care plans for children with epilepsy and asthma as well as train school staff in these conditions.

CLCH are commissioned to deliver the special school nursing provision to improve the life chances for the child / young person with complex health or disability, so that they are able to achieve their full potential within their families and the community and in school.

There is a specialist school nurse attached to Northway and Oak Lodge and a resident school nurse in Mapledown Special School. Immunisations are carried out within special schools by the Immunisation Team.

Where children have a significant health need, school nurses are involved in EHC planning.

5.4 Risk Factors

Maternal mental health issues can have an adverse effect on the woman herself and on the future development of her infant. Between 10% and 20% of women develop a mental illness of some kind during pregnancy or within the first year after the baby's birth (Centre for mental Health / LSE 2014). The table below identifies the number of live births in Barnet (2014), by hospital site along with the estimated prevalence of mental health problems expected for that population.

Maternal Mental Health

Table 8: Live births in Barnet in 2015 Source: CCG

2015 births ONS			**Expected by 2015 Barnet total live births 5244**
Disorder	**Established rate per 1000 births**	**% women affected**	**Expected cases**
Postpartum psychosis	2/1000	0.2%	10
Chronic serious mental illness	2/1000	0.2%	10
Severe depressive illness	30/1000	3%	157
Mild-moderate depressive illness	100-150/1000	10-15%	524-786
Post-traumatic stress disorder	30/1000	3%	157

*Rates of perinatal psychiatric disorder per thousand births and the numbers that would be expected for Barnet.

Child abuse and neglect

Child abuse and neglect have been shown to cause important regions of the brain to fail to form or grow properly, resulting in impaired development. These alterations in brain maturation have long-term consequences for cognitive, language and academic abilities, and are connected with mental health disorders. The immediate emotional effects of abuse and neglect – isolation, fear, and an inability to trust, can translate into lifelong psychological consequences, including low self-esteem, depression, and relationship difficulties. Barnet have fewer cases with 'Neglect' recorded as the category of abuse when compared to our statistical neighbours (35.6% compared to 41.3%). Similarly, Barnet has a greater percentage of Physical Abuse cases compared to statistical neighbours (30.7% compared to 8.8%).

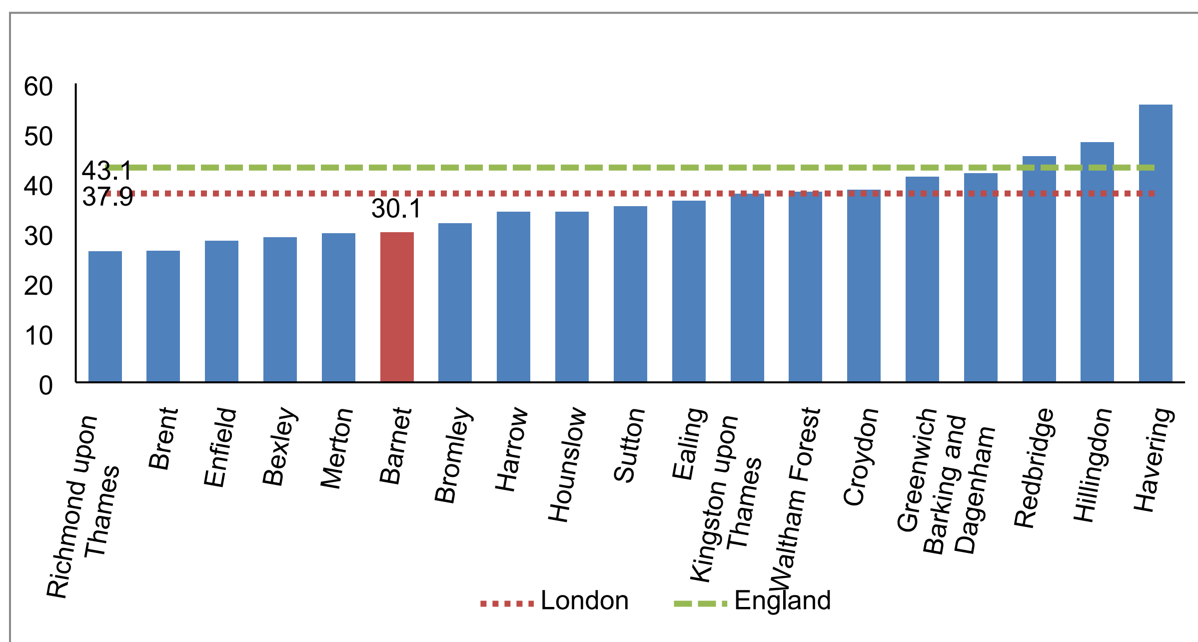
Looked After Children (LAC)

Even the best early intervention cannot prevent some children needing to come into care. This section sets out the current picture of demand from children entering into Barnet's care system. The evidence over the past few years demonstrates the upward trend of children being placed in care in Barnet. Over the past financial years the number of children on average who are looked after has risen from 312 to 332, which is subject to constant monitoring. Comparisons with national and statistical neighbour data on the rate of children who are looked after shows that: the Barnet rate at 35 per 10,000 is lower than the national average of 60 per 10,000 the London average of 51 per 10,000 our statistical neighbour at 43.5 per 10,000. As at November 2017, there are 52 LAC children with an EHCP in Barnet.

Children on Child Protection Plan

The number of children being injured in the family home is dropping and the category which is rising in Barnet is neglect. Barnet has a rate of 30.1 children per 10,000 who became the subject of a child protection plan; this is lower than the London average at 37.9 per 10,000 and the national average at 43.1 per 10,000. The number of children and young people on Child Protection Plans reached its highest figures seen, between April – December 2016 (274 – 290 children). These increases during 2016-17 meant that the average over this period was 266, compared to the average of 259 during 2015–16.

Figure 20 Number of children per 10,000 who became the subject of a child protection plan during the year ending 31 March 2016 in London boroughs. Source: LAIT

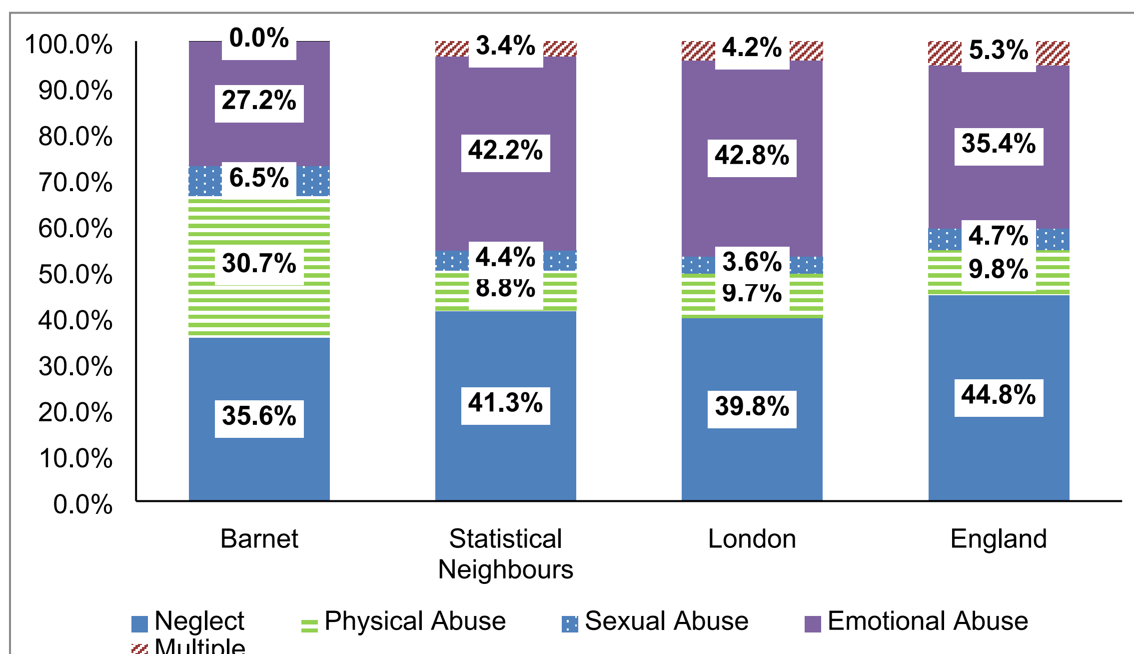


Colleagues in social care work in partnership with families to reduce risks but, whilst families increasingly understand the need to not physically chastise children, they need further support and education for better parenting and the provision of stimulating environments.

Neglect in early years

Data shown in Figure 21 relates to the initial category of abuse for children on a Child Protection Plan during the year 2015/16. As can be seen, Barnet as a lower percentage of cases with Neglect recorded as the category of abuse when compared to our statistical neighbours (35.6% compared to 41.3%). Barnet has a greater percentage of Physical Abuse cases compared to statistical neighbours (30.7% compared to 8.8%).

Figure 21 Percentage of children becoming the subject of a child protection plan by category of abuse; comparing England, London, Barnet and its statistical neighbours. Source: LAIT



Therapeutic services offered by specialist LAC clinician

Children benefit from a proactive committed Virtual School and LAC Health Team who become part of the child's journey from the onset of them being in care.

Barnet has successfully launched a new therapeutic care training programme to develop and up-skill approved carers interested in supporting older children with complex needs. The aim is to train 22 carers by March 2018 by providing clinical support and group supervision. Trained carers will be part of a new service being developed to enable children living in residential homes to move to foster families and effectively support children, with a plan for re-unification, to return to their birth families.

A policy has been introduced whereby loans and grants are made available for foster carers to extend their homes to provide additional placements for the most difficult-to-place children including teenagers, children with disabilities and siblings. Funding has been agreed for a minimum of 4 years and the initiative has been welcomed by foster carers.

Barnet CAMHS and Looked After Children

Barnet, Enfield and Haringey each have a CAMHS Access service, which provides a central point of referral for professionals to refer young people with mental health concerns. These referrals may then be discussed with the young person, their family/carers, or the referrer in order for the Access

team to gather all the relevant information and send the referral to the most appropriate team or signposting to other support in the borough.

Children in Care/Adoption Team

BEH also provide a specialist service to looked after children. The Children in Care/Adoption Team provides specialist mental health support to children and young people in the care system and adoptive families, and consultation to professionals and carers. The team applies a fast-track service and assessment to the clients referred and provides a comprehensive multi-disciplinary service (Psychiatrist, Clinical Psychologist, Psychotherapist, Family Therapists, Art Therapists, and Social Workers) to Children in Care of the London Borough of Barnet (LBB), irrespective of their address or GP. This is to allow for continuity of treatment and best care for this vulnerable group of children. The team offer support to the LBB residential settings and offer training to professionals and carers improving understanding of severe mental health difficulties and attachment issues. When appropriate, the team offers outreach to support young people.

Unaccompanied asylum seekers

There were 54 recorded UASC as at 31st March 2017. This is a significant increase from 3 as at 31st March 2014. This has further increased in 2015/16 with 22 as at 31st December 2015.

6. Assessing and meeting the needs of children and young people with SEND

6.1 Parental involvement in assessing and meeting the needs of CYP with SEND

Barnet Parent/ Carer Forum

Barnet is committed to Listening to parents/ carers and engaging them in the assessment and meeting the needs of their child with SEND. Experiences of engagement and coproduction between families and health services has pockets of good practice although specific health input to plans from professionals especially GPs was sometimes inaccurate, and at other times difficult to get a focus on both the input and defining of health outcomes. It is identified that families want a joined up integrated health service with a dedicated Paediatrician. When families brought in their own professional input to the process they felt satisfied that the reports they had purchased were accurate, good value and made a positive contribution. SENCos can sometimes be ill informed. Families don't see enough support and provision in the system, waiting lists and access to services is a challenge and when at home both education and home learning is not happening. They feel that a move towards a tribunal can trigger action, and experiences post plan being agreed can cause issues with provision and disputes occur.

Engagement with officials is frustrating with email and phone calls not being returned, families want a respectful level of communication. Experiences with Special schools are good and they are seen as performing very well at meeting needs. Families reach out to SENDIASS, Barnardo's and other charitable organisations for support around the EHCP process especially when plans are of a poor quality to seek guidance on how to take their concerns and issues forward. Access to mental health services remains poor and there can be a lack of follow up once access is obtained. Staff turnover is an issue. Families are concerned about provision post 19 and are nervous about the re-commissioning of therapies contracts next year.

The Local Offer is improving, the signposting and introduction is good and the language friendly on some pages. Families feel that they have coproduced this well with the local area and is a good example of effective coproduction. However they remain concerned about the engagement and contribution from Health and Social Care. They both need to provide the required information promoting their services especially short breaks and access to services post 16. There is a perceived

variability of access to respite and short breaks, access to the provision is mixed and thresholds vary. Provisions are often described as merely providing a baby sitter service. Relations with Social Care are poor.

Families expect access to more experienced professional staff, improved Local Offer website, fair and equitable short breaks and respite services and improved and stimulating community services providing wheelchair access. Areas for improvement include access to school residentials and school trips, YP are often excluded or the onus is on parents to meet their need.

6.2 Key services within the local offer

6.1.1 Children and young adults with a disability (0-25 Service)

Following on from the SEND and Care Act Legislation, Barnet commissioned a piece of research aimed at ascertaining how services for children, young people and their families could be improved. As a result, the new 0-25 Service was commissioned.

Research tells us that resilience is what gives people the psychological strength to cope with stress and hardship and that resilient people are able to better handle adversity and rebuild their lives after a catastrophe. The intervention will centre on a resilience model where children, young adults and their families will be supported to develop the strength to navigate through adversity and develop their own resources to manage under difficult circumstances.

Plans are being advanced to enable young people to retain the same social worker post-18 to facilitate consistency wherever possible and to strengthen the transition planning. Work is also underway to embed packages of support based on need rather than a sense of entitlement.

The Tripartite Panel of Education, Health and Social Care has facilitated a joined-up approach to cases where children and young people under 18 require joint funding. Services are in place more quickly, there is increased engagement in this process by partner agencies, and the panel has been a forum for creative solutions for complex cases, helping to prevent escalation.

A joint funding approach has also been developed for children transitioning to adulthood to ensure that smart and efficient planning takes place around health, social welfare and further education or training.

Pathways to and from this service are being developed to include strong partnership arrangements with Adult Social Care and Health to ensure families receive a consistent approach from both Children and Adult social care.

Improved processes to ensure regular review of support packages with families and young people are being implemented as part of the redesign of the 0-25 service.

6.1.2 Health services for children and young people with SEND

Barnet as a vast range of health services for children and young people from 0-25 years including GPs, pharmacists, dental services, available to everyone based on the individual's health needs. Children with special educational needs and disabilities are able to access these services directly without needing to go through any kind of referral. These services are known as 'universal' in that they are available to everyone.

6.2.3 Primary care

Analysis of primary care data provides us with some of our most comprehensive available health data for this population. General practices (GPs) are funded to provide enhanced care to people with learning disabilities aged 14 and over which includes a health check.

6.2.4 Community health services

NHS Barnet CCG undertakes monthly Contract Management Group meetings (CMG) and Service Performance Meetings of both the adults and children and young people community health services managed by CLCH, ELFT and Royal Free. For children and young people community paediatric, occupational therapy, speech and language and physiotherapy services are monitored. The JSNA has highlighted that the data collated is activity and process driven, and Barnet CCG are working with providers in developing a more outcome based approach. Some of this issue will be addressed through the new national data collection process managed by the Health and Social Care Information Centre (HSCIC) called the Children and Young People's Health Data Set (CYPHS)[9].

This will collate data on: personal and demographic; social and personal circumstances; breastfeeding and nutrition; care event and screening activity; diagnoses, including long term conditions and childhood disabilities; scored assessments

[9] http://content.digital.nhs.uk/maternityandchildren/CYPHS

CLCH, ELFT, BEH Mental Health Trust and Royal Free currently provide therapy services to children aged 0-19 years registered with a Barnet GP and resident in Barnet in a variety of settings including home, clinics, early years and education. For children and young people the following provision is available:

- Community Paediatrics
- Physiotherapy
- Speech and Language
- Occupational Therapy
- Child and Adolescent Mental Health Service (CAMHS)
- Audiology

6.2.5 Trend (Community Health Services)

There has been no change in service activity across all therapies in Barnet over the past 3 years.

	2014	2015	2016*
Community Paediatrics		1077	847
Physiotherapy	846	783	743
Occupational Therapy	651	779	594
Audiology Service	1261	1544	1601

Table 9 *Up to 2016 month 10. Source: Barnet CCG

Figure 22 Number of children presented to each Barnet community health service, 2014 , 2015 and 2016 Source: Barnet Community Health Services, 2014 to 2016

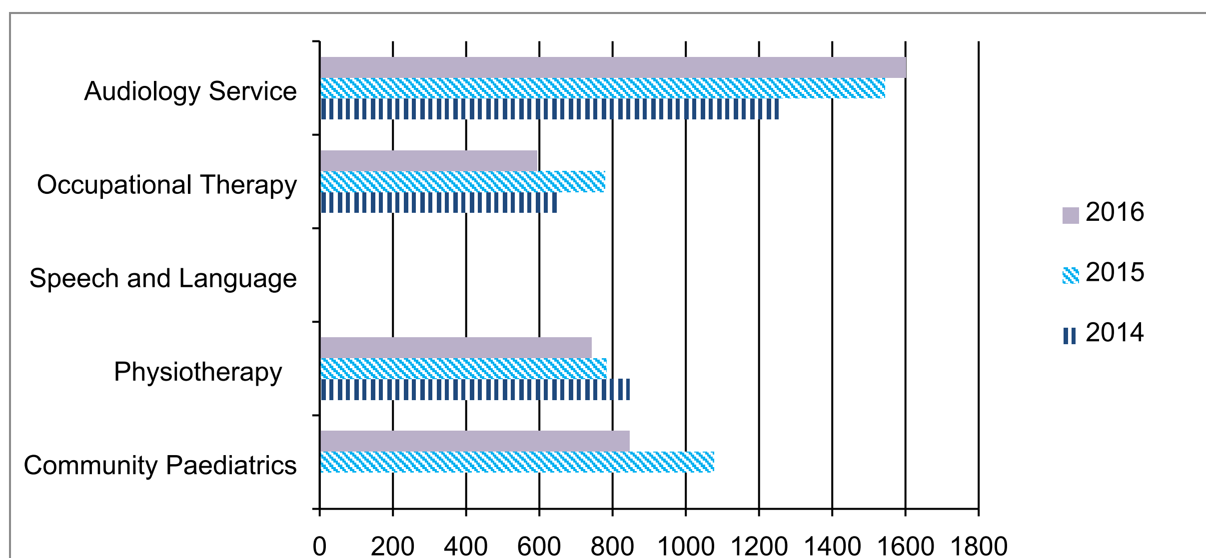


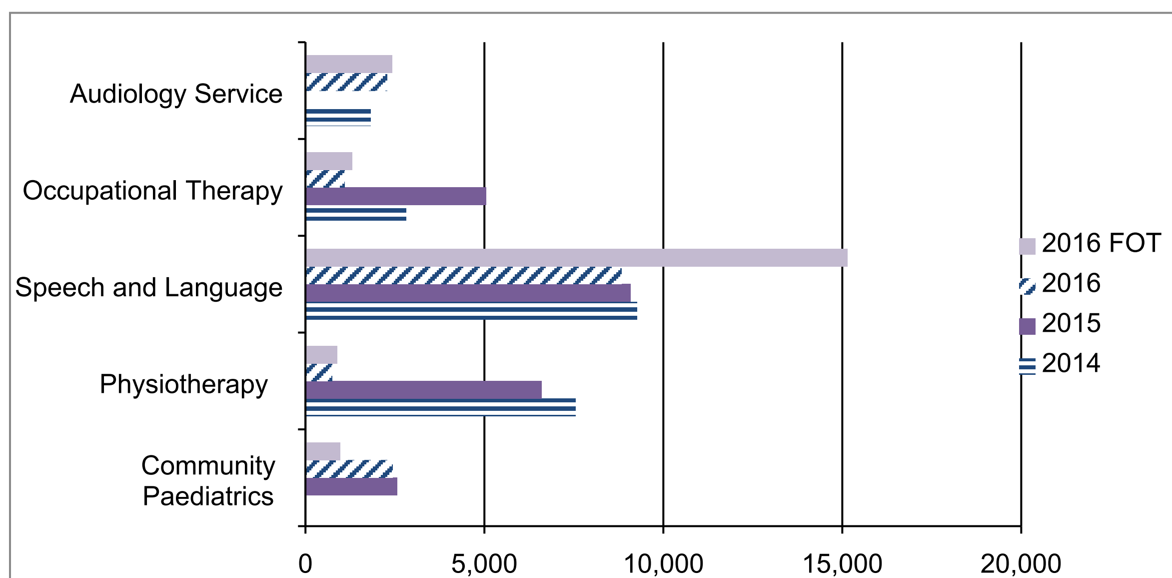
Table 10 New Referrals (First OP). Source: Barnet CCG *Up to 2016 M10

	2015	2016	2016 FOT
Community Paediatrics	550	416*	499
Physiotherapy	Not available	Not available	Not available
Speech and Language	Not available	Not available	Not available
Occupational Therapy	Not available	Not available	Not available
Audiology Service	1150	1139	Not available

Table 11 All Activity. Source: Barnet CCG. *Up to 2016 M10, **Up to 2016 M7

	2014	2015	2016	2016 FOT
Community Paediatrics	Not available	2,565	2,431	965
Physiotherapy	7,547	6,605	743	892
Speech and Language	9,263	9,081	8,833*	15,142
Occupational Therapy	2,815	5,045	1,087**	1,304
Audiology Service	1,820	Not available	2,284 *	2,429

Figure 23 Community health services by service and year: Number of contacts (face to face and non-face to face) and new referrals. Source: Barnet CCG

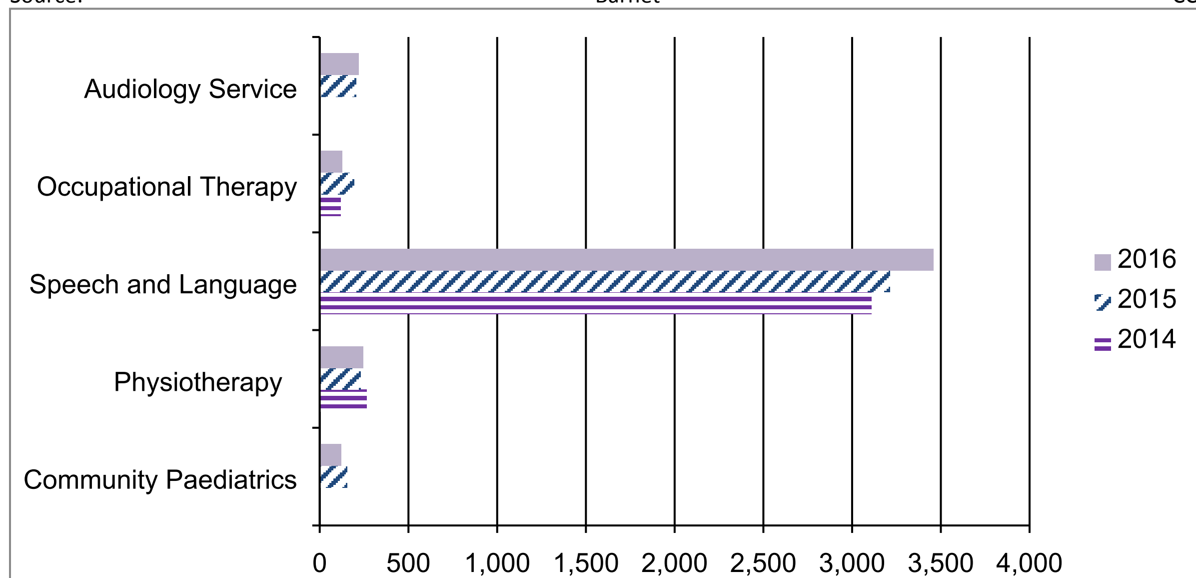


Average caseload

Table 12 Average Caseloads. Source: Barnet CCG. *2014 from M6 **2016 up to M7

	2014	2015	2016
Community Paediatrics	Not available	155	121
Physiotherapy	264	231	245
Speech and Language	3,109*	3,213	3,458**
Occupational Therapy	117	194	128
Audiology Service	Not available	205.56	218.61

Figure 24 Community health services by service and year: Average caseloads per month of service (2015/16 Month 10). Source: Barnet CCG



Gender

Regarding gender all services had a noticeably higher proportion of male children presented compared to female. There were close to double as many boys presented to Occupational Therapy compared with girls.

Table 13 Number of children presented to each service by gender in 2015/16. Source: Barnet CCG. (*Up to 2016 M10)

	2015/16		2016/17	
	Male	**Female**	**Male**	**Female**
Community Paediatrics	1564	967	874*	459*
Physiotherapy			6776	5201
Occupational Therapy			2670*	1347*

6.3 Service breakdown

6.3.1 Community Paediatrics

Paediatric NHS services have a higher level of internal referral, as clinicians hold on to cases for longer periods than with adult NHS services and may refer to allied health professionals.

This fits with Children and Young People using these services having Lifelong limiting illnesses and long term conditions and which are usually complicated and with co or multiple morbidities or other health needs i.e. physical and mental.

6.3.2 Occupational Therapy Physiotherapy, Speech and Language Therapy

Central London Community Health (CLCH) provides occupational therapy. In May 2017 review concluded that the children's occupational therapy service is significantly under-resourced relative to predicted need and comparator benchmarking. Commissioners and the provider have worked hard to reduce waiting times and as at March 2017, the mean waiting time from referral to first treatment was 75 days, which is within the 18 week target. The number of children waiting has been significantly reduced from 96 children in January 2017 to 39 as at 30th April 2017. As at 3rd May 2017, there were no children breaching the 18 week wait time limit. Further work is needed to close gaps in service provision including meeting the broader needs of children and young people in mainstream school, particularly those with Autistic Spectrum Disorder.

The physiotherapy service, provided by CLCH, is predominantly a clinic-based service covering both musculoskeletal service (for younger children) and neurodevelopmental services; they also organise and clinically support the provision of orthotics with a contracted orthotist. The majority of children and young people are seen within 18 weeks referral to treatment, with any breeches reported and remedial actions put in place. In the period from start of May to end July, the maximum number of CYP waiting for treatment was 57 with five waiting over 12 weeks with one CYP waiting more than 18 weeks. Physiotherapy saw an average increase in contacts of 15% and around a 10% increase in new referrals from 2012 to 2016.

The re-procurement of a new integrated model for C&YP's Community therapies is underway. The new service will work collaboratively with parents, each other and the wider workforce to achieve the outcomes in line with the Balanced System®. The new model once embedded will result in more

early intervention and preventative care; and identifying ways to do things more efficiently. The new model uses an evidenced and outcomes-based framework that has been developed to ensure that the needs of children and young people with therapy needs are met in a whole systems approach, using three levels of intervention: universal, targeted and specialist. Increased investment will allow for an increase in staffing across the service and will address identified gaps including ASD, transitions, special schools and Youth Justice team.

6.3.3 Palliative Care Services

CLCH Continuing Care is provided for children and young people under NICE guidance and using the continuing care decision support toolkit. Working in partnership with Royal Free acute care/tertiary care services, the Home Care team provide practical nursing support, 9-5 Mon-Sun, for children with a terminal illness.

Within Barnet, Noah's Ark Hospice provides support and care to children living with lifelong limiting conditions; this is not directly commissioned by the CCG.

- Community Hospice
- Covers 5 boroughs – Barnet, Camden, Enfield, Haringey, Islington
- Currently undertaking a capital appeal to build a residential 6 bed facility in Barnet.

Barnet Family Services commission Noah's Ark Hospice to offer support to families through their short breaks contract.

6.3.4 Child and Adolescent Mental Health Services (CAMHS)

CAMHS national context

In the All Party Parliamentary Inquiry into children's and adolescent mental health and CAMHS 2014, the Government and key stakeholders recognised that the current provision of CAMHS nationally does not adequately meet the emerging needs of children, young people and their families. The evidence demonstrates the difficulties CYP and their families experience in accessing services often having to endure lengthy waiting times for treatment and inconsistent quality of provision. Further since the inception of the familiar Four Tier CAMHS model which was originally described in 'Together We Stand', the gap between children's needs and service delivery has widened significantly. The key policy and service review 'Future in Mind 2015' makes clear that the tiered model is out-dated, and the needs of young people and demand for service has increased. Recently

models have emerged that aim to meet the needs of the child in a wholistic way and not just by addressing the level of the severity of need. For example, THRIVE takes whole-system resilience approach to the delivery of services and advocates the need to move beyond the medical model and apply psychological and social interventions and approaches in a range of settings and contexts.

CAMHS local context

Risk factors for mental illness in childhood

Risk factors for mental illness can be grouped as child, parental and household factors. Regarding parental factors, alcohol, tobacco and drug use during pregnancy increase the likelihood of a wide range of poor outcomes that include long-term neurological and cognitive–emotional development problems. Maternal stress during pregnancy is associated with increased risk of child behavioural problems, low birth weight is associated with impaired cognitive and language development, poor parental mental health with four- to five-fold increased risk of emotional/conduct disorder and parental unemployment with two- to three- fold increased risk of emotional/conduct disorder in childhood. Child abuse and adverse childhood experiences result in increased risk of mental illness and substance misuse/dependence later in life. Looked-after children, those with intellectual disability and young offenders are at particularly high risk. In addition, teenage parents, young carers, children living in households affected by domestic violence those with a physical disability and those not in education, employment or training (NEET) tend to have higher rates of mental ill-health than their peers.

Conduct disorders are characterised by repetitive and persistent patterns of antisocial, aggressive or defiant behaviour that amounts to significant and persistent violations of age- appropriate social expectations. They are associated with increased risk of personality disorder, with 40–70% of children with conduct disorder developing antisocial personality disorder as adults. Overall, children who had conduct disorder or sub-threshold conduct problems in childhood and adolescence and whose problems are not treated contribute disproportionately to all criminal activity. Nearly half of children with early-onset conduct problems experience persistent, serious, life-course problems including also crime, violence, drug misuse and unemployment.

Public Health Estimates of Local Need

It is estimated that in Barnet 12,800 young people require tier 1 CAMH services, 5,975 require tier 2 services, 1,580 tier 3 services and 65 tier 4 services. According to National prevalence data (extrapolated to Barnet Population) conduct disorder is present in 5.8% of young people, followed by emotional disorder 3.8% of young people; and the data also suggest a significantly higher prevalence in boys between the age of 5-10 years than girls.

Table 14 Public Health Estimated of Need CYP Mental Health

	Percentage of CYP anticipate as need each Step	Estimated number that should be receiving support	Number of children currently receiving help
Step 1 Coping Prevention/Resilience	All	93,600	No universal coverage in Barnet Schools
Step 2 Needs Early Help	7%	6552	400 (NHSE Target 30% = 2000)
Step 3 CAMHS Needs more Help/Treatment	1.85%	1731	2400
Step 4 In Crisis/Hospital and Residential Treatment	0.075%	70	100+ CAMHS Hospital 300-400+ Acute Hospital

Future in Mind and Local Transformation Plan

Future in Mind sets out an ambitious vision for the transformation of CAMHS services. In essence it states that CAMHS services should be redesigned to meet the changing needs of young people. It recognises that levels of anxiety and depression among young people have increased by 70% in the last 25 years and presentations to A+E for psychiatric symptoms doubled between 2009 and 2013 accordingly a new focus on early intervention resilience and prevention is required.

In autumn 2015 the government confirmed that areas would be allocated a dedicated pot of funding to support CAMHS Transformation.

Barnet submitted a Local Transformation Plan (LTP) was in November 2015. As a result Barnet received an initial £621K of funding rising to £1m in 2016.17. In November 2016 Barnet was required to submit a refreshed LTP to NHS England for assurance. The refreshed LTP set out the need for a more fundamental re-design of the service system and that procurement was the planned process for achieving this outcome. The LTP refresh was assured in January 2017.

6.4 Placement type of LAC

As at March 2017:

- 49% of LAC are in foster care placements (17% in agency foster care and 32% in in-house foster care. Over the past 2 years there has been a decrease in agency foster care (24% - 17%) and in-house foster care has remained largely static (32%).
- 10% of the Looked After Children cohorts have a disability, with 3% placed in residential accommodation. Over the past 2 years there have not been any major changes in the numbers of LAC children in residential care (8% - 10%).
- 48% of those in external residential accommodation have SEN.

6.5 Schools and education engagement

6.5.1 Characterises of pupil with SEND

Pupils identified as having SEND at both SEN Support and Statement/EHCP are more likely to be male than female. The prevalence of SEN support is higher in primary schools than secondary schools in Barnet – this may be due to a high proportion of selective secondary schools in Barnet. The prevalence of pupils with a statement or EHCP are generally slightly higher in Barnet schools than for the Barnet population as a whole, suggesting Barnet schools may be a net importer of SEND statement/EHCP pupils from out of borough.

Gender

Table 15: Pupils with SEND by gender. Source: January School Census, 2014, 2015 and 2016 AND Synergy Extract as of 17/03/2017

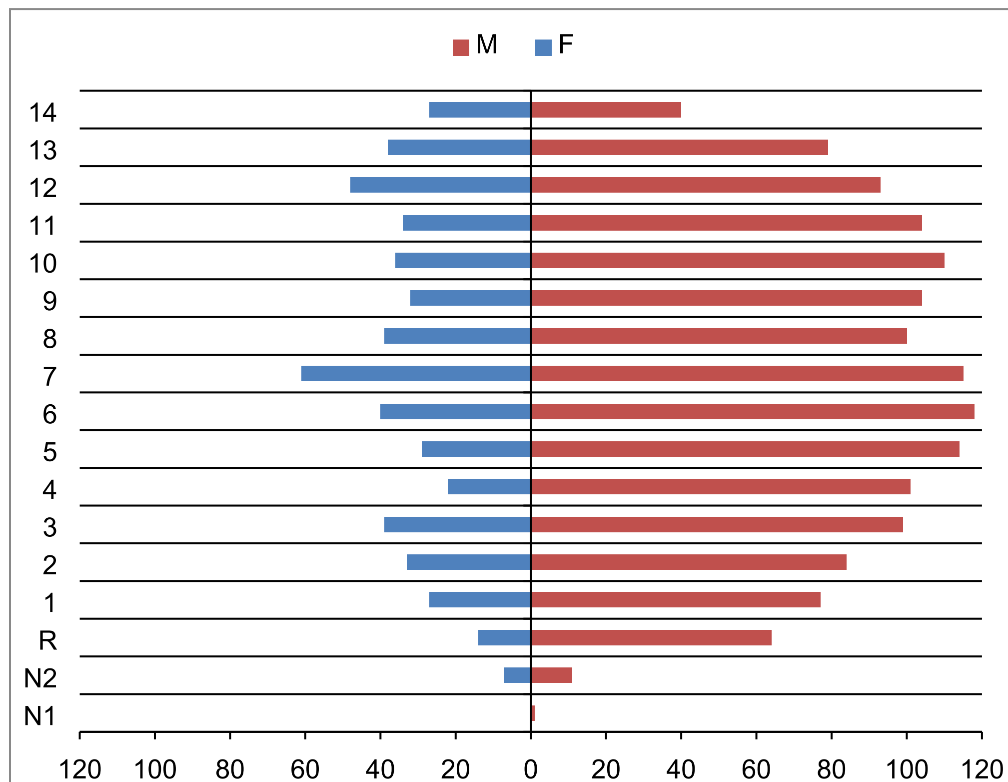
	Gender	2014	2015	2016
SEN Support	**Female**	35.5%	38.1%	37.0%
	Male	64.5%	61.9%	63.0%
School EHCP/Stat	**Female**	28.0%	28.0%	28.3%
	Male	72.0%	72.0%	71.7%
Maintained by Barnet	**Female**	28.1%	28.1%	27.8%
	Male	71.9%	71.9%	72.2%

Around two thirds of pupils with SEN support are males. The proportion of males to females increases when measuring whether they have an EHCP or statement.

Table 16 Academic Year Summary. Source: Synergy Extract as of 17/03/2017

	SEN Support	School EHCP/Stat	Maintained by Barnet	SEN Support (%)	School EHCP/Stat (%)	Maintained by Barnet (%)
Nursery 1	45	0	1	1%	0%	0%
Nursery 2	158	5	18	3%	0%	1%
Reception	339	71	78	6%	5%	4%
NC Year 1	533	96	104	9%	6%	5%
NC Year 2	584	103	117	10%	7%	6%
NC Year 3	616	109	138	10%	7%	7%
NC Year 4	622	117	123	10%	8%	6%
NC Year 5	604	131	143	10%	8%	7%
NC Year 6	571	127	158	9%	8%	8%
NC Year 7	330	121	176	5%	8%	8%
NC Year 8	383	115	139	6%	7%	7%
Nc Year 9	352	138	136	6%	9%	7%
NC Year 10	343	127	146	6%	8%	7%
NC Year 11	375	146	138	6%	9%	7%
NC Year 12	167	70	141	3%	5%	7%
NC Year 13	87	46	117	1%	3%	6%
NC Year 14	4	29	67	0%	2%	3%
NC Year 15			44	0%	0%	2%
Postschool			106	0%	0%	5%
Total	6113	1551	2090	100%	100%	100%

Figure 25 Number of Statements of SEN or EHC Plans maintained by Barnet, 2016. Source: Synergy Extract as of 17/03/2017



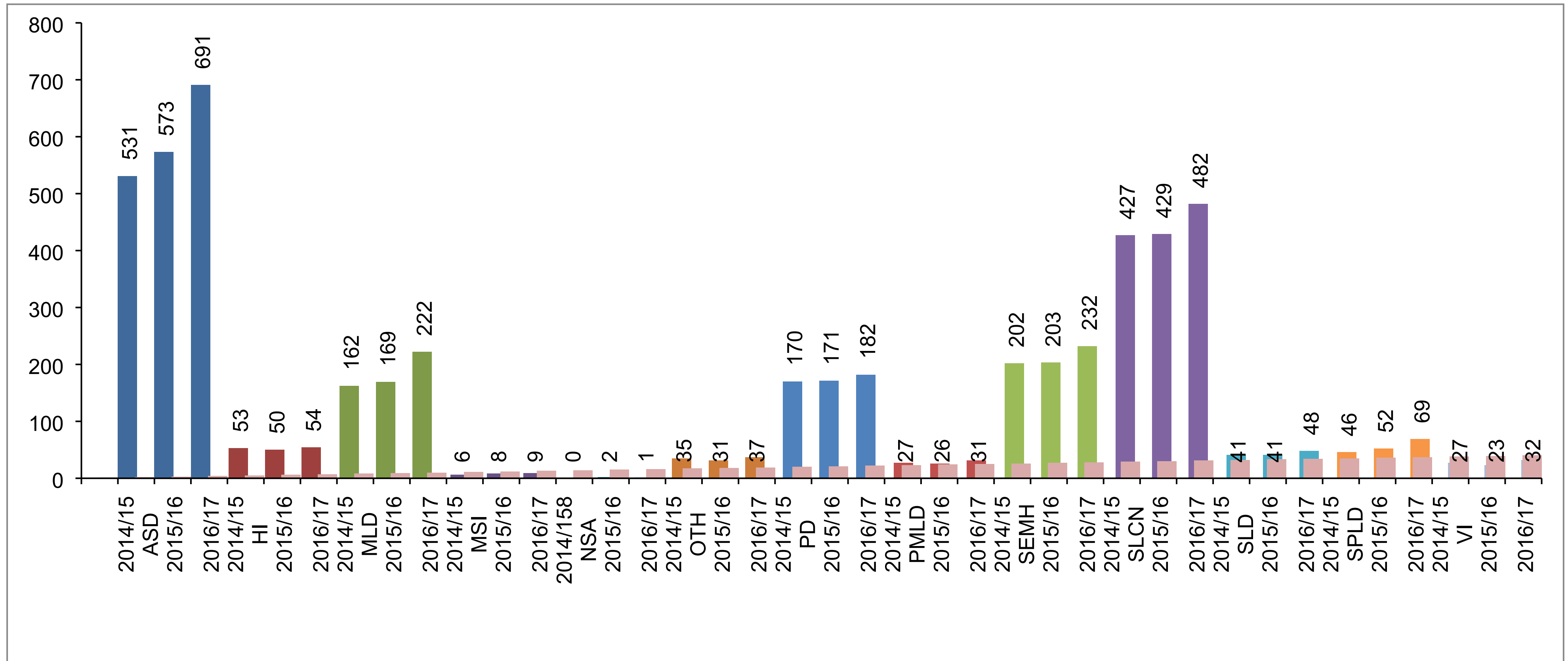
There are more males in every school year.

Table 17 Proportion of children with SEND that are in each year group. Source: Synergy Extract as of 17/03/2017

NC Year	2014/15	2015/16	2016/17
Nursery 1	0.1%	0.0%	0.0%
Nursery 2	2.0%	0.4%	0.9%
Reception	5.1%	4.1%	3.7%
NC Year 1	5.6%	5.5%	5.0%
NC Year 2	6.0%	6.1%	5.6%
NC Year 3	6.8%	6.0%	6.6%
NC Year 4	7.5%	7.1%	5.9%
NC Year 5	8.5%	8.1%	6.8%
NC Year 6	7.8%	8.3%	7.6%
NC Year 7	6.8%	7.8%	8.4%
NC Year 8	7.4%	6.5%	6.7%
NC Year 9	7.6%	7.4%	6.5%
NC Year 10	8.4%	7.4%	7.0%
NC Year 11	8.2%	8.1%	6.6%
NC Year 12	6.0%	7.8%	6.7%
NC Year 13	4.2%	5.0%	5.6%
NC Year 14	2.1%	2.6%	3.2%
NC Year 15	0.0%	1.7%	2.1%
Post-school	0.0%	0.1%	5.1%
Setting types	0.1%	0.0%	0.0%
Grand Total	100.0%	100.0%	100.0%

Rates of SEN begin picking up in Reception and rise steadily through primary schools years (Reception to Y6). In general, rates of SEND increase as the age of the child increases, to a maximum around Year 7. From year 7 onwards, the rate generally decreases as the age of the child increases. There is a much sharper drop off in the rate of SEND from Year 14 onwards.

Table 18 SEND Type, Trend, Statements and EHC Plans Maintained by Barnet. Source: Synergy Extract as of 17/03/2017

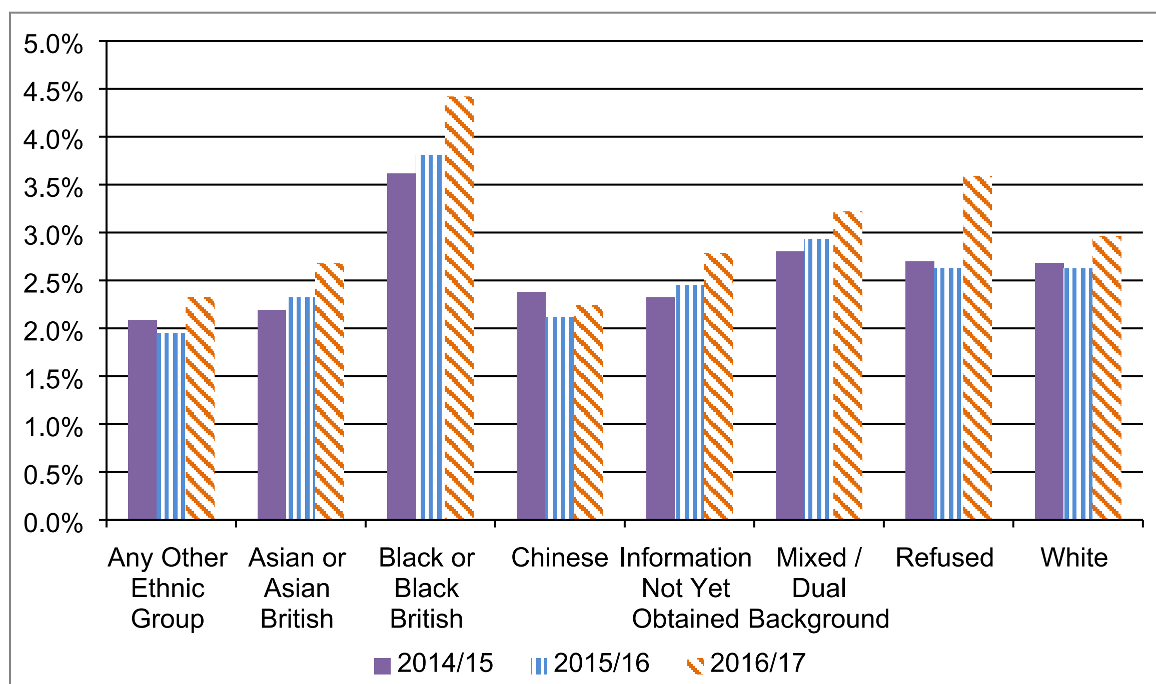


The largest group of children and young people with SEND are those with Autistic Spectrum Conditions, followed by those with Speech, Language and Communication Needs. The number of children and young people with Autistic Spectrum Conditions is growing significantly faster than other groups need.

Ethnicity

The proportion of Black or Black British with a statement or EHC plan is higher than the proportion of any other ethnicity. The proportion has also risen in all ethnicities other than Chinese since 2014/15.

Table 19 Percentage of Ethnic Group with a Statement of SEN or EHC Plan Maintained by Barnet Source: Synergy Extract as of 17/03/2017



6.5.2 Education, Health and Social Care Plan

In April 2017, 100% of ECHPs issued were within 20 weeks. As at 30th April 2017, 991 transfer reviews had been finalised, 64% of all existing statements. The local area is on track to convert all statements within statutory timescales.

Specialist Inclusion Services and the Educational Psychology team adhere to the 6 week timeframes for completing the assessment and providing advice and outcomes through a report in over 90% of cases. In April 2017, Barnet's SLT service provided advice for EHC assessments within statutory timescales in 68% of cases. SLT providers attribute the delay in providing assessment advice to the volume of EHCP transfers they are required to contribute to.

To date, the rate and timeliness of responses to EHC assessment requests for other service areas has not been routinely recorded; this has been identified as an area for development. Where appropriate, EHC needs assessments should be combined with s.17 social care assessments; from

Sept 2017, Personal Education Plan reviews and Child in Need reviews will be synchronised with ECHP reviews.

6.5.3 Schools and Provision

Currently, there are four special schools in the borough that are all rated as good or outstanding, two primaries and two secondary.

Table 20 Special schools within Barnet. Source: SEND

School	Age range	Type of provision
Mapledown (secondary)	11 - 19	Severe Learning Difficulties/Profound and Multiple learning difficulties
Northway (primary)	5 – 11	Moderate Learning Difficulties/Communication Difficulties/Autism
Oak Lodge (secondary)	11 – 19	Moderate Learning Difficulties/Communication Difficulties/Autism
Oakleigh (primary)	2 - 11	Severe Learning Difficulties/Profound and Multiple Learning Difficulties

Table 21 Resourced provision within Mainstream Schools. Source: SEND

	School	Type of provision
Primary	Broadfields	Autism Spectrum Condition
	Childs Hill	Autism Spectrum Condition
	Colindale	Physical disability
	Coppetts Wood	Language needs
	Livingstone	Autism Spectrum Condition
	Orion	Autism Spectrum Condition
	Summerside	Hearing impairment
Secondary	Hendon (2 resources)	Hearing impairment, Autism Spectrum Condition
	Mill Hill High	Emotional and behavioural difficulties
	London Academy	Language
	Whitefield	Physical disabilities
	JCoSS	Autism Spectrum Condition

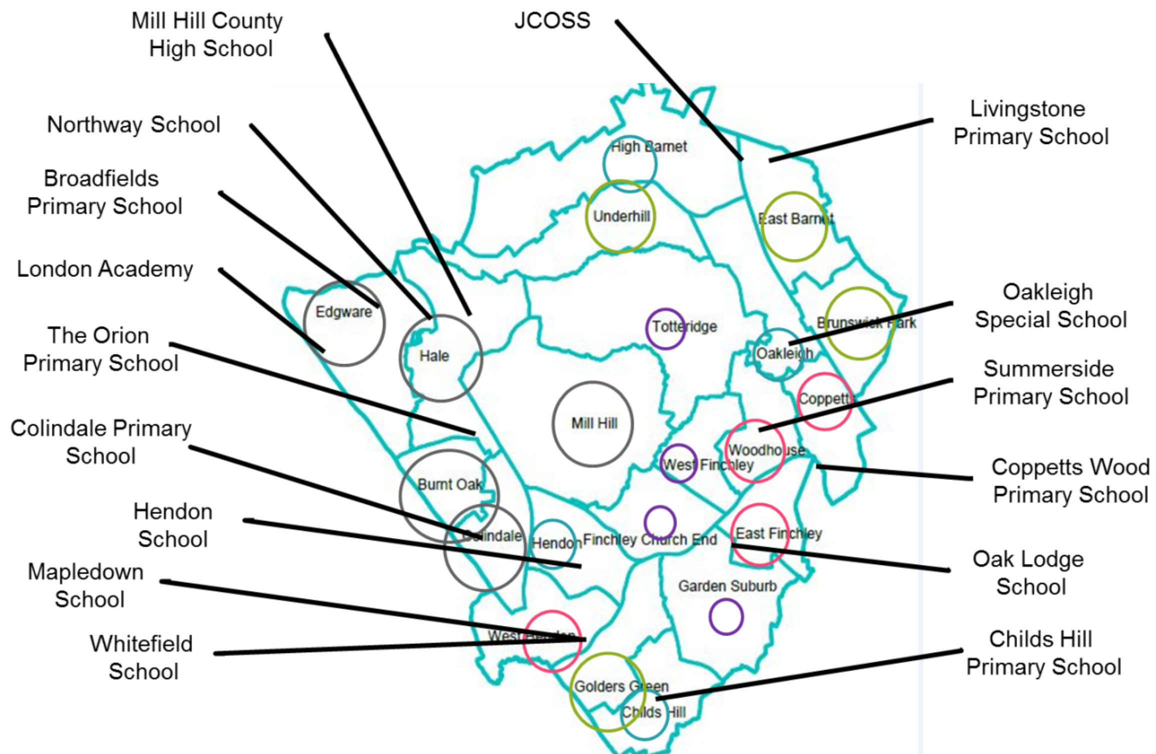
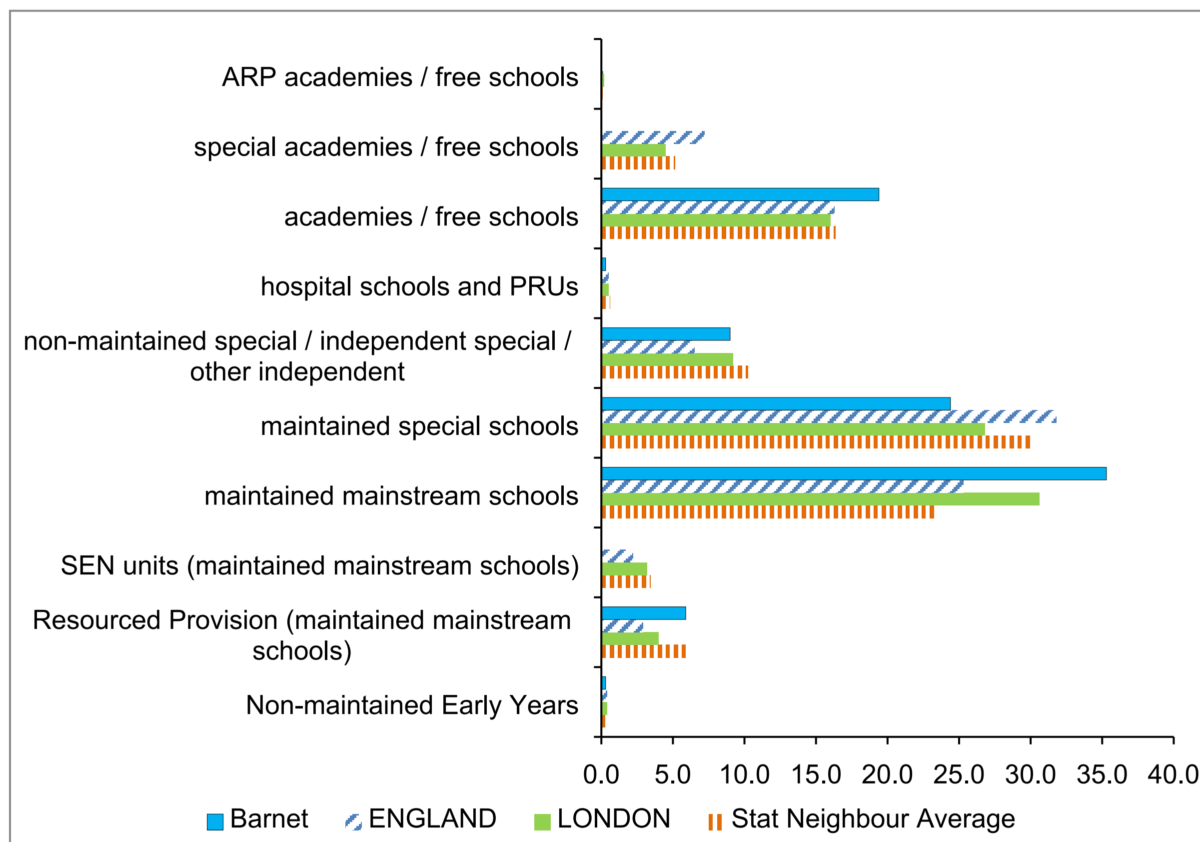


Figure 26 illustrates the locations of SEND provision and the number of individuals with SEND in each Ward. Source: SEND

Figure 26 shows the location of statements and EHC plans by ward. It is organised into quintiles, the larger the circle, the higher the SEND population within a particular ward. The boroughs with the highest number of statements or EHC plans have black circles, i.e. these boroughs have a SEND population higher than four fifths of other boroughs. . This shows that there is a high prevalence in the west of the borough. This correlates with the most deprived areas.

The placements of pupils in Barnet indicates that Barnet has more inclusive patterns of educational provision for pupil with SEND compared to regional and national comparators. In 2016, 60.6% of pupils with a statement maintained by Barnet were educated in a state-funded mainstream provision compared to 46.7% in England, 53.8% in London and 49.0% across the statistical neighbour average.

Figure 27 breakdown of where children and young people with SEND are placed – Placement of children and young people for whom local authorities maintain a statement or EHC Plan, 2016. Source: DfE SFR29/2016.



Children and Young people are most commonly placed in maintained mainstream schools and maintained special schools. The proportion of children and young people with SEND in maintained mainstream schools is higher than its statistical neighbours. Barnet does not have any children or young people with SEND placed in special academies or SEN units.

6.5.4 Location of pupil with statements of SEND or EHC plans maintained by Barnet

Within Barnet, the highest numbers of children and young people with statements or EHC Plans maintained by Barnet were in the West of the Borough. Burnt Oak has the highest number of SEN Statement/EHCP pupils (175) followed by Colindale (165).

Table 22 Number of SEN Statements/EHC Plans by Ward. Source: Synergy Extract as of 17/03/2017

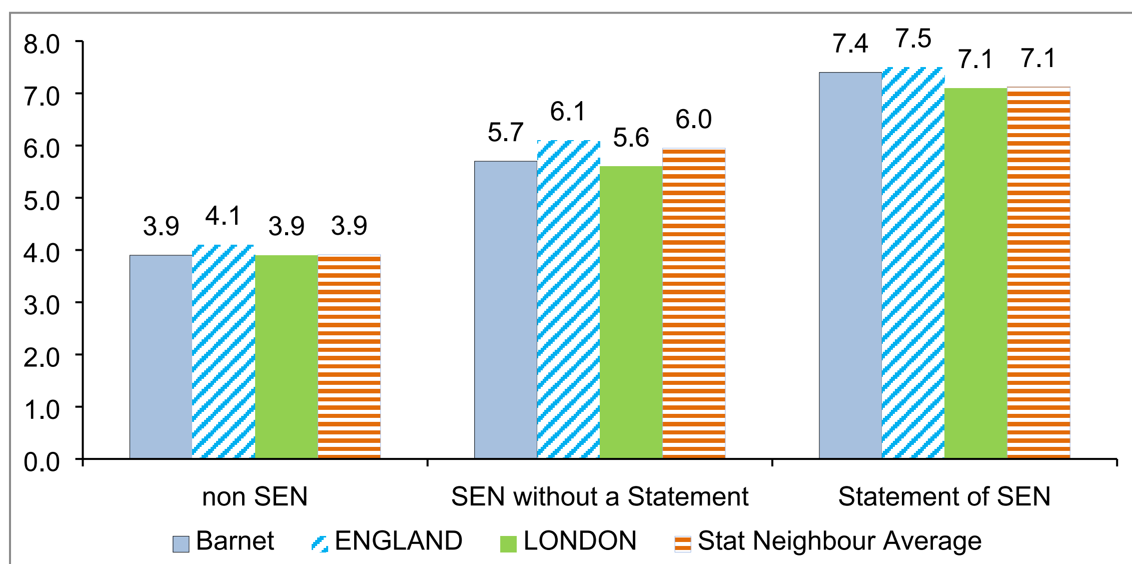
Ward	2014/15	2015/16	2016/17
Brunswick Park	91	97	110
Burnt Oak	141	153	175
Childs Hill	62	62	76

Colindale	134	152	165
Coppetts	84	83	87
East Barnet	78	84	104
East Finchley	67	79	93
Edgware	105	96	129
Finchley Church End	42	42	50
Garden Suburb	40	44	53
Golders Green	97	96	120
Hale	112	115	132
Hendon	74	72	74
High Barnet	83	82	85
Mill Hill	115	113	129
Oakleigh	73	67	79
Totteridge	52	55	61
Underhill	83	81	110
West Finchley	42	46	57
West Hendon	77	73	92
Woodhouse	76	77	94
Out of Borough	2	23	15
Unknown	1		
Grand Total	1731	1792	2090

6.5.5 Exclusions and persistent absenteeism

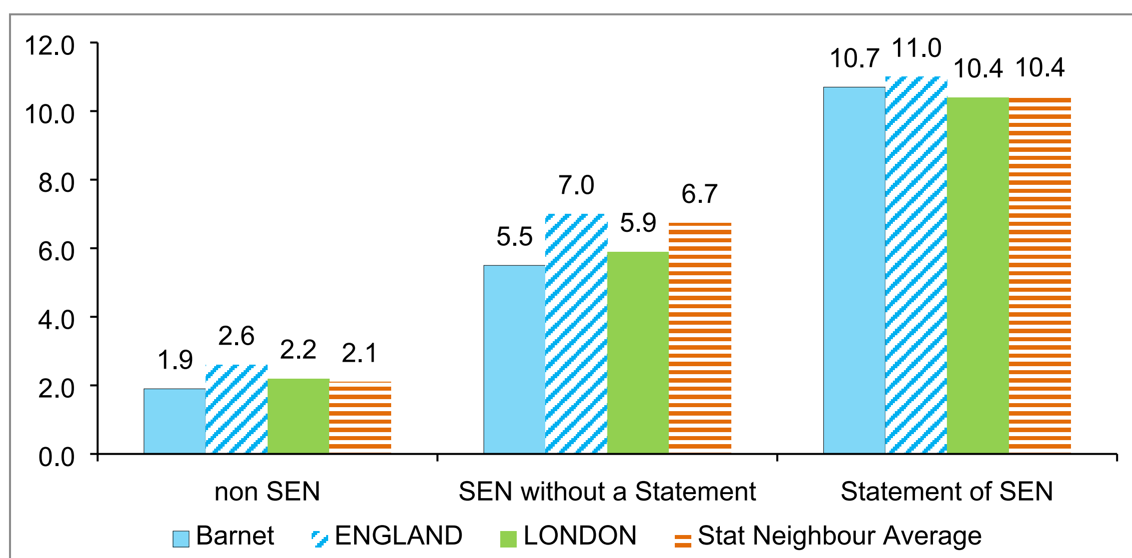
The absence rate for pupils with SEND in 2013/14 was higher than London and statistical neighbours for both groups of SEN (those with a statement or EHCP and those with SEN without a Statement or EHCP). This compares to the absence rate of non-SEN pupils in Barnet which is in line with the national and statistical neighbour average.

Figure 28 Absence rate for pupils by SEND, 2013/14 Academic Year. Source: DfE Research and analysis: SEN absences and exclusions: additional analysis.



Rates of persistent absenteeism are better than the national, London and statistical neighbour average for non-SEN pupils and SEN pupils (with no statement or EHCP). The persistent absence rate for pupils with a statement or EHC Plan is better than the national average but above the London and statistical neighbour average.

Figure 29 Prevalence of Persistent Absence for pupils by SEND, 2013/14 Academic Year Source: DfE Research and analysis: SEN absences and exclusions: additional analysis.



The rate of fixed term exclusions increases as the level of SEN intervention increases, although the fixed term exclusion rate for Barnet for both SEN statement/EHCP pupils and SEN (no statement/EHCP pupils) is below all comparator groups, suggesting inclusive practices for most challenging behaviour in schools is strong.

Table 23 Fixed Term Exclusions as % of School Population. Source: DfE Research and analysis: SEN absences and exclusions: additional analysis

	No SEN	SEN without a Statement	SEN with a Statement of SEN
England	1.7	10.8	15.2
London	1.6	8.0	12.2
Barnet	1.4	5.6	9.7
Stat Neighbour Average	1.2	9.5	13.4

Table 24 Percentage of Pupils receiving a 1+ Fixed Term Exclusion. Source: DfE Research and analysis: SEN absences and exclusions: additional analysis

	No SEN	SEN without a Statement	SEN with a Statement of SEN
England	1.1	5.2	6.4
London	1.1	4.7	5.4
Barnet	1.0	3.6	4.5
Stat Neighbour Average	0.9	5.0	5.5

The rate of permanent exclusions for SEN (no statement or EHCP) pupils is in line with the national average and statistical neighbours, but after the national average.

Table 25 Percentage with permanent exclusion. Source: DfE Research and analysis: SEN absences and exclusions: additional analysis

	No SEN	SEN without a Statement	SEN with a Statement of SEN
England	0.0	0.3	0.2
London	0.0	0.2	0.1
Barnet	0.0	0.3	X(suppressed)
Stat Neighbour Average	0.0	0.3	0.0

6.6 Youth Justice

6.6.1 Young People with SEND Sentenced to Custody

Between 2014 and 2017, 50 young people have been given custodial sentences and/or periods of remand into custody. Of those, a low number were identified on entry as having a statement of educational needs or an EHCP plans (Table 26).

Table 26 Barnet YOTs with statements or EHCPs. Source: Barnet Youth Offending Team

2013/14	2014/5	2015/16	2016/17
2	5	2	2

On examination of the custody cohort, a high percentage of the young people were gang related and have had difficult educational experiences, including fixed term and permanent exclusions. The fractured nature of the young people's educational histories may explain why the numbers of young people entering custody with a SEN/EHCP plan is so low.

The YOT ASSETplus assessment contains an examination of a young person's current and educational histories. It also includes a speech, language and communication assessment and a further assessment of their emotional health. The YOT also has a protocol with the SEND department (see attached) which addresses the sharing of information and the ways in which we work together, following a young person being made subject to custody. This includes the work which is undertaken with young people whilst they are in custody but also, in the planning of their resettlement into the community.

The YOT currently has SALT provision but this is limited in availability, the provider and the YOT Manager meet to discuss the distribution of resource each month. This provision is currently being reviewed and developed. The YOT also has an Educational Psychologist (90 days provision only) which is valuable in supporting the SEND process. Funding to continue the Educational Psychology provision will need to be explored in the future.

6.7 Admissions Avoidance Register (AAR)

London Borough of Barnet works in concert with Barnet Clinical Commissioning Group in the form of a Joint Commissioning Unit (JCU) responsible for, amongst other things, Learning Disabilities (LD). In response to the Transforming Care Partnership agenda the JCU LD team maintains a joint Adults' and Children's Admissions Avoidance Register (AAR) which is overseen by a Review Group. The AAR is a central point for sharing and recording information that monitors whether an individual with a Learning Disability and/or Autism is at risk of hospital admission. It enables and requires regular review by a multi-disciplinary team (MDT) to evaluate an individual's needs, support and contingency plans, risk assessing and increasing input and resources if necessary. The aim is to prevent unnecessary admission to inpatient services by assisting people in crisis to remain in the community, wherever it is safe to do so. Meeting fortnightly, the group reviews each case to ensure individual care planning for all those on the Register with Learning Difficulties and/or Autism and who may be at risk of hospital admission; in an effort to ensure that risk does not materialise. We are very pleased to note that, as a result, there has not been even one unplanned admission in this cohort in over a year.

6.8 Transport and assistance for travelling facilities

Recently there has been a refresh of our transport policy and we are working with parents/carers to develop a range of flexible travel options. 402 young people were provided with travel assistance in the 2015/16 academic year, of which 327 are on buses and 75 pupils are in taxis. The Passenger Travel Service operates 34 buses on a daily basis

6.9 Service development and improvement

Some of recent service developments to improve assessment and meeting the needs of SEND include:

a) A new SLA is in place that requires the Pre-school Teaching team to collate evidence on the effectiveness of family service plans; initial findings will shortly be available.

b) The local authority has developed an EHCP outcomes performance report; this is beginning to enable more rigorous management oversight of the effectiveness and impact of plans. The report will provide detailed analysis of types of outcomes most commonly met/partially met/not met by different cohorts, thus supporting management scrutiny and enabling the development of targeted improvement plans where necessary

c) A revised EHCP multi-agency quality assurance framework was introduced. The framework is not yet sufficiently embedded to demonstrate an impact on overall quality but it is already enabling more rigorous management oversight and challenge

d) The DMO for SEND has initiated discussions with the LAC Health Team to improve the quality and timeliness of health advice to EHCP requests for children looked after. The CCG and the LAC Health team are seeking a solution for this within the LAC team, with guidance from the DMO for SEND and DMO for LAC.

e) The establishment of a coproduction development group, led by a Principal EP with representation from parents, voluntary sector, health, education and social care.

f) Barnet local area has jointly commissioned additional BPCF activity to support them in outreach work with to hard-to-reach groups, contributions to health recommissioning and advice to the CCG on coproduction.

g) Joint pathways and plans for partial integration of services between CAMHS SCAN and other therapies such as SLT have been developed

h) A Transitions Tracking meeting (including colleagues from health, social care and education) has been re-established to track all pupils from age 13-25 who are likely to require adult health and social care services.

6.10 Short breaks

There are a range of short breaks services for children and young people in Barnet. These services are commissioned via a framework of 9 providers which offer group based social, sport and cultural and play activities in various settings, overnight short breaks in the family home or a community setting, an enabling service with one to one support and personal assistance and specialist respite care services. This provision is for children and young people with Autistic Spectrum Disorders (ASD) and with complex health needs including cognitive or sensory impairments.

The services seek to ensure children and young people are well supported at home, undertake regular activities to improve wellbeing and resilience, increase social and emotional independence and give opportunities for parents and carers to benefit from a break. In 2016/17 over 333 children and young people accessed this provision with an average take up rate of 90% which included nearly 3,000 play scheme sessions, 148 supported swimming sessions and 131 residential sessions. This support also includes personal assistant support hours of which there was 3,699 hours in 2016/17.

Services are planned to be recommissioned in 2018/19 in line with the strategic development of the 0 – 25 service, the parent carers forum is taking an active role in the re-development of the short breaks services.

Some families who submitted their views to BPCF as part of the self-evaluation perceive that thresholds to access short breaks are unclear and that consequently access is not as equitable as it should be.

6.11 Transitions

Early years to school

Children transitioning from Early Years settings into Primary School are supported by the 0-5 CAD team. Guidance is sent to both early years settings and schools in planning and preparing children for transition. A person-centred planning meeting takes place for all SEN supported children transferring to school. This meeting is attended by early years setting staff; parent/carers; relevant agencies working with the child and family; and the staff from the school. An action plan is put into

place for the school in preparation for the child's transition. School staffs are encouraged to observe the child in the early years setting.

7. Improving outcomes for children and young people with SEND

7.1 Parental involvement in improving outcomes

Barnet Parent/ Carer Forum

Listening to parents/ carers so that realistic and deliverable outcomes are agreed is crucial especially around the time of annual reviews. Barnet Parent/ Carer Forum identified that families in Barnet are very frustrated and disappointed with the Preparing for Adulthood (PFA) service as they are aware of positive examples of provision including programmes for supported internships in neighbouring boroughs. A poor picture of transition into college and adulthood is being experienced. Staff support to cover out of borough reviews is an issue. Families described how they wanted access to services in the evening, life skills training for YP including being healthy as possible and support for living independently.

Dedicated units within colleges are sometimes poorly prepared and staffed, relying on parents to make the necessary steps to ease transition and support their children. Existing plans to manage support were not delivered in particular joined up working although on the academic side staffs were working hard and improvements being seen. The college week is shorter and this has adversely affected other areas of care. The College learning style does not fit well for with YP with needs, family members have to provide additional support for independent learning and project work. Well thought through support for work placements is needed. Families say that they actively avoid schools that are perceived to have a poor reputation for supporting SEND and providing SEN support. Families expect better informed staff who are aware of the reforms in mainstream schools.

They also felt that access to services provided by Social care is problematic. Assessments for carer support have been poor with families complaining about the process and in particular the follow ups. Families moving into the area with statements and plans report a poor experience of the

system. Families want an improved PFA offer on the LO with a more user friendly and less jargonised website which contains a published, agreed clear Barnet SEND vision and strategy for the future.

7.2 Mission statement

Our mission for education is to ensure that:

- Every child attends a good or outstanding school, as judged by Ofsted.
- The attainment and progress of children in Barnet schools is within the top 10% nationally.
- There is accelerating progress of the most disadvantaged and vulnerable pupils in order to close the gap between them and their peers.

7.3 Local transformation plan and improving outcomes for children and young people

The local Transformation Plan builds on the priority areas outlined in Future in Mind and aligns them to local needs of children, young people and other stakeholder. The Local Transformation Plan is iterative and will continue to be developed over the timeframe of the five year plan.

Barnet's vision is to transform mental health services for children and young people by 2020, building the resilience of children and young people and their families and improving their mental well-being therefore enhancing the life chances of children and young people in Barnet.

The 5 key elements of the vision are:

- Improving access to effective support
- Care for the most vulnerable
- Promoting resilience, prevention and early intervention
- Accountability and transparency
- Developing the workforce

(Source Local Transformation Plan)

Delivery of the plan will be led by Barnet Clinical Commissioning Group ("Barnet CCG") and London Borough of Barnet ("LBB") working closely with a range of partners, and children and young people at the centre driving transformation. Our local transformation events have included.

We have undertaken extensive consultation and engagement programme with children and young people within the borough, aged 11 – 18, through 3 key mechanisms:

- Online survey activity (through our annual Youth Parliament elections)
- Focus groups delivered within schools, colleges and organisations
- Delivery of a high level youth conference titled 'Youthorium'.

Up to 7899 children responded to our online survey activity. Just over 300 children and young people participated within our Youthorium conference and schools focus groups combined.

Online survey activity

Our Youth Parliament elections were conducted between 23rd February and 6th March 2017 across the borough. Every year children and young people aged 11 – 18 who live, work or are educated within the borough are asked to vote for one of their peers to represent them within the national Youth Parliament. Within the 2017 online ballot form young participants were further asked to respond to questions regarding transformation to CAMHS services and the review of 0 – 19 provision within the borough.

Up to 7899 children and young people, across 23 schools, colleges and organisations voted within the elections. Whilst no data is available on how many went on to submit responses to the questions asked, a robust sample size has been obtained that provides valuable insight upon CAMHS transformation and 0 – 19 service review.

Focus groups

Our schools focus groups were delivered between January 2017 and March 2017. In total 24 focus groups were delivered in schools, specialist schools, faith schools and with Voluntary and Community Sector groups. We invited all VCS and SEND groups in the Barnet Practitioners Forum database to take part to take part. We also held a specific group with the councils SEND focus group. Just over 200 children and young people participated within the schools focus groups. Use of MeetingSphere digital technology and face to face facilitation was used throughout to glean insight from young participants upon CAMHS transformation and Emotional Wellbeing in general.

Youthorium 2017

On 23.02.17 a high level youth conference was delivered entitled 'Youthorium 2017'. The purpose of Youthorium 2017 was to provide an opportunity for young residents to express their views upon CAMHS transformation and 0 – 19 provision in an engaging and participative manner, which utilised digital technology to consult. This technology was provided for by MeetingSphere. 108 children and young people attended Youthorium, with representation from: Barnet & Southgate College, The Compton, Copthall, Dollis Junior, Hasmonean Girl, Hendon School, JCoSS, London Academy, Northgate, Saracens/Hitz, Whitefield School and a number of Voluntary and Community Sector organisations such as Unitas (Barnet Youth Zone), ARTiculate and Art Against Knives.

A broad qualitative approach was used by facilitators to capture insight from young participants. Their responses were then 'themed' and categorised.

We therefore believe that this consultation produced rich insights from the perspective of children and young people into mental health provision within our borough and to inform senior leaders and officials in order to:

- Improve outcomes for children and young people
- To ensure that children and young people have access to the right services at the right time
- To co-produce with children and young people in order to support our vision for Barnet to be the most Family Friendly Borough in London by 2020 with resilient families and resilient children.

A full report of the findings in CYP CAMHS Consultation – End of Project Report as authored by the LB of Barnet Voice of the Child team. (2017)

Emotional Wellbeing and CAMHS Workshops to develop Service Specification

We have continue to engage with young people, practitioners, VCS organisations and other internal and external stakeholders though a series of Emotional Wellbeing and CAMHS Workshops to develop Service Specification each with a specific focus.

- Workshop 1a -Wellbeing Hub - Professionals/Partners
- Workshop 1b - Wellbeing Hub - Barnet Young People
- Workshop 2 - LD/Autism, SEND, Neurodevelopment and Paediatric Liaison
- Workshop 3 - Wellbeing Network (Voluntary Sector)
- Workshop 4 - CAMHS Complex Care Service

7.4 Mental Health and Emotional wellbeing Whole System Redesign to Improve Outcomes for Children and Young People

The government strategy for mental health recognises that mental health problems contribute to perpetuating cycles of inequality through generations. Early interventions, particularly with vulnerable children and young people, can improve lifetime health and wellbeing, prevent mental illness and reduce costs incurred by ill health, unemployment and crime.

Stigma and experiences of discrimination continue to affect significant numbers of people with mental health problems. For all groups of people with mental health disorders, including children, this can:

- stop people from seeking help;
- keep people isolated, and therefore unable to engage in ordinary life, including activities that would improve their wellbeing;
- mean that support services have low expectations of people with mental health problems, for example their ability to do well at school; and
- stop people being educated, realising their potential and taking part in society.

Improved mental health and wellbeing is associated with a range of better outcomes for people of all ages and backgrounds. These include improved physical health and life expectancy, better educational achievement, increased skills, reduced health risk behaviours such as smoking (over 40% of children who smoke have conduct and emotional disorders) and alcohol misuse, reduced risk of mental health problems and suicide, improved employment rates and productivity, reduced anti-social behaviour and criminality, and higher levels of social interaction and participation. Children with a long term physical illness are twice as likely to suffer from emotional or conduct disorders.

In order to improve outcomes for children, young people and their families Barnet LBB and CCG aim is to develop an Mental Health and Emotional Well Being System' of which CAMHS is an integral part. This is in line with our promoting population resilience approach utilising the "Thrive Model", creating a more efficient, responsive, integrated and outcome focused approach to support and promote children's mental health and emotional wellbeing. Further the service will be designed to

improve patient and family experience by reducing waiting times, providing better prevention, early intervention and building resilience universally in schools. Another core feature of the service design will be to ensure that access is streamlined, easier and, less stressful by moving service to more community based settings. Co- production with children, young people, their families/carers will be at the heart of the redesign services. We expect to reduce Tier 4 admissions by providing a better community offer working with the voluntary sector which is not currently represented within the current commissioned system.

Mental Health Transformation Progress to date

Barnet CAMHS has made progress in a number of priority areas which we identified in the Child and Adolescent Mental Health Service Transformation Plan 2015-2020 published in February 2016. Key areas of progress include:

- Embedded our strategic approach to Family Friendly Barnet.
- Established resilience based practice at the heart of vision for children and young people.
- New CAMHS satellite provision at Pupil Referral Units.
- Significant reduction in waiting times for the Eating Disorders Service.
- Improved performance management of services and new targets.
- Participation with NCL partners in a successful bid for Child House Model.

Successful funding bids for additional capacity to reduce waiting times, develop CAMHS for Young Offenders, employ four trainee Psychological Wellbeing Practitioners and develop a new perinatal Mental Health Service.

Barnet's children's partnership have adopted a 'resilient families, resilient children' model of practice, whereby birth and foster families are empowered to 'bounce back' from stress and adversity and take on new challenges, leading to better outcomes. To do this, children's social care is focused on developing:

- A highly skilled, stable workforce, who build respectfully curious relationships with families
- Proactive management oversight, enabled through accurate and timely performance information
- Therapeutic care and support, provided using evidence-based interventions

7.5 Education attainment for children with SEND

Overall, attainment and progress for children with SEND (both SEN Support and Statements/EHC Plans) performs well compared to the same group nationally and against statistical neighbours across most key stages – with significant success by the time children reach key stage 4 and beyond. This is due to the very strong academic offer we have across all schools in Barnet.

In June 2017, 95% of all Barnet primary, secondary, nursery and special/PRU schools are rated good or outstanding at their latest Ofsted inspection (nationally, 88% are rated good or outstanding); 39.5% of all schools are rated outstanding (nationally, 19.4% are rated outstanding).

There is a proactive approach to identifying schools which are vulnerable to requires improvement (or worse). Schools undergo a systematic process of monitoring and challenge throughout the year, in which the performance of SEND and other vulnerable groups is a key focus.

There remain areas where performance is relatively weaker, and we have a programme of support to raise achievement in these areas.

The attainment of SEN Support pupils at the Early Years Foundation Stage dropped to the national average in 2016 – it is felt this is reflective of an all-pupil (SEN and non-SEN) performance picture at Early Years, and this is being addressed through the Early Years SEN workstream as well as through the School Improvement and Barnet Partnership for School Improvement programmes.

At Key Stage 1, attainment in Maths is relatively lower compared to the London and Statistical neighbour averages, although this reflects a picture for all SEN pupils. Attainment at Key Stage 1 in Maths is a School Standards Partnership Board and the School Improvement Team are working with advisers to ensure an appropriate training and development programme is in place.

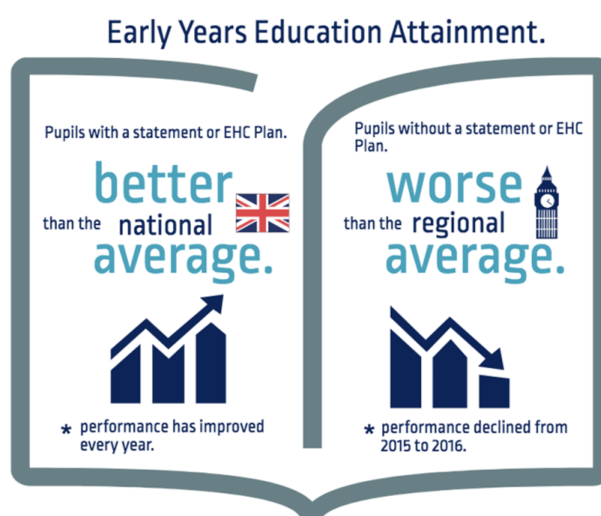
At Key Stage 2, the progress of pupils with an EHCP or Statement from their starting points is broadly in line with the same cohort nationally; whereas SEN Support pupils make more progress than the same cohort nationally. There have been national issues in measuring the progress of pupils at the pre-key stages, due to the implementation of the new national assessment system, and the outcome of the recent consultation on the Rochford Review Recommendations may change the picture. The progress and attainment of pupils with a statement or EHC Plan have remained a focus of individual school monitoring and progress discussions.

It should however be noted that, at both Key Stage 2 and Key Stage 4, the progress of SEN Support pupils (in KS2 Writing and KS4 Overall), and Statemented / EHCP (at KS2 Reading, Writing and Maths, and KS4 Overall) is below that of all pupils nationally from their starting points. This suggests that the

attainment gap against their peers continues to widen as they progress through education, although each group continues to perform above the same group nationally.

7.5.1 Early years statistics

The percentage of pupils with SEN but without a statement achieving a good level of development has stayed at a similar level with a peak in 2015. The achievement of SEN Support pupils at the Early Years Foundation Stage has gone from being well above the national, London and statistical neighbour average in 2013 to being in line with the national average, and below the London and statistical neighbour average in 2016. This reflects the same picture across Early Years provision in Barnet, where attainment is also equal to the national average.



For the percentage of pupils with a statement or EHC Plan, the percentage achieving a good level of development has gradually increased in line with the London, national and statistical neighbour average, thereby continuing to perform favourably comparably.

Table 27 % Good level of development achieved - Pupils with SEN, without statement Source: LAIT

	2013	2014	2015	2016
Barnet	25	24	32	26
London	18	25	29	31
Statistical Neighbours	13.8	20.6	25.4	28.7
England	16	21	24	26

Table 28 % Good level of development achieved - Pupils with SEN, with statement

	2013	2014	2015	2016
Barnet	-	5	4	6
London	2	3	4	5
Statistical Neighbours	13	5.5	6.25	6.67
England	2	3	4	4

Early years strengths

Pupils with a statement or EHC Plan perform above the national and London average and have improved every year

Early years areas for development

SEN Support pupils perform below London and statistical neighbours, reflecting a wider issue with performance across Barnet in the EYFS

7.5.2 Key stage 1

In Reading, pupils in both SEND categories (SEN Support and Statement/EHC Plan) perform above the same group of pupils in statistical neighbour LAs and nationally. SEN Support pupils perform slightly below the London average in Reading.

In Writing, pupils in both SEND categories (SEN Support and Statement/EHC Plan) perform above the same group of pupils in statistical neighbour LAs and nationally. SEN Support pupils perform slightly below the London average in Writing.

In Maths, pupils with a Statement/EHC Plan perform above the same group of pupils in statistical neighbour LAs, London and nationally. SEN Support (and all pupils) pupils perform slightly below the London average in Mathematics.

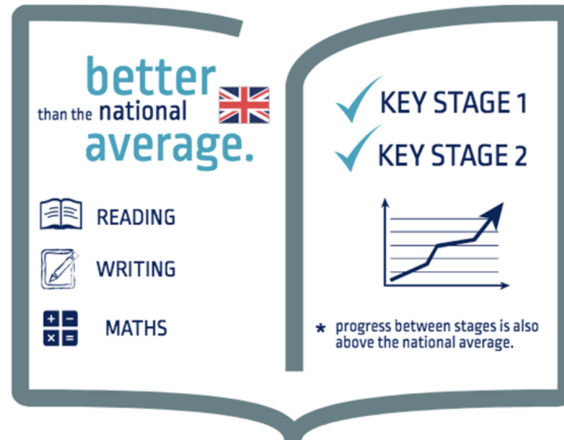


Figure 30 Percentage of pupils reaching the expected standard (Reading). Source: LAIT

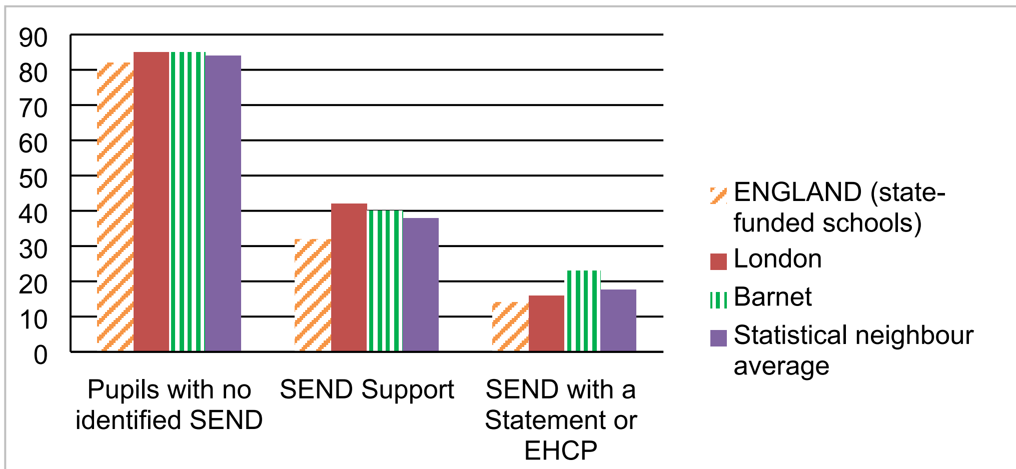


Figure 31 Percentage of pupils reaching the expected standard (writing). Source: LAIT

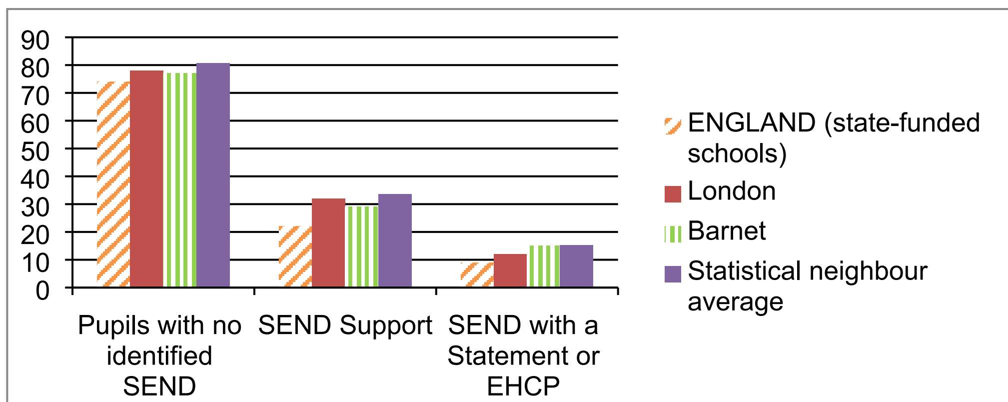
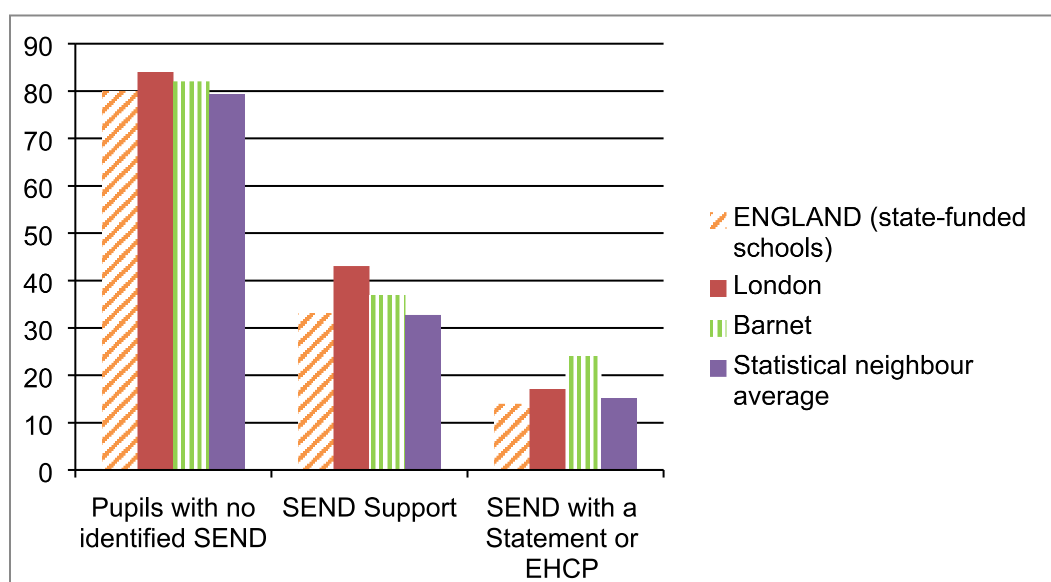


Figure 32 Percentage of pupils reaching expected standard (Maths). Source: LAIT



Key stage 1 strengths

Attainment in Reading and Writing is strong for both pupils with SEN Support and pupils with a Statement/EHC Plan compared to similar Las and the national average

Key stage 1 areas for development

There remains a gap between the performance of SEN Support pupils and those in London local authorities (although this reflects a wider Barnet issue)

The performance in Maths – as across the rest of Barnet pupils – is relatively low for both SEN Support pupils and all pupils.

7.5.3 Key stage 2

The proportion of pupils reaching the expected standard or above in Reading, Writing and Maths is above the national average for all SEND groups (SEN Support and Statement/EHC Plan) and above the statistical neighbour average for SEN Support pupils (and in line with the statistical neighbour average for Statement/EHC Plan pupils). The performance of SEN Support pupils is slightly below the London average.

In Reading, SEN Support pupils perform in line with the London average and above the national and statistical neighbour averages. Pupils with a statement/EHC Plan perform above the London and national average but below statistical neighbours.

In Writing, the performance of SEN Support and Statement/EHC Plan pupils is below the London, statistical neighbours, and broadly in line with the national average. This reflects a similar pattern seen across all pupils in Barnet.

In Maths, SEN Support pupils perform above the London, national and statistical neighbour averages. Pupils with a statement/EHC Plan perform in line with the London average, above the national average but below statistical neighbours.

In GPS, SEN Support pupils perform above the London, national and statistical neighbour averages. Pupils with a statement/EHC Plan perform in line with the London average, above the national average but slightly below statistical neighbours.

Table 29 Reading, Writing and Maths Expected Standard+ Source: LAIT

	Pupils with no identified SEN	**SEN support**	**SEN with a statement or EHC plan**
ENGLAND (state-funded schools)	62	16	7
London	68	24	9
Barnet	68	23	10
Statistical neighbour average	68	20	10

Figure 33 KS2 Reading, Writing and Maths expected standard+. Source: LAIT

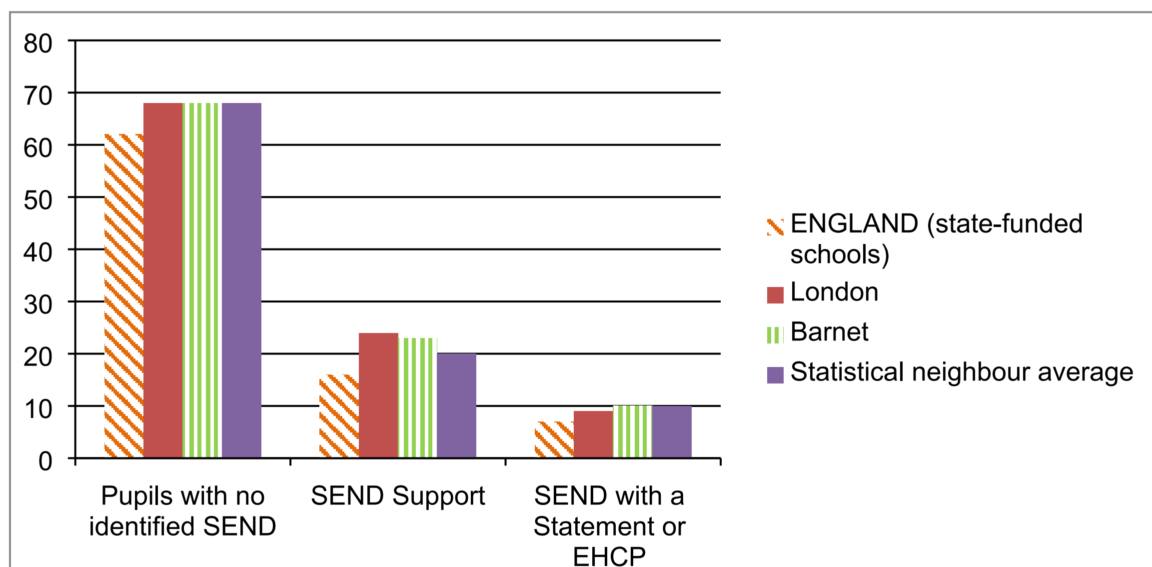


Table 30 Reading Expected Standard+. Source: LAIT

	Pupils with no identified SEN	SEN support	SEN with a statement or EHC plan
ENGLAND (state-funded schools)	74	32	14
London	77	40	17
Barnet	81	40	18
Statistical neighbour average	78	38	20

Figure 34 Reading Expected Standard+. Source: LAIT

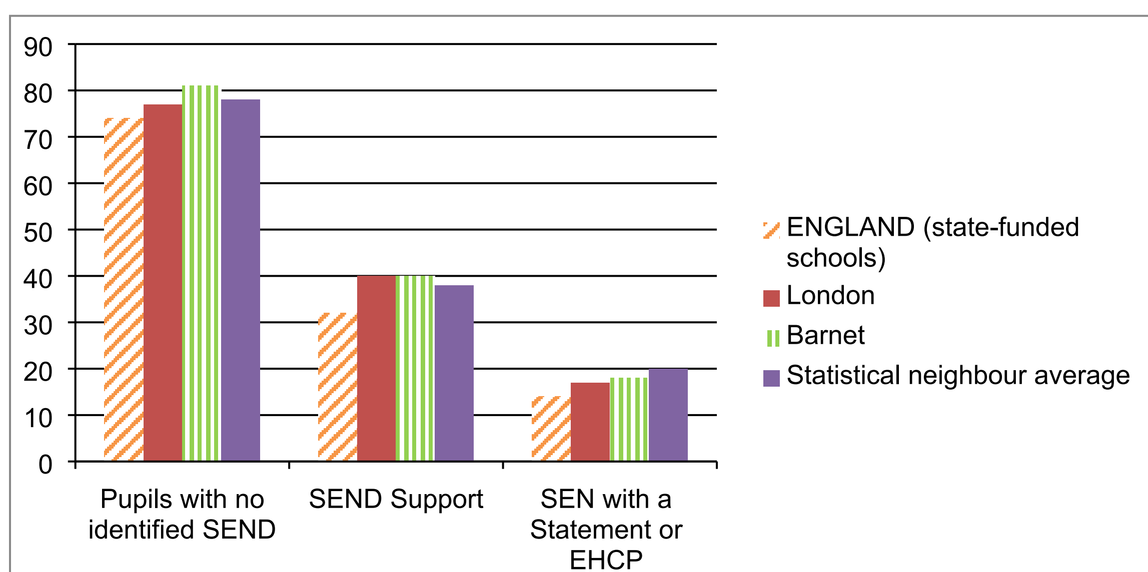


Table 31 Writing Expected Standard+. Source: LAIT

	Pupils with no identified SEN	SEN support	SEN with a statement or EHC plan
ENGLAND (state-funded schools)	84	32	13
London	88	43	16
Barnet	83	36	13
Statistical neighbour average	86	38	17

Figure 35 Writing Expected Standard+. Source: LAIT

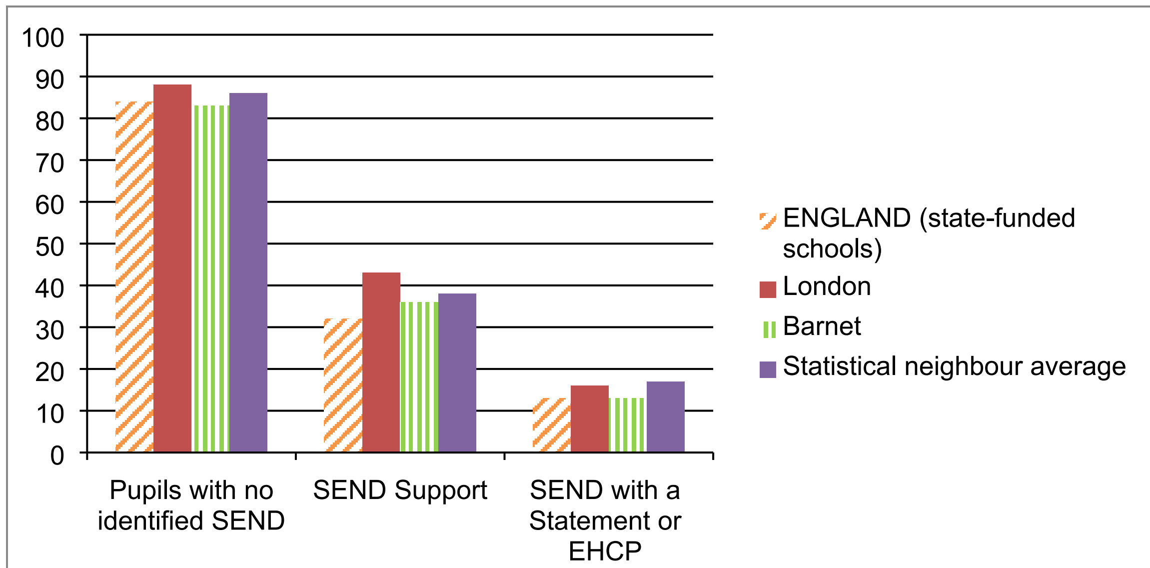


Table 32 Mathematics Expected Standard+ Source: LAIT

	Pupils with no identified SEN	SEN support	SEN with a statement or EHC plan
ENGLAND (state-funded schools)	78	36	15
London	84	47	19
Barnet	85	48	19
Statistical neighbour average	84	44	21

Figure 36 Mathematics Expected Standard+ Source: LAIT

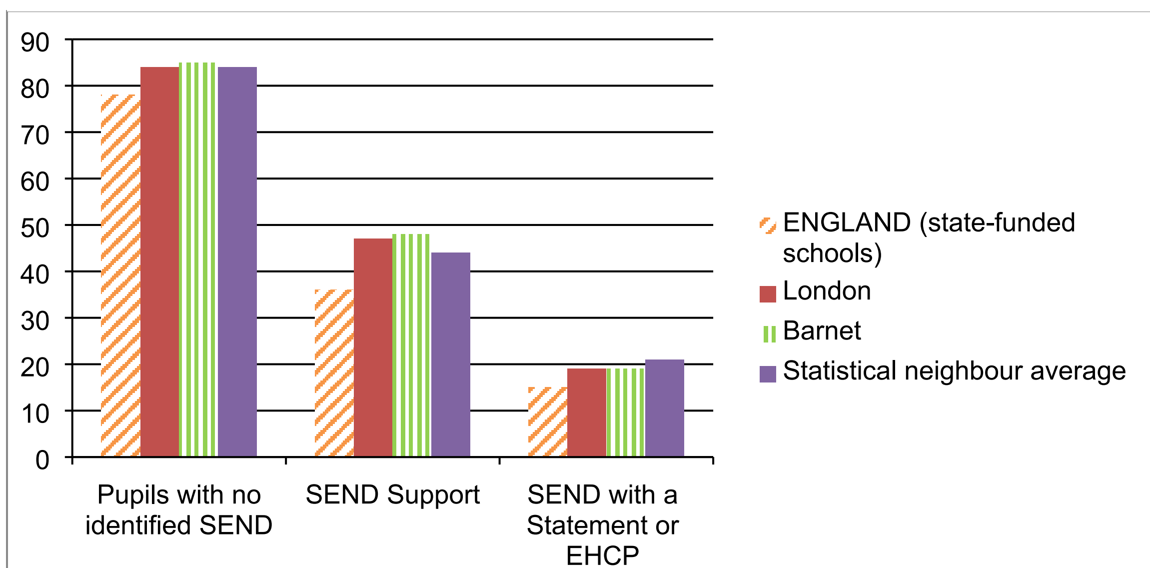
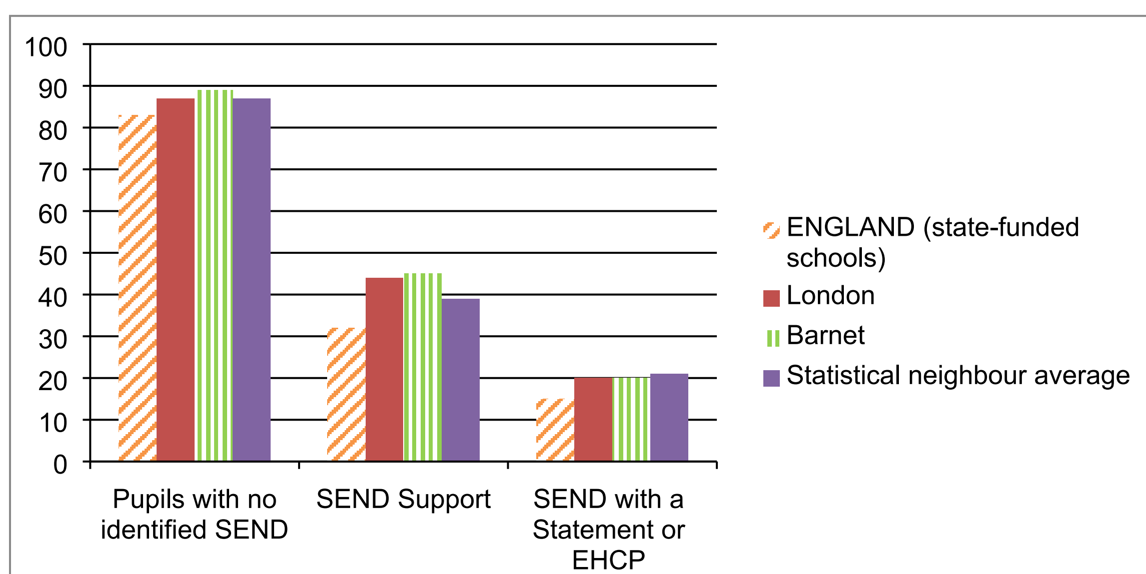


Table 33 GPS Expected Standard+ Source: LAIT

	Pupils with no identified SEN	SEN support	SEN with a statement or EHC plan
ENGLAND (state-funded schools)	83	32	15
London	87	44	20
Barnet	89	45	20
Statistical neighbour average	87	39	21

Figure 37 GPS Expected Standard+ Source: LAIT



Between Key Stage 1 and 2, it is important to consider the progress pupils make from their starting points (source: LA populated Raiseonline). The progress of pupils with SEN Support is strong across all subjects, whereas progress of pupils with a Statement/EHC Plan is weaker, being in line with SEN Statement/EHC Plan pupils nationally.

Reading progress

Pupils with a statement / EHCP scored 3.36 points less on the reading test than similar pupils nationally. This is broadly in line with the national average when compared to only pupils with a statement/EHCP (-3.12).

Pupils with SEN support score broadly the same (+0.2) on the reading test as similar pupils nationally. This is above the national average when compared to only SEN Support pupils nationally (-1.3).

Table 34 KS2 Reading Progress. Source: LAIT

	Barnet Average Progress	National Average Progress (same group nationally)
SEN with statement or EHC plan	-3.36	-3.12
SEN support	0.2	-1.3
no SEN	1.91	0.29

KS2 Maths progress

Pupils with a statement / EHCP scored 3.55 points less on the maths test than similar pupils nationally. This is broadly in line with the national average when compared to only pupils with a statement/EHCP (-3.47).

Pupils with SEN support score, on average, 0.61 points more on the maths test than similar pupils nationally. This is significantly above the national average, and significantly above the national average when compared only to pupils with SEN Support (-1.14).

Table 35 Key Stage 2 Maths progress. Source: LAIT

	Barnet Average Progress	National Average Progress (same group nationally)
SEN with statement or EHC plan	-3.55	-3.47
SEN support	0.61	-1.14
No SEN	2.08	0.27

KS2 Writing progress

Pupils with a statement / EHCP scored 4.09 points less on the writing teacher assessment than similar pupils nationally. This is broadly in line with the national average when compared to only pupils with a statement/EHCP (-4.02).

Pupils with SEN support score, on average, -1.25 points more on the writing teacher assessment than similar pupils nationally. This is likely to be significantly above the national average when compared only to pupils with SEN Support (-2.44).

Table 36 Key Stage 2 Writing Progress. Source: LAIT

	Barnet Average Progress	National Average Progress (same group nationally)
SEN with statement or EHC plan	-4.09	-4.02
SEN support	-1.25	-2.44
No SEN	0.76	0.53

KS2 Strengths

Progress and attainment of SEN Support pupils is strong across all subjects, compared to similar pupils nationally and in statistical neighbour LAs.

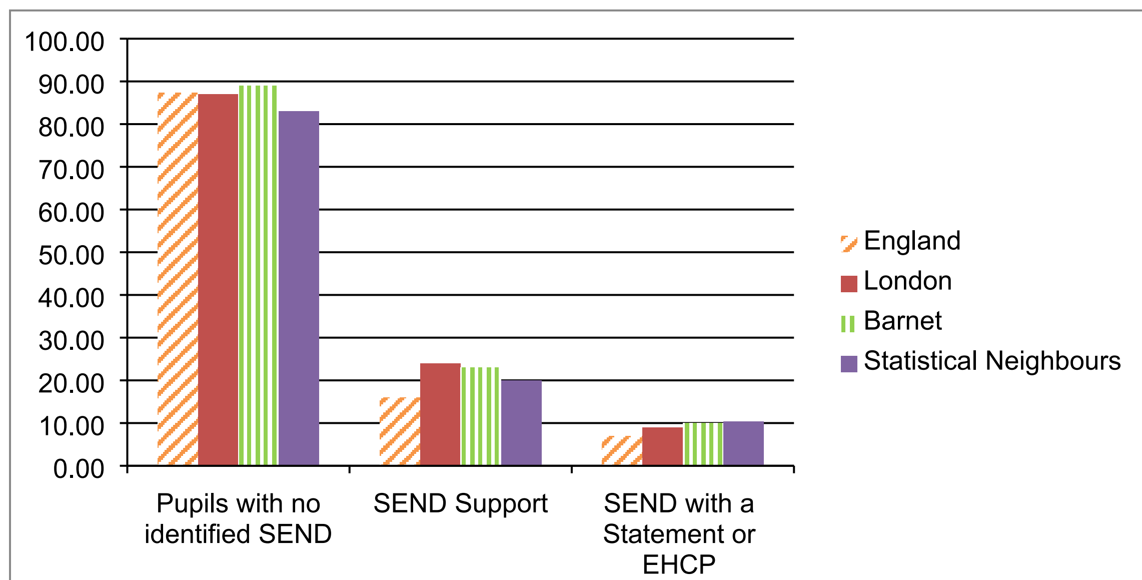
SEN Support pupils make significantly more progress than all pupils with the same starting points (both SEN and non-SEN pupils) in Maths.

KS2 areas for development

The attainments of pupils with a statement/EHC Plan is in line with the London average, but slightly below the statistical neighbour average in Reading, Maths and GPS.

There is scope to raise aspirations for the progress than pupils with a statement/EHC Plan make between KS1 and KS2 in all KS2 subjects, as it is currently in line with the national average.

Figure 38Key Stage 2 Attainment Reading, Writing and Maths. Source: LAIT



7.5.4 Key stage 4

Overall attainment at the end of KS4 for SEN Support and pupils with a statement or EHC Plan is above the London, national and statistical neighbour average. This also reflects strong rates of progress (i.e. attainment compared to their starting points) with the progress of both SEN support

pupils and pupils with a statement or EHC Plan above that of the national, London and statistical neighbour average.

The high attainment seen across 8 subjects is also demonstrated in terms of threshold measures, % of pupils achieving A*- C grades in English and Maths, and % of pupils achieving the English Baccalaureate as both measures achieve higher performance than London, national and statistical neighbour averages.

Table 37 Attainment 8. Source: LAIT

	Pupils with no identified SEN	SEN Support	SEN with a Statement or EHCP
England	53.3	36.2	17.0
London	55.6	39.5	18.7
Barnet	59.2	41.4	23.2
Statistical neighbour average	53.2	36.2	16.8

Figure 39 Average Attainment 8 score. Source: LAIT

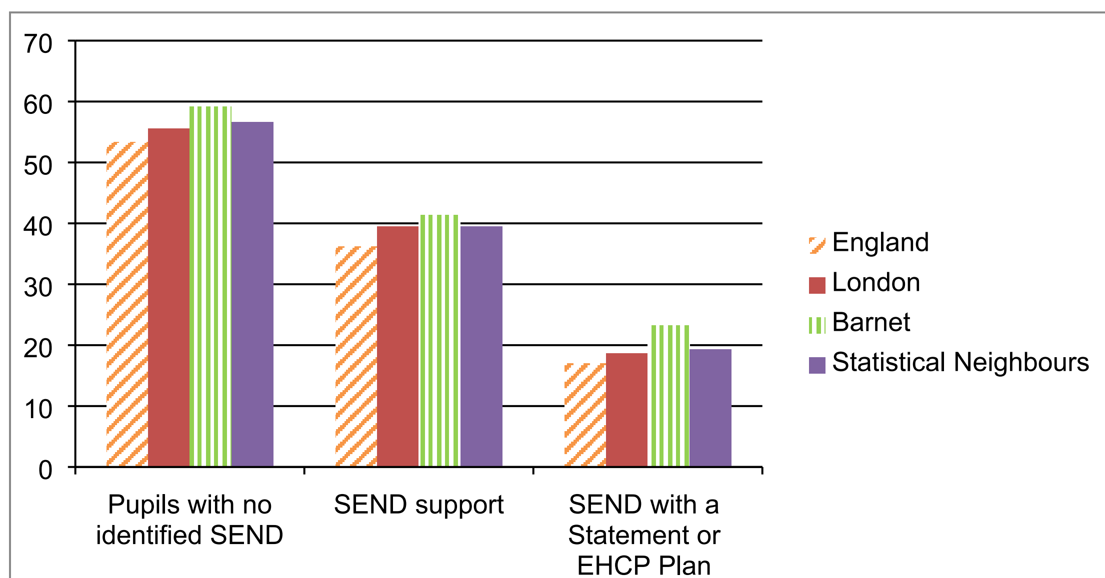


Table 38 Progress 8. Source: LAIT

	Pupils with no identified SEN	SEN Support	SEN with a Statement or EHCP
England	0.1	-0.4	-1.0
London	0.3	-0.2	-0.9
Barnet	0.4	-0.1	-0.7
Statistical neighbour average	0.1	-0.4	-1.0

Figure 40 Average Progress 8 score. Source: LAIT

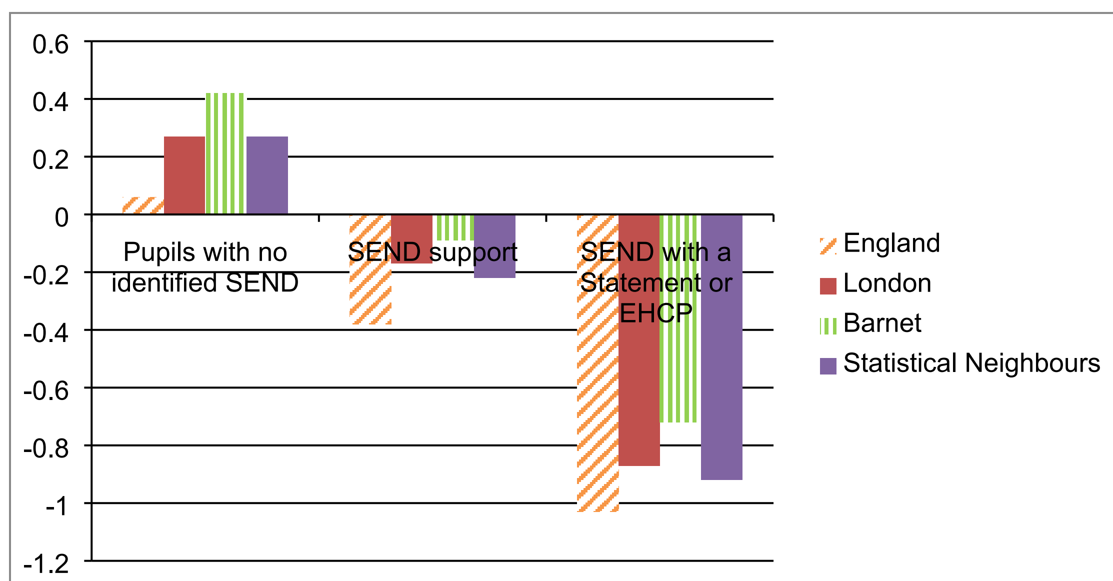


Table 39 % Achieving the English Baccalaureate. Source: LAIT

	Pupils with no identified SEND	SEND Support	SEND with a Statement or EHCP
England	28.3	6.0	1.8
London	36.9	9.4	3.0
Barnet	48.5	17.4	3.6
Statistical neighbour average	28.3	6.5	2.9

Figure 41 % attainment of English Baccalaureate, no identified SEND. Source: LAIT

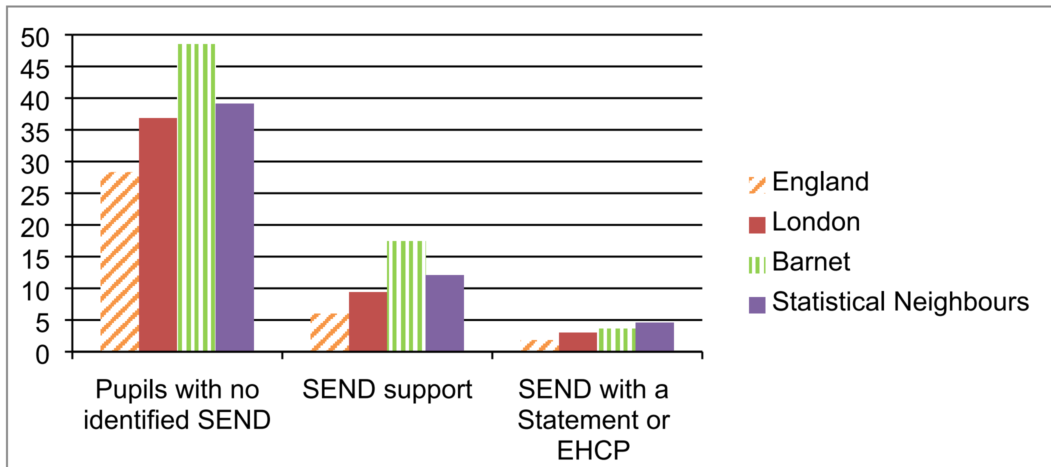
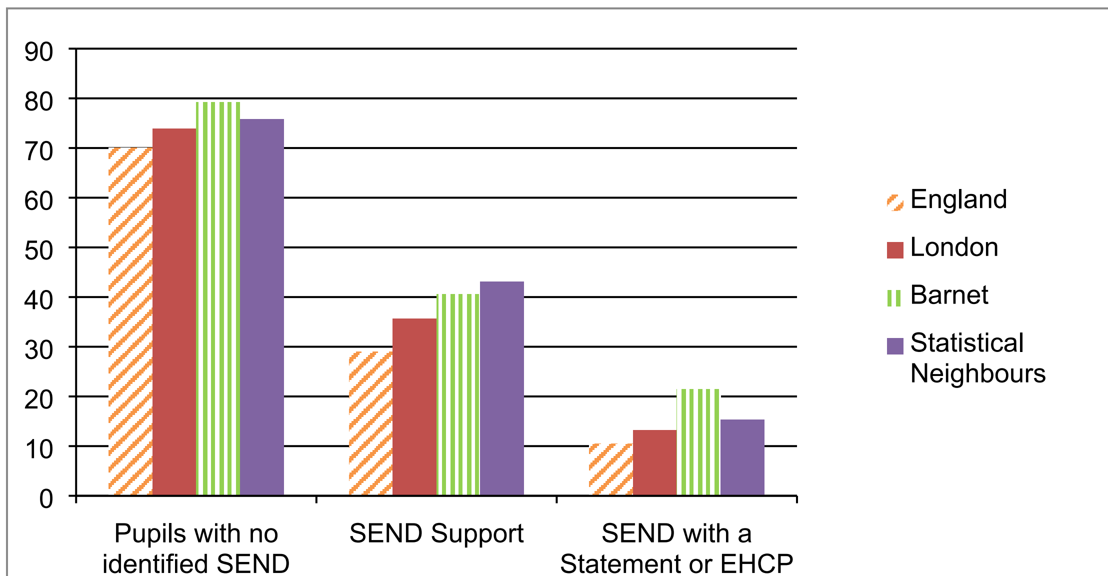


Table 40 A*-C in English and Maths. Source: LAIT

	Pupils with no identified SEND	SEND Support	SEND with a Statement or EHC Plan
England	70.1	29.0	10.5
London	73.9	35.7	13.2
Barnet	79.2	40.6	21.4
Statistical neighbour average	69.5	29.3	11.0

Figure 42 % attaining A* - C GCSE inc. English & Maths attainment. Source: LAIT



Key stage 4 areas for development

Attainment is strong overall, reflecting strong rates of progress made by all SEND groups.

Key stage 4 areas for development

To ensure pupils with SEND make the same strong rates of progress from pupils' individual starting points across all settings in Barnet.

7.5.5 Qualifications by age 19

By the age of 19, pupils with SEND are more likely to be qualified to level 2 threshold levels than the national, London and statistical neighbour average. In 2016, a higher proportion of pupils with SEND are more likely to be qualified to level 3 than the statistical neighbour and national averages, and only slightly below the London average for SEN School Action/School Action Plus pupils.

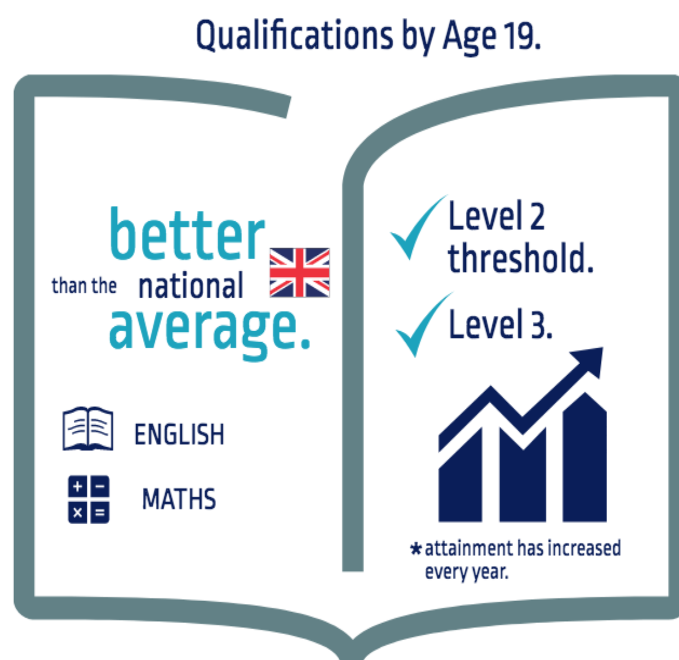


Table 41%19 year olds qualified to Level 2, inc. English & Maths, SEND without a Statement or EHCP Source: LAIT

	2011	2012	2013	2014	2015	2016
Barnet	32.9	33.9	40.7	44.6	48.4	48.4
London	31.8	36.6	40.3	40.7	45.4	44.9
Statistical Neighbours	29.6	32.4	35.9	38.3	45.4	45.6
England	26.6	30.5	33.2	34.2	36.6	37.0
Nat Ranking	32	49	21	14	13	16

Figure 43%19 year olds qualified to Level 2, inc. English & Maths, SEND without a Statement or EHCP. Source: LAIT

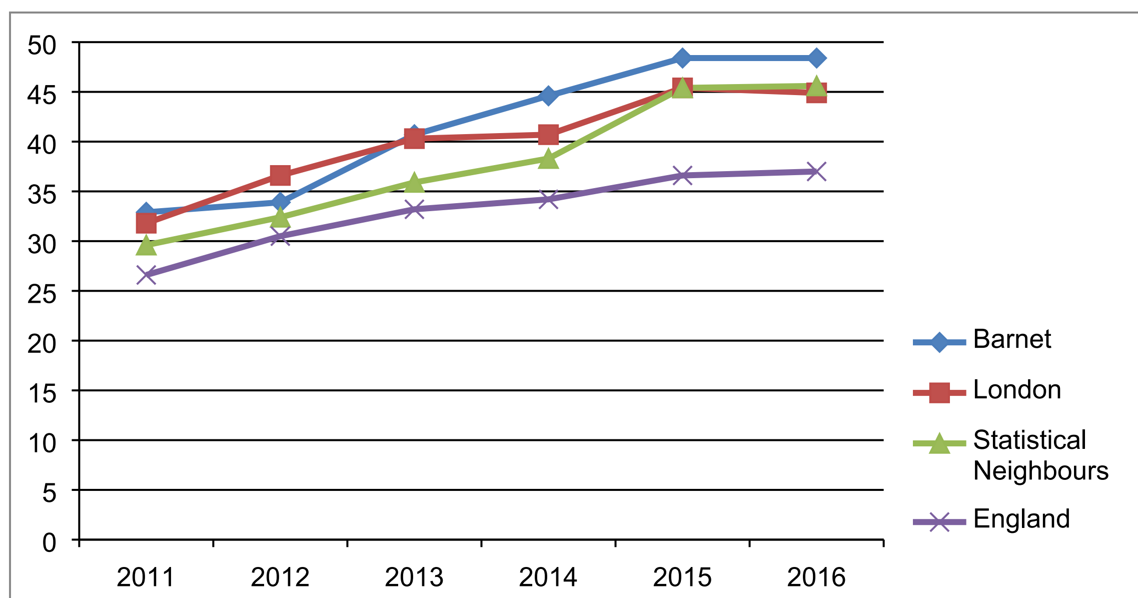


Table 42 %19 year olds qualified to Level 2, inc. English & Maths, with a Statement or EHCP. Source: LAIT

	2011	2012	2013	2014	2015	2016
Barnet	16.9	20.8	15.9	23.8	19.8	27.4
London	11.8	12.4	13.5	14.8	16.9	17.7
Statistical Neighbours	10.9	11.5	13.0	16.2	14.2	17.3
England	10.4	11.1	11.7	13.0	14.1	15.3
Nat Ranking	14	6	28	5	17	4

Figure 44 % of 19 year olds qualified to Level 2, inc. English and Maths, with a Statement or EHCP Source: LAIT

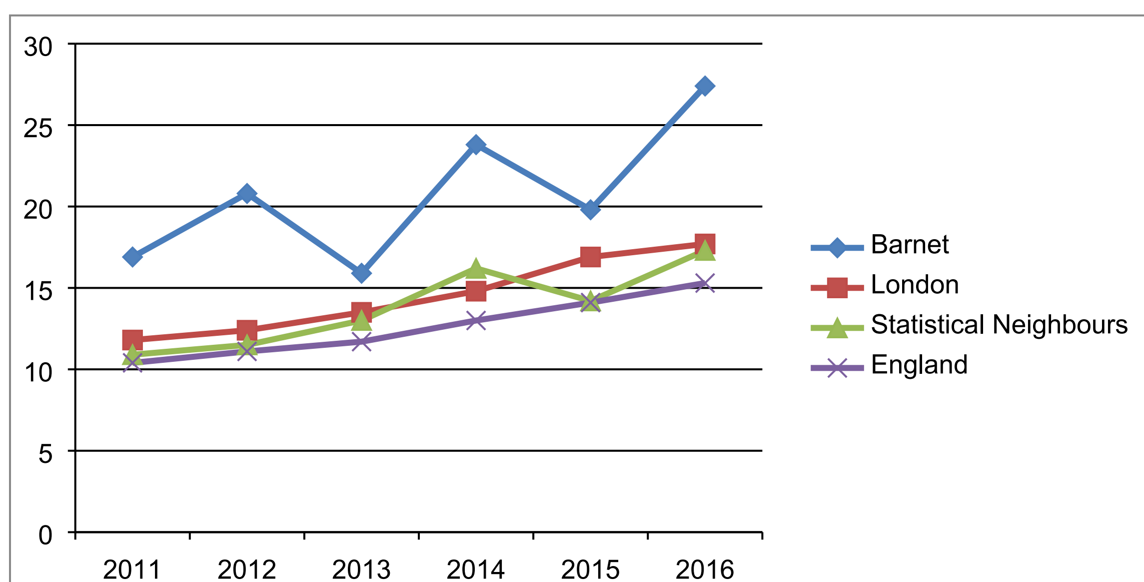


Table 43 %19 year olds qualified to Level 3, SEND without a Statement or EHCP. Source: LAIT

	2011	2012	2013	2014	2015	2016
Barnet	36.3	38.8	40.5	46.0	47.4	42.8
London	35.6	39.5	42.0	42.8	45.1	43.8
Statistical Neighbours	31.4	34.8	37.1	39.3	44.0	42.3
England	25.5	28.7	30.7	31.0	31.8	31.2
Nat Ranking	21	21	24	15	15	22

Figure 45 % 19 year olds qualified to Level 3, SEND without a Statement or EHCP Source: LAIT

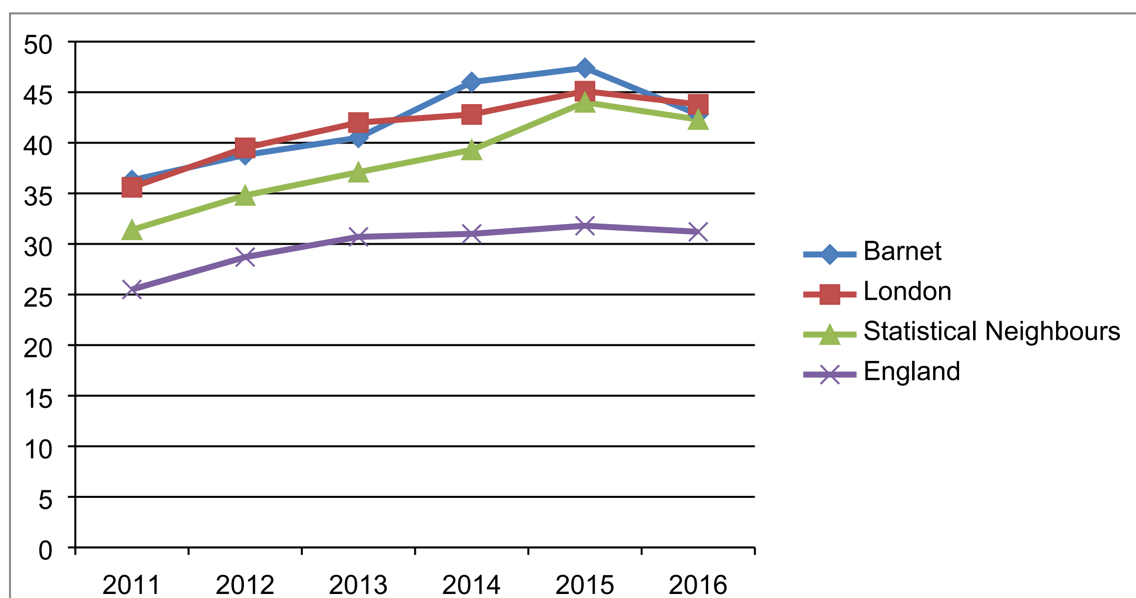
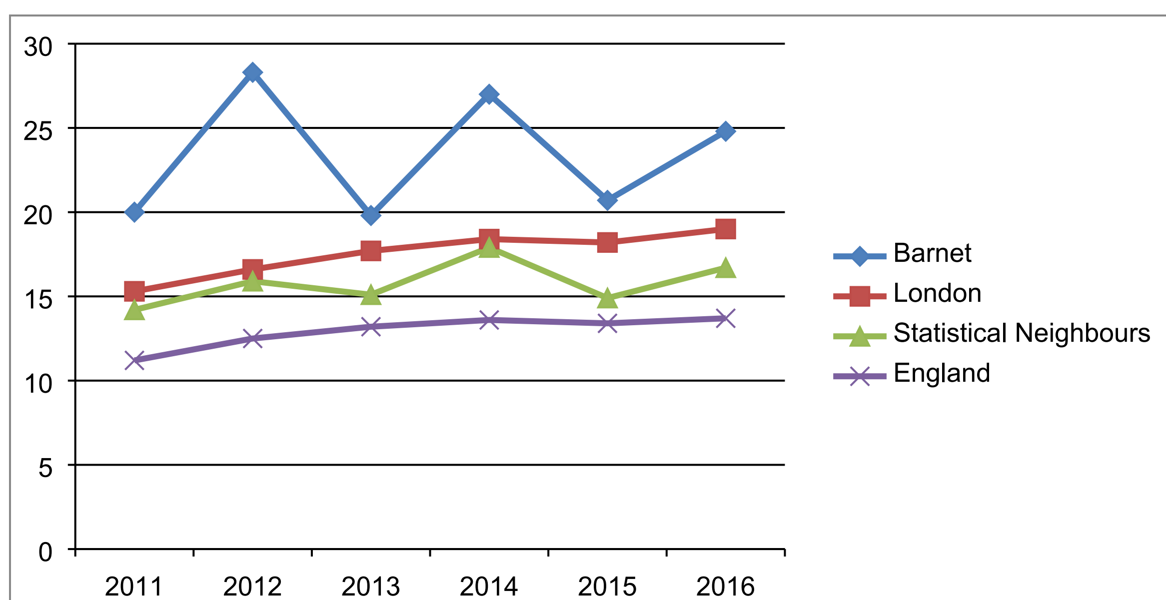


Table 44 %19 year olds qualified to Level 3, with a Statement or EHCP. Source: LAIT

	2011	2012	2013	2014	2015	2016
Barnet	20.0	28.3	19.8	27.0	20.7	24.8
London	15.3	16.6	17.7	18.4	18.2	19.0
Statistical Neighbours	14.2	15.9	15.1	17.9	14.9	16.7
England	11.2	12.5	13.2	13.6	13.4	13.7
Nat Ranking	12	1	15	3	15	6

Figure 46 %19 year olds qualified to Level 3 – with a Statement or EHCP. Source: LAIT



Attainment by age 19 strengths

A higher proportion of SEND pupils reach level 2 and level 3 standards compared to the national and statistical neighbour average, and compare favourably with the London average in general.

Attainment by age 19 areas for development

School Action/School Action Plus attainment by age 19 dropped slightly below the London average for the first time since 2013.

7.5.6 Educational attainment next steps

In general, attainment of SEN Support and pupils with a statement or EHC Plan is above the national and statistical neighbour average in all key stages and subjects, reflecting the high expectations we have for all pupils in Barnet.

There is generally a gap across the primary phase between the performance of pupils with a statement or EHC Plan and how well similar pupils perform across London.

Progress of SEN Support pupils generally make strong rates of progress compared to similar pupils nationally across all phases, whereas the progress of pupils with a statement or EHC Plans tends to be broadly in line with the national average in the primary phase.

7.5.7 Participation of 16-18 year olds with SEND in education or training

The proportion of young people in Barnet with SEND participating in post-16 education or training is significantly higher than the London, national and statistical neighbour average. It is also shows a strong trajectory of improvement over 2014-2016. As at December 2016, 95.2% of 16-17 year olds with SEND in Barnet were in learning, compared with 87.5% across England and 88.8% across London. There is an established process to identify and track children at risk of NEET from year 11 onwards; this leads to targeted interventions that are effective in reducing that risk. 'Risk of NEET' screening is carried out by all secondary schools, including Oakhill and the PRU but does not include Barnet's other special schools.

The range and quality of post-16 provision for young people with SEND in Barnet is good. In 2013, the local authority led a rigorous process of mapping post-16 provision and pathways; this informed the development of a new post-16 SEND offer at Barnet and Southgate College and created a greater breadth and depth of local provision, increasing the post 16 options available to young people with SEND and reducing reliance on Oak Lodge. Previously there was concern that young people moved from one course to the next without real progression; new arrangements have introduced more rigour and ensure young people are stretched and developed as appropriate. Oak Bridge is unable to accept an intake of students in September 2017 but new provision will be available in September 2018. In the interim, increased support has been made available to Barnet and Southgate College to ensure appropriate provision is available for young people who would otherwise have attended Oak Bridge in September 2017. There remains a good range of provision across the borough.

Figure 47 Participation of 16-18 year olds with an EHCP or a Statement in education or training Source: Post 16 Education and Skills Service

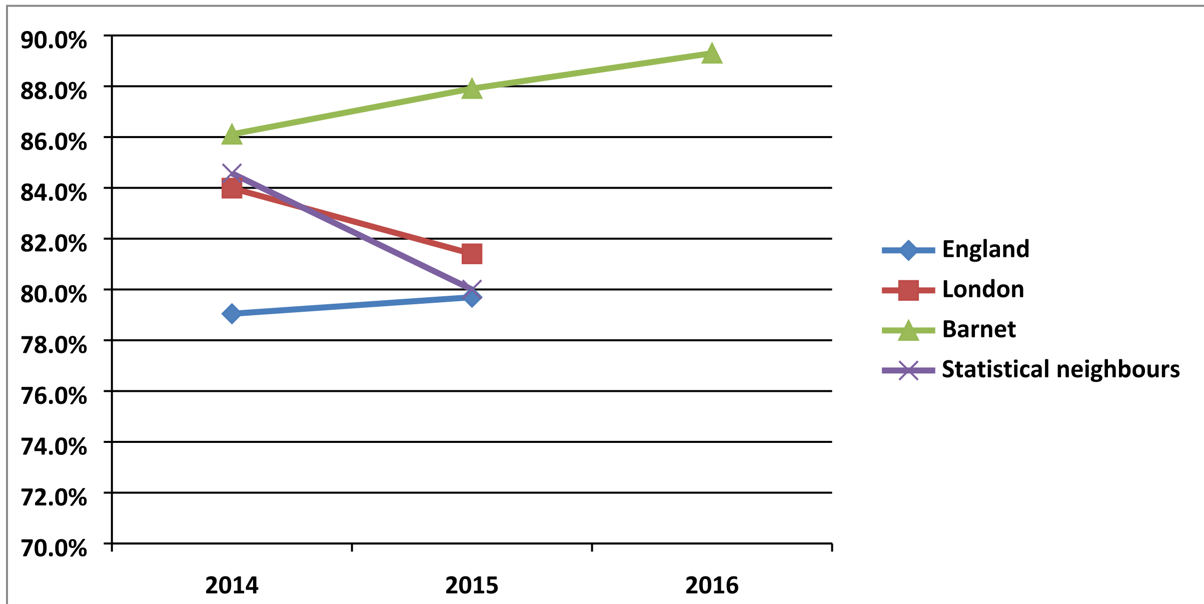


Figure 48 Destination of all SEND young people in the transitions cohort Source: Live CCIS data, downloaded on 21/6/17

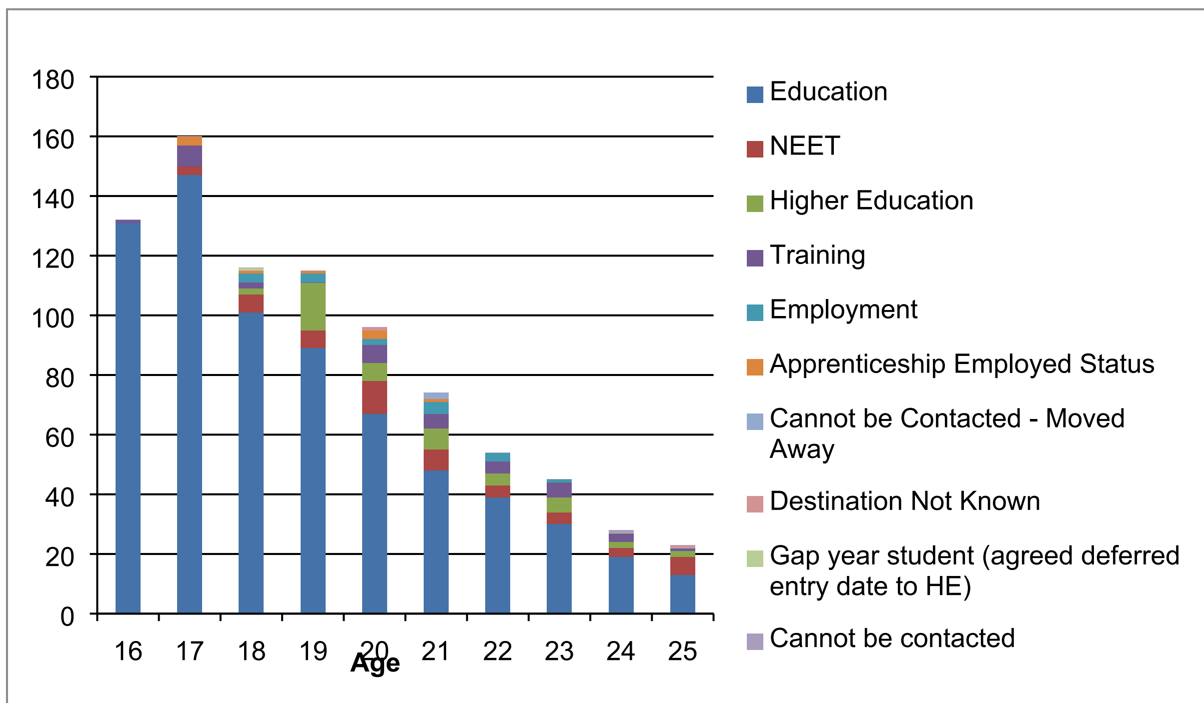


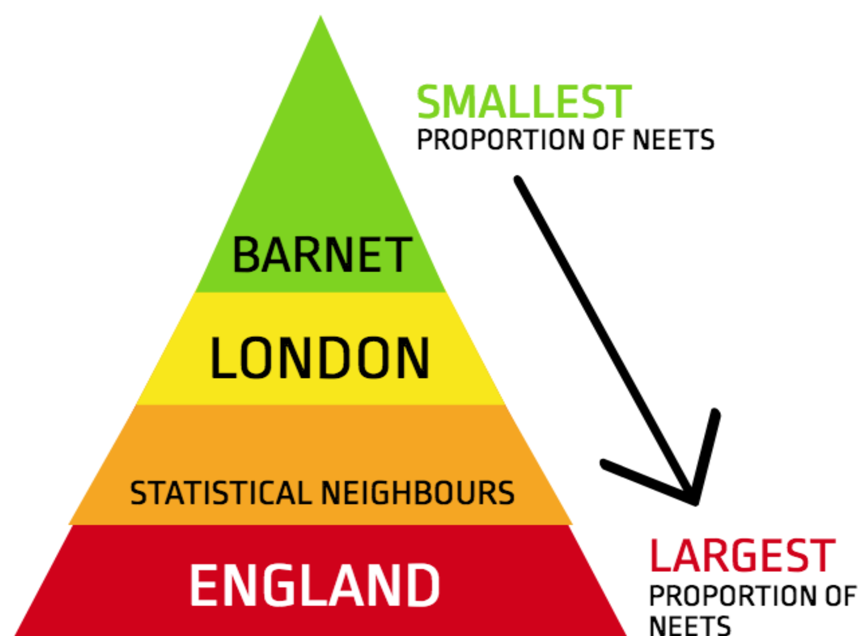
Table 45 Ages that all NEET. Source: PfA service, data on any young people with an EHCP or a Statement, NEET between April 1st 2015 and 31st March 2017

Age stopped being NEET	Age became NEET: 15	16	17	18	19	20	21	22	23	24	25	Total frequency	Consecutive years NEET	No. of young people
15	0	0	0	0	0	0	0	0	0	0	0	0	0	34
16	0	13	0	0	0	0	0	0	0	0	0	13	1	34
17	0	7	8	0	0	0	0	0	0	0	0	15	2	18
18	0	2	5	8	0	0	0	0	0	0	0	15	3	9
19	0	0	2	5	4	0	0	0	0	0	0	11	4	10
20	0	1	1	4	5	3	0	0	0	0	0	14	5	5
21	0	1	2	0	2	2	0	0	0	0	0	7	6	2
22	0	0	0	1	1	2	0	0	0	0	0	4	7	3
23	0	1	0	0	1	2	2	0	0	0	0	6	8	0
24	0	0	0	0	0	1	1	2	0	0	0	4	9	0
25	0	0	0	3	2	2	2	6	7	4	0	26	10	0
Total frequency	0	25	18	21	15	12	5	8	7	4	0	115	Total	115

Participation in education or training by young people with SEND in Barnet is above its statistical neighbours and the London and National Average. It is also increasing over time.

The proportion of NEETS in Barnet is low. It is below the national, London and statistical neighbour average. There are more males who are NEET and over half of NEETs are white. The largest numbers of NEETs are seen in the west of the borough. This correlates with levels of deprivation.

Figure 49 Proportion of NEETS in Barnet compared with regional, national, and statistical neighbours. Source: Post 16 Education and Skills Service (June 2016).



7.5.8 LAC attainment – SEND

Key stage 1 (2016)

- There were 4 children with SEND at the time of the KS1 assessments (3 with SEN Support, 1 with an EHCP) of a total of 8 children who were LAC.
- 0% of SEN Support or EHCP pupils met the expected standard in Reading or Writing.
- 33% of SEN Support and 100% of EHCP pupils met the expected standard in Maths and Science.

- Of those 4 children with SEND, 3 (all of which had SEN Support) were looked after for at least 12 months. 0% met the expected standard in Reading or Writing, and 33% met the expected standard in Maths and Science.

Key stage 2 (2016)

- There were 11 children with SEND at the time of the KS2 assessments (7 with SEN Support, 4 with an EHCP or statement) of a total of 14 children who were LAC.
- 71% of SEN Support pupils met the expected standard in Reading, Writing or Maths
- 0% of EHCP/Statement pupils met the expected standard in Reading, Writing or Maths
- Of those 11 children with SEND, 8 were looked after for at least 12 months (5 with SEN Support and 3 with EHCP/Statement). 80% of SEN Support pupils met the expected standard in Reading, Writing or Maths; 0% of EHCP/Statement pupils met the expected standard in Reading, Writing or Maths.

Key stage 4 (2016)

- There were 20 children with SEND at the time of the KS4 assessments (11 with SEN Support and 9 with a statement – none had EHCPs).
- Attainment 8 was 16.0 for SEN Support pupils (22.7 for national CLA SEN Support pupils) and progress 8 was -2.13 (-1.61 for national CLA SEN Support pupils).
- Attainment 8 was 7.1 for Statemented (22.7 for national CLA EHCP/Statemented pupils) and Progress 8 was -2.92 (-1.62 for national CLA EHCP/Statemented pupils).
- Of those 20 children with SEND, 13 were looked after for at least 12 months (7 with SEND Support and 6 with a Statement or EHCP). Attainment 8 was 18.4 for SEND Support pupils (26.8 for national CLA SEND Support pupils) and -2.44 for progress 8 (-1.17 for national LAC SEN Support pupils). Attainment 8 was 10.0 for Statemented pupils (11.5 for national CLA SEND Support pupils) and -1.4 for Progress 8 (-1.47 for national CLA SEND Support pupils).

LAC attainment – Overall (Source: DfE)

- Key stage 1 attainment is in line with the national average for pupils in care for 12 or more months.
- Key stage 2 attainment of the expected standard is above the national average for pupils in care for 12 or more months.
- Key stage 2 progress is broadly in line with the national average for all pupils in reading, writing and maths.

- Key stage 4 attainment across 8 subjects is ranked 115th (below the national average) and progress across 8 subjects is ranked 129th (88th percentile).
- Key stage 4 attainment in English is broadly in line with the national average and above the national average in maths for pupils in care for at least 12 months. In English pupils make significantly less progress than the national average for all pupils. Pupils make progress below the national average for all pupils in maths.
- Key stage 4 progress in English Baccalaureate and other subjects is very low compared to the national average for all pupils, and compared to looked-after children nationally.
- Attendance has rapidly improved between 2013/14 and 2015/16, and is now broadly in line with the national average for looked after pupils, and the national average for all pupils.
- The rate of fixed term exclusions is in the lowest 1% of LAs nationally, and has been for the past 3 years.

7.6 Service developments and improvements

Some of recent service developments to improve SEND leadership and outcomes include:

a) The CCG has recently increased the capacity for the SEND DMO from three to six programmed activity sessions to allow the DMO to focus on overseeing the health care of children and young people with SEND; coordinating medical information, assessments and recommendations; contributing to development of strategic commissioning arrangements including joint commissioning strategies and participation.

b) In relation to early years:

- An extended moderation plan that includes earlier agreement trialling for all schools. This enables schools to identify those at risk of not achieving ‘good levels of development’ (GLD) at an earlier stage and develop appropriate early interventions.
- 'School readiness’ programmes delivered through Barnet children’s centres and targeted at localities (by postcode) that achieved lower GLD rates in 2016.
- All termly network meetings for schools and PVI’s (plus additional half termly for PVI’s) are attended by the pre-school inclusion team who offer advice, guidance and expertise in supporting children and their families with SEND. In addition, a themed network meeting was held in June, focused on transition and attended by schools and preschools; this provided a forum for practitioners to discuss individual children that they have concerns about (particularly SEND).

- A revised training offer from the Early Years Standards team. Using EYFS profile results, alongside discussions with schools on their baseline profile and any associated trends, tailored projects are offered to selected schools and settings; this is in addition to the core training programme.

8. Recommendations

#	Overarching strategic recommendations
1	Improve integration of pathways, processes and governance between education, health and social care
2	To jointly commission integrated services for children with SEND including therapies
3	Embed a meaningful approach to co-produce with children and young people with SEND and their families across health, education and social care
	Recommendations for identifying SEND
4	Refine processes in the In-take team meeting for identifying and supporting children with SEND – include professionals from CAMHS, 0 – 25, Health Visiting and School Nursing alongside the 0 – 19 Family Hubs
5	Increase CCG resource for LAC nursing and initial health assessments for LAC SEND children and develop a paediatric model for LAC Initial Health Assessments aged 0-9 year olds; review for 9 +
6	Improve voice of the child in EHC plans
7	Improve representation and reach of co-production with young people across the local area
	Recommendations for meeting needs
8	Review SEND support at key transition points in educational phases – reception intake, KS1 to KS2, secondary transfer, Post 16, and transition to adulthood to ensure meeting needs
9	Increase local capacity for special schools and for specialist provision in mainstream primary and secondary schools
10	Work with further education providers to increase the range of local provision and reduce the need for young people to access colleges away from home; planning together with CCG to minimise hospital admissions
11	Embed recommendations from CAMHS transformation programme to meet the emotional and mental health needs of all children with SEND including LAC

12	Embed recommendations from the children's therapies review and offer health sessions outside school time to minimise disruption to the school day
13	Improve quality of EHC plans
14	Improve the quality of the parent experience
	Recommendations to improve outcomes
15	Further improve quality of social work practice to improve quality of outcomes for children with SEND
16	Explore and analyse outcomes for children with SEND by ethnic group
17	Review Fixed Term Exclusion policies and practice to ensure schools are supported to gain EHCPs for behaviour (SEMH) where this would best support the child.
18	Review Early Years 0-5 SEND support and embed recommendations to improve outcomes. Ensure appropriate specialist training in PVI settings and supported integrated pathways are in place.
	Technical recommendations
19	Improve data quality, collection and processes in CCG for health outcomes for 19-25 year olds to inform decision making and planning
20	Improve data recording for post-16 population and for Unaccompanied Asylum Seeking Children (UASC) for review and planning purposes
21	Align caseloads between education and social care to minimise data inaccuracies between systems
22	Work towards a single patient record across health systems/ providers

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AGENDA ITEM 9

	8th March 2018 Health and Wellbeing Board
Title	**Fit and Active Barnet: new leisure service contract to promote health and wellbeing**
Report of	Strategic Director for Adults, Communities and Health
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Cassie Bridger, Strategic Lead – Sport & Physical Activity Cassie.Bridger@Barnet.gov.uk

Summary

On 26th October 2017 the Council awarded a new Leisure Management Operation Contract (ref 701592) to Greenwich Leisure Limited (GLL). This contract is effective from 1st January 2018 to the 31st March 2028.

The Leisure Management Contract is valued at £100m and will deliver an average annual payment of £1.538m to the Council from the operator. A fundamental aspect of the contract seeks to support a range of health outcomes and it is expected that throughout the contract period GLL will work with the Council to review priorities and ensure continuous improvement whilst responding to local needs.

The contract will include the management and operation of the following facilities;

- Barnet Copthall Leisure Centre (existing, proposed closure 2019)
- Barnet Copthall Leisure Centre (new, proposed opening August 2019)
- Hendon Leisure Centre
- Burnt Oak Leisure Centre
- Finchley Lido Leisure Centre
- Church Farm Leisure Centre (current, proposed closure 2019)
- New Barnet Leisure Centre (new, proposed opening May 2019)

The approach, procurement process and contract documentation marks a step change in leisure contract commissioning, which seeks to measure the contribution of leisure in

supporting the prevention of poor health, manage health conditions and enable people to remain independently living in their local community.

The Health and Wellbeing Board are requested to consider the progress made in successfully delivering a key output as part of the Councils Sport and Physical Activity (SPA) Project.

Recommendations

1. **The Health and Wellbeing Board is asked to consider and discuss the progress made to encourage healthier lifestyles.**

1. WHY THIS REPORT IS NEEDED

1.1 On the 17th February 2015 the Policy and Resources Committee agreed the Sport and Physical Activity (SPA) Project Revised Outline Business Case recommendations which enabled the project to be defined by the following outputs;

1.2

- To deliver the construction of two new leisure centres.
- To deliver a new leisure management contract, delivering benefits stated in the SPA Revised Outline Business Case.
- To develop an innovative procurement process that measurably improves the health and wellbeing of the residents of Barnet.
- To work with stakeholders to ensure that the new leisure management contract aligns with national, regional and local priority outcomes.

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1.3 In 2015/16 a period of extensive engagement commenced in order to shape and design the procurement of a new leisure contract. The process included communication and events with the operator market, leisure professionals, local stakeholders, partners and service areas within the Council. The process was led by the Council with support from FMG Consulting who were commissioned in March 2016 and have acted in an advisory and supporting role through the procurement process to date.

1.4 The engagement events indicated that greater collaboration and improved partnerships with leisure can provide the foundation for innovation; contribute towards addressing the social determinants of health, assist to tackle unhealthy lifestyles, offer cost effective approaches and create opportunities that promote wellbeing.

1.5 T Subject matter experts in leisure and public health constructed a new outcome based specification where the full suite of procurement and contract documents referenced Public Health England's Public Health Outcomes Framework (PHOF). Key to this is the Councils KPI Scorecard, a contractual document which is aligned to performance schedules based on the PHOF.

1.6 As such, a critical part of the procurement process was to ensure that suppliers recognised their role in supporting a whole systems approach to health improvement, re-thinking how leisure services can support prevention of poor health whilst demonstrating contributions to National, Regional and Local policy.

1.7 On the 26th October 2017 the Council awarded a new Leisure Management Operation Contract to GLL, effective from 1st January 2018 to the 31st March 2028. The commitments proposed by GLL diversify Barnet's leisure offer for residents, acknowledging improved utilisation of greenspaces and community venues to better support and connect partnership opportunities.

1.8 The commitments outlined by GLL include interventions and programmes that aim to deliver better access and reach, working with primary care providers, third sector organisations and community groups. This is coupled with a pioneering new partnership with Middlesex University who will provide an academic evaluation of specific programmes throughout the contract duration.

1.9 The collaboration with Middlesex University will include a cross-departmental team of academics led by Dr Carmen Aceijas, Senior Lecturer in Public Health and leader of the MSc Applied Public Health programme, who will evaluate the effectiveness of GLL's programmes in supporting Barnet residents to get fitter and healthier. It is anticipated that the University's evaluation will combine robust methodologies to inform yearly progress regarding health outcomes, including a ten year follow-up of up to 55,000 service users for capturing client perceptions in specific schemes (e.g. Physical Activity Referral Schemes).

1.10 The benefits of the new leisure management contract will directly impact all residents in Barnet, seeking to improve the health and wellbeing of children and adults.

2. REASONS FOR RECOMMENDATIONS

2.1 The innovative partnership between the Council and GLL will seek to develop partnerships that support health improvements; working with partners to develop leisure provision, tackle unhealthy lifestyles, offer a cost-effective approach to physical activity and create opportunities that promote wellbeing. This will all be achieved whilst providing financial sustainability through an annual payment to the Council at an annual average of £1.538m per annum.

2.2 A range of new benefits includes the introduction of healthy catering and vending, implementation of the London Living Wage, volunteering and workforce development commitment. New services for residents , include but are not limited to:

- A free Barnet residents' card, which provides all Barnet residents with a 30 per cent discount on all activities and 50 per cent discount for those eligible for concessionary prices..

- Free general swimming to children under eight years of age who live in Barnet.
- A new borough-wide Physical Activity Referral Scheme which creates a pathway for exercise referral, diabetes and falls prevention.
- Delivery of specialist health programmes that include children's weight management, adult weight management and a cancer rehabilitation scheme.
- Creation of 'health hubs' at each facility to deliver health checks and advice for residents.
- Barnet Carers Pass which is a free concessionary membership for registered carers, young carers, care leavers and looked after children (includes free swimming)
- GLL Community Programme that delivers activities in a variety of local settings through working with care homes, women's groups, social clubs, religious organisations and schools.
- GLL Activate Healthy Lifestyle Schools Programme that engages with a targeted number of schools per annum linked to Change for Life Clubs.

2.3 Through this partnership, talented athletes across Barnet will have access to support and funding from the GLL Sport Foundation, which aims to support and develop young sports people to help them achieve their Olympic and Paralympic dreams.

2.4 There will also be a programme of capital investments to deliver facility enhancements which includes; a new day nursery and all weather pitch at Burnt Oak Leisure Centre, refurbishments and renovations of the health and fitness offer at Hendon Leisure Centre, Finchley Lido Leisure Centre and Burnt Oak Leisure Centre over the next 10 years. These capital developments are in addition to the Council investment of over £40 million in the construction of two new leisure centres at Barnet Copthall and New Barnet.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Subsequent to contract commencement on the 1st January 2018, the Council have been working in partnership with GLL to establish and implement contract delivery plans for the first year. This includes but is not limited to;

Area	Description	Anticipated Dates
Facility Improvements	Project plans and timescales for investments at Hendon, Burnt Oak and Finchley.	Project plans – 31.3.18 Project delivery – 1.9.18
Physical Activity and Health Programme	Development of action plan and recruitment / resourcing timescales	Recruitment – 1.3.18 Action Plan -31.3.18 Programme delivery – 1.4.18
Health Improvement Interventions	Programme review and establishment of KPIs and management.	Programme delivery – 1.4.18-1.9.18
Marketing and Communication	Action plan, implementation of Barnet Residents Card, Better Barnet digital hub, health promotions.	Action Plan – 31.3.18 Implementation – from 1.4.18

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Council's new leisure service aligns with the Barnet Council Corporate Plan 2015-2020, which is based on the core principles of fairness, responsibility and opportunity to make sure Barnet is a place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves, recognising that prevention is better than cure
- Where responsibility is shared, fairly, and
- Where services are delivered efficiently to get value for money for the Taxpayer

5.1.2 The commitments and benefits of the Council's new leisure service align with the Joint Health & Wellbeing Strategy 2015-2020 and the Fit & Active Barnet Framework 2016-2021.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 **Finance**

The annual payment fee received (from the Operator to the Council) will be used to offset the Councils borrowing requirements relating to capital investment at Barnet Copthall Leisure Centre and New Barnet Leisure Centre in Victoria Recreation Ground.

5.2.2 **Staffing**

GLL have committed to co-ordinating a local recruitment strategy which links with local providers and agencies to support local employment. Additional enhancements also include the introduction of a GLL Physical Activity and Health Team to support the delivery of a comprehensive range of interventions and programmes aimed at achieving health outcomes.

5.2.3 **IT**

As part of technological advances, GLL have committed to introduce a new digital hub for Barnet, which will act as a customised and personalised platform. All members, including Barnet Resident Card holders, will be able to access bespoke services (e.g. nutritional information, bookings, online plans) when logging on to their account via tablet, smartphone or pc.

5.3 **Social Value**

5.3.1 In undertaking the design of the services specification and from having consulted with various stakeholders and their contribution towards the development of contract documentation, the procurement process for the Sport and Physical Activity project has properly considered and assessed social value throughout in accordance with the Social Value Act 2013.

5.4 **Legal and Constitutional References**

5.4.1 HB Public Law provided legal and procurement advice in relation to the procurement of the Leisure Management Operation Contract. The procurement process was conducted using the Competitive Procedure using the flexibilities allowed under the ‘light-touch’ regime by following the Public Contracts Regulations 2015 (the Regulations), Regulation 30 and 74.

5.4.2 Under the Council’s Constitution, Article 7 Committees, Forums, Working Groups and Partnerships, the terms of reference of the Health and Wellbeing Board includes the following responsibilities:

- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.
- To promote partnership and, as appropriate, integration, across all

necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.

- Specific responsibilities to oversee public health and develop further health and social care integration.

5.5 **Risk Management**

5.5.1 The Council is keen to work in close partnership with GLL to ensure that the outcomes it requires from services are met and continuous improvement is achieved throughout the contract period.

5.5.2 To facilitate this aim, the Council have implemented a Performance Management Framework which outlines the expectations, monitoring and reporting requirements. The Performance Management Framework captures key contractual requirements and the process in which service standards and applicable notices will be issued when the Council discovers a failure to achieve the required performance standards.

5.5.3 The Performance Management Framework outlines the frequency of Partnership meetings to be attended by Council Authorised Officers and GLL representatives. As a minimum monthly meetings will be co-ordinated, with performance reviews undertaken on a quarterly basis in line with Contract requirements.

5.6 **Equalities and Diversity**

5.6.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies **to have due regard** to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

5.6.2 The Leisure Management Operation Contract with Greenwich Leisure Limited outlines their corporate approach to equality and diversity which is reflected through company policy, training and service operation.

Consultation and Engagement

5.6.3 Extensive consultation has been carried out with residents, third sector organisations, the leisure operator market, National Governing Bodies of Sport and Sport England between 2013 -2016. Further reference and information is contained within the Sport and Physical Activity Project Revised Outline Business Case (February 2015) and the Leisure Management Contract Award links found in the background papers.

Insight

5.8.1 Not applicable

6. BACKGROUND PAPERS

6.1 The Cabinet Resources Committee agreed at the 4 November 2013 meeting, under item Agenda 14 Contract Procurement Plan 2014/15

https://barnetintranet.moderngov.co.uk/documents/s11404/Contract%20Procurement%20Plan.pdf

6.2 The Policy and Resources Committee agreed at the 17 February 2015 meeting the Sport & Physical Activity Project Revised Outline Business Case, under item agenda 9;

6.3 https://barnetintranet.moderngov.co.uk/documents/s21208/Sport%20and%20Physical%20Activity%20Review%20Revised%20Outline%20Business%20Case.pdf

6.4 Leisure Management Contract Award – October 2016 https://barnet.moderngov.co.uk/documents/s43032/DPR%20Leisure%20Management%20Award.pdf

6.5 Leisure Management – Execution of Contract

http://barnet.moderngov.co.uk/documents/s44174/Summary%20DPRs%20-%20December%202017.pdf

Health and Wellbeing Board

8 March 2018

Title	**A Multi-Agency Safeguarding Hub for Adults in Barnet**
Report of	Strategic Director – Adults, Communities and Health
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	None
Officer Contact Details	Joanna Georgiades, Safeguarding Adults Board Business Manager - 0208 359 5693 Joanna.Georgiades@Barnet.gov.uk

Summary

As previously reported to both the Health and Wellbeing Board and the Adults and Safeguarding Committee, the Barnet Safeguarding Adults Board has agreed in its two year business plan that the establishment of a Multi-Agency Safeguarding Hub (MASH) is a key priority to achieve improvements locally. A multi-agency working group has been developing the model for a Barnet Adults MASH. Collectively, partners have concluded that an adult MASH will better bring together key information sources from the various partner systems; will provide a simpler and quicker pathway for reporting concerns; and will enable improved triage and risk management of cases reported. Partners are committed to more integrated working to better safeguard vulnerable residents in Barnet. In January, the Council's Adults and Safeguarding Committee agreed to the development of the Adults MASH. Subsequently, the Health and Wellbeing Board agreed to consider the development of the Adults MASH, given its multi-agency aspects. The Health and Wellbeing Board is asked to endorse the approach and model of developing an Adults MASH in Barnet.

Officers Recommendations
1. **That the Health and Wellbeing Board comments on and endorses the approach to developing the Adults MASH as set out within the report.**

1. WHY THIS REPORT IS NEEDED

1.1 Every year, the Health and Wellbeing Board considers the Annual Report of the Barnet Safeguarding Adults Board. The Safeguarding Adults Board is a statutory multi-agency board, which has been established to improve safeguarding practice for adults at risk of abuse in Barnet and is made up of representatives from the Council, the Metropolitan Police, NHS Barnet CCG, local NHS providers, the London Fire Brigade, the voluntary and community sector, including Healthwatch, and the Barnet Group.

1.2 The establishment of a Multi-Agency Safeguarding Hub (MASH) is one of five priorities in the Board's Business Plan. It sets out that an adult MASH will bring together key information sources from the various partner systems and will provide a clear pathway for reporting concerns. It will improve the triage of cases reported. The MASH will support comprehensive, well informed, multi-agency assessments of risk for adults referred to the MASH. The MASH will bring together not just information but also professional staff from a range of agencies into an integrated multi-agency team. Partners are committed to this approach of more integrated working to better safeguard vulnerable residents in Barnet.

2. REASONS FOR RECOMMENDATIONS

2.1 A Multi-Agency Safeguarding Hub (MASH) is a means for rapid information sharing between agencies in response to a safeguarding concern. It can take the form of either: a dedicated, multi-agency team, working in one location with access to the systems of each of the organisations; or a virtual team with a central coordinator linked to contacts in each organisation, facilitating the sharing of information. A successful MASH improves the flow of information, decision making and responses to adults at risk. It provides a system to review information from multiple sources in a timely manner to give a comprehensive picture. It provides an opportunity to embed personalisation in safeguarding (following Care Act 2014 statutory guidance on 'Making Safeguarding Personal') across the pathway by ensuring consistent practice across agencies and professionals. Good information sharing helps ensure risks to adults are better understood and managed. The MASH should also reduce the risks and inefficiencies that can arise from duplication or poor coordination across agencies.

2.2 The Barnet Adult MASH would make initial multi-agency assessments of risk and decisions about appropriate and proportionate responses in line with the London Multi-Agency Safeguarding Adults Policy and Procedures (these Care

Act 2014 compliant procedures are followed by all London councils, NHS organisations and the Metropolitan Police, along with other partner agencies). It is anticipated that the MASH will be able to offer quicker response times, a coordinated approach and better informed decision making to ensure that adults at risk are better protected.

2.3 The Barnet Adults MASH will support the achievement of the duties held by partner agencies under the Care Act 2014 Statutory Guidance (section 14.11) to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Stop abuse or neglect wherever possible
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- Address what has caused the abuse or neglect.

2.4 In Barnet in 2016-17, there were 1,043 safeguarding concerns, of which 298 were referred for further enquiry under S42 of the Care Act 2014. 21% of all concerns received related to adults with dementia. The majority of concerns related to adults over 65 and of these, 78% related to neglect or acts of omission. The second largest category was physical abuse. For adults with learning disabilities, the highest proportion of concerns related to physical abuse. For those with mental health needs, the most prevalent abuse type was domestic violence. There were 147 concerns raised in relation to pressure ulcers. However, only 19.7% of these concerns progressed to a safeguarding enquiry.

2.5 Abuse was substantiated, either partially or fully, in 47% of completed enquiries (129/298). Following the completed enquiry, the most common actions taken were increased monitoring and assessment of care and support needs. 25 cases resulted in police action. Three cases were referred to the Disclosure and Disbarring Service.

2.6 Discussion with service users and carers as part of the consultation on the Barnet Safeguarding Adult Board (SAB) 2018-21 strategy has highlighted that often service users feel vulnerable after an enquiry. Adults at risk may feel confused by the number of different services involved in a case. The MASH would ensure better co-ordinated and more targeted contact with service users, enabling prevention of further concerns.

2.7 The presence of mental health and police expertise could help identify and improve the management of potentially high risk cases earlier in the referral pathway. Those concerns that are also criminal investigations would benefit from the development of a MASH as it will enable earlier input from the Police. The number of criminal prosecutions in relation to safeguarding is relatively low in Barnet. Having a clear understanding of organisational processes and methodology would help support prosecution rates.

2.8 Barnet, like all Local Authorities, already has a children's MASH but Adult MASHs are less common. Conversations have taken place with officers from sites that have adopted or are considering adopting this model including Camden, Enfield, Surrey, Hampshire, Lancashire and Lambeth. These authorities have highlighted the positive impact that an adult MASH can have, such as improved timeliness of decision making, improved risk assessment and management.

2.9 A project group was established to evaluate and develop proposals for an Adult MASH. The group comprised the council, NHS, Police and other partners. The group's preferred option is a multi-agency, co-located MASH model including statutory partners and other agencies. However, it is acknowledged that this may be implemented in a phased approach. A phased approach will allow partners to develop and test joint working approaches; and allow time for partners to identify the resources required to be part of the MASH. It has already been identified that the Adults MASH can be located in the new Barnet Council Colindale offices, adjacent to the Children's MASH to ensure a whole family approach. Space has been earmarked for the Adults MASH to include all partner agencies. The building will become operational in phases from autumn 2018. The details of exactly how the team will be established, the phasing of development and the resource commitment of each partner will be worked out over the coming months once commitment to the approach has been secured.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 No change. This would not achieve the ambitions for improvement identified by the Safeguarding Adults Board.

3.2 Joint improvement plan. Whilst there are improvements that could be made to collaborative working without the development of a MASH, it is the considered view of the partnership that the MASH model offers the best opportunity to achieve the desired benefits.

4. POST DECISION IMPLEMENTATION

4.1 A period of detailed design and implementation planning will commence followed by a mobilisation period to include training and communications. This will be followed by a launch, to take place after the new Colindale offices are operational.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The BSAB Annual Report 2016/17 reinforces the commitment of all partner agencies, as reflected in their Corporate Plans, to ensure the effective safeguarding of vulnerable adults. The performance of the MASH will be monitored and evaluated to ensure improvements to service. A full set of performance indicators and evaluation criteria will be developed as part of the implementation phase.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 It is anticipated that the MASH will improve efficiency and reduce duplication and offer a better service for residents. Approximately £110k has been identified to fund the Council elements of the MASH on a pilot basis for one year. Longer term funding will be considered through the Council's medium-term financial strategy process.

5.2.2 The Police have also confirmed that they will be able to resource the Adult's MASH in a co-located model, with a dedicated team of Police Officers working as part of the Adults MASH. The Police National Computer and secure access lines will also be supplied.

5.2.3 A number of agencies have indicated an 'in principle' agreement to work as either a virtual or co-located part of the MASH team. For example, Trading Standards and Drug and Alcohol Services have already indicated that they will be co-located MASH members. Barnet Homes has indicated that housing staff can work with the MASH as required and can be co-located. Fire and criminal justice services have indicated that they will work as virtual team members.

5.2.4 Work is underway with health partners to identify the resources and capacity that they will make available to support the Adults MASH, as a core statutory partner. Local NHS providers such as the Royal Free have indicated that they will work as virtual team members. The project group has learned that Adult MASHs already in operation cite the importance and value of mental health and community nursing expertise being part of the co-located team. Specialist mental health expertise could work jointly with the Children's and Adults MASHs once they are adjacent in the Colindale offices; and in this way also support the implementation of the Barnet Children's Services Ofsted improvement plan.

5.3 **Social Value**

5.3.1 Not applicable

5.4 **Legal and Constitutional References**

5.4.1 Under the Council's Constitution, Article 7, the terms of reference of the Health and Wellbeing Board include the following responsibilities:

- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.

- Specific responsibilities for overseeing public health and developing further health and social care integration

5.4.2 The Care Act 2014 statutory guidance identifies the MASH model as one approach to ensure mechanisms are in place to prevent abuse and neglect, take positive interventions, and prevent the deterioration of a situation concerning an adult at risk of abuse or neglect.

5.5 **Risk Management**

5.5.1 Lessons learned from Adult MASHs elsewhere in the country have shown that MASH models enable improved risk management of adult safeguarding, especially complex cases. They also support better risk management by improving information sharing and reducing silo working. One or two MASH models have found that after implementation the MASH experiences an increase in demand of up to 30%. In order to mitigate this risk additional capacity can be deployed using the funds referred to in paragraph 5.2.1.

5.5.2 In the detailed implementation planning of the Adult MASH, close attention will be paid to ensuring effective and timely information sharing, & robust information sharing agreements to ensure that cases are dealt with promptly and that the risks of ineffective information sharing do not arise. Barnet Safeguarding Adults Board has signed the Pan-London Adult Safeguarding Information Sharing Agreement to mitigate this risk. This agreement has also been signed by pan-London organisations such as the MPS and NHS

England (London).

5.5.3 For the MASH to be effective in safeguarding adults at risk, clearly understood thresholds will be required. Thresholds will be set according to the pan-London policy and procedures, statutory and best practice guidance and lessons learned from other organisations.

5.5.4 The London Safeguarding Adults Board published a report setting out the lessons learned from 27 Safeguarding Adults Reviews (SARs) carried out in London (available here). Consistent themes from these reviews were: poor information sharing; unclear pathways and routes for escalation between organisations; inconsistent understanding and application of thresholds across organisations; services working in parallel; and a lack of co-ordination across organisations. As in Children's Safeguarding, Adults MASHs are a model designed to improve multi-agency working and reduce risk in all these areas.

5.6 **Equalities and Diversity**

5.6.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

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

5.6.2 The 2010 Equality Act outlines the provisions of the Public Sector Equalities The protected characteristics are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

5.6.3 The broad purpose of this duty is to integrate considerations of equality into day to day business and to keep them under review in decision making, the design of policies and the delivery of services.

5.7 **Corporate Parenting**

5.7.1 Not applicable

5.8 **Consultation and Engagement**

5.8.1 The Safeguarding Adults Board consults and engages with service users through the Safeguarding Adults Service Users Forum and consults with service users, carers and partner agencies in developing its strategy and business plan priorities.

5.8 **Insight**

5.8.1 Not applicable

6. BACKGROUND PAPERS

6.1 Barnet Safeguarding Adult Board Annual Report 2016-17 - Adults and Safeguarding Committee, Tuesday 19th September 2017

6.2 Care and Support Statutory Guidance, especially para 14.14

6.3 London-wide Safeguarding Adults Policy and Procedures

6.4 Adults and Safeguarding Committee – 22 January 2018 – item 9; Barnet multi-agenda adult safeguarding hub Development paper

https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=9234

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AGENDA ITEM 11

	Health and Wellbeing Board 8 March 2018
Title	**Minutes of the Care Closer to Home Programme Board and Joint Commissioning Executive Group**
Report of	Strategic Director for Adults, Communities and Health Chief Operating Officer, Barnet CCG
Wards	All
Date added to Forward Plan	November 2014
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 – Minutes of: • Care Closer to Home Programme Board, 16 November 2017 and 18 January 2018. • Joint Commissioning Executive Group, 5 December 2017.
Officer Contact Details	Joanne Humphreys Project Lead joanne.humphreys@barnet.gov.uk

Summary

This report provides the minutes of the Care Closer to Home Programme Board and the Joint Commissioning Executive Group (Appendix 1).

Recommendations

1. **That the Health and Wellbeing Board comments on and approves the minutes of the Care Closer to Home Programme Board meetings of 16 November 2017 and 18 January 2018; and the Joint Commissioning Executive Group meeting of 5 December 2017.**

1. WHY THIS REPORT IS NEEDED

Background

1.1 On 26 May 2011 the Barnet Health and Wellbeing Board agreed to establish a Financial Planning group to co-ordinate financial planning and resource deployment across health and social care in Barnet. The Financial Planning Group developed into the Joint Commissioning Executive Group (JCEG) in January 2016 with the key responsibility of overseeing the Better Care Fund, Section 75 agreements, the development of a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy through its respective membership. JCEG is required to report back to the Health and Wellbeing Board (HWB).

1.2 On 9 March 2017 the HWB held a workshop session to discuss the development of a local health and care delivery strategy. In light of the development of the Sustainability and Transformation Plan (STP) it is important that the Barnet HWB can set out its collective priorities for the health and care system for 2017-18 and beyond.

1.3 The workshop also agreed the current Joint Commissioning Executive Group (JCEG) would take on the role of overseeing and supporting local implementation of STP plans in Barnet, ensuring alignment with the goals and ambitions of the HWB and the Joint HWBS. This Group will shape local delivery of STP initiatives to ensure each initiative meets local need and works for Barnet as a local system, as well as delivering STP requirements. A critical work stream identified to be led by this group is the Care Closer to Home work stream, which is jointly led by the CCG and the Council. Care Closer to Home encapsulates the existing BCF services, elements of urgent and emergency care, which are both led jointly at the moment; primary care improvement, led by the CCG; and public health, voluntary sector, volunteering and community capacity building, currently led by the Council. Therefore, JCEG membership has been expanded to include providers and rescheduled as the Joint Commissioning Executive, Care Closer to Home (CC2H) Programme Board.

1.4 The Terms of Reference for the Joint Commissioning Executive, Care Closer to Home (CC2H) Programme Board were approved by the Health and Wellbeing Board on 20 July 2017.

1.5 On 19 October 2017 the Programme Board agreed a revised version of its terms of reference which had been updated to clarify the division of each Board meeting into two parts:

- Part 1, the Care Closer to Home Programme Board, attended by representatives of commissioner, provider and partner organisations.

- Part 2, to be known as the Joint Commissioning Executive Group (JCEG) meeting, for reserved or sensitive matters, attended by executive members of the Council and CCG only.

1.6 These revised terms of reference were approved by the Health and Wellbeing Board at its meeting of 9 November 2017.

Minutes and meetings

1.7 Minutes of the Care Closer to Home Programme Board meetings held in November 2017 and January 2018 are presented in Appendix 1.

1.8 In November the Programme Board:

- Received an update on the Information, Advice & Signposting workstream, including research into dependencies with the Council and CCG corporate customer transformation programmes. The Board agreed to mobilise the workstream leads to meet and develop a plan of action to be presented to the next Programme Board.
- Received an update on the Communication & Engagement workstream and agreed to mobilise the communications leads to hold an initial planning workshop before the next Programme Board.

1.9 The December 2017 meeting of the Board was cancelled to allow sufficient time for the actions agreed in November's meeting to be completed.

1.10 In January the Programme Board:

- Reviewed the new monthly Barnet CC2H Highlight Report (first circulated in December 2017) and gave feedback on its content and format.
- Received further updates on the workstream meetings of the Information, Advice & Signposting workstream and the Communication & Engagement workstream and agreed further actions for these workstreams.
- Discussed the CHIN roadmap (number, location and timings of CHINs) and received progress updates from each of the CHIN leads.

1.11 Minutes of the Joint Commissioning Executive Group (which meets every six weeks) held in December 2017 are also presented in Appendix 1. Papers and minutes for these meetings are recorded and distributed in a way that recognises and respects the confidential nature of any matters discussed.

1.12 In December the Joint Commissioning Executive Group:

- Reviewed the quarterly Section 75 monitoring report and agreed a number of follow-up actions.
- Received a detailed update on the community equipment contract and agreed a number of follow-up actions.

2. REASONS FOR RECOMMENDATIONS

2.1 The Health and Wellbeing Board established the Health and Wellbeing Financial Planning Sub-Group (now the Joint Commissioning Executive Care Closer to Home Programme Board) to support it to deliver on its Terms of Reference; namely that the Health and Wellbeing Board is required:

To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.

2.2 Through review of the minutes of the Care Closer to Home Programme Board and Joint Commissioning Executive Group, the Health and Wellbeing Board can assure itself that the work taking place to ensure that resources are used to best meet the health and social care needs of the population of Barnet is fair, transparent, stretching and timely.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Provided the Health and Wellbeing Board is satisfied by the progress being made by the Joint Commissioning Executive, Care Closer to Home Programme Board to take forward its programme of work, the group will progress its work as scheduled in the areas of the Sustainability and Transformation Plan, Better Care Fund and Section 75 agreements.

4.2 The Health and Wellbeing Board is able to propose future agenda items for forthcoming group meetings that it would like to see prioritised.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Joint Commissioning Executive Care Closer to Home Programme Board is responsible for the delivery of key health and social care national policy including the Sustainability and Transformation Plan and Better Care Fund.

5.1.2 Integrating care to achieve better outcomes for vulnerable population groups, including older people and children and young people with special needs and

disabilities, is a key ambition of Barnet's Joint Health and Wellbeing Strategy.

5.1.3 Integrating health and social care offers opportunities to deliver the Council's Medium Term Financial Strategy (MTFS) and Priorities and Spending Review (PSR), and the CCG's Quality, Innovation, Productivity and Prevention Plan (QIPP) and Financial Recovery Plan.

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 The Joint Commissioning Executive, Care Closer to Home Programme Board acts as the senior joint commissioning group for integrated health and social care in Barnet.

5.3 **Social Value**

5.3.1 Social value will be considered and maximised in all policies and commissioning activity overseen by the Board.

5.4 **Legal and Constitutional References**

5.4.1 The Health and Wellbeing Board has the following responsibility within its Terms of Reference:

To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet.

5.4.2 The Council and NHS partners have the power to enter into integrated arrangements in relation to prescribed functions of the NHS and health-related functions of local authorities for the commissioning, planning and provision of staff, goods or services under Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended). This legislative framework for partnership working allows for funds to be pooled into a single budget by two or more local authorities and NHS bodies in order to meet local needs and priorities in a more efficient and seamless manner. Funds pooled by the participating bodies into single budget can be utilised flexibly to support the implementation of commissioning strategies and improved service delivery. Arrangements made pursuant to Section 75 do not affect the liability of NHS bodies and local authorities for the exercise of their respective functions. The Council and CCG now have two overarching section 75 agreements in place.

5.4.3 Under the Health and Social Care Act 2012, a new s2B is inserted into the National Health Service Act 2006 introducing a duty that each Local Authority must take such steps as it considers appropriate for improving the health of the people in its area. The 2012 Act also amends the Local Government and

Public Involvement in Health Act 2007 and requires local authorities in conjunction with their partner CCG to prepare a strategy for meeting the needs of their local population. This strategy must consider the extent to which local needs can be more effectively met by partnering arrangements between CCGs and local authorities. At Section 195 of the Health and Social Care Act 2012 there is a new duty, The Duty to encourage integrated working:

s195 (1) A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

s195 (2) A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

5.4.4 As yet, there is no express provision in statute or regulations which sets out new integrated health budgets arrangements, and so the s75 power remains.

5.4.5 NHS organisations also have the power to transfer funding to the Council under Section 256 of the National Health Service Act 2006, and the Council similarly has the power to transfer money to the NHS under Section 76 of the NHS Act 2006. These powers enable NHS and Council partners to work collaboratively and to plan and commission integrated services for the benefit of their population. The new integrated budgets arrangements replace the current use of Section 256 money although Section 256 will remain in place.

5.5 **Risk Management**

5.5.1 There is a risk, without aligned financial strategies across health and social care, of financial and service improvements not being realised or costs being shunted across the health and social care boundary. JCEG has identified this as a key priority risk to mitigate, and the group works to align timescales and leadership of relevant work plans which affect both health and social care.

5.6 **Equalities and Diversity**

5.6.1 All public sector organisations and their partners are required under s149 of the Equality Act 2010 to have due regard to the need to:

a) *eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*

b) *advance equality of opportunity between persons who share a relevant*

protected characteristic and persons who do not share it;

c) *foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

5.6.2 The protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

5.6.3 The MTFS has been subject to an equality impact assessment considered by Cabinet, as have the specific plans within the Priorities and Spending Review. The QIPP plan has been subject to an equality impact assessment considered.

5.7 **Consultation and Engagement**

5.7.1 The Joint Commissioning Executive, Care Closer to Home Programme Board will factor in engagement with users and stakeholders to shape its decision-making.

5.7.2 The Joint Commissioning Executive, Care Closer to Home Programme Board will also seek assurance from group members that there is adequate and timely consultation and engagement planned with providers as integrated care is implemented.

5.8 **Insight**

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 None.

Appendix 1

Care Closer to Home Programme Board Minutes

Thursday 16 November 2017, 15:30 – 17:00
G2, Building 2, North London Business Park

Present

CWo	Collette Wood, Care Closer to Home Director, BCCG (Chair)
AL	Anika Lewis, Frailty Fellow
AP	Anuj Patel, Barnet GP Federation
CD	Courtney Davis, Head of Adults Transformation, LBB
CWa	Cathy Walker, Director of Divisional Ops, CLCH NHS Trust
CS	Catherine Searle, Interim Assistant Director, Joint Commissioning Unit, LBB/BCCG
DW	Dawn Wakeling, Strategic Director of Adults, Communities and Health, LBB
JBH	Jess Baines-Holmes, Head of Integrated Care Quality, LBB
JL	Jeff Lake, Consultant in Public Health, Barnet and Harrow Public Health Team
LM	Louise Miller, Clinical Lead, Primary Care, BCCG
LR	Lisa Robbins, Barnet Healthwatch and Community Barnet
MA	Muyi Adekoya, Joint Commissioning Manager, LBB/BCCG
NM	Nicholas Mistry, Clinical Lead, Primary Care, BCCG
NW	Nicholas Wells, National Management Trainee, LBB
PD	Peter Dutton, Barnet Clinical Director; Barnet, Enfield and Haringey MH NHS Trust
SP	Sarah Perrin, Prevention & Wellbeing Manager, LBB
TH	Tal Helbitz, GP Board member, Lead for Primary Care, Barnet CCG

Apologies

Chris Munday, Strategic Director for Children & Young People, LBB
Collette McCarthy, Head of Children's Joint Commissioning, LBB/BCCG
Gill Parsons, Chair, Community Education Provider Network (CEPN)
Joanne Humphreys, Project Lead, Adults Transformation, LBB
Kay Matthews, Chief Operating Officer, BCCG
Maria Da Silva, Director of Integrated Commissioning, BCCG
Mathew Kendall, Director of Adults and Communities, LBB
Mike Greenberg, Medical Director, Royal Free London NHS Trust
Rachel Leuw, Programme Director – Integrated Care, Royal Free London NHS Trust

	ITEM	ACTION
1.	**Welcome and apologies** As Chair, CWo welcomed attendees to the meeting and apologies were noted.	
2.	**Declaration of conflicts of interest** A potential conflict of interest was recorded for those members of the Board who are members of the first, second and third CHINs (these practices were listed as an addendum to the meeting agenda). A general conflict of interest was also noted for all GPs and provider organisations present at the meeting.	
3.	**19 October 2017 minutes** The minutes from the 19 October 2017 Programme Board meeting were approved.	
4.	**Action Log** The Action Log was reviewed and completed actions were closed.	

	ITEM	ACTION
Strategy and Planning		
5.	**NCL Highlight Report** There was no NCL highlight report this month due to changes in the programme structure.	
	<u>ACTION:</u> Develop a monthly highlight report for the Barnet CC2H Programme, to be circulated in advance of every Programme Board meeting.	**CD/JH**
6.	**Update on programme workstreams** **<u>Information, Advice and Signposting</u>** The Information, Advice and Signposting brief originally came to the July Programme Board and it was noted by everyone that this is not developing new information tools/systems – it is about understanding what is already out there and how we can support staff and the public to use it better. CD has been investigating dependency with LBB customer transformation programme (CTP). CTP has recently agreed the scope and timescales for the next stage which includes continuing to refresh the Council's website and investigating the numerous Directories the Council uses to form a view on consolidation. As part of this it was agreed they would do a light touch investigation on what else is out there (e.g. health) to ensure technical capability was as future proofed as possible. This dependency will continue to be managed. Discussed creating and maintaining directories that serve a number of users and how best to integrate with other existing directories. It was agreed that this work is remains an essential part of the delivery plan and the next step will be mobilising the group listed (leads to confirm/provide) with an aim to meet prior to the next CC2H Board meeting. **<u>Communications and Engagement</u>** The communication and engagement plan also came to the July meeting. Following that meeting there was an action to arrange a workshop with comms leads from various organisations. In trying to arrange the meeting it became clear that the purpose of the meeting was not very clear and a number of the leads, who didn't have any previous exposure to the project, were reluctant to devote time to a workshop. At the same time, it was flagged that the NCL CC2H Programme Board had agreed the programme team would develop a NCL Communications Plan. It was decided we would hold off on the workshop and instead a smaller group met (project team, CCG/LBB comms) to discuss tactical communications, identify relevant communications channels/frequency on the CCG side that are most appropriate for tactical messaging for CHIN go live. The communication and engagement plan is still broadly fine as it was only high level to begin with. The only change since July was incorporating the STP Community Engagement and Development Plan which included a summary of the main messages from residents through recent engagement exercises and key	

	ITEM	ACTION
	points for shaping services which we know are important to residents. We incorporated this into our Comms plan under the resident and patient insight section. CWo flagged there is an issue of understanding what CHINs are and a need to have clear messaging around this. CD informed the Board that following on from the Council's annual Engagement Summit in July (for residents, service users and carers), a residents working group would be formed that would be one of the channels through which patients and residents are involved in the development of CC2H in Barnet. DW asked the Board what it thought the next steps should be for this workstream. She suggested that it would be helpful to have "Champions" who could communicate what CHINs are and what they deliver (front line staff, users, nurses and practice managers). SP said that she is willing to facilitate messaging and communications. It was agreed that it will be important to bring learning from other CHINs and to ensure that the previously agreed CHIN principles are kept front of mind. It was agreed that this work is remains an essential part of the delivery plan and the next step will be arranging a workshop for communications leads prior to the next CC2H Board meeting.	
	ACTION: Mobilise the Information, Advice & Signposting workstream leads and schedule an initial meeting to take place before the next CC2H Board meeting.	**CD/JH**
	ACTION: Mobilise the Communications leads and schedule an initial workshop to take place before the next CC2H Board meeting.	**CD/JH**
7.	**CHIN development Delivery Plan, including CHIN roll-out timetable and delivering Barnet-wide coverage of CHINs and QISTs** Dialogue is still ongoing. There will be three definite CHINs but groupings still need to be confirmed. Burnt Oak: Over the next three months, scoping, engaging and implementing will occur with DQIST (Diabetes QIST).	
	ACTION: Bring CHIN roll-out plan and timetable to the next CC2H Board meeting in December.	**CWo**
Governance		
8.	**CC2H work programme** The CC2H work programme was presented for Board members to note. Any additional items for the Forward Plan should be emailed to JH.	

<table>
<tr><th></th><th>ITEM</th><th>ACTION</th></tr>
<tr><td>9.</td><td>Any other business

HealthWatch is happy to get patients involved as part of the communications and engagement work.

Duplication of GP practices to be corrected in the conflict of interest list.</td><td></td></tr>
<tr><td></td><td>Future meeting dates:
18 January 2018, 15.00 – 16.30.
15 February 2018, 14.00 – 15.30.
22 March 2018, 14.00 – 15.30.
Then the third Thursday of every month, 14.00 – 15.30.</td><td></td></tr>
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Care Closer to Home Programme Board Minutes

Thursday 18 January 2018, 15:00 – 16:30
Board Room, Building 2, North London Business Park

Present

CWo	Colette Wood, Care Closer to Home Director, BCCG (Chair)
AB	Aashish Bansal, BCCG Governing Body member and CHIN 1 Lead
AP	Anuj Patel, Barnet GP Federation
CD	Courtney Davis, Head of Adults Transformation, LBB
CWa	Cathy Walker, Director of Divisional Ops, CLCH NHS Trust
CS	Catherine Searle, Interim Assistant Director, Joint Commissioning Unit, LBB/BCCG
DG	Daniel Glasgow, Care Closer to Home Deputy Director, BCCG
FB	Farhana Begum, Finance Manager, LBB
JBH	Jess Baines-Holmes, Head of Integrated Care Quality, LBB
JH	Joanne Humphreys, Project Lead, Adults Transformation, LBB
JL	Jeff Lake, Consultant in Public Health, Barnet and Harrow Public Health Team
LF	Lisa Fuller, Royal Free London NHS Trust
LM	Louise Miller, Clinical Lead, Primary Care, BCCG
MA	Muyi Adekoya, Joint Commissioning Manager, LBB/BCCG
NW	Nicholas Wells, National Management Trainee, LBB
PD	Peter Dutton, Barnet Clinical Director; BEH MH NHS Trust (by telephone)
SP	Sarah Perrin, Prevention & Wellbeing Manager, LBB
TH	Tal Helbitz, GP Board member, Lead for Primary Care, Barnet CCG

Apologies

Collette McCarthy, Divisional Director of Commissioning, LBB/BCCG

Kay Matthews, Chief Operating Officer, BCCG

Lisa Robbins, Barnet Healthwatch and Community Barnet

Selina Rodrigues, Barnet Healthwatch and Community Barnet

Dawn Wakeling, Strategic Director for Adults, Communities and Health, LBB

	ITEM	ACTION
1.	**Welcome and apologies** As Chair, CWo welcomed attendees to the meeting and apologies were noted.	
2.	**Declaration of conflicts of interest** A potential conflict of interest was recorded for those members of the Board who are members of the first, second and third CHINs (these practices were listed as an addendum to the meeting agenda). A general conflict of interest was also noted for all GPs and provider organisations present at the meeting.	
3.	**16 November 2017 minutes** The minutes from the 16 November 2017 Programme Board meeting were approved.	
4.	**Action Log** The Action Log was reviewed and completed actions were closed. It was noted that action 6 (identify how ASC and other Council services can be linked to the Burnt Oak CHIN) had been added to the action log since the last CC2H Programme Board meeting in November and that the first output of this	

	ITEM	ACTION
	action would be a document summarising the various Council services that could be linked to the first CHIN and proposing how initial links would be developed. JH and CD have met with AB to agree this initial approach and a self-care workshop led by the Public Health team yesterday will also inform this action. PD requested that the services offered at the Wellbeing Hub be included in this proposal.	
Strategy and Planning		
5.	**NCL Highlight Report** Board members noted the contents of the highlight report, which is produced every two months by the NCL STP Programme Management Office.	
6.	**Barnet CC2H Highlight Report** It was noted that some workstreams did not yet have named leads: • Information, Advice and Signposting: it was agreed that LM was the formal lead for this workstream. • Communication and Engagement: see update on programme workstreams (item 7 below). • Measuring outcomes: work is currently underway at NCL level. • Workforce, training & professional development: this workstream is not yet live. • Local accountable care options appraisal: this workstream is not yet live. It was also noted that some milestones did not yet have confirmed timescales. CWo said the latest version of the Delivery Plan, which would fill in a number of these gaps, was in development and would be brought to the February Programme Board. JL said that it would be helpful for the highlight report to include additional information that would root the progress made in the previous month in the context of the CC2H programme as a whole (the “golden thread”).	
	ACTION: Bring the latest version of the Barnet CC2H Delivery Plan to the February Programme Board.	**CWo**
	ACTION: Include the programme governance map (from the Delivery Plan) as an addendum to future Barnet CC2H highlight reports and consider how monthly progress can be reported within the context of the programme.	**JH**
7.	**Update on programme workstreams** **Information, Advice and Signposting** CD provided an update on this workstream. The first workstream meeting, chaired by LM, was held on 15 December and attended by colleagues from the CCG (including Ian Bretman, Governing Body member for PPI) and the Council (with representation from adult social care prevention services, Family Services and Public Health). Some initial mapping of digital self-care resources available for people in Barnet, compiled by the Public Health team, was circulated to workstream	

	ITEM	ACTION
	members before the meeting. The project team took a number of practical actions away from the meeting. DG provided an update on his actions: • Best practice research with Vanguards: the most common approach has been to add information about social care services into the NHS Directory of Services. Given the significant investment made by the Council in its own information directories this would not be a practical solution for Barnet. • Availability of transformational funding for a new front-end through which the information from existing directories could be accessed, and estimated costs for project/technical support: research is underway and DG will provide a further update to the next Programme Board. It was agreed that CD and JH would incorporate these findings into an outline options appraisal that would be circulated to the workstream group with feedback given via email in time for an update to be given to the February Programme Board. The workstream group would then meet at the end of February to agree how to implement the plan of action agreed by the Programme Board. **Communications and Engagement** CD provided an update on this workstream. The first formal workstream meeting was held on 19 December, attended by colleagues from the CCG, the Council, Community Barnet and CEPN. It was noted at the workstream meeting that BCCG had hosted two communications events (for residents and third sector organisations) in summer 2017 which were well attended and received. It was agreed that the outputs from these events should inform the next version of the Communications Plan. The workstream meeting had agreed that the priority areas to complete for the next version of the Communications Plan were: • Identify the key messages for stakeholders. The main stakeholder groups being patients/residents and GPs/other professionals. • Identify the channels through which these messages will be conveyed, with a focus upon channels that a) exist already and b) are low cost. The CCG Comms team will develop a new version of the Communications Plan before the end of January, to be reviewed by the workstream group before the next Programme Board in February. TH requested that the project team should make contact with the Reimagining Mental Health programme team to identify lessons that can be learned, in particular around co-design of services. He also requested that initial communications with residents should include residents in CHINs 2 and 3 as well as CHIN 1. CWo noted that the new NCL structure for communications, engagement and governance would create an opportunity to develop a unified approach to CC2H communications across the region. The CCG Governing Body has agreed that there is a need for a Communications plan supported by relevant capacity and expertise. CD also gave an update on the residents' working group that was proposed at the	

	ITEM	ACTION
	Council/CCG annual engagement summit last year. JH and CD met with AB last week and have agreed that recruitment of the group will go ahead, drawing initially from the Council's PeopleBank database.	
	ACTION: Provide update on IAS workstream (transformational funding, estimated project/technical costs) to the February Programme Board.	**DG**
	ACTION: Develop outline options appraisal for IAS workstream, circulate to the workstream group and report back to the February Programme Board.	**CD/JH**
	ACTION: Meet with Charlotte Benjamin (Reimaging Mental Health) to identify lessons that can be learned for the CC2H Communications workstream.	**CWo, CD, JH**
	ACTION: Present updated Barnet CC2H Communications Plan to the February Programme Board.	**CCG Comms**
	ACTION: Obtain details of the new NCL structure for communications, including what posts will be created and under what timescales.	**CWo**
8.	**Update on CHIN roadmap (number, location, timing of CHINs)** CWo gave a verbal update on this item. The first three proposed CHINs cover approximately half the population of Barnet and it is likely that there will be a total of six CHINs (each with an average population size of approximately 65,000), mapping broadly onto existing locality areas. The CCG will put in programme management resource to support the roll out and the timescale to have all six CHINs operational is approximately two years. AP noted that the GP Federation received five expressions of interest in response to the original CHIN proposal, and that the two submissions not currently being developed should be revisited. Practices should also be encouraged at a later date to merge into the early CHINs where appropriate. It was agreed that it would be important to improve the understanding of CHINs across the wider GP population as CHINs are rolled out beyond the first three. Brief updates were provided on each of the first three CHINs: **CHIN 1 (AB) – launching in January 2018** DQIST (Diabetes) model is in development – to provide clinical care in every practice and a more holistic approach. Through engagement with patients, new ideas will be brought on-board over time. Paediatric clinic will launch soon and options for bringing in pharmacists (to run a minor illness service, etc.) are being explored. **CHIN 2 (TH) – launching in April 2018** Focusing initially on frailty pathways and care homes. TH has circulated the invitation to the Frailty QI Network forum (22 February) from Dr Katie Coleman to the Programme Board. **CHIN 3 (AP) – beginning dialogue**	

	ITEM	ACTION
	Likely to focus on Diabetes, frailty and paediatrics. CHIN 3 is likely to learn from the first two CHINs as they roll-out their services.,	
	ACTION: Invite Dr Katie Coleman (NCL Clinical lead for Primary Care and CC2H) to the next Barnet Programme Board meeting.	**JH**
9.	**Update on progress of the CHIN mobilisation workstream** The CHIN mobilisation workstream will include the GP CHIN Leads and relevant leads from the Council (including Public Health) and CLCH. CWo asked JL to give an update on the self-care workshop held yesterday. A variety of existing innovations in the borough were discussed at the workshop, including Practice Health Champions, the Wellbeing Hub, Prevention & Wellbeing Coordinators and Care Space hubs. At the workshop it was agreed that these services should be built upon. A further workshop on 1 February will address operational matters. Findings will be written up and a proposal developed for drawing together all of the strands and developing some GP training.	
Governance		
8.	**CC2H work programme** The CC2H work programme was presented for Board members to note. Any additional items for the Forward Plan should be emailed to JH. AP suggested that when the first CHIN is up-and-running there should be a regular item to monitor CHINs once they are operational. CWo noted that Camden has already started some work on this (Neighbourhood IT Working Group) and there will be opportunities to link with this in the future as Camden CCG will be providing some ICT services for BCCG.	
9.	**Any other business** There were no further items raised. CWo thanked everyone for their attendance and closed the meeting.	
	Future meeting dates: • 15 February 2018, 14.00 – 15.30. • 22 March 2018, 14.00 – 15.30. • Then the third Thursday of every month, 14.00 – 15.30.	

Joint Commissioning Executive Group Minutes

Tuesday 5 December 2017, 12.30 – 13.15

Boardroom, Building 2, North London Business Park

Present

DW Dawn Wakeling, Strategic Director of Adults, Communities and Health, LBB (Chair)
MB Matt Backler, Deputy Chief Financial Officer, BCCG (by telephone)AH Andrew Howe, Director of Public Health, LBB
JH Joanne Humphreys, Project Manager, LBB
CS Catherine Searle, Interim Assistant Director, Joint Commissioning Unit, LBB/BCCG
MA Muyi Adekoya, Joint Commissioning Manager, LBB/BCCG
CD Courtney Davis, Head of Adults Transformation, LBB

Apologies received

CM Collette McCarthy, Head of Children's Joint Commissioning, LBB/BCCG

	ITEM	ACTION
1.	**Welcome and apologies** As Chair, DW welcomed attendees to the meeting and reminded everyone that there are alternate chairing arrangements for these meetings, shared between LBB and BCCG. As this is the first meeting of JCEG since it was separated from the Care Closer to Home Programme Board, DW also reminded attendees that a key function of JCEG is to oversee and scrutinise the ongoing monitoring of S75 agreements.	
2.	**19 October 2017 minutes** The minutes from the 19 October 2017 meeting of JCEG were approved with one correction – Claire O'Callaghan to be added to the list of attendees.	
3.	**Action log** The Action Log was reviewed and completed actions were closed. Two actions remain open, to be reviewed again at the next JCEG: • Contact MA/AL to identify relevant lessons learned from the frailty multidisciplinary team (C'OC). • Contact JH to identify the best way to establish ongoing connections with the Barnet CC2H Programme and CHINs roll-out (C'OC).	
4.	**Section 75 quarterly progress report** DW noted that in the past, specific finance reports on the S75 agreements including BCF had been presented to JCEG. The progress report was reviewed. It was noted that: • Procurement for Learning Disability services has been delayed. • Finalisation of the redrafted Mental Health S75 agreement is imminent. As no colleagues from Family Services were present, the monitoring reports for S75 agreements covering services for children and families could not be reviewed in the meeting.	

	ITEM	ACTION
	ACTION: Liaise with Anisa Darr (LBB Director of Resources) to agree arrangements for the reinstatement of S75 finance reports for JCEG meetings. To be put in place for the next JCEG meeting on 16 January 2018.	**MB**
	ACTION: Bring monitoring report for the Better Care Fund (including financial report) to the next JCEG meeting on 16 January 2018.	**MA**
5.	**Update on community equipment contract** Due to concerns raised about the quality of the new community equipment service at the last JCEG meeting in October 2017, a further monitoring report had been requested for this JCEG meeting.	
	ACTION: Prepare a report on the community equipment contract to include: • **Review of the assurance and controls on contract spend.** • **Financial summary of this contract (including details of overspend against budget) for the last three financial years (LBB and BCCG finance officers to assist with this).** • **Agreed KPIs and the provider's performance against them.** • **Review of contract to identify whether the provider can be required to meet the costs of service enhancements that have been required as a result of issues with the quality of the service.** **Circulate this information to JCEG members via email and request a collective decision on next steps. To be completed before the next JCEG on 16 January 2018.**	**MA**
	ACTION: Raise query about potential risks associated with the performance of the community equipment contract – at meeting today, 05.12.2017.	**DW**
6.	**JCEG Forward Plan** Presented to JCEG members for noting. Any future items to be added to the Forward Plan should be emailed to JH.	
7.	**Health and Wellbeing Board Forward Work Programme** Presented to JCEG members for noting. Any future items to be added to this Forward Plan should be emailed to Salar Rida in the LBB Governance team. DW noted that any HWB agenda items for April 2018 onwards should be sent to Salar Rida . They will be recorded but not formally published until the next municipal year (as is the Council's usual practice).	
8.	**Any other business**	
	There were no further items raised. DW thanked everyone for their attendance and closed the meeting.	

Health and Wellbeing Board Work Programme

2018

Contact: Salar Rida (Governance) salar.rida@barnet.gov.uk

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
8 March 2018				
		DISCUSSION		
Improvement Action Plan – Ofsted (same paper as reported to CELS Committee)	**The Board asked to receive the Improvement Action Plan for discussion.**	Strategic Director – Children and Young People	Strategic Director – Children and Young People	Yes
Fit and active Barnet: new leisure service contract to promote health and wellbeing	**The Board is asked to consider and discuss the progress made to encourage healthier lifestyles.**	Strategic Director Adults, Communities and Health	Strategic Lead – Sports and Physical Activity	No
SEND, Joint Strategic Needs Assessment and SEND Strategy 2018-2021	**The Board to note and comment on the report.**	Assistant Director – SEND and Inclusion	Assistant Director – SEND and Inclusion Consultant in Public Health	No
Screening Update	**The Board is asked to note and comment on the Screening Update report.**	Director of Public Health – NHS England	Consultant in Public Health	No
A Multi-Agency Safeguarding Hub for Adults in Barnet	**The Board is asked to note and endorse the approach.**	Strategic Director, Adults, Communities and Health	Safeguarding Adults Board Business Manager	Yes
		NOTE		
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning Executive Group	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Strategic Director Adults, Communities and Health CCG Accountable Officer	Commissioning Lead – Health and Wellbeing	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Strategic Director Adults, Communities and Health	**Commissioning Lead – Health and Wellbeing**	No
9 July 2018				
		DISCUSSION		

****A key decision is one which**: a key decision is one which will result in the council incurring expenditure or savings of £500,000 or more, or is significant in terms of its effects on communities living or working in an area comprising two or more Wards*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
Improvement Action Plan – Ofsted (same paper as reported to CELS Committee)	**The Board asked to receive the Improvement Action Plan for discussion.**	Strategic Director – Children and Young People	**Strategic Director – Children and Young People**	Yes
Section 75 agreements: annual report	**The Board is asked to review the status, activity and finances associated with all Section 75 agreements.**	Strategic Director Adults, Communities and Health Strategic Director – Children and Young People CCG Accountable Officer	**Strategic Lead Adults Health**	No
Healthy Weight Update	**The Board is asked to note and comment on the contents of the paper.**	Director of Public Health	Consultant in Public Health	No
Care Closer to Home Investment & Delivery Plan and Roadmap	**The Board is asked to note and comment on the contents of the plan.**	Strategic Director, Adults, Communities and Health	Director of Care Closer to Home	No
Adults and Communities Engagement Strategy Update	**That the Board note the progress made to date.**	Strategic Director of Adults, Communities and Health	**Adults and Communities, Engagement Lead**	No
Update report on sexual health services	**The Board is asked to note the progress of the procurement of sexual health services**	Director of Public Health	**Head of Public Health Commissioning**	No
NOTE				
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning Executive Group	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Strategic Director Adults, Communities and Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Strategic Director Adults, Communities and Health	**Commissioning Lead – Health and Wellbeing**	No
13 September 2018				

** a key decision is one which will result in the council incurring expenditure or savings of £500,000 or more, or is significant in terms of its effects on communities living or working in an area comprising two or more Wards*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
		DISCUSSION		
Joint Health and Wellbeing Strategy Implementation plan – report	**The Board is asked to consider the progress made to deliver the Joint Health and Wellbeing Strategy.**	Strategic Director for Adults, Communities and Health Strategic Director – Children and Young People Director of Public Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	Yes
Improvement Action Plan – Ofsted (same paper as reported to CELS Committee)	**The Board asked to receive the Improvement Action Plan for discussion.**	Strategic Director – Children and Young People	**Strategic Director – Children and Young People**	Yes
Child and Adolescent Mental Health (CAMHS) Progress Update Report	**The Board at its January meeting agreed to receive an update report. The Board to note and comment on the progress update report.**	Strategic Director – Children and Young People	**Head of Children's Joint Commissioning**	No
		NOTE		
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning Executive Group	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Strategic Director Adults, Communities and Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Strategic Director Adults, Communities and Health	**Commissioning Lead – Health and Wellbeing**	No
15 November 2018				
		DISCUSSION		
Improvement Action Plan – Ofsted (same paper as reported to CELS Committee)	**The Board asked to receive the Improvement Action Plan for discussion.**	Strategic Director – Children and Young People	**Strategic Director – Children and Young People**	Yes

***a key decision is one which** will result in the council incurring expenditure or savings of £500,000 or more, or is significant in terms of its effects on communities living or working in an area comprising two or more Wards*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
Engagement Update, Adults and Communities	**The Board is asked to note the update report.**	Strategic Director Adults, Communities and Health	Adults and Communities, Engagement Lead	No
		NOTE		
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning Executive Group	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Strategic Director Adults, Communities and Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Strategic Director Adults, Communities and Health	**Commissioning Lead – Health and Wellbeing**	No
Unallocated				
Health visiting and integration of health services	**The Board is asked to comment on the progress made in developing the Boroughs health visiting and integration of health services.**	Strategic Director – Children and Young People	**Head of Joint Children's Commissioning**	No
Children's Continuing Care	**The Board is asked to comment on the progress to develop the model for children's continuing care.**	Strategic Director – Children and Young People	**TBC**	No
Corporate Parenting	**The Board is asked to comment on the progress made to develop the borough's offer to children looked after.**	Strategic Director – Children and Young People	**TBC**	No
Implementing Barnet's Carers' Strategy	**The Board is asked to comment on the progress made to implement the Carer's Strategy.**	Strategic Director Adults, Communities and Health Strategic Director – Children and Young People	**Carer's Lead**	No

***a key decision is one which** *will result in the council incurring expenditure or savings of £500,000 or more, or is significant in terms of its effects on communities living or working in an area comprising two or more Wards*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
Devolution – estates	**The Board is asked to comment on Barnet's roles and contribution to the developments across North Central London (NCL).**	Strategic Director Adults, Communities and Health CCG Accountable Officer	**TBC**	No
Annual Safeguarding Report	**The Board is asked to note the information set out in the Annual Safeguarding Report.**	Strategic Director – Children and Young People Strategic Director Adults, Communities and Health	Divisional Director Improvement	No
Engagement Update, Adults and Communities (bi-annual – Nov/May)	**The Board is asked to note the update report.**	Strategic Director Adults, Communities and Health	Adults and Communities, Engagement Lead	No
Development of CHINs in Barnet - Update Report	**The Board to note the progress update. At its January meeting the Board requested CHINs coverage plans including future CHINs and overview mapping of other hubs, Police, School catchment areas and other partnerships**	Strategic Director Adults, Communities and Health Chief Operating Officer, Barnet CCG	Director of Care Closer to Home Project Lead	No

*a **key decision is one which** *will result in the council incurring expenditure or savings of £500,000 or more, or is significant in terms of its effects on communities living or working in an area comprising two or more Wards*