

TOWER HAMLETS HEALTH AND WELLBEING BOARD



SUPPLEMENTAL AGENDA

This meeting is open to the public to attend.

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	PAGE NUMBER(S)
<p>2. PREVENTING KNIFE CRIME</p> <p>This item will be presented by Katie Cole – Associate Director of Public Health. (Though the report was not published within the statutory deadline, the Chair has permitted a General Exception. Reason for Urgency – critical additional section added to the report)</p> <p style="text-align: right;">5.10-5.40pm (30 mins)</p>	<p>3 - 8</p>
<p>3. TOWER HAMLETS LIVING WITH CANCER PROGRAMME</p> <p>This item will be presented by Zereen Rahman-Jennings – Macmillan Living with Cancer Programme Lead. (Though the report was not published within the statutory deadline, the Chair has permitted a General Exception. Reason for Urgency – revisions to recommendations required).</p> <p style="text-align: right;">5.40-6.10pm (30 mins)</p>	<p>9 - 44</p>
<p>4. SEND PROGRESS UPDATE</p> <p>Presented by John O’Shea - Head of SEND. (Though the report was not published within the statutory deadline, the Chair has permitted a General Exception. Reason for Urgency – internal clearance delay. The Board requested an update on this item at the January 2019 meeting and is therefore expected as part of the forward programme).</p> <p style="text-align: right;">6.10-6.30pm (20 mins)</p>	<p>45 - 74</p>

<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>13 May 2019</p>	
<p>Report of: Denise Radley, Corporate Director - Health, Adults and Community, LBTH</p>	<p>Classification: Unrestricted</p>
<p>Prevention of knife crime</p>	

Originating Officer(s)	<p>Katie Cole – Associate Director of Public Health, LBTH</p> <p>Charles Griggs – Head of Community Safety, LBTH</p> <p>Sarah Williams – Public Health Registrar, LBTH</p>
Wards affected	All wards

Executive Summary

The recent rise in knife crime seen in London and across the UK has sparked widespread concern and calls for action to more effectively tackle the issue. Amongst this discourse, there have been calls for a ‘public health approach’ to knife crime, to focus on prevention and re-conceptualise it as a safeguarding issue.

This item, in the form of a presentation, aims to update the Board on what we are already doing as a borough to tackle knife crime. The Board will be invited to discuss how we could evolve our current approach to tackling this important health and wellbeing issue.

Violence can cause serious harm to those directly involved and has serious negative effects on the wider community and people’s perception of safety. Violence is preventable and many of the risk factors for violence overlap with risk factors for poor physical and mental health. Hence, if the root causes of violence are targeted, then the benefits will go beyond purely a reduction in violence.

A public health approach takes a life course approach targeting the whole population with different preventative interventions for different ages and groups. It systematically uses data and evidence to understand the root causes of violence and addresses the underlying risk factors for violence. It requires good multiagency working and close working with communities to be successful.

A public health approach for violence reduction follows the same model as for all public health interventions:

- Intelligence – a good understanding of the problem
- Strategy – how can we mitigate the problem
- Delivery of interventions – implementation of strategy
- Partnership – good multiagency working
- Evaluation – to ensure that interventions can be improved upon

- Communication – to ensure that the community owns this work

Following this model, the public health approach in Tower Hamlets to prevent knife crime has targeted interventions across the entire life course and interventions aimed at primary, secondary and tertiary prevention.

Primary prevention promotes wellbeing, optimising development and increasing resilience to prevent or minimise the development of risk factors for any adverse outcome. Primary prevention in relation to knife crime is very broad, encompassing work to reduce and mitigate the effects of childhood poverty, build a health-promoting environment, provide the best educational/employment opportunities and ensure that the Healthy Child Programme is delivered to all children. Examples include the delivery of knife crime and personal safety programmes in schools.

Secondary prevention supports individuals who have risk factors for involvement in knife crime, but who haven't been affected at that point. Risk factors include exposure to family violence, having a number of adverse childhood experiences, living in a low-income household. Clearly, not all people who have risk factors for involvement in knife crime will go on to be affected by it. Interventions at this level aim to provide early help and targeted support, either within universal programmes (such as health visiting) or targeted support (such as Family Nurse Partnership, Early Help, drug and alcohol services, and children's social care). Children's Centres are an important source of support, with multi-disciplinary teams helping to provide a strong and stable start to life. The work they undertake links into the broader "neglect" agenda, and includes support to reduce domestic violence and improve parental mental health, both adverse factors which impact on young people and increase vulnerability to being drawn into knife crime.

Tertiary prevention supports individuals, their families and communities following a knife crime incident. It focuses on prevention of future incidents and on 'healing' to improve health, wellbeing and social outcomes for all those who have been affected. Serious Youth Violence is a Safeguarding issue and Tower Hamlets have ensured that the operational elements of serious youth violence are embedded within Safeguarding arrangements and are reported to the Exploitation sub-group of the Local Safeguarding Children's Board. Where children and young people have been identified as being involved in serious youth violence, strategy meetings with relevant partners have been held and cases have been opened to Children's Social Care and support has been provided from the Exploitation hub, the Police, St Giles and Community Safety. Children are offered additional one to one support through St Giles and where exploitation or gang involvement is identified there are police teams who are embedded within the Exploitation hub to offer support for disruption activities.

In 2017 the Community Safety Partnership developed a Partnership Knife Crime Action Plan in response to rising levels of knife violence in the borough, shifting from a criminal justice to a public health approach, looking at the long term solutions. The plan was developed following extensive consultation with experts, our local community and young people whose lives have been affected by knife crime, including victims, offenders and family members. The plan contains actions that are being delivered by a broad range of council services and partner organisations.

Activities include:

- Community weapon sweeps (with police, council and members of the community) retrieving knives hidden in our streets and other public places,
- Policing operations each month known as Operation Sceptre are targeting known weapon carriers and removing knives, other weapons and those using them off our streets – (the most recent operation resulted in 18 arrests including 5 for possessing offensive weapons, and 8 knives were recovered),
- Frequent deployment of the MPS Knife Crime Task Force to support Tower Hamlets Police,
- Test purchase operations by Trading Standards in retail outlets and training their staff to ensure knives are not being sold over the counter to those underage,
- Operation Continuum is our multi-agency response to addressing the links between serious organised crime, drug supply and knife crime. The most recent operation was conducted in the Weavers Ward. Over the past 12 months there have been seven operations leading to the following results (amongst many others):
 - zombie style knives have been seized
 - 140 warrants executed/properties raided
 - 46 weapon Sweeps conducted and 39 weapons recovered including knives and other weapons.
- A Youth Independent Advisory Group (IAG) has been set up to ensure that young people's voices are heard and taken into account as we develop further targeted work to address knife crime and other issues impacting on their fear of crime,
- A Community Impact Statement has been prepared by the Police Borough Commander. It includes a quote from the Mayor and it informs the Courts of the seriousness of knife crime and how we treat it locally, in order to support substantive court outcomes and appropriate sentencing.

Since commencement of the knife crime action plan, police crime data shows a downward trend of offences compared on a rolling year (1 April18- 1 April19):

- Total Knife crime offences (including knife intimidated robbery) have decreased by 7%.
- Knife crime injury offences for those aged under 25 have seen a decrease of 9%

As evidenced above, these programmes require a coordinated multiagency approach and knife crime prevention will benefit the entire population. As part of the public health approach to violence reduction the Public Health directorate are leading on a Joint Strategic Needs Assessment (JSNA) on Violence affecting Young People. This will help provide a deeper insight into the problem and inform the response.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the update on Prevention of Knife Crime (presentation to be given at

- the Health and Wellbeing Board).
2. Discuss the contribution and commitment of all partners within the Board to delivering the action plan and a reduction in knife crime.

1. REASONS FOR THE DECISIONS

- 1.1 To provide an update on the Prevention of Knife Crime as part of a public health approach to violence

2. ALTERNATIVE OPTIONS

- 2.1 Not applicable

3. DETAILS OF THE REPORT

- 3.1 Not applicable – presentation to be given at Health and Wellbeing Board

4. EQUALITIES IMPLICATIONS

- 4.1 Not applicable

5. OTHER STATUTORY IMPLICATIONS

- 5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:
 - Best Value Implications,
 - Consultations,
 - Environmental (including air quality),
 - Risk Management,
 - Crime Reduction,
 - Safeguarding.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

- 6.1 There are currently no direct financial implications which result from updating the Board on what the council is doing to prevent knife crime. As the approach to preventing knife crime develops, financial implications of potential actions to address any issues identified will be assessed and considered.

7. COMMENTS OF LEGAL SERVICES

- 7.1 This report provides an update on the steps being taken by the Council to address the problem of knife crime in the borough and has no direct legal implications.
- 7.2 The Children Act 2004 requires cooperation between safeguarding partner agencies including the Council, schools, the police, probation services and the youth offending team. The multi-agency approach set out in this report is consistent with the legislative framework and Government guidance; in particular the statutory guidance *Working Together to Safeguard Children* (2018), and the Government's *Serious Violence Strategy* published in 2018. The Health and Wellbeing Board has the task of communicating and engaging with local people on how to achieve the best possible quality of life and to be supported to exercise choice and control over their health and is therefore the appropriate body to receive and consider the contents of this report.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- None

Local Government Act, 1972 Section 100D (As amended)

List of "Background Papers" used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- None

Officer contact details for documents:

N/A

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Non-Executive Report of the: Health and Wellbeing Board 13 May 2019	 Tower Hamlets Health and Wellbeing Board
Report of: Denise Radley	Classification: Unrestricted
Tower Hamlets Living with Cancer Programme (Macmillan Local Authority Partnership)	

Executive Summary

There are approximately 665 new cancer diagnoses in the borough every year with 4338 people with cancer alive and registered with GPs on 1st April 2018. Evidence shows that Tower Hamlets residents experience relatively poor outcomes, with clear areas for improvement.

The Macmillan Local Authority Partnership (MLAP) in Tower Hamlets is a transformation programme. It aims to ensure that everyone living with and beyond cancer can easily access the full range of wider holistic support required to enhance quality of life through: personalised care planning, an integrated approach with an emphasis on community-based support, as outlined in the NHS Long Term Plan and new 'Universal Personalised Care' model. The programme intends to enable people to live as well and as independently as possible and support their carers. Tower Hamlets is one of five pilot sites with £1 million grant from Macmillan, and launched in February 2018.

Progress in Phase 1:

- Programme set-up, including establishing governance and reporting structures.
- Asset mapping to understand the services and roles which exist to support people's holistic needs (both specific and generic) and how they work together.
- Commissioning a Cancer Health Intelligence report.
- Insight gathering from 48 residents affected by cancer.
- Engaging with professionals from all sectors to gather their insight on gaps in provision and opportunities to improve system wide integration.

Some key reflections from this programme to date:

- ❖ Many Tower Hamlets residents have unmet needs in relation to their emotional wellbeing, finance, housing, and ability to return to work.
- ❖ Many require support to make best possible use of available resources.
- ❖ Lack of coordination support, can mean care is inconsistent and fragmented.
- ❖ A critical amount of knowledge is required about services and systems and a case management approach for a specific cohort of patients.

As the MLAP programme moves to design and implementation phase, all partners will need to work together to develop a model and agree key 'tests of change'.

Health and Wellbeing Board members are requested to consider this programme, the progress to date and its overall aims and objectives in the context of delivering other local strategic priorities for patients with complex health needs and long term conditions. This programme has significant interdependencies with transformation programmes looking to improve access to Information Advice and Guidance, Care Coordination and Navigation and Social Prescribing in Tower Hamlets. Its main focus is to ensure delivery of personalised care and support seamlessly across sectors to meet the wider holistic needs of people living with a beyond cancer through system wide changes in culture and practice.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Provide strategic support to address system wide issues highlighted in the presentation and the draft Phase 1 Annual Report. The programme has identified some significant interface issues between organisations, services and sectors.
2. Support the programme to engage teams and organisations and work across the system to co-design an effective model for delivery which might be replicated for other long term conditions / complex health needs in Tower Hamlets and across East London Health & Care Partnership (ELHCP).
3. Support the overall change management process across organisational boundaries.
4. Support the programme to articulate a clear shared understanding of the outcomes and objectives of change and embrace the culture to achieve them.

1. REASONS FOR THE DECISIONS

- 1.1 This report does not require any decision at this stage

2. ALTERNATIVE OPTIONS

- 2.1 None listed

3. DETAILS OF THE REPORT

- 3.1 Phase 1 Draft Annual Report attached
- 3.2 Presentation slides attached

4. EQUALITIES IMPLICATIONS

- 4.1 The overall aim of the programme is to fundamentally address inequalities in access to wider holistic support at different stages of a patient's journey.

5. OTHER STATUTORY IMPLICATIONS – None at this stage

- 5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

- 6.1 There are currently no direct financial implications which result from updating the Board on the Tower Hamlets Living with Cancer Programme (Macmillan Local Authority Partnership). As the Programme progresses, financial implications of potential actions to address any issues identified will be assessed and considered.

7. COMMENTS OF LEGAL SERVICES

- 7.1 This report provides an update on the support available to people living with cancer which is being provided through a partnership arrangement between the Council and the Macmillan Local Authority Partnership (MLAP) and has no direct legal implications.
- 7.2 The Health and Wellbeing Board is responsible for advising on strategies to improve the health and wellbeing of the population of Tower Hamlets and therefore the appropriate body to receive and consider the contents of this report.

Linked Reports, Appendices and Background Documents

Linked Report

- Year 1 Draft Annual Report
- Slide Pack

Appendices

- None

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- None.

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Macmillan Local Authority Partnership (MLAP) Tower Hamlets Living with Cancer Programme

Annual Report February 2018 – March 2019

1. Executive Summary

This report outlines the progress of the Macmillan Local Authority Partnership (MLAP) in the London Borough of Tower Hamlets, in the first 13 months - since the programme began in February 2018, to the end of March 2019. The report highlights key activities, achievements, and learning to date.

The overarching vision is that everyone living with and beyond cancer can easily access all the support they require to meet their holistic needs - which in turn will enable them to live as well and as independently as possible and to die well at the end of their lives.

In Tower Hamlets, this is in the context of 665 new cancer diagnoses a year, high levels of socio-economic deprivation, and a relatively young and ethnically diverse population. Evidence shows that Tower Hamlets residents experience relatively poor outcomes, with many areas for improvement in patient experience.

The MLAP programme sits within a complex landscape, with several key elements of the system undergoing transformation (for example, social prescribing, care coordination, and Information Advice and Guidance). Articulating precisely how work is aligned will become increasingly important over the coming months, as the programme moves towards developing and implementing a new model of care.

In Tower Hamlets, MLAP is well placed to deliver on the commitment to personalised care through an integrated approach and an emphasis on community-based support, as outlined in the NHS Long Term Plan and new 'Universal Personalised Care' model, as well as Macmillan's 'Right by You' strategy.

By the end of March 2019, the programme had made significant progress on the following key activities, which make up Phase 1:

- Programme set-up, including establishing governance and reporting structures, forging links with other transformation bodies and initiatives and developing a Logic Model.
- A comprehensive asset mapping exercise to understand the services which exist to support people's holistic needs and how they work together.
- Commissioning a Cancer Health Intelligence report.
- Insight gathering from 48 residents affected by cancer, to understand their experiences of support.
- Engaging with professionals from all sectors to gather their insight on gaps in provision and opportunities to improve how the system integrates.

Some key reflections from this programme to date:

- ❖ Many Tower Hamlets residents have unmet needs in relation to their emotional wellbeing, finance, housing, and ability to return to work.

- ❖ Many require support to make best possible use of available services – for example, people who are single, or have low levels of ‘activation’.
- ❖ Sharing of information is an underlying problem, which makes it hard to ensure an integrated approach.
- ❖ There is a lack of coordination, which means that care is not seamless.
- ❖ A critical amount of knowledge is required about services and systems in order to effectively provide personalised and coordinated care.

As the MLAP programme moves to design and implementation phase, all partners will need to work together to develop a model and agree key ‘tests of change’ based on this robust understanding of the needs of the local cancer community and the health and care system.

2. Achievements to date:

- ❖ Established a programme and Board, and agreed governance and reporting structures.
- ❖ Established a comprehensive network of stakeholders.
- ❖ Established robust links to the Cancer Alliance, Transforming Cancer Services Team and East London Health and Care Partnership. Gained strong commitment from the London wide personalised cancer care sector to support the programme.
- ❖ Developed strong partnership with Barts Health who are the main acute provider for Tower Hamlets.
- ❖ Hosted a Theory of Change workshop and developed a Logic Model.
- ❖ Linked the programme to other transformation initiatives operating locally, regionally and nationally.
- ❖ Hosted five engagement workshops which were attended by 48 people affected by cancer living in Tower Hamlets. Produced thematically analysed insight reports for various audiences.
- ❖ Created a virtual network of people who want to be involved with co-production.
- ❖ Developed 5 case studies.
- ❖ Created a comprehensive asset map.
- ❖ Hosted an engagement event with 20 professionals who work with people living with cancer.
- ❖ Contributed to the Interim Evaluation Report.
- ❖ Established clear line of sight of all the transformation programmes with interdependencies to MLAPP; Information Advice and Guidance, Care Coordination, Adult Social Care, Social Prescribing.
- ❖ Commissioned the cancer health intelligence work and appointed a research analyst.
- ❖ Have agreement in principle from Adult Social care to include a mandatory field on Framework-i to capture whether a service user has cancer as their underlying health need.
- ❖ Begun to create an outline of a delivery model.
- ❖ Planning for the delivery of Cancer as a Long Term Condition (working title of CEPN training) progressing well.

3. Introduction: Macmillan Local Authority Partnership

Macmillan has developed a programme to build relationships with local authorities and other partners to develop new solutions. The Tower Hamlets Living with Cancer Programme, with a budget of a £1 million, is one of five Macmillan Local Authority Partnership pilots across England and Scotland. It will be developed and delivered over three years, having started in February 2018.

It aims to develop a model of service delivery in partnership with local authorities, local health partners, third sector, communities and people affected by cancer. By using local health intelligence, identifying assets and gaps, using people affected by cancers’ feedback

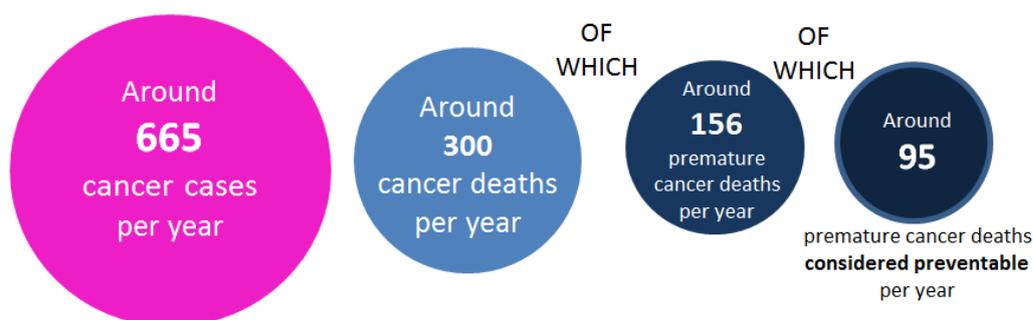
and harnessing sector wide expertise, the programme will ensure that everyone living with and beyond cancer can easily access all the support they require to meet their holistic needs - which in turn will enable them to live as well and as independently as possible and to die well at the end of their lives.

National context

Two million people are living with or beyond cancer in the UK. This figure will rise to 4 million by 2030. The number of older people (aged 65 and over) living with cancer has grown by 300,000 (23%) in the five years to 2015. By 2040 older people will account for 77% of all people living with a cancer diagnosis, an increase from the 2015 figure of 66%. The number of people who have survived five or more years since diagnosis has increased by over 260,000 (or 21%) in the five years to 2015. 50% of people with cancer in the UK now survive at least 10 years (April 2014).

Local context

Incidence and Mortality



Cancer prevalence in Tower Hamlets (TH): alive and registered with GPs on 1 April 2018: 4338 people, of which: 2,413 female, 1,925 male.

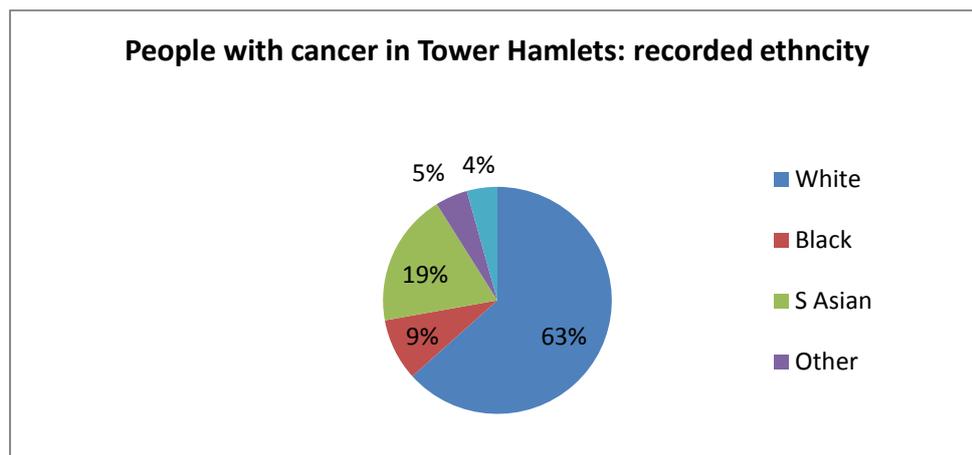
Multi-morbidity - 60% of females and 68% of males have at least one other long term condition in addition to cancer.

Co-morbidities (conditions are not mutually exclusive)

Male and female combined

Comorbidity	Number affected
Hypertension	1670
CHD	424
Diabetes	884
Active Asthma	356
Stroke	211
COPD	415
CKD	768
Heart failure	117
Bipolar	31
Depression	203
Anxiety	318

Cancer and ethnicity:



People affected by cancer in Tower Hamlets have relatively poor outcomes, survival rates are lower and mortality rates are higher than in England and London. This is likely to be linked to more cancers being diagnosed late and as emergencies, and people having other comorbidities, such as diabetes and cardiovascular disease.

4. Macmillan Local Authority Partnership in Tower Hamlets

In Tower Hamlets the potential for a MLAP Programme was explored through the Public Health division who created the partnership and made a successful bid for the funding from Macmillan. Subsequently the programme was established within Adult Social Care which sits within the same directorate as Public Health - Health, Adults and Communities Services. The MLAPP Programme Lead reports to the Interim Divisional Director of Adult Social Care whilst working closely with a range of Public Health colleagues, but particularly with the Healthy Adults Team. From the Public Health team, analysts and the programme lead who holds cancer in their portfolio continue to support the programme, especially around access to cancer health intelligence; and the Assistant Director for the Healthy Adults Team attends the MLAP Programme Board. The programme reports to the Promoting Independence Board of the Tower Hamlets Together Partnership as well as convening its own local Programme Board each quarter.

The initial thinking behind the MLAPP programme from the partnerships' perspective is outlined below. It was seen as an opportunity to:

- ❖ Test an approach of working with local authorities to support people living with cancer.
- ❖ Explore how acute, primary and community settings could work together to find solutions for more personalised support outside of a hospital setting.
- ❖ Test how amenable clinicians are to people living with cancer having their holistic needs assessed in the community; and how elements of the Recovery Package might be delivered in the community. Understand what the expectation is after an HNA is completed... what happens next?
- ❖ Explore how social prescribing supports the delivery of the Recovery Package (solution, reach, limitations) and what opportunities such a service provides.
- ❖ Look at how we might establish a network of support and care (perhaps closer to home) alongside a people living with cancer' clinical pathway and understand what coordination / navigation support is required.
- ❖ Bring together professionals who support or could support people living with cancer by working together, look at the different roles of professionals in different parts of the system (generic and cancer specific) and how these might work together.

- ❖ Understand whether what we have in place is working well and where we need to make improvements.
- ❖ Explore the barriers to people accessing services (location, language, perception, accessibility, lack of knowledge, complexity of the system).
- ❖ Understand why services don't work for people.
- ❖ Influence people to understand their role beyond their own organisation.
- ❖ Establish a better triage process which would help identify whether people can benefit from information, advice and guidance from Adult Social Care.
- ❖ Understand how health and social care could help identify people living with cancer who could benefit from reablement support at the right point in their treatment pathway.

5. Aims and objectives of the programme

- ❖ Provide access to a full range of psychosocial services within or outside of the borough to meet holistic needs.
- ❖ Streamline processes of assessment, care planning and access to required provision, focusing on what is important to people with cancer.
- ❖ Enable people to have choice and control over their treatment and care.
- ❖ Improve access to information, advice and guidance from point of diagnosis, through treatment, living with and beyond diagnosis and to end of life.
- ❖ Enable earlier access to support closer to home and in local communities.
- ❖ Improve pathways back into clinical services in the event of recurrence.
- ❖ Improve knowledge and understanding on how to live and stay well through self-management.
- ❖ Create a network of support for people living with and beyond cancer in their own community.

6. Wider needs of people living with cancer:

Research published by Macmillan Cancer Support 'Hidden at Home- The social care needs of people with cancer' highlighted the range of social care needs of people living with cancer. The research indicated that people living with cancer have practical, personal and emotional needs. These include needs relating to mobility, practical tasks and personal care.

Further information about the needs of people affected by cancer can also be found here:



[cured-but-at-what-cost-report_tcm9-295213.pdf](#)

[throwinglightontheconsequencesofcancerandthinking-differently.pdf](#)

Nuffield Trust Use of health and social care

7. Some of the questions we posed at the start of the programme to prepare for engagement and asset mapping:

- ❖ How are we assessing people's holistic needs?
- ❖ Where do we send them?
- ❖ Who are the professionals involved?
- ❖ How do teams and services interface with each other?
- ❖ What are the different systems that people enter and flow through?

- ❖ Where, when, how, and from who do they get information, advice and support?
- ❖ Do people know where and how to get support?
- ❖ Do they use the services available?
- ❖ Do the services meet their needs?
- ❖ What links exist between the hospital and the community?
- ❖ How are people prepared to look after themselves?
- ❖ Do people need care navigation or coordination?
- ❖ What do people use in their local community?
- ❖ Are non-cancer specific services aware of the consequences of treatment and late effects of cancer?

8. Local or national landscape /contextual issues to be aware of:

- a. There is a strong need to articulate how this programme will develop and sit alongside an already complex system of service transformation / review work going on:
 - i. through the Tower Hamlets Together Partnership
 - ii. within local health and social care integration and restructure
 - iii. through the development of the Locality Health and Wellbeing Committees
 - iv. via a review of the care coordination service
 - v. via a review of the social prescribing service
 - vi. via a review of the Information Advice and Guidance services
 - vii. through the *Tackling Poverty* agenda funded by the Mayor's office
 - viii. through the developments funded by the Cancer Transformation Fund via the Cancer Alliance and the STP
- b. Clarify how it will add value to existing services / arrangements and future plans e.g. plans in motion through the Cancer Transformation Funding (CTF) available via UCLH Cancer Collaborative, the STP's Living With and Beyond Cancer and End of Life Care plans, the local Macmillan and primary care social prescribing projects, the implementation of the Recovery Package by Barts Health hospital sites, cancer case management support for people with breast cancer on stratified follow-up pathway in north east London etc.
- c. Establish how this programme will link to work underway to meet the needs of people living with cancer with other long term conditions and complex health profiles in Tower Hamlets.

9. Programme set up and stakeholder engagement

- ❖ Developed relationships with key individuals in the Public Health and Adult Social Care teams (e.g. communications lead, data analysts, programme leads, senior managers) to start putting in some structure around the development and delivery of the programme and identify key allies.
- ❖ Engaged with Adult Social Care colleagues through the help of the principal social worker and the workforce development lead, met key staff members from a variety of teams, presented to their senior leadership meetings, met with individuals to map how their service works and explore where the gaps and opportunities lie for people living with cancer.
- ❖ Initiated discussions with Adult Social Care (ASC) Transformation Manager on whether cancer codes can be included within the ASC IT platform so that services users affected by cancer can be identified easily to track usage.

- ❖ Reviewed all current documentation relating to the programme and strategic plans in Tower Hamlets - (bid, partnership agreement, logic model, role description, Tower Hamlets Together Outcomes Framework, JSNA, Health & Well Being Strategy, interim review of Community Insights Programme etc.). Drafted key documents to support the programme:
 - Agenda for programme board
 - Draft terms of reference for programme board
 - Theory of Change session notes
 - High level project plan
 - Options for gathering health intelligence data
 - Outline of programme scope
 - Co-production and engagement options
 - Work-streams – options, membership and Terms of Reference
 - Draft governance and reporting structure
 - Risk log

- ❖ Recruitment - agreed changes to funding to create a programme coordinator role to support MLAPP. Recruitment began in July 2018 and candidate took up their post at the end of October 2018.

- ❖ Developed a comprehensive stakeholder list and met with key partners who were involved in the development of the Macmillan Local Authority Partnership bid to understand their expectations from the programme, their aspirations for Tower Hamlets, and where and how they might like to be involved.

- ❖ Reviewed all relevant Living With and Beyond Cancer documents from pan London programmes (Transforming Cancer Services Team) and the UCLH Cancer Collaborative. Met with Sharon Cavanagh, Macmillan Integrated Cancer Programme Lead for the UCLH Cancer Collaborative and Liz Price, Associate Director (Personalised Care for Cancer), and Transforming Cancer Service Team (TCST) London, to brief them on MLAPP and understand the context in which this programme sits. We agreed to share plans and attend the Alliance's Expert Reference Group for Living With and Beyond Cancer and the Pan-London Living with and Beyond Cancer Partnership Group. They raised a number of queries which has been at the heart of our discussions to date:
 - Adaptability and potential for replication elsewhere?
 - Degree of buy in from local authority (LA) and capacity within services to support people living with cancer?
 - Access to community assets (voluntary and community groups) to help with consequence and build resilience in people affected by cancer? Access to vocational rehab?
 - LA and wider workforce's understanding of cancer and its consequences? How they can support the Living With and Beyond Cancer agenda long term?
 - Potential MLAPP links to wider primary care, psychological support and rehabilitation projects across London?

- ❖ Publicised the programme through a range of channels:
 - Council website
 - All staff newsletter
 - Managers' briefing
 - Councillors' briefing
 - Newsletters and e-bulletins (CCG, community and voluntary sector forums and organisations etc.)
 - Community and Voluntary sector's channels
 - All social media channels within partner organisations

- ❖ Developed a good understanding of how the MLAPP programme has been established and developed across the different pilot sites. Reviewed their staffing arrangements, governance and reporting structures, operating systems and key programme documents (e.g. PID, communication and engagement plans, stakeholder maps, risk strategy, role descriptions for staff, etc.), to unpick what worked well, establish realistic timescales for completion of different phases of work and understand challenges and mitigations. Attended regular “Learn and Share” events with site leads, evaluation leads and Macmillan partners.
- ❖ Attended a number of organisational development sessions with the Tower Hamlets Together Partnership for the Promoting Independence work-stream which the MLAPP programme reports into. This helped socialise the programme with key stakeholders who will be a key in helping us develop and integrate future service models.
- ❖ Hosted a Theory of Change workshop to develop a logic model - 37 stakeholders from across Macmillan, TCST, East London Health & Social Care Partnership (ELHCP – the STP for north east London), Tower Hamlets CCG, Adult Social Care, Public Health, primary care, LA Commissioning, voluntary and community sector and UCLH Cancer Collaborative came together for the workshop on Friday 27th April 2018
- ❖ Met with Chris Banks, CEO of the GP Care Group. He outlined how GP practices are clustered in networks and localities, the recent changes in the teams who support practices (network managers, coordinators, and administrators), the role of the Primary Care Development Collaborative and the possible opportunities for MLAPP to link to the developments around the Locality Health and Wellbeing Committees.
- ❖ Received strong endorsement for the programme from Interim Chair of Tower Hamlets Together (THT) Partnership, Isabel Hodgkinson who is also on the CCG Executive Board and chair of the Primary Care Development Collaborative.
- ❖ Established a strong link to the East London Health & Social Care Partnership (ELHCP – STP for North East London), through Sue Maughn, Commissioning Director Cancer NEL who provides direction and oversight to the cancer programme in NEL. She is a member of the MLAP Programme Board. The Programme Lead joined the Living With and Beyond Cancer Strategy Group for North East London and contributed to their priority setting and planning around personalisation. Learning from MLAPP will feed into the ELHCP’s future plans around personalisation, social prescribing, and support for stratified follow up people living with cancer (breast, prostate and colorectal).
- ❖ Met with the Directors of Public Health and Adult Social Care and the Head of Integrated Commissioning to brief on progress and outline timescales for developing recommendations / commissioning intentions. We also agreed the timing of taking a paper to the Health and Wellbeing Board (later in 2019, with recommendations needing discussion and approval) and the THT Partnership. Have agreed to present at Public Health senior leadership meeting in spring 2019.
- ❖ Met with CCG project / programme leads for personalisation and long term conditions to understand what plans are currently in progress and how our aims and objectives might be aligned.
- ❖ Attended (and or hosted) the following regular meetings and one off events:

- Last Year of Life (LYOL) Steering Group – members of this group will help design aspect of the provision needed for those needing palliative / end of life support.
- End of Life (EoL) Champions' Group – as above.
- Tower Hamlets Cancer Strategy Group – this group has enabled the programme to be a part of the planning and development of local initiatives, support scoping and asset mapping and will be critical to development of the service delivery model.
- UCLH Cancer Collaborative – Living With & Beyond Cancer – Expert Reference Group (LWBC ERG) – as above.
- Pan London Living with and Beyond Cancer Partnership Meeting with Transforming Cancer Services Team (TCST) – to share local learning and connect with initiatives being developed elsewhere.
- Attended the Tower Hamlets Social Care Pan Providers' Forum – this provided an opportunity to become familiar with CVS organisations who are commissioned by Adult Social Care to deliver a range of services.
- Social Prescribing Partnership Group – to shape and influence future commissioning of this service.
- Tower Hamlets Allied Health Professional's Professionals' (AHP) Conference - led by an Occupational Therapist in Adult Social Care. It was an opportunity to understand how they support people living with cancer in hospital, community and home settings, and also highlight the MLAP Programme's aims and identify potential stakeholders. We made contacts with staff who can advise on home adaptations; work with the reablement service and housing teams.
- Hosted the Macmillan Networking Breakfast Meeting - a well-attended session which enabled asset mapping, helped us understand current and emerging issues around funding, agree next steps on how to engage people living with cancer and carers and develop case studies.
- Attended the Barts Recovery Package Implementation Group to explore the challenges and opportunities of undertaking holistic needs assessments and hosting Health and Wellbeing events.
- Joined the Macmillan London Recovery Package Community of Practice.
- Attended the LBTH Manager's Conference.

10. Engagement with Barts Health

- ❖ Established strong relationships with the Recovery Package Manager, the Cancer Patient Experience Lead and the Macmillan Director of Nursing for Cancer & Palliative Care/Senior Lecturer, who is the vice-chair of the Tower Hamlets MLAPP Programme Board.
- ❖ Attended a two day workshop with Clinical Nurse Specialists (CNSs) from different tumour types to explore how personalised care and support is provided, and where there are opportunities to look at other roles and ways of working. (Awaiting notes from the session and outcome from the national programme work using the Calderdale Framework.)
- ❖ Agreed to host a session with CNS colleagues to process map holistic support pathways for people living with cancer – extending from the hospital out into the community.
- ❖ Started to look at logistics of holding Health and Wellbeing Events in the community in Tower Hamlets.
- ❖ Started to explore how we might engage with clinical teams in the Trust and link with the Recovery Package and Patient Experience Implementation Groups when looking at options for a future service.

11. Engagement with primary care

- ❖ Attending the Tower Hamlets Cancer Strategy Group chaired by the Macmillan Lead GP.
- ❖ Co- created training needs assessment and session plan for primary care and wider workforce on 'cancer as a long term condition'.
- ❖ Contributed to the Network Incentive Scheme (NIS) enabler for primary care to assess the quality of Cancer Care Reviews (CCR).
- ❖ Discussed options for engaging GPs. The aim is to gather qualitative feedback from GPs on supporting people living with cancer and undertaking CCR.
- ❖ Attended two of the eight local health and well-being committees to raise the profile of the programme.

12. Engagement with professionals supporting people affected by cancer

Hosted an engagement event with 20 professionals from a range of agencies (Barts Health, Macmillan Information and Support Managers, St Joseph's Hospice, Macmillan Social Prescribing, Maggie's Barts, Trekstock, CLIC Sargent etc.) supporting the holistic needs of people living with and beyond cancer to.

The aims of the session were to:

- Gather insight on services available and gaps in provision
- Assess how different parts of the system work together
- Understand where we could improve connections and communication across agencies
- In future, where would we intervene and invest?

Please see attached session plan and associated slides:



Slides - 20 March -
professionals engagen

13. Engaging people affected by cancer:

- ❖ Mapped out our options for engaging people affected by cancer, begun compiling a list of organisations, groups / forums, services and individual engagement specialists available to support this work-stream.
- ❖ Reviewed all council communications, engagement and co-production strategies, plans and frameworks.
- ❖ Developed a topic guide and questions for focus groups and engagement workshops.
- ❖ Agreed the number of engagement sessions to be supported by Macmillan Engagement Lead for North East London.
- ❖ Attended the Health and Wellbeing Forum hosted by Tower Hamlets CVS to highlight our plans to engage local residents and garner support. THCVS set up a page on their website about the programme and helped push out regular communications to their wider network.
- ❖ Created publicity flyer advertising the opportunity for people affected by cancer to get involved. Sent to a range of organisations (e.g. CVS, newsletters, partner organisations, engagement leads in the CCG, ELFT etc.). Promoted through social media platforms.

- ❖ Met with Zack Ahmed, Coordinator for the Community Insights Programme in Public Health and Xia Lin, Research & Evaluation Manager at Toynbee Hall to discuss existing insight sources and options for further engagement work i.e. approaches, timelines, questions, topic guides, location, briefing of community insight researchers etc.
- ❖ Created a database for people affected by cancer who would like to join our network/ mailing list – to receive invites to engagement sessions, and updates on the programme etc.
- ❖ Planned and delivered 1 day training to Community Insight Researchers who helped facilitate specific sessions.
- ❖ Case studies – 5 written up and 3 under development. Have requested further case from adult social care to illustrate when and how people living with cancer have accessed Adult Social Care and Barts Health.
- ❖ Please see attached – brief insight report, engagement plan update for board, engagement delivery plan, topic guide, demographic profile:



Insight from people affected by cancer - hiupdate



3a. Engagement - 25 Feb Prog



5. Engagement Plan - 10 Dec Prog



St Joseph's Hospice focus group questions



Demographic data - anonymous.xlsx



4b. Housing - update for PI Board and PSM

14. Engagement with organisations, wider systems, transformation leads: analysis

Held a series of meetings with a variety of teams and service managers within a range of organisations across the sector to understand how they currently support people affected by cancer. Information gathered is being captured in a data base, which when complete will be shared with organisations and agencies for accuracy checking and further input.

Asset type: organisations, services, individuals, systems and processes

Sources: directories, face to face meetings, reports

Location: in and out of borough, those based around hospitals

Map to: concerns check list / HNA

Classify across different phases of treatment:

- Receiving a cancer diagnosis
- Starting and going through treatment
- Finishing treatment and recovering
- Cancer in incurable but treatable
- End of life - dying

Please see attached a list of organisations and transformation programmes mapped to date:



List of services - asset mapping.docx

15. Cancer Health Intelligence work

- ❖ Drafted service specification for Cancer Health Intelligence work.
- ❖ Attended a meeting with the Clinical Excellence Group (CEG) to review and agree the data requests made for MLAPP, clarify the data sets available currently through the East London data base and those which will have to be extracted from EMIS, agreed the logistics of how and when this data will be made available
- ❖ Appointed a health intelligence analyst to draft a report outlining the narrative to go with the data.

16. Programme Evaluation

- ❖ Reviewed programme level and proposed local level evaluation framework developed by SCIE / SQW for the Scottish sites.
- ❖ Hosted the first Measuring Impact work-stream meeting – discussed existing evaluation framework and aspects which need amending to reflect local context and arrangement (detailed notes of session available).
- ❖ Took part in an interview with the evaluation lead and contributed to the Interim Evaluation Report.

17. Developing training for cross sector workforce: ‘Cancer as a long term condition’

- ❖ Co-wrote an application to CEPN to secure funding from Health Education England (HEE) to run training sessions for the wider cross sector workforce (e.g. social workers, mental health and community health services teams, social prescribers, navigators, pharmacists, hospital based support staff, district nursing etc.) on cancer as a long-term condition and how to have good conversations. Initial plans involved hosting 4 half day sessions to be held over spring / summer 2019, delivered by a multi-disciplinary team, using patient case studies to drive the learning and discussions.
- ❖ Met with Sarita Yaganti, Cancer Strategy Implementation Lead at Transforming Cancer Services Team (TCST) for London, to find out more about the training package being developed by them to enhance primary care’s understanding of cancer as a long-term condition, how to undertake Cancer Care Reviews and improve patient outcomes and experience.
- ❖ Met with Anne Page, Lead for Workforce Strategy in Adult Social Care to explore options for undertaking a training needs assessment (TNA) with social care staff and encourage them to attend the training.
- ❖ Have completed and circulated the TNA and have begun planning session content with Macmillan GP and TCST. Have developed 5 patient case studies.



TNA - final draft.docx

18. Training sessions & external events:

- ❖ JSNA training - delivered by Public Health
- ❖ Tower Hamlets Together (THT) Quality Improvement methodology (QI) Session for Promoting Independence work stream
- ❖ Data sources and introduction to statistical metrics – delivered by Public Health
- ❖ Induction on the Care Act – delivered by Adult Social Care

- ❖ “Presenting data and data visualisation” – delivered by Public Health
- ❖ “Influencing & Negotiation Skills”- delivered by Macmillan
- ❖ “AHP into Action – Supporting People Living with and Beyond Cancer” – National Conference
- ❖ “Coaching for Health and Well Being Training” – 2 day training funded by Adult Social Care.
- ❖ ‘Meeting the changing needs of people living with cancer’ - The King’s Fund & Macmillan conference
- ❖ ‘Pragmatic public health research, monitoring and evaluation’ – 6 session evening course delivered by Queen Mary University London (QMUL).

19. Reflections on asset map

Emerging themes from our asset mapping exercise:

- ❖ Sharing of information is an underlying problem, which makes it hard to ensure an integrated approach.
- ❖ The funding of some key assets due to end this year (e.g. Macmillan Social Prescribing service, Toynbee Hall Macmillan Welfare Benefits and Advice service, Macmillan Live Well and Information Support Service at St Joseph’s Hospice).
- ❖ There is no cancer-specific peer support group hosted in the borough (there is a bereavement group in Poplar). St Joseph’s Hospice is the only organisation to run cancer support groups outside of a hospital setting in east London. It is currently searching for alternative hosts, for when funding ends.
- ❖ There is a lack of coordination, which means that care is not seamless for the person living with cancer. This lack of coordination exists:
 - Between cancer-specific services and generic health and wellbeing services
 - In the transitions between teams, and at the end of treatment
 - Between different teams and different sectors
- ❖ Care navigation support is only available to a defined group of patients included in the Integrated Care Pathway cohort (with a dementia diagnosis, on the palliative care register, living in a care home, or a discretionary 12%).
- ❖ There is inconsistency and variation in:
 - Whether people’s needs are identified at the right time
 - Ability to access existing support
 - The quality of this support
 - How Holistic Needs Assessments (HNAs) are done, and the extent to which care planning is personalised
 - How well information is shared between the key professionals and family who form a ‘team around the person’
- ❖ A huge amount of knowledge is required in order to effectively provide personalised and coordinated care:
 - Knowledge of the holistic needs of people with cancer, and of cancer as a long term condition
 - Knowledge of what’s available for people in their local community
 - Knowledge of how professional roles can work together, and of how different parts of the system work
 - Knowledge of the broader health and wellbeing services that could offer useful support.
 - Adult social care is an area that other professionals commonly report a lack of knowledge on how and when to refer.
- ❖ Communication between the hospital and GPs - it’s unclear what proportion of patients’ treatment summaries are being shared with GPs to enable personalised care in the community.
- ❖ Cancer Care Reviews by GPs are no longer incentivised through payments. There is no data on quality, impact, or frequency of these reviews. Insight suggests that patients are not getting the support they would like to receive.

20. Challenges and Learning - Reflections

- ❖ There were significant challenges around identifying operational leads to set up and progress activities within each identified work-stream. At the start it would have been helpful to have greater clarity on the exact contributions the different partners would make to help develop and progress the programme; this has been a work in progress.
- ❖ Agreeing the support and staffing required to manage and develop a programme of this nature was time consuming and convoluted; learning should be used to shape future initiatives.
- ❖ The programme board consists mostly of senior members of the partner organisations with less operational staff being involved , so they have not always been able to provide the level of input required to progress activities at different phases
- ❖ At the start there was lack of clarity on how this programme would develop and dovetail with other transformation programmes within Tower Hamlets, across North East London Health and Care Partnership (STP), across NEL and NCL Cancer Alliance Footprint. This has required significant oversight and management by the programme lead.
- ❖ There is a lack of clarity on a) how learning from phase one of the programmes will be used to develop commissioning intentions and b) how we ensure we fit in with the Integrated Commissioning Team's timescales for commissioning and procuring new services to improve outcomes for people affected by cancer. Further discussions need to take place with commissioning leads to manage this risk.
- ❖ "Cancer Health Intelligence Report" was delayed due to lack of capacity and clarity as to who will undertake the different segments of work; there were unrealistic expectations on what was feasible from within the Public Health resources.
- ❖ Attracting people affected by cancer to join the co-production group to be involved fully at each phase of the programme, has been difficult, so we have agreed to have a flexible approach by maintaining a virtual network of people who can be called upon to join activities as and when required.
- ❖ We set unrealistic time frames for the delivery of each phase of the programme, whilst not being resourced and supported in the same way as the sites in Fie, Dundee and Durham, to enable us to deliver. Plans have been reviewed and adjusted and more resources are being sought through dialogue with Macmillan.
- ❖ We don't have enough information through asset mapping and system mapping to understand: how much each service is being used, the quality of the services, accessibility and impact on patient / care experience.
- ❖ We have limited understanding of how patients flow between different parts of the system and across sectors so we need to undertake some process mapping.

Tower Hamlets Living With Cancer Programme

Macmillan Local Authority Partnership



Zereen Rahman-Jennings, Macmillan Living with Cancer Programme Lead

Becky Driscoll, Macmillan Living with Cancer Programme Coordinator

Health and Wellbeing Board, Monday 13th May 2019



Video clip – setting the scene

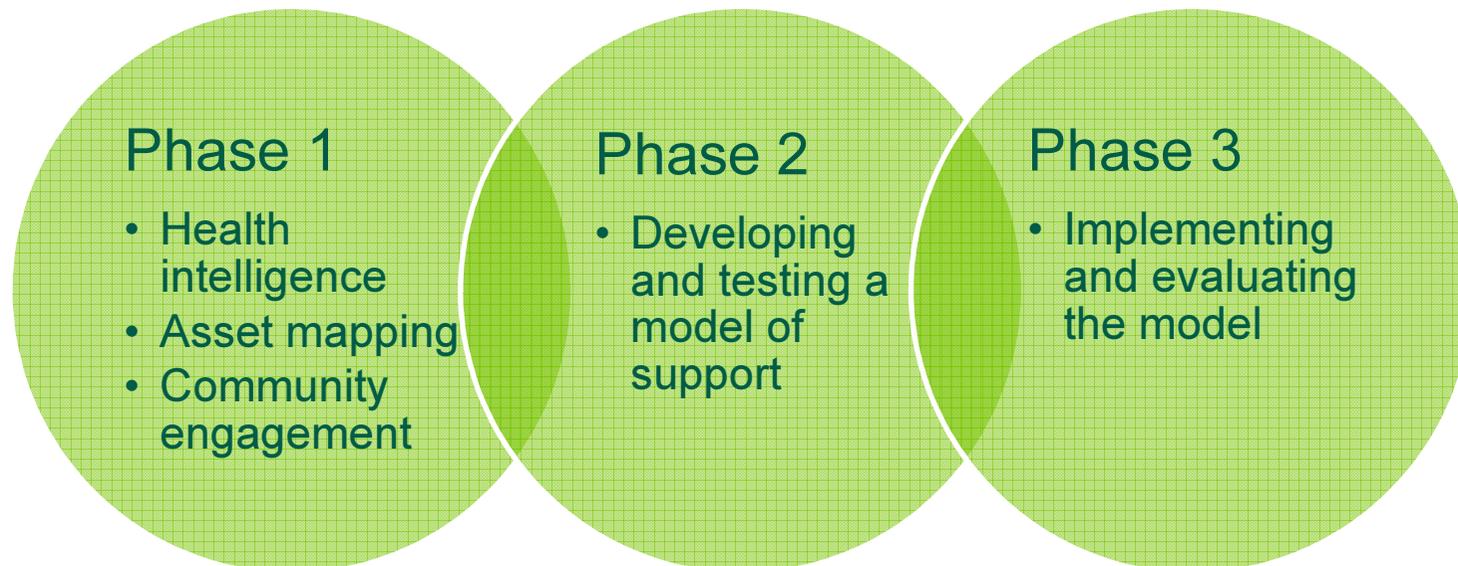
<https://vimeo.com/239621401>

What is the Tower Hamlets Living with Cancer Programme?

A £1 million partnership between Tower Hamlets Council and Macmillan, also involving NHS and voluntary sector partners.

The partners will:

- Co-design new services and support
- Achieve a more joined up approach between existing services and systems
- Ensure this is sustainable

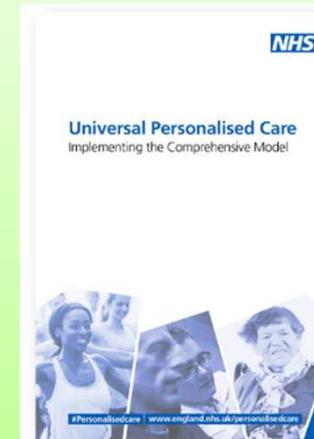


Alignment with national and local strategy

Macmillan 'Right by You'

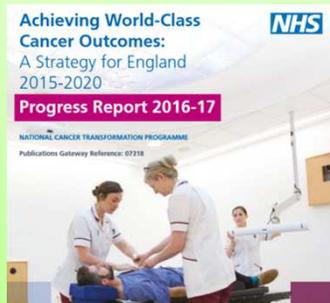


NHS Personalisation agenda



Tower Hamlets Living with Cancer Programme

National Cancer Strategy 2015-20



LBTH local transformation:

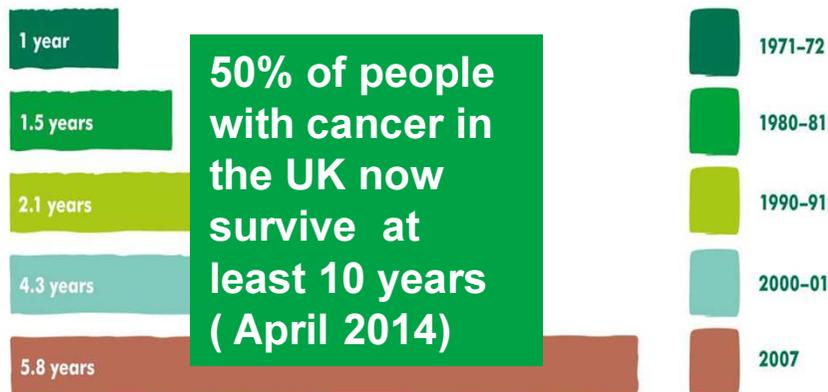
- Information, Advice and Guidance
- Adult Social Care
- Social prescribing
- Care coordination

Why is this important?

Increasing number of people living with cancer, for an increasing number of years

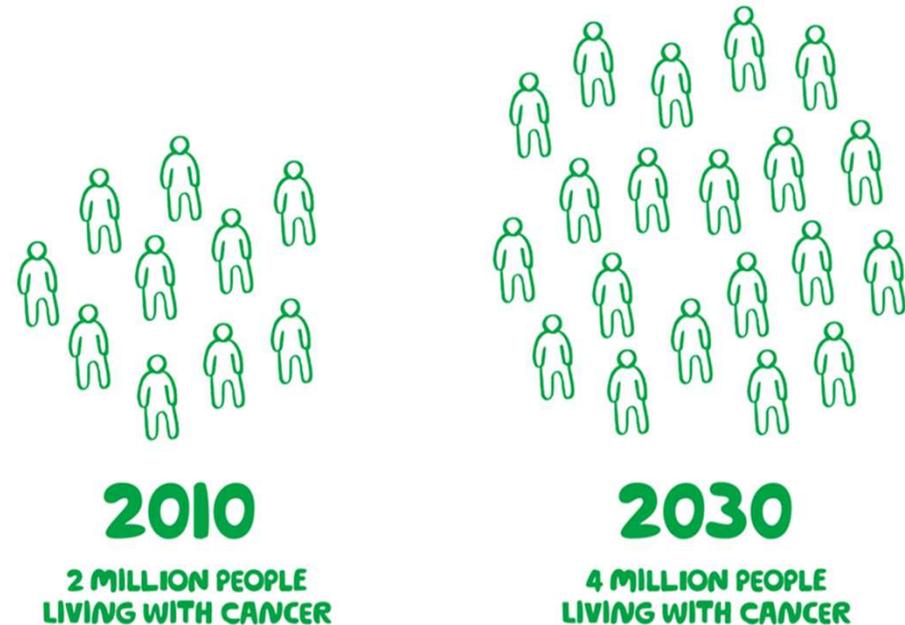
- Cancer needs to be recognised as a long term condition
- Not everyone has a good quality of life – many long term consequences
- 72% of people living with cancer in Tower Hamlets have another long term condition

Median survival time (years) by period of diagnosis, all cancers¹



Many of the patients diagnosed in 2007 will survive substantially longer than the predicted six years.

¹ Data are for adults aged 15-99 diagnosed in England and Wales. 2007 data are predicted survival estimates. Prostate and Bladder cancer are excluded. See Appendix 1 & 2 for full details.

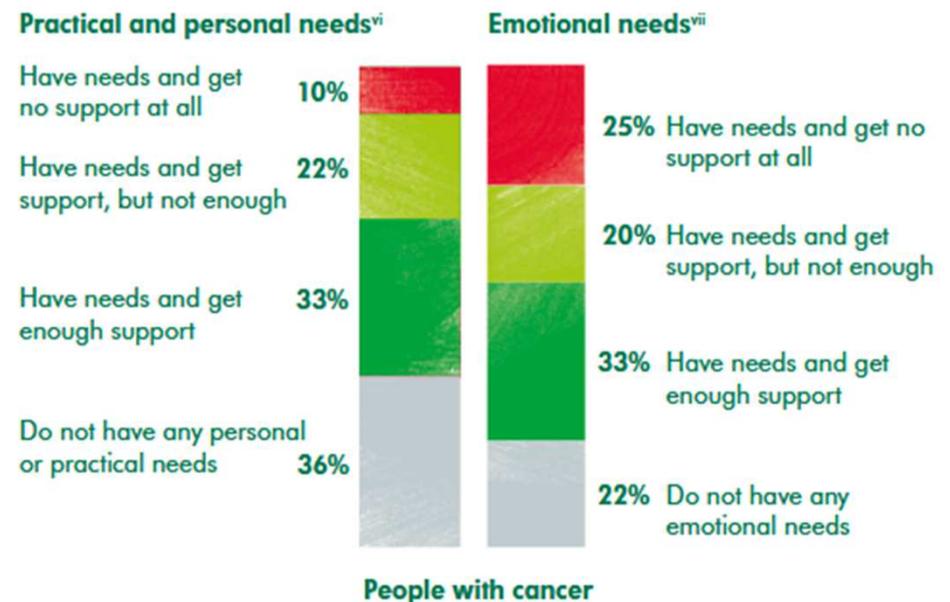


Why is this important? - evidence

Evidence from the Nuffield Trust shows that 15 months after diagnosis, cancer patients have:

- 60% more A&E attendances
- 97% more emergency admissions
- 50% more contact with their GPs than a comparable group.

Macmillan's evidence on the social care needs of people with cancer:

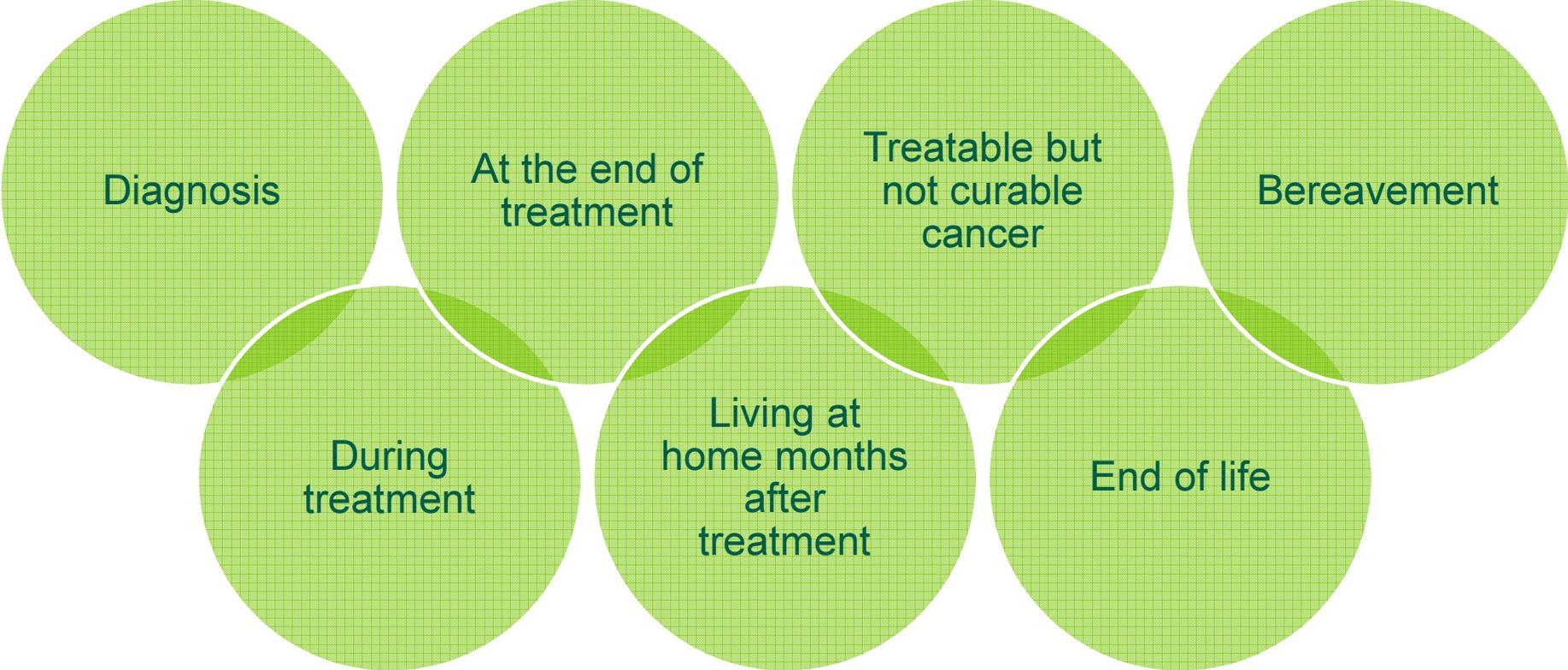


References and online links:

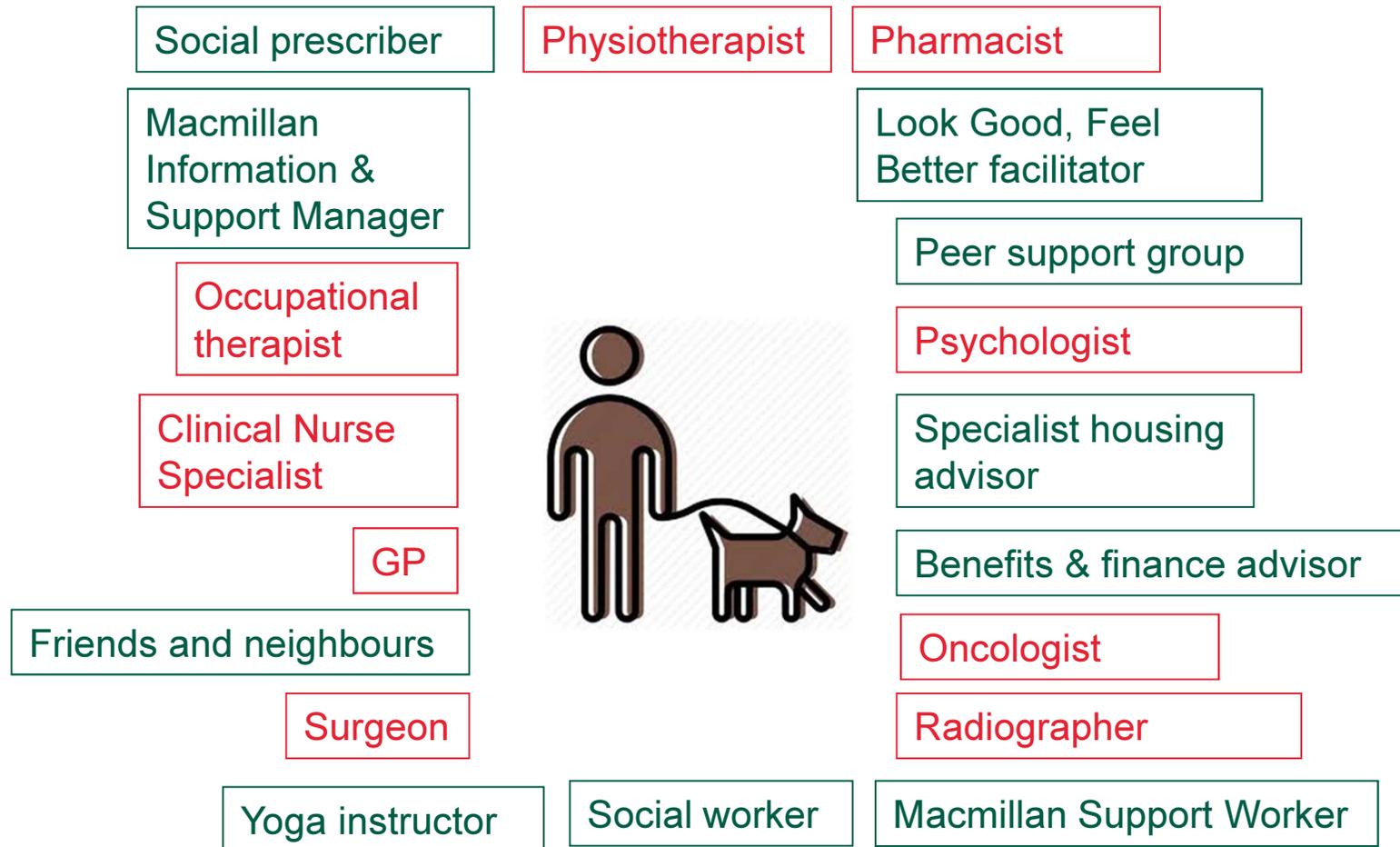
1. Chitnis X, Steventon A, Glaser A and Bardsley M (2014) Use of health and social care by people with cancer. [Research report. Nuffield Trust.](#)
2. Hidden at home – the social care needs of people with cancer (2015). [Research report commissioned by Macmillan Cancer Support.](#)

Our findings and reflections from insight gathering and asset mapping to date...

People need support at the right time, and their needs change over time



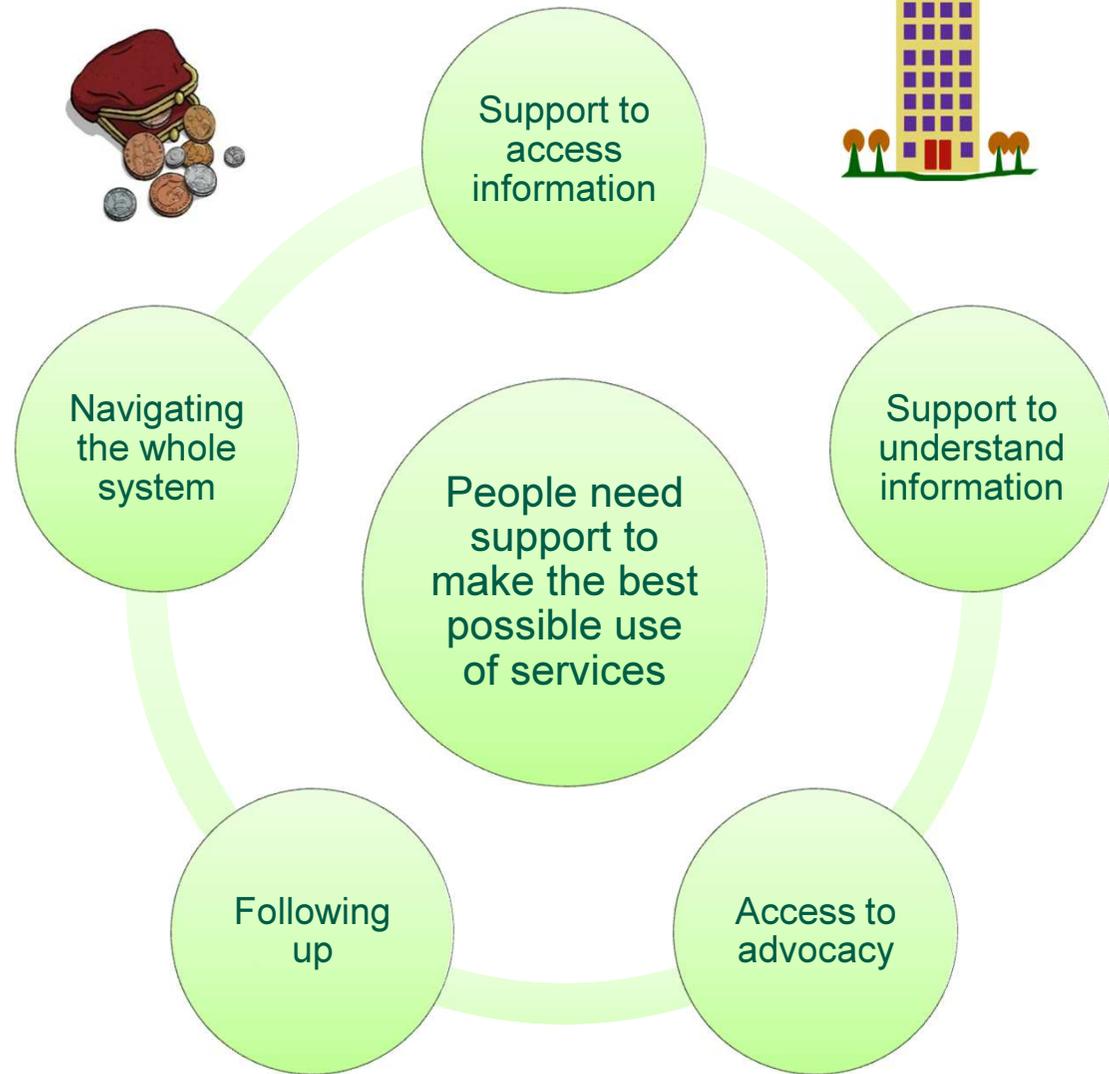
The team around the person



People face challenges in accessing support

Headline findings from insight from 48 residents:

- People not asked about their holistic needs systematically.
- Most felt unprepared for “the end of the sausage machine” and for long term consequences of treatment – many experience depression / low self-esteem for months and years.
- Impact on housing and finance can be severe – people who rent privately are particularly vulnerable; welfare system complex to navigate.
- Social isolation / loneliness – participation in community activities requires a level of physical and emotional wellbeing.



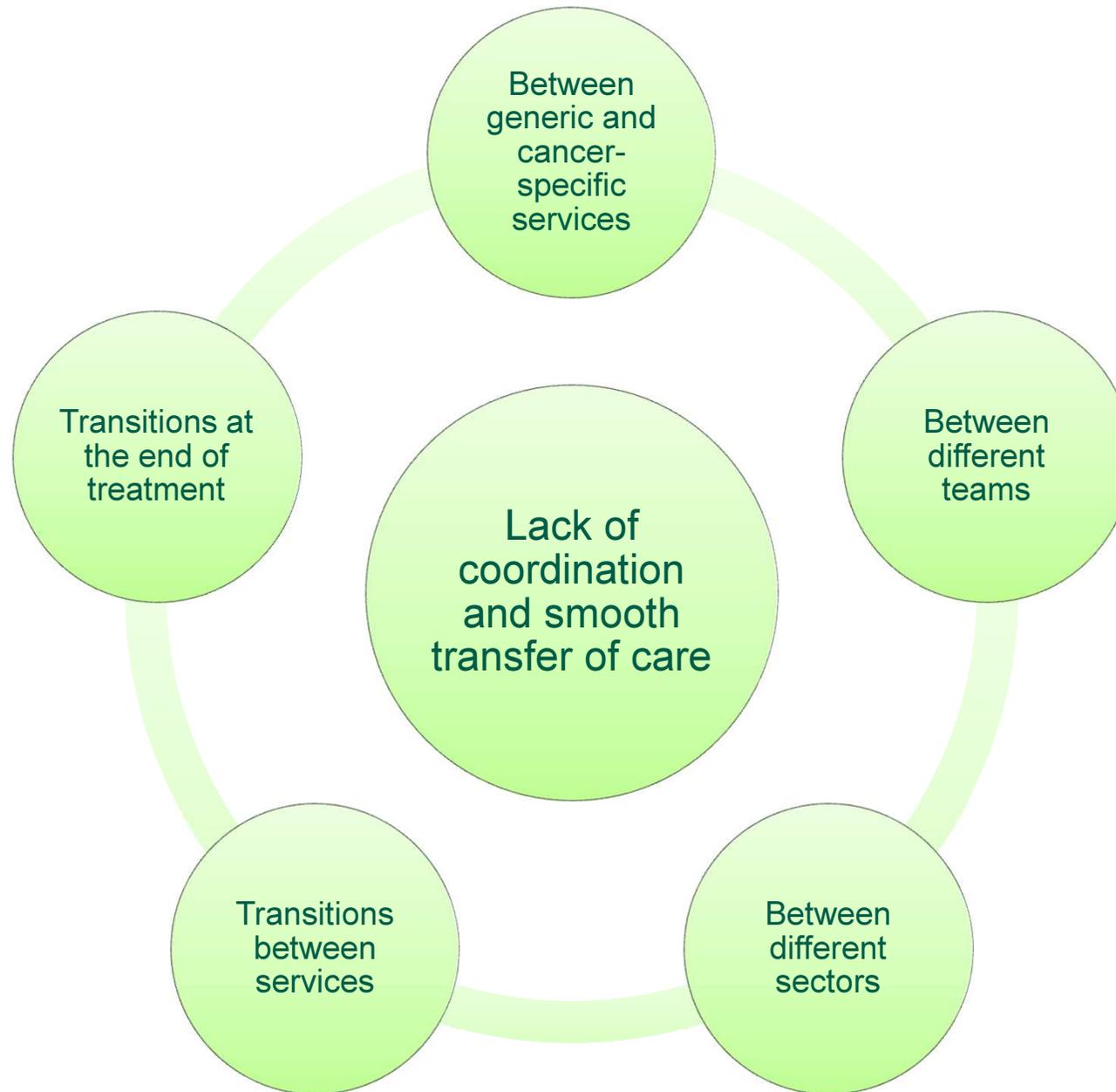
What people need to know to give help and get help:



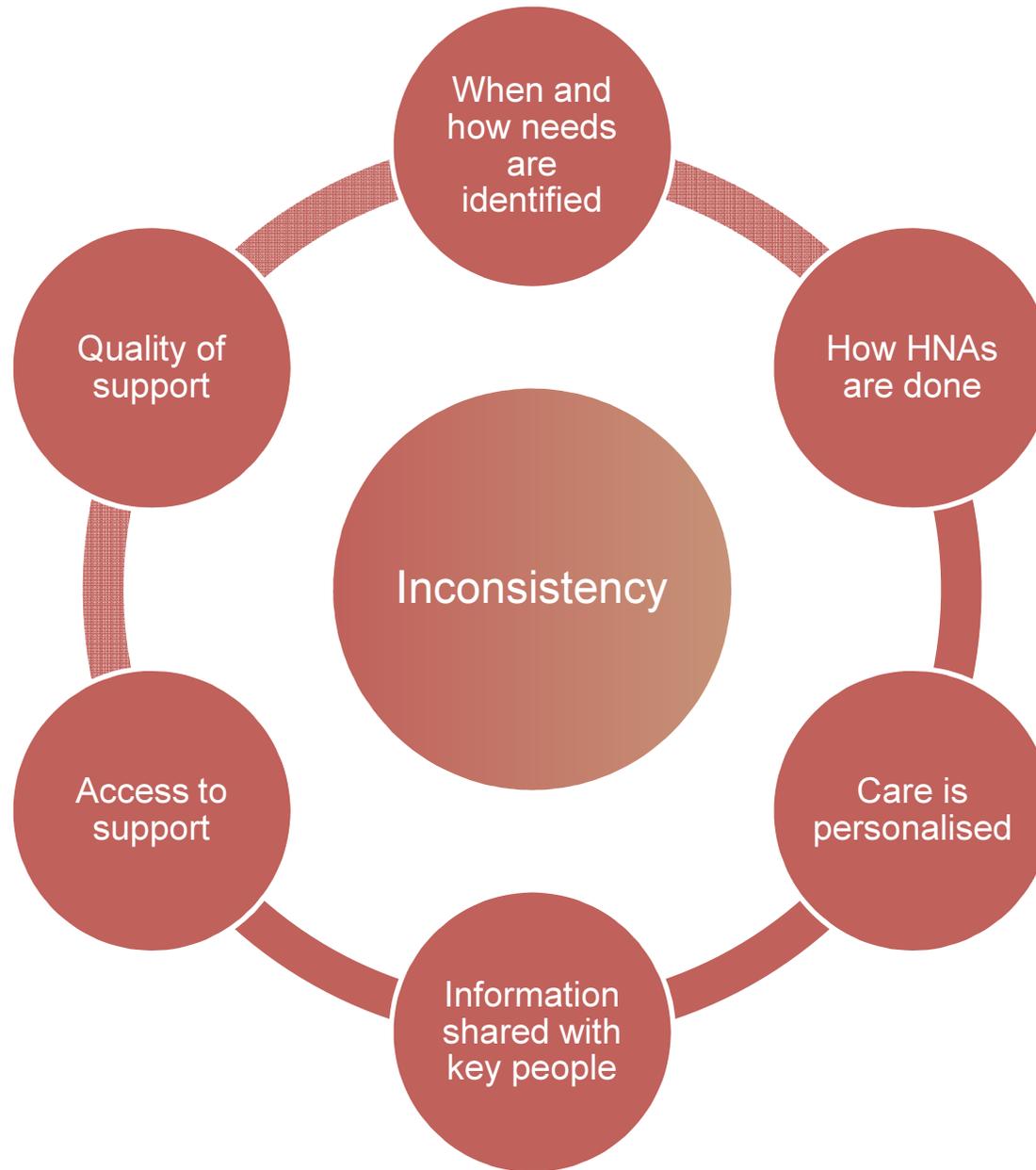
Solutions – increasing knowledge



People do not have a seamless experience of care:



People face inconsistencies:



Solutions – identifying and supporting people's holistic needs

Holistic Needs Assessment (HNA)

- Undertake HNA at diagnosis for every person with cancer.
- Establish if the person has any other co-morbidities for which they are being monitored.
- Create a personalised care and support plan – establish their level of need, support requirements, and 'activation'.
- Understand a person's network of support, and establish family / carers' needs - or if they are alone.
- Establish if a person has additional support needs, e.g. interpreter, advocacy, learning disability.
- Ask all patients about employment, finance, housing, and pro-actively provide information about available advice & support.
- Seek consent to share information with key professionals / team around the person.

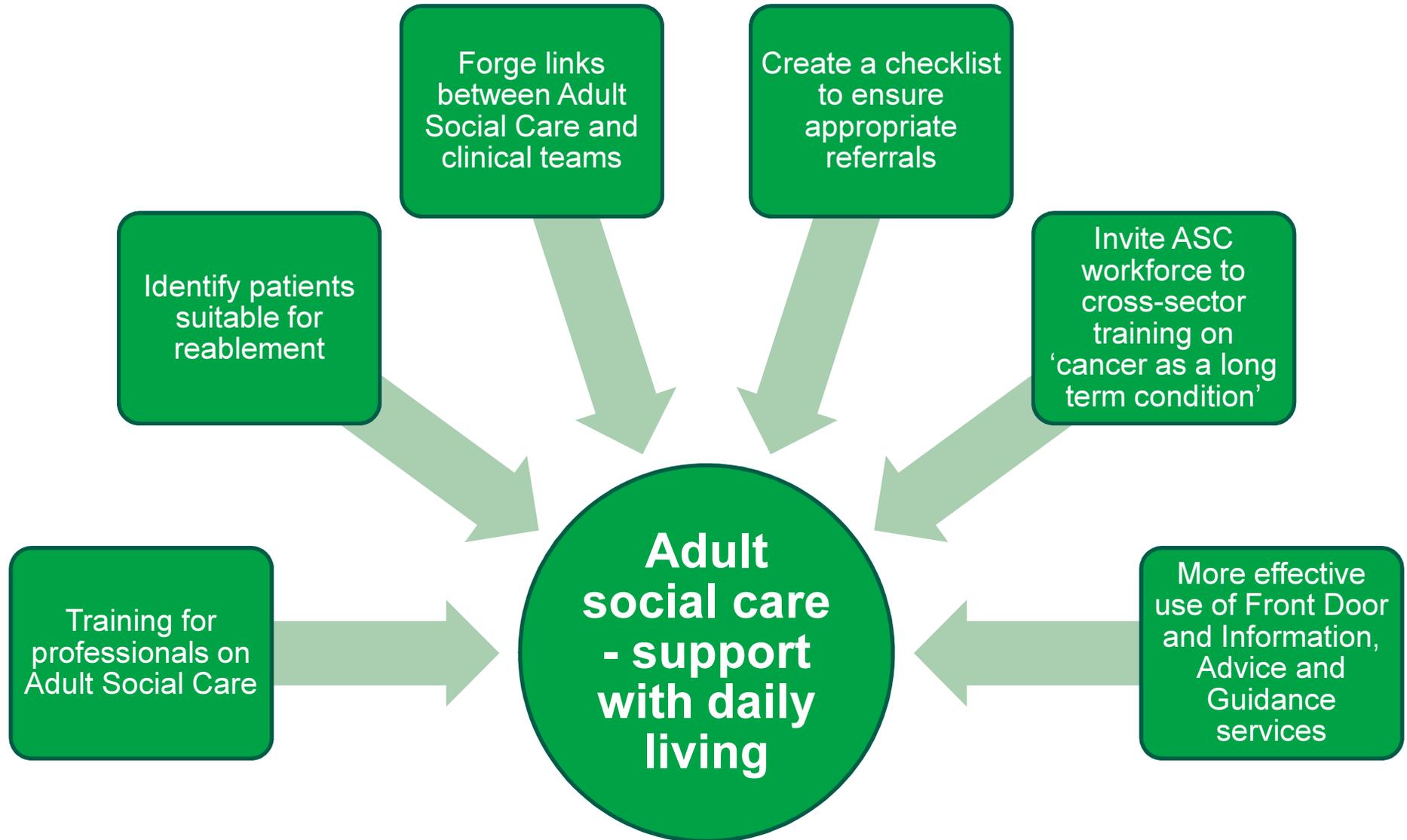
Case management

- Link people to the Macmillan Information and Support Service.
- Link people to relevant support groups, and link carers to relevant services.
- Identify all professionals involved, e.g. generic social prescribing, housing, care navigation.
- Identify the key agencies in the team around the person that we need to liaise with.
- Pass on clinical concerns to the clinical team / CNS to follow up.
- Depending on tumour type, identify whether the patient is likely to be on a stratified follow-up pathway.
- Update the GP and other professionals, share the care and support plan.
- Follow up signposting and referral to other services, to ensure uptake and impact.
- Follow up with the patient after an agreed period of time, to see how things are progressing.
- Provide feedback on progress to all relevant professionals.

Primary and community care

- Establish support needs at the end of treatment – repeat HNA / undertake non-clinical element of Cancer Care Review.
- Follow up with the GP.
- Follow up any referrals into community health services or other services outside the hospital, e.g. IAPT, lymphoedema, housing.
- Check whether an assessment for adult social care was deemed appropriate / necessary.
- Check whether the person is vulnerable (e.g. lonely and experiencing low emotional wellbeing) – refer to appropriate support, e.g. support groups, befriending, Compassionate Neighbours, community activities – through Poplar HARCA, Ideas Stores etc.
- Follow up and discharge the person via agreed process, and inform the team around the person.

Solutions – early access to adult social care



Quick wins:

- Cancer peer support groups in the community
- Provide support flexibly, e.g. through multiple locations
- Coordinate HOPE (Help to Overcome Problems Effectively) self-management courses
- Health and Wellbeing events in the community
- Training on cancer as a long term condition

Thank you for listening.

Any questions...?

Agenda Item 4

Non-Executive Report of the: Health and Wellbeing Board Monday 13 May 2019	 Tower Hamlets Health and Wellbeing Board
Report of: Debbie Jones, Corporate Director - Children and Culture Denise Radley, Corporate Director - Health, Adults and Communities	Classification: Unrestricted
SEND Improvement Update	

Originating Officer(s)	Tricia Boahene, Senior Strategy and Policy Manager – Senior Strategy and Policy Manager
Wards affected	All wards

Executive Summary

This report has been produced to provide an update regarding:

- SEND inspection preparations
- Governance
- Progress against the SEND review
- SEND demand and financial pressures
- Data and intelligence
- Next steps

This report originates from the SEND Improvement Group and on its way to the Health and Wellbeing Board has been discussed at Tower Hamlets Together and Born Well Growing Well.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the contents of the report.
2. Provide feedback and direction to the SEND Improvement Group on points raised

1. REASONS FOR THE DECISIONS

- 1.1 The Health and Wellbeing Board has ultimate oversight of the developing SEND system and therefore need to be satisfied that they are happy with the reports they receive from the SEND Improvement Group and are confident that they have a good understanding of strengths and areas for development.

2. ALTERNATIVE OPTIONS

- 2.1 This is not applicable as this is an update report on the SEND improvement work.

3. DETAILS OF THE REPORT

3.1 SEND INSPECTION PREPARATION

- 3.1.1 Following the SEND review in November 2018, a decision was taken to fundamentally change how we have been developing the Self-Evaluation Framework (SEF) to make it easier to follow and understand. To that end, a new draft SEF is being developed. The document begins with a historical narrative about our SEND improvement journey up until the end of 2018. Work is in train to make the narrative punchier and accurately reflect the social care element of this journey.

- 3.1.2 The new SEF—organised around the three key questions of the inspection—begins from January 2019 as the reference point. To keep the SEF current, updates provided to the bi-monthly SEND Improvement Group will be used as a basis for timelier self-evaluation than was occurring with the old SEF.

- 3.1.3 A flow diagram has been drafted to clarify the inspection process from the point that the Corporate Director for Children and Culture receives the initial Ofsted call, including actions to be taken by key individuals (Appendix 1). A similar process diagram is planned by the CCG.

- 3.1.4 Email templates have been produced to be circulated to staff when the Corporate Director for Children and Culture receives the call from OFSTED to announce the inspection. A spreadsheet has been produced listing the full contact details of all staff likely to be involved and is organised into email recipient groups. This will be updated on an ongoing basis. Logistical leads for the inspection have been identified in the local authority and the CCG in the event that a local area inspection is announced.

3.2 GOVERNANCE

- 3.2.1 A governance structure has been agreed and a detailed overview of how the various groups are expected to work together is attached (Appendix 2).

- 3.2.2 The structures and reporting are yet to embed, and this is the next area of challenge for the SEND Improvement Group. This report is the first of its kind from the SEND Improvement Group, using the new reporting structure to

disseminate information. This will happen on a quarterly basis up to Tower Hamlets Together with bi-annual reports going to the Health and Wellbeing Board. Discussions are in the pipeline to ensure better oversight of the various sub-groups sitting below the SEND Improvement Group.

- 3.2.3 A secondary part of this work is to ensure that the right people are attending the right meetings, to reduce the duplication which colleagues are experiencing when they attend. It should also help to facilitate timelier decision making.

3.3 PROGRESS AGAINST NOVEMBER 2018'S SEND REVIEW

- 3.3.1 Following the SEND review, an action plan has been developed which looks at addressing the areas of concern outlined by the former-HMI alongside actions which have been agreed and laid out to deliver on the SEND Strategy (Appendix 3).

- 3.3.2 The resulting action plan is owned by the SEND Improvement Group, who focuses on the system-wide issues captured in the action plan on a bi-monthly basis. At each bi-monthly meeting colleagues are required to provide an update on progress and offer a RAG rating; to date reporting has been inconsistent as some leads have not engaged consistently.

- 3.3.3 Moving forward, the fortnightly SEND Progress Group (who are acting as a proxy for the SEND Improvement Group to drive forward work between meetings) will continue to invite key lead officers to provide progress updates and monitor activity to ensure it is progressing to timescales. In preparing for the SEND Progress Group, leads are required to provide written updates on activity and these are fed into the SEND action plan, where recommendations will be rag-rated on a monthly basis.

3.4 DEMAND AND FINANCES

- 3.4.1 In Tower Hamlets we have had changing SEND populations which will inevitably impact on the costs which are incurred by services. The population changes in SEND are relatively straightforward. The number of pupils with Education, Health and Care plans (EHCPs) / statements increased by 35.4% between 2013/14 and 2017/18.

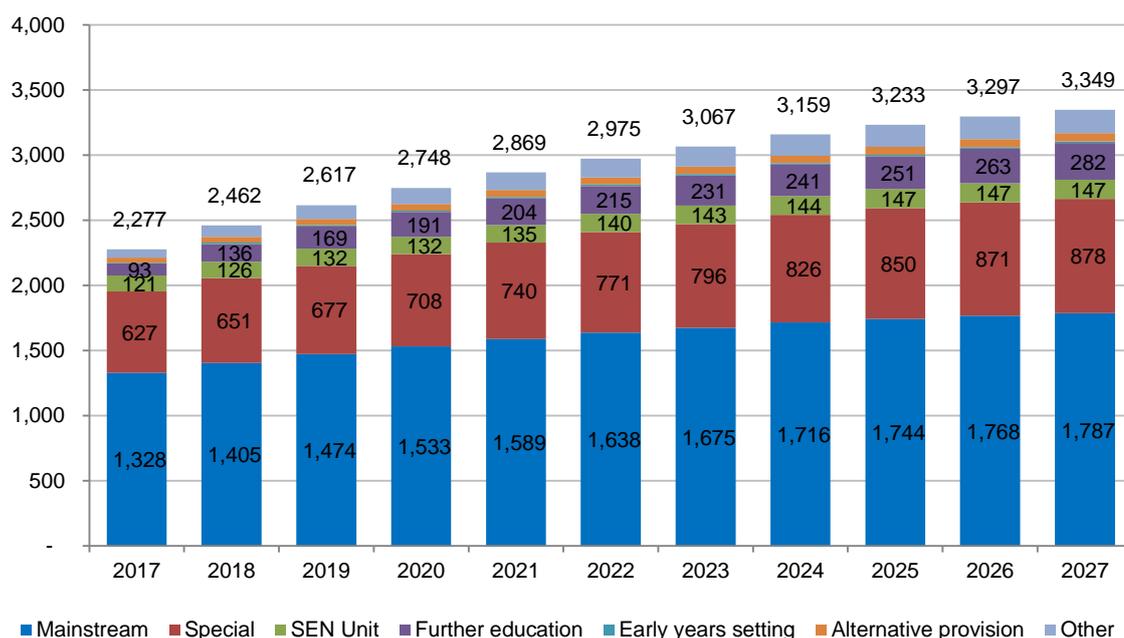
	2013/14	2014/15	2015/16	2016/17	2017/18
Total number of pupils with EHCPs/statements	1,805	1,940	2,065	2,212	2,444

- 3.4.2 In addition to increases in the SEND population, we are also expecting a correlating increase in demand for SEN transport. Projections indicate a 40.4% increase in demand over the ten years to 2027 from 646 to 907 children and young people.

- 3.4.3 The changing need and projected demand have resulted in the expansion of the specialist provision for Profound and Multiple Learning Disorders (PMLD)

at Stephen Hawking School (Primary) and Beatrice Tate School (Secondary). Diagnoses of Autistic Spectrum Disorder (ASD) have risen significantly and associated learning needs for children with ASD is now the number one reason for requests for EHCPs. Requests from parents for specialist provision at Phoenix School have also increased and led to the expansion of provision on the Old Bow Boys school site.

3.4.4 Projections on setting type have been developed based on 5 years of historical trend data, for the numbers of pupils with an EHCP by setting type up to 2027. The projections consider the probabilities of children joining the SEND population, moving between different settings, or leaving the SEND population. From the graph below, it is clear that pressures in relation to SEND will continue to be a factor in Tower Hamlets for the foreseeable future:



3.4.5 High Needs Budget

3.4.6 The amount of high needs funding received by Tower Hamlets for 2018-19 is just under £49.5m. This is complemented by spending through health and social care. 90% of the high needs funding block (HNFB) is used to pay placement funding and top-up funding for individuals with an EHCP. The HNFB cannot be used to pay for transport for children and young people as this is funded through the council's core budget.

3.4.7 Over 75% of local areas are reporting overspends on both their high needs budget and their SEN Transport budget. The over spend on the high needs budget in Tower Hamlets will be approximately £3.2 million in 2018-19. One of the major cost drivers is the total number of pupils with EHCPs.

3.4.8 The increasing numbers of SEND have led to more parents seeking specialist school places, rather than mainstream school places and where these specialist provisions are at capacity, councils are increasingly having to fund places at expensive independent non-maintained special schools.

3.4.9 Within the last 15 months Tower Hamlets have delivered a review of the HNFB to Schools Forum (January 2018). Linked to this, there is key work going on to improve systems, make recommendations for developing inclusive practice and where necessary reallocating elements of the high needs funding retained by the local authority to develop capacity within the system and have the greatest impact. These work streams include:

- A review of the business model of the Support for Learning Service – which covers the Sensory Impairment Team and the Behaviour and Support Service
- A review of Alternative Provision
- A review of provision for children and young people with Social, Emotional and Mental Health (SEMH) needs
- The expansion of specialist provision in response to need
- The development of resource base provision in mainstream schools
- A review of the current banding structure.

3.4.10 It should be acknowledged that there are real issues around the capacity within the SEND system for implementing some of the changes needed to reduce the pressure on the HNFB. The most effective way to do this would be through a more strategic role around the management of HNFB finances, including both SEND and alternative provision.

3.4.11 SEN Transport

3.4.12 In terms of cost, the increasing demand would translate to circa. £5.9 million by 2027 based on costs of £2,488,020 for internal transport and £1,719,150 for external transport in 2017. Costs have been increased proportionately to the number of pupils requiring transport.

3.4.13 For 2018-19, the total overspend on SEN Transport (including Staffing) is likely to be in the region of £1.6m. Analysis is yet to be completed, but the increase is thought to mainly be due to transport to out of borough schools and the retendering of the external contract.

3.4.14 A further growth bid of £1.2m was awarded for this financial year to reduce the financial impact of the predicted overspend. Both home to school and external transport costs have accelerated over the last couple of years, due to the increased uptake for both services, child numbers continue to rise as do service provision costs (fuel). A transport spending review across Children and Adult Services has just been completed. The external transport service has recently been recommissioned resulting in an increased cost, which is currently being analysed by Commissioning and SEND. It has been identified that there is a need for further investment in an additional 30 seater coach. The School Transport Advisory Group is being convened to enable all stakeholders to discuss improvements to the delivery of the service.

3.5 DATA AND INTELLIGENCE

- 3.5.1 Development work on the SEND dashboard is taking place in response to feedback from the SEND Progress Group. Regular reporting against these measures will take place from the start of the new financial year; the measures will be reviewed after the first quarter to ensure the dashboard is working effectively in supporting the improvement journey.
- 3.5.2 Intelligence and Performance colleagues in the council are working with ICT to identify a solution for capturing data on children worked with by the Children with Disabilities social care team in the relevant system for EHCP data (Synergy) and information on SEND needs and EHCPs in Frameworki (social care data system). This will remove the need for the onerous data matching exercises that have been taking place and ensure that social care and education teams can base their decisions on a fuller understanding of the needs of their clients. Work is ongoing to implementing a solution to ensuring that the youth offending system, Child View, is also regularly updated with SEND information.
- 3.5.3 The SEND JSNA is currently being revisited by Public Health colleagues and further work on addressing the data gaps identified in the JSNA will begin in the first quarter of 2019/20.
- 3.5.4 The most recent EHCP figures publicly available are for the 2017 academic year. 2017 averages have been added to the tables on the following pages to enable analysis of progress:

2017	LBTH	Inner London	London	National
Including Exceptions	21.4%	45.4%	52.4%	61.3%
Excluding Exceptions	21.4%	51.9%	58.4%	64.9%

Average Completion Rates – published in Statements of SEN and EHC plans: England, 2018 (DfE 2018)

- 3.5.5 EHCP completion rates have continued to improve from 2017 to date. The final rates for 2018 as reported to the Department for Education (DfE) were that 38% of EHCPs were issued with 20 weeks, including exceptions and this rises to 40% completion with exceptions removed. Both of these figures are up on the 21% reported in the 2017 SEN2 return. For the first 2 months of 2019 the EHCP completion rate is 53%. A more systematic process for the monitoring of annual reviews is now in place and data on the compliance aspects of the annual review process will be provided regularly to the SEND Progress Group.

3.6 NEXT STEPS

- 3.6.1 Update the narrative story of SEND improvement in Tower Hamlets to include more on social care, edit so that it is shorter and more succinct and share with the next scheduled update.

- 3.6.2 A sub-set of the SEND Progress Group has just met to work on producing the first draft of the new SEF. The SEF will be shared with the next update.
- 3.6.3 A briefing will be produced on the messages from the SEF which will be shared across the SEND system.
- 3.6.4 If there are further changes to the governance, these will be reported as part of the next update alongside an assessment of the effectiveness of the structure as it begins to embed.
- 3.6.5 A more detailed update on progress against the action plan will be included in the next update.
- 3.6.6 A draft set of measures for the SEND dashboard will be available for comment from 30 April. The measures will be shared as part of the next SEND improvement update.
- 3.6.7 SEND JSNA refresh—which was recommended as part of the SEND review—is due to complete by September 2019.]

4. EQUALITIES IMPLICATIONS

- 4.1 The work of the SEND Improvement Group and across the SEND system in Tower Hamlets seeks to ensure that no child or young person is disadvantaged in the services and support that they receive due to any special educational need or disability that they have.

5. OTHER STATUTORY IMPLICATIONS

- 5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:
- Best Value Implications,
 - Consultations,
 - Environmental (including air quality),
 - Risk Management,
 - Crime Reduction,
 - Safeguarding.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

- 6.1 The financial context for the SEND Strategy is determined by the funding provided by the Government through the Dedicated Schools Grant (DSG). This is a ring fenced grant provided by the DfE to fund all education provision. Like many aspects of the public sector this has experienced recent changes in the approach and will no doubt be subject to further change. However, for the purposes of the SEND strategy it is important to have clarity about the

available funding because if the Strategy is to realise its aims, then there will be financial implications and they will need to be achieved within the available resources and agreed by the Schools Forum.

- 6.2 The pressures for SEND transport have continued to increase during 2018/19. A total overspend of £1.6m against the General Fund is expected at out turn. Agency staff have contributed to the over spend due to backlog of Education Health & Care Plans (EHCP) and new caseloads. In addition there is no budget allocation for the Head of SEND.
- 6.3 The recent recommissioning of external transport has led to increased costs for the service. Internal audit have been instructed to investigate the absence of controls in the existing process for commissioning transport services. External consultants, Grant Thornton are currently leading a review of expenditure on this area.

7. COMMENTS OF LEGAL SERVICES

- 7.1. The provision of Special Educational Needs (SEN) services are delivered within the legal framework set out in the Children and Families Act 2014. The Act introduced a new single system from birth to 25 for all children and young people with SEN and their families. This includes children in schools, young people in post-16 institutions and training up to the age of 25 and provides for an integrated Education, Health and Care (EHC) Plan.
- 7.2. Section 27 of the Act requires the Council to keep the education, training and social care provision made for disabled children or young people and those with SEN under review. The views of children, their parents, and young people should be central to the way services are reviewed and they must be consulted about services currently available. The Council must also consider whether the provision is sufficient to meet children and young people's needs (Section 27(2)). The oversight provided by the Health and Wellbeing Board is consistent with these duties.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE.

Appendices

- Appendix 1: Flow diagram
- Appendix 2: Governance
- Appendix 3: SEND Action Plan

Local Government Act, 1972 Section 100D (As amended)

List of "Background Papers" used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

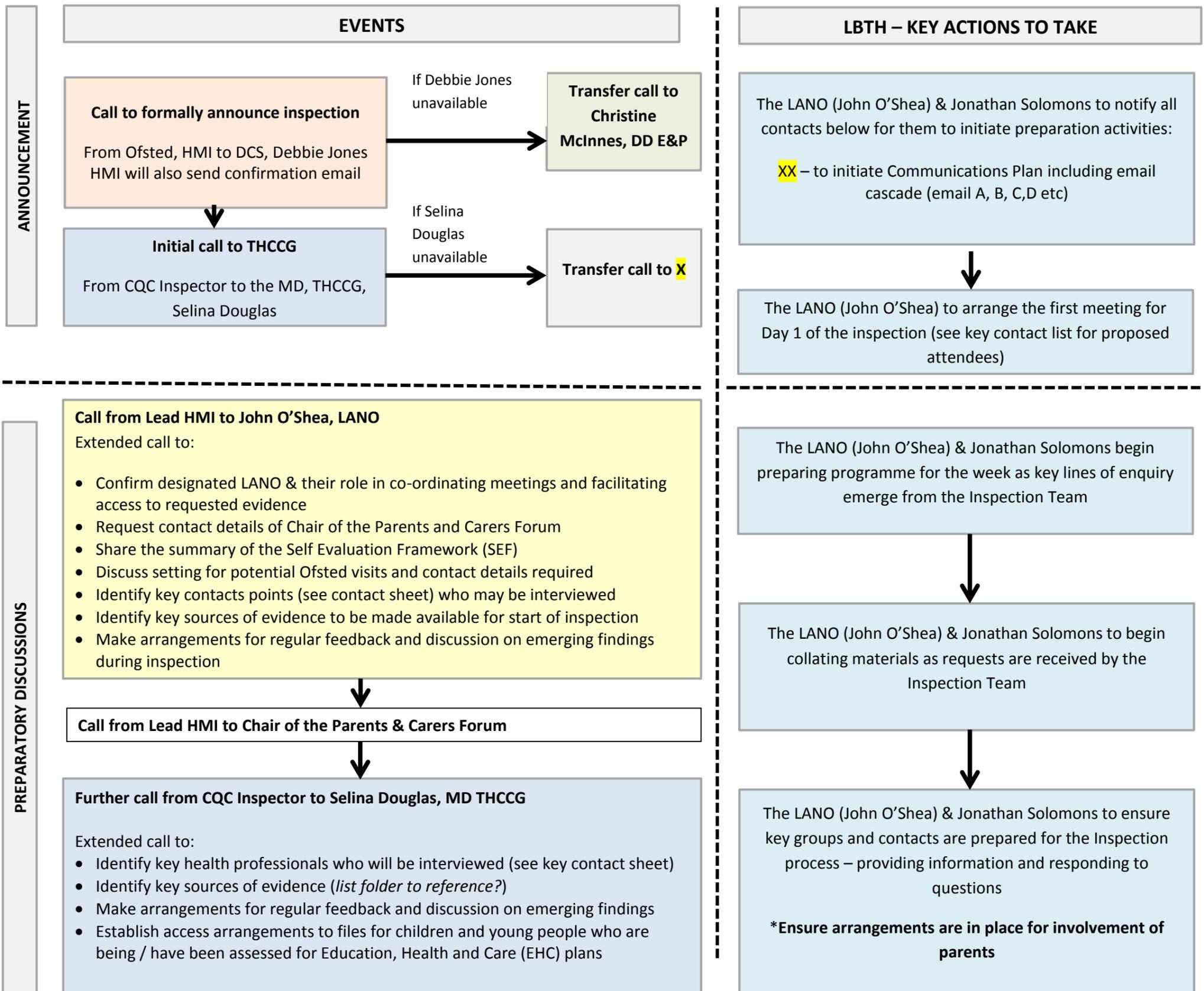
- None

Officer contact details for documents:

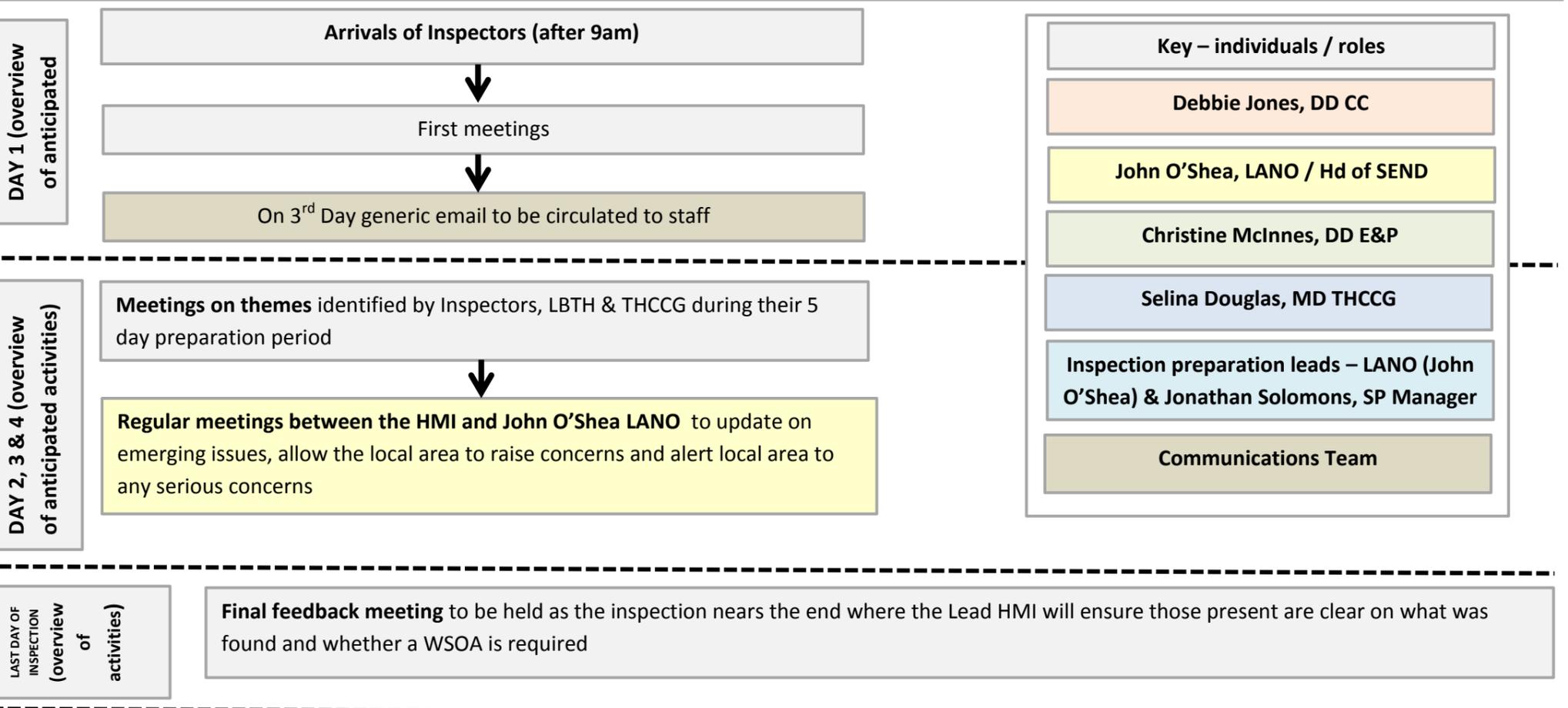
Tricia Boahene / John O'Shea

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SEND Inspection – Process Overview

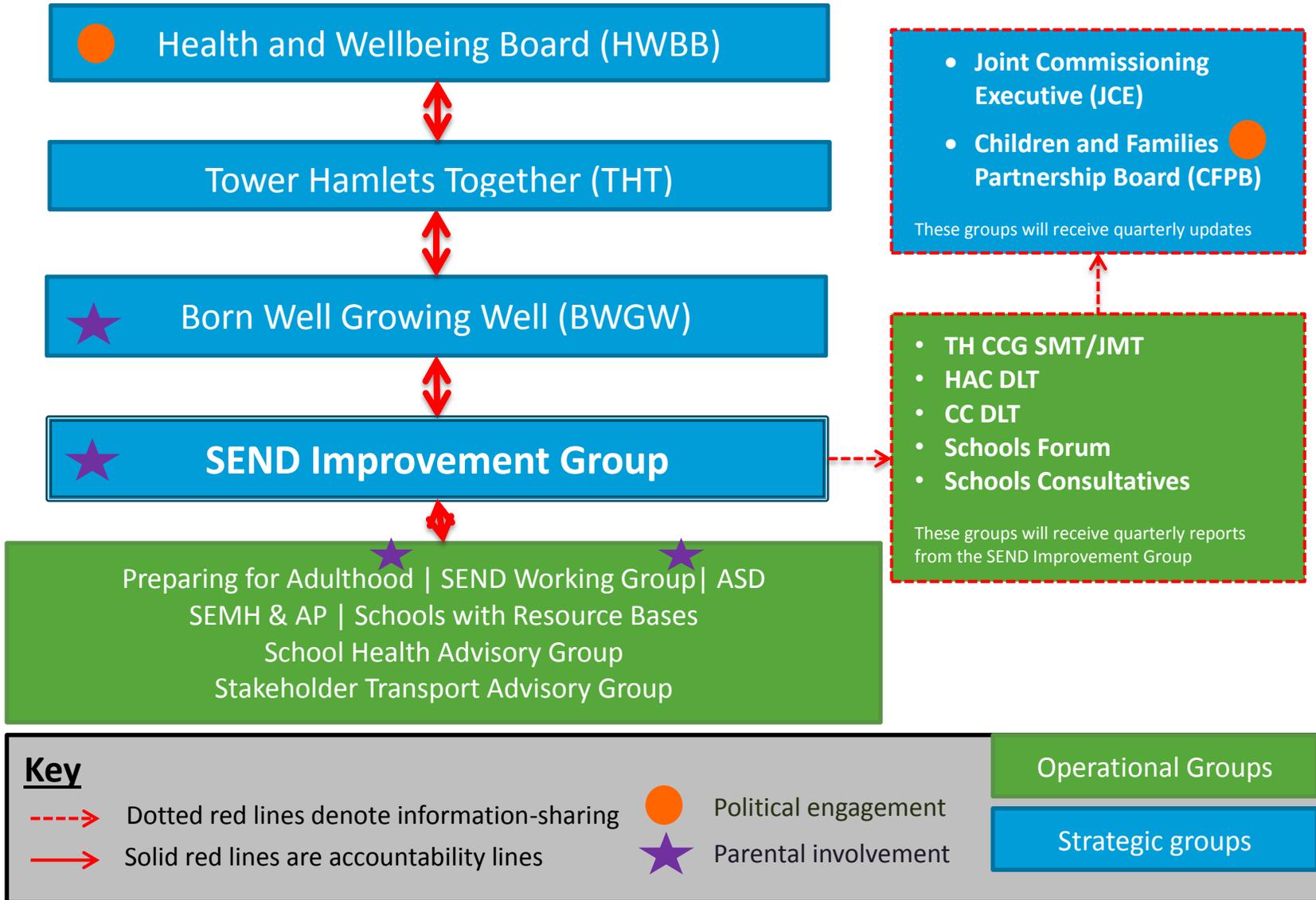


5 Day Notice Period (from announcement to arrival of inspectors)



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SEND GOVERNANCE MAP



OVERVIEW OF REPORTING

Group/Board	Frequency of SEND reporting	Purpose	Direct accountability?
Health and Wellbeing Board (HWBB)	Bi-annual	Decision making	Yes
Tower Hamlets Together (THT)	Quarterly	Decision making	Yes
Born Well Growing Well (BWGW)	Quarterly	Decision making	Yes
Children and Families Partnership Board (CFPB)	Quarterly	Information sharing	No
Joint Commissioning Executive (JCE)	Quarterly	Input	No
Schools Forum	Quarterly	Input	No
Schools Consultative <ul style="list-style-type: none"> • Primary • Secondary 	Quarterly	Discussion	No
Leadership Team Meetings <ul style="list-style-type: none"> • Children and Culture DLT • Health, Adults and Communities DLT • CCG SMT/JMT 	Quarterly	Discussion	No

OVERVIEW OF RELEVANT GROUPS

This section outlines the roles for each of the groups on the governance map, and how these interact with the local SEND system.

Accountability groups

The groups below outline how accountability works within the SEND System.

SEND Sub-groups

- **SEND Working Group**

The SEND Working Group exercises delegated authority from the SEND Improvement Group to oversee, monitor and recommend for approval the operational delivery and transformation of SEND services for children and young people in Tower Hamlets.

The remit of this Group includes the services for children and young people with SEND needs, and changes to these services in line with the joint SEND strategy and SEND inspection framework.

The Working Group should carry out the duties below on behalf of the joint LBTH and THCCG SEND Programme Board:

- Develop the work plan for the SEND Working Group, which will be signed off by the joint SEND Programme Board
- Oversee the delivery of the work plan, escalating to the joint SEND Programme Board, or other appropriate forum, any issues or risks to delivery which cannot be mitigated by the SEND Working Group
- Provide expert contributions to the development of the joint SEND strategy, preparations for a SEND inspection and any associated transformation to achieve the principles of the SEND Working Group.
- Within their respective organisations, members shall champion the work of the Working Group, and communicate relevant actions and messages to their colleagues
- Take individual and collective responsibility for delivering their team's commitments to implement the work plan.

The group includes professionals in local education and social care services, as well as health providers. The group is currently working on involving parents and carers.

- **Preparing for Adulthood Group**

Xxx

Other 'Information Sharing' Groups with overlapping SEND work streams:

- **School Health Advisory Group**
Chaired by Katie Cole - SIG member representation
- **Schools with Resource Bases Group**
Head teachers and SENCos attend. Chairship is rotated amongst host schools, reports through Head's Consultative.
SIG member representation
- **Our Time Youth Forum**

SIG member representation

- **Parents and Carers Forum**
SIG member representation
- **Tower Hamlets Independent Forum for SEND Families**
Not yet formally established – No SIG member link as yet
- **Integrated Therapies Task & Finish Group**
Chaired by Cheryl Rehal, includes SIG member representation.
- **STAG**
 - STAG has been formed in the context of the council review of transport arrangements for children and adults.
 - STAG will feed into the project board for the transport review, which CM sits on. Membership includes head teachers and parents.
 - SIG member representation

SEND Improvement Group

The SEND Improvement Group is the main local partnership group overseeing the SEND system. It includes representation from the local authority, CCG, young people, school representatives', parents and carers.

The Group meets every other month.

Each meeting of the group will focus on one of the SEND Strategic priorities', with the final meeting of the year focussed on reviewing annual progress. The content of—and response to—the Improvement Group meetings will be used to inform the reports which are cascaded through the governance structure. At each meeting, they will receive a performance update based on the SEND Performance Report.

This Group will provide oversight of the SEND Working Group and Preparing for Adulthood Group, ensuring that these groups remain tied into the strategic direction of the local area. With this in mind, the SEND Improvement Group will share updates with the sub-groups when needed.

Born Well, Growing Well (BWGW) Programme Board

Born Well, Growing Well will have direct responsibility for the SEND system work, providing a more regular level of scrutiny than the HWBB. The membership of the Board includes the CCG Lead for safeguarding and therefore provides some strategic oversight of safeguarding. There is an agreement in place for parents, carers and school representatives to request an audience with the Board at the time that the SEND Improvement Group sends its reports. This is designed to present parents and carers with a strategic platform to influence decision-making.

BWGW meets monthly.

BWGW will receive quarterly updates from the SEND Improvement Group alternating between updates on the SEND Strategy implementation and its related performance measures; and the ongoing preparations for inspection.

If there are specific areas of work where BWGW are dissatisfied with progress or require more information, they can request intermittent reports on a specific priority from the SEND Improvement Group.

Reports which have been tabled for the HWBB will have been through BWGW first.

Tower Hamlets Together (THT) Board

Tower Hamlets Together (THT) is a partnership of health and care commissioners and providers who are working together to deliver integrated health and care services for Local residents. THT have a leading role in promoting the health of the population of the borough and the oversight of health and social care integration, including service redesign, transformation and innovation. Integration is a key local priority, and this is where the interests of the Board intersect with the SEND agenda. Board members will identify opportunities to improve outcomes and reduce costs, duplication and implement joint working to address this.

The THT Partnership consists of;

- Barts Health NHS Trust;
- East London Foundation Trust;
- London Borough of Tower Hamlets;
- Tower Hamlets GP Care Group;
- Tower Hamlets Clinical Commissioning Group;
- Tower Hamlets Council of Voluntary Services

THT Board meets monthly.

These responsibilities mean that THT needs to remain sighted on the development of the local SEND system, as far as it relates to the integration of health and care. With this in mind, the SEND Improvement Group will send quarterly updates which have a specific focus on health and social care integration, including service redesign, transformation and innovation.

Health and Wellbeing Board (HWBB)

The Health and Wellbeing Board is a statutory partnership, established by the Health and Social Care Act 2012. It is the forum where leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

The HWBB will have the ultimate accountability for the SEND agenda in Tower Hamlets. This aligns with the accountability and oversight function it also has in relation to the Adult Learning Disability and Autism Strategies. Because the HWBB includes chief executive and political level involvement, it is an appropriate group for ultimate accountability.

The HWBB meets quarterly.

The HWBB will receive two annual update reports a year from the SEND Improvement Group, presented six months apart. One report will update on the implementation of the SEND Strategy, including a focus on performance against agreed measures. The second annual report will update on preparations for inspection.

Information sharing groups

The groups below outline how information is shared across the SEND system with groups who need to remain sighted on the work which is happening around SEND.

Joint Commissioning Executive (JCE)

The Joint Commissioning Executive is responsible for the joint strategic commissioning of services in Tower Hamlets for children and young people, adults and public health. It is the strategic forum that ensures commissioning improves local services and outcomes and achieves integration of service provision.

The JCE meets monthly.

These responsibilities mean that the JCE needs to remain sighted on the development of the local SEND system, as far as it relates to joint commissioning. With this in mind, the SEND Improvement Group will send quarterly updates to the JCE which have a specific focus on key commissioning outcomes across health, education and social care. A particular focus of these reports will be looking at the local progress towards the national statutory measure on EHCP completion within deadlines and the annual review process.

SEND Improvement Group updates to the JCE will be tabled for review by the following groups before it is presented to the JCE:

- Tower Hamlets Clinical Commissioning Group (CCG) Senior Management Team;
- Health, Adults and Communities (HAC) Directorate Leadership Team (DLT);
- Children and Culture (CC) Directorate Leadership Team

Reports to the JCE will also look at SEND financial governance, where this is the case, the reports will also be tabled to go to the Schools Forum ahead of the JCE.

If there are specific areas of work where the JCE require more information, they can request intermittent reports from the SEND Improvement Group.

Children and Families Partnership Board (CFPB)

The Children and Families Partnership Board lead and oversee the implementation of key priorities for children, young people and families, as published in the Children and Families Plan. In doing this, they also set the strategic direction for Children and Families' services in Tower Hamlets, ensuring that local priorities are identified and met effectively and efficiently.

The Board is accountable to the Tower Hamlets Partnership Executive Group, who represent the Local Strategic Partnership. There is two-way reporting between the Board and the Local Safeguarding Children Board and between the Board and the Health and Wellbeing Board to ensure clear communication and joined-up working between these groups. The membership of the Board includes the Independent Chair of the Local Safeguarding Children Board and in this way provides some strategic challenge in relation to safeguarding.

A theme of the 2016-2019 Children and Families Plan is hearing the voice of children and families. The CFPB is currently looking at how they work with parents, carers, children and young people to ensure that they can have a meaningful voice in strategic partnership work. As this develops, it will offer another route through which parents, carers, children and young people can have their voice included in influencing the SEND agenda.

Tower Hamlets Schools Forum

The Schools Forum is a decision-making group for local education providers with whom the local authority has a statutory duty to consult on relevant contracts and financial issues as laid out in the Schools Forum (England) Regulations 2012, derived from the School Standards and Framework Act

1998. Members include representatives from local nurseries, primary schools, secondary schools, special schools, a further education provider, a trade union representative pupil referral units and a local authority representative.

Amongst other things, the Forum will **decide** on the:

- de-delegation from mainstream maintained schools' budgets, for certain services to be provided centrally
- Centrally retained budgets for local authority statutory duties provided to maintained schools only
- Centrally retained Schools Budget for ongoing responsibilities, covering places in independent schools for pupils without a EHC plan, admissions, local authority statutory duties for all schools and funding for central early years expenditure.
- A reduction in the schools budget in order to fund a deficit arising in central expenditure, or from de-delegated services that is to be carried forward from a previous funding period.
- Approval to move up to 0.5% from the schools funding block to other funding blocks.

The Forum will **discuss and be consulted** on a number of topics, the most salient for SEND being:

- Amendments to the school and early years funding formulae
- Arrangements for the education of pupils with special educational needs, in particular the places to be commissioned by the local authority and schools and the arrangements for paying top-up funding.
- Arrangements for the use of pupil referral units and the education of children otherwise than at school, in particular the places to be commissioned by the local authority and schools and the arrangements for paying top-up funding.
- Arrangements for early years' provision.
- Administrative arrangements for the allocation of central government grants paid to schools via the local authority.
- Centrally retained High Needs Funding Block (HNFB) budgets.
- Contracts where the local authority is entering a contract to be funded from the Schools Budget. The local authority must notify the Forum of the terms of the proposal at least one month prior to the invitation to tender.

The Schools Forum meets at least four times a year.

The Schools Forum will receive reports on:

- SEND financial governance,
- An annual report on use of HNFB
- Intermittent reports on specific development activities

Schools consultatives'

xxx

Leadership team meetings

Services and directorates within the CCG and local authority will require mechanisms for feeding into and influencing SEND system-level decision making. Alongside having sufficient service representation within the various groups and boards, the following groups will also receive reports:

- Tower Hamlets Clinical Commissioning Group (CCG) SMT/JMT;
- Health, Adults and Communities (HAC) Directorate Leadership Team (DLT);
- Children and Culture (CC) Directorate Leadership Team

These groups will be kept abreast of what information goes to which board. The quarterly reports to these groups will cover:

- Updates on the implementation of the SEND strategy and associated KPIs
- Preparations for inspection
- SEND financial governance
- Joint commissioning updates, including the number of EHCPs completed within the national deadline
- Intermittent reports on a specific SEND priorities

SEND Strategic Implementation Plan - April Monitoring

					to be rag-rated				
Ref	Key strategic outcomes and activities	Origin of activity	Timescale	Lead	Meeting - Jan	Meeting - Mar	Meeting - May	Commentary	Contacts
Priority 1 - Leading SEND									
1	Launch a new SEND Improvement Group, that includes headteacher, Young People and Parent and Carer representation.	SEND Strategy	Oct-19	Christine McInnes	AMBER	AMBER	GREEN	Discuss head teacher representation with Special, primary and secondary consultatives (23 April @ Schools Forum)	Tricia Boahene
2	Develop effective governance arrangements from elected members and the HWBB level down, with streamlined SEND groups and established reporting and accountability.	SEND Review/Strategy	Oct-19	Christine McInnes	RED	AMBER	AMBER	A governance summary has been produced, including lines of accountability. A SEND reporting schedule has been developed. Reporting and accountability has been established and tested with a report making it's way through the accountability structure between March and May 2019. There still remains work to clarify the involvement of and accountability to elected members.	Tricia Boahene
3	The SEND Improvement Group has oversight of the core SEND-related budgets and works with the Schools Forum and JCE to facilitate equitable funding decisions.	SEND Strategy	2023	Schools Forum / School Rep					
4	Achieve balanced SEND budgets	SEND Strategy	Oct-19	John O'Shea	RED	RED	RED		
5	Headteacher-led review of high needs funding completed.	SEND Strategy	Oct-19	John O'Shea	AMBER	GREEN	GREEN	Review completed.	
6	Review of SEMH provision underway with the aim of ensuring sufficient capacity in Tower Hamlets based on current and future needs	SEND Strategy	Oct-19	Daniel Tunbridge	GREEN	GREEN	GREEN		
7	Review of ASD provision underway with the aim of ensuring sufficient capacity in Tower Hamlets based on current and future needs	SEND Strategy	Oct-19	Ben Ko?	AMBER	AMBER	AMBER		
8	Review of Beatrice Tate, Stephen Hawking and Phoenix provision underway with the aim of ensuring sufficient capacity in Tower Hamlets based on current and future needs	SEND Strategy	Oct-19	???	AMBER	AMBER	AMBER		
9	There will be greater diversity of options for students needing alternative provision and better outcomes.	SEND Strategy	2023	Kerrigan Marriner					Cheryl Rehal
10	Data platform commissioned to support robust modelling of future levels of SEND need, including alternative provision.	SEND Strategy	Oct-19	Terry Bryan					
11	The SEND Improvement Group receives annual reports on the planning and commissioning of future special school and alternative provision places.	SEND Strategy	Oct-19	Terry Bryan					
12	There are a sustainable number of school places for children and young people with an EHC plan.	SEND Strategy	2023	Terry Bryan					
13	Joint planning for the health and social care support to meet the needs of those with an EHC plan is in place.	SEND Strategy	2023	Stuart Andrews / Anne Corbett / CAMHS					
14	The workforce to educate and care for children and young people with SEND will be well understood and effective responses have resulted in fewer occupations with recruitment pressures.	SEND Strategy	2023	???					
15	A profile of the core SEND workforce will start being developed and strengths and pressures for future recruitment identified.	SEND Strategy	Oct-19	???					
16	Professional development is available across Tower Hamlets in the early years, schools and colleges to ensure excellent education and care for children and young people with SEND.	SEND Strategy	2023	John O'Shea				This need is being met through THEP and the SENCO conference. (Consultation response Stuart Andrews and John O'Shea could provide content here.)	
17	An information-sharing agreement signed by the NHS and LBTH is in place to facilitate better data sharing	SEND Strategy	2023	Katie Cole	AMBER	AMBER	AMBER		
18	Develop a data dashboard about outcomes and services for children and young people with SEND.	SEND Strategy	Oct-19	Victoria Beard	AMBER	AMBER	AMBER	<p>Progress:</p> <ul style="list-style-type: none"> SLS are submitting data to the Dashboard and are in the process of refining their data. A draft dashboard has been developed. A number of indicators based on the SEND strategy have been identified and work is ongoing on populating these. <p>Areas for improvement:</p> <ul style="list-style-type: none"> The indicators highlighted under priority 2 require further work to improve data quality before they can be used for reporting purposes <p>Next steps:</p> <ul style="list-style-type: none"> To complete the data collection for key indicators where data exists To identify means of collecting data for new indicators Strategy KPIs to be refined, in order to make them more 'challenging'. Update key areas of the SEND JSNA 	Victoria Beard

Ref	Key strategic outcomes and activities	Origin of activity	Timescale	Lead	Meeting - Jan	Meeting - Mar	Meeting - May	Commentary	Contacts
19	The data dashboard will inform leaders and the SEND strategic group where performance is good and where improvements are needed, across education, social care and health.	SEND Strategy	2023	Victoria Beard	RED	RED	RED	Use Victoria's previous update here.	
20	There will be good access for key practitioners to a data profile which summarises key data for all children and young people with SEND, including academic progress, exclusions and destinations at age 16 and 19.	SEND Strategy	2023	Victoria Beard	RED	RED	RED		
21	The SEND self-evaluation (SEF) document is easy to understand and provides a clear starting point for strategic planning.	SEND Review		John O'Shea	RED	AMBER	AMBER	Progress: • Work on reviewing the self-evaluation document has begun with input through the SEND Improvement and Progress Groups, with the addition of a narrative that outlines the improvement journey that the Local Area has undertaken over the last eighteen months, showing the improvements made. The revised SEF will outline where the Local area is currently within the context of the 3 key inspection questions.	
22	The SEF provides leaders and officers with a consistently accurate, evidence-based understanding of the quality of and impact that local services and initiatives have on outcomes for children and young people.	SEND Review		John O'Shea		AMBER	AMBER	ASK WHAT INITIATIVES ALL AREA ARE WORKING TOWARDS Progress • Support for learning service (SLS) has a good understanding of the service impact (e.g. through an annual survey to schools) and in the process of refining data further. • IEYS strategic shared plan in place to support early intervention strategy and clearly outlines roles and responsibilities of teams in relation to service priorities. The plan includes detailed early years SEND audit and a developing inclusion logic model which will identify areas of short, medium and long term outcomes Areas for improvement: • IEYS - Clearer intervention pathway needed for young children with SEND to ensure staff and families have consistent and accurate understanding of provision • IEYS exploring use of EIF Maturity matrix with internal and external partners to support development of early communication and language. As part of East London Early Language Partnership (EELLP) an early review indicates different levels of progress across the 10 key elements of the EIFMM. Next Steps: • IEYS - Early Outcomes fund application submitted by EELLP to improve outcomes • IEYS - Ongoing support for early communication and language through partnership work with HVS, delivery of ETHCaT training and Early Words Together • IEYS - Completion of logic models reflecting service priorities	
24	Produce a high-level implementation plan with clear impact objectives and interim milestones against which commissioners and service leaders can be held effectively to account	SEND Review		John O'Shea	RED	AMBER	AMBER	This implementation plan is being developed and improved to respond to the needs for the SEND Improvement Group. Currently, information captured via reports received by the SEND Progress Group are used to inform this plan where progress against recommendations is rag-rated on a bi-monthly basis. Information captured via reports received by the SEND Progress Group will inform the SEND strategic plan where progress against recommendations will be rag-rated on a monthly basis.	
25	Develop an effective monitoring, evaluation and review cycle for the strategy, so leaders know what is working and where a remedial action is needed	SEND Review		John O'Shea	RED	AMBER	AMBER	The SEND Improvement Group is responsible for the monitoring of the Strategy and this strategic implementation plan facilitates the monitoring activity. Ahead of each meeting, members of the group are asked to provide a written progress update.	John O'Shea / Christine McInnes
Page 66	Beneath the Strategic Implementation Plan, individual services have effective action plans and accountability mechanisms are in place for their initiatives to improve services .	SEND Review		ALL		AMBER	AMBER	Progress • SLS - In process for the live review of the Support for Learning Service. • IEYS is embedding an outcomes based accountability (OBA) approach across the service, including monthly reporting of measureable KPIs ensures accountability against actions and progress is made against objectives • Action planning is being carried out via the SEND Improvement group and will be linked to SEND Strategy. Areas for improvement: • IEYS to ensure that KPIs link clearly to service priorities Next Steps: • Review of team-specific KPIs	
	Priority 2 - Timely Identification and Assessment								
1	Develop a renewed, streamlined, thorough process for EHC planning from 0 to 25 which actively reduces duplication and involves young people, parents and carers, education settings, health and social care.						AMBER	SLS: The SLS contributes 1 day a week to the running of the SEN Panel from one of our most experienced members of staff from within its core funding. This has assisted the panel in improving the consistency of approach. However, more work needed. Our teams report instances of parental request forms going missing or emails with attachments being missed and processes then delayed. This maybe a staffing capacity issue. SEND: EHCP assessment requests proforma and the proforma for EHC Plans were reviewed with SENCOS, PAC and IEYS. 2018 – SEN and PAC undertook a co-production pilot – feedback from parents suggested that they felt the co-production and plans produced SEND review found that the quality of plans using the new proforma were better than previous versions, including the conversions Co-production work with CDC and services across the LA Single point of access for all Education, Health and Care Needs Assessment requests. This enables request to be monitored and tracked through the 20 week process. Requests for advice from professionals being reviewed by the SEND Working group Transitions and Preparation for Adult Life group – voice of young people EHCP completion rates improving monthly. Caseworker training with the Co-production team at the PAC	
2	Establish a robust process for monitoring and updating all EHC plans, through annual reviews, so that there is oversight of quality, parental involvement and progress towards outcomes						AMBER	SEND - Amendments to plans have always been agreed through SEN Panel. Most schools regularly hold annual reviews and submit them to SEN section Admin. team log all ARs and send letters out to parents/settings outlining the panel decisions in relation to annual review. Logging process has begun to monitor and track the numbers of annual reviews being completed. Plans are being amended as requested Some plans are being re-written using the new proforma SLS: The annual review monitoring form used by officers needs updating and there needs to be a more consistent response from SEN Section to monitoring officer comments. Many EHCPs are now out of date with outcomes achieved long ago. There needs to be an overhaul with schools on the purpose and practice with regard to annual reviews.	
3	Established, a robust, electronic system for administering all EHC needs assessments						RED	SEND - Reports on EHC completion and annual reviews are produced using Synergy DQ has improved in the last 12 months but still more work to be done Transfer to electronic file storage system for EHCNA and AR to be completed over the next 12 months Caseworker training on all aspects of Synergy to ensure that all caseworkers understand the systems and their role in managing them and maintaining the data quality	
4	Parents and carers feedback on the EHC needs assessment and annual review processes routinely						RED	SLS - Perhaps we should add the C&YP into this so they get a chance to say how it was for them as well. system is set up to track assessments through the 20 week statutory timescale views and comments on experience for both needs assessment and annual review PET - to provide further information on all the work that is being done with parent and Young People's groups as part of the co-production review and ongoing. Synergy SEND - Service to actively seek	
5	Routinely consider the appropriateness of personal budgets part of the EHC planning process						AMBER	SEND - Amendments to plans have always been agreed through SEN Panel. Direct payments in the Children with Disabilities team are a strength Currently a joint Health and Social Care pilot is underway Joint commissioning looking at equipment and travel and use of personal budgets Small but increasing number of personal budgets/direct payments being delivered across Education, Health and Social Care	

Ref	Key strategic outcomes and activities	Origin of activity	Timescale	Lead	Meeting - Jan	Meeting - Mar	Meeting - May	Commentary	Contacts
6	Develop a clear understanding of the current quality of identification and assessment in early years and where improvements are needed			Maternity & Early Years Working Group			AMBER	<p>IEYS: Important note: This text describes only the IEYS area of work in childcare settings (3,000 children out of 20,000 birth to five.) Most early years' identification and referral sits with health colleagues. Full detail on areas that need to be addressed by the organisations responsible for early years overall (20,000 children) can be found in the EY audit requested by Christine McInnes. The IEYS is responsible for SEND and inclusion in the 82 childcare settings and 12 children's centres (approx. 3,000 children). All PVI early years settings have an identified Inclusion Coordinator who receives training and individual support from the IEYS Inclusion Team to build skills in assessment, identification and planning for children with emerging/established needs. New Inclusion Coordinators received training in the autumn term and follow up visits from the Inclusion Team to support implementation. Development of the Inclusion Coordinator's skills in gathering evidence through the "assess, plan, do, review" cycle and requesting EHC needs assessments was identified. The autumn 2018 and spring 2019 Inclusion Coordinator's support group has therefore focussed on these areas of professional development. The EPS and IEYS are working in partnership to pilot response to section 23 notification to the LA through the children's centres in order to support timely access to children's centre services. Children's centres also have a trained SEND/inclusion champion who ensures that sessions meet children's needs and that onward referral for specialist services is carried out in a timely manner when necessary.</p> <p>SLS: There is a concern that the SLS VI service no longer receive referrals from the Royal London Hospital who used to be our biggest referrer. This is because they no longer employ an Eye Clinic Liaison Officer. Sensory support are very involved in these assessments but would still like to be invited to more two year old checks. There is ongoing and effective joined up working between the SLS Physical Disability advisor, IEYrs, EPS in order to identify young children with a physical disability, complex medical condition who may be entering school.</p>	
7	Develop a single clearly understood referral and information sharing route across services								
8	Increase the take-up of screening for 2 year olds, and evaluate its effectiveness						AMBER	<p>IEYS: This screening is the responsibility of health visitors and must be carried out as an Integrated Review involving a range of professionals. In some cases the review is carried out in GP surgeries or the parents' home. In such cases the review cannot be described as an "integrated review" because it does not include the full range of professionals required. In LBTH integrated reviews are carried out primarily in children's centres to ensure an early learning professional can contribute the necessary expertise around language development. In areas of disadvantage where language acquisition is uniformly low, parents may not have an accurate view of their child's level of achievement. For example one of our children's centres in a 40% LSOA reports 53% of 2-3 year olds with serious language issues. There has been a year on year increase in the number of 2 year old integrated reviews held in Children's Centres: 2016 – 1177, 2017 – 1281, 2018 – 1655. Total of 4113 children received an integrated review in a Children's Centre Jan 2016 to Dec 2018. The need was identified to train staff in the HVS and children's centres new to the integrated review process and to further build existing skills and partnerships. Integrated review workshops will be delivered in each of the children's centre mini clusters (or localities) to address this development need.</p> <p>SLS: See No 6. There is national best practice looking at involvement of qualified sensory impairment teacher involvement in these developmental checks. We do not have a system in place to be invited to the appointments. Where it happens it is usually by chance or a chance encounter that then prompts an invitation.</p>	
9	Ensure that health visiting services and other health and care professionals can routinely identify early signs that a child might have special educational needs so children's needs are assessed as early as possible			Maternity & Early Years Working Group					
10	Test models of support and intervention for young people with SEND who also display challenging behaviours			SEMH and AP sub-group					Daniel Tunbridge
Page 67	Review pathways for assessing children and young people for autism, with a view to ensuring that waiting times are appropriate			ASD task and finish group			AMBER	<p>SLS: There are reports from schools that a lack of access to early years speech therapy reports is contributing to the delay in diagnosis. Improving the post diagnosis service for parents of newly diagnosed children could lead to savings later on.</p>	
67	Findings of a trial of local SEND assessment and resource clusters, involving the majority of schools in Tower Hamlets, will be reported to the SEND Improvement Group and wider roll-out planned.					AMBER	AMBER	<p>Strengths: • SLS - achievement data is well developed for the deaf and partially hearing and vision impairment cohort</p> <p>Progress: • A process of gathering information from settings to inform the Self evaluation and from annual reviews will support leaders to understand the progress being made by Children and young people with SEND</p> <p>Areas for improvement: • SLS – well developed achievement data to be extended to other cohorts.</p> <p>Next Steps: • IEYS will trial the North East pilot to embed clear referral and information sharing routes across early help services. Alongside this the service will explore introducing a notification system for timely access to services for families of children with SEND, with a view to rolling this out across the borough if successful.</p>	
13	Improve communications between those social care services working with children and young people with SEND to ensure that there is shared knowledge of need and provision to support it			Stuart Andrews		AMBER	AMBER	<p>Progress: • Personal budget data being updated to reflect the payments made to those with an EHCP in post-16 education; Details of direct payments from Health and Social Care to be added to EHCP records. Currently ,there is no social care representative at SEN Panel and no SEN representative in the Social Inclusion Panel.</p>	John O'Shea
14	Provide regular analysis of service performance of children and young people with SEND <ul style="list-style-type: none"> children in need children who have a child protection plan children looked after and care leavers subject to youth justice services eligible to receive adult care services. the local area's children and young people who have special educational needs and/or disabilities needs who are not attending school, including those who receive home education early years settings, schools and colleges outside the local area that provide education for the area's children and young people who have special educational needs and/or disabilities (by 2023) 			Victoria Beard			RED	<p>SLS: There is a great need for some of the expensive out of borough placements to be carefully monitored. This mostly falls to the head of the SI service and is very time consuming. It is important that they are held to account.</p> <p>Intelligence & Performance: o Work is being done to identify a solution for capturing data on children worked with by the CWD team in our Education database and information on SEND needs and EHCPs in our Children's Social Care database. This will remove the need for the data matching exercises that have been taking place and will enable automated regular reporting. o A solution is being implemented for improving the data quality of SEND information within the Youth Offending database. Regular reporting will commence as soon as this is complete. o Measures are included on service performance for these groups within the SEND dashboard, which will be produced regularly from the start of 2019/20. o Work is still at an initial stage, however it is expected that some of the major issues relating to IT systems will be resolved within the next month. Work has also been impacted by staff vacancies, however this situation has now been resolved and this will now be taken forward as a priority.</p>	John O'Shea
Priority 3 - Better Outcomes and Pathways									
1	Joint commissioning agreements for children and young people with SEND are in place.	SEND Strategy	Oct-19	Cheryl Rehal					

Ref	Key strategic outcomes and activities	Origin of activity	Timescale	Lead	Meeting - Jan	Meeting - Mar	Meeting - May	Commentary	Contacts
2	Plan how the local area will move to a system of consistently effective joint commissioning	SEND Review		Cheryl Rehal		AMBER	AMBER	Progress: <ul style="list-style-type: none"> Enablers for joint commissioning are in place, namely: Joint Director of Integration and Joint Head of Children's Commissioning in post. These posts span LBTH and TH CCG and are accountable to both organisations. The component parts of the high level plan have been developed, setting out: <ul style="list-style-type: none"> o which services are currently commissioned, and by which organisation (ie Children's / Public Health / CCG); 	Ronke Martins – Taylor Warwick Tomsett Cheryl Rehal
3	Assess options for a commissioning framework for independent placements of children and young people with SEND	SEND Strategy	Oct-19	Cheryl Rehal					
4	Joint programme for integrated personal budgets in place and widely communicated across the Tower Hamlets; to parents and carers and to professionals.	SEND Strategy	Oct-19	Cheryl Rehal					
5	The SEND Improvement Group have agreed plans for rolling out personal budgets	SEND Strategy	Oct-19	Chrisine McInnes					
6	Roll out an effective person-centred approach across the local area based on learning from the pilot	SEND Review		John O'Shea				Progress: <ul style="list-style-type: none"> Caseworker training is taking place. New EHCP format reflects the person-centred approach Next Steps: <ul style="list-style-type: none"> Think about how this is reported 	John O'Shea
7	Advice and support on how to use personal budgets effectively is widely shared	SEND Review		John O'Shea				Next Steps: <ul style="list-style-type: none"> Develop advice and guidance 	John O'Shea
8	JSNA provides a clear set of information about gaps in current provision and projected future demand	SEND Review		Katie Cole		AMBER	AMBER	Next Steps: <ul style="list-style-type: none"> The current JSNA will be reviewed and updated 	Katie Cole / Simon Twite
9	JSNA provides commissioners with the understanding they need to draw up clear commissioning specifications that enable effective commissioning	SEND Review		Katie Cole					Katie Cole
10	SEND Improvement Group use the pathway maps to identify and address service gaps or over-provision.	SEND Strategy	2023						
11	Work with parents and carers to map '0-25 life course' pathways for children and young people with severe and complex learning difficulties.	SEND Strategy	Oct-19	BWGW?				Insert commentary based on A3 pathway mapping by Dan Devitt	
12	Work with parents and carers to map '0-25 life course' pathways for children and young people with autism.	SEND Strategy	Oct-19	BWGW?				Insert commentary based on A3 pathway mapping by Dan Devitt	
13	Develop a joint outcomes framework for children and young people with SEND	SEND Strategy	Oct-19	Cheryl Rehal					Tricia Boahene
14	All commissioning for children and young people with SEND will be underpinned by the outcomes framework	SEND Strategy	2023	Cheryl Rehal					
15	Baseline for exclusion and achievement of children and young people with an EHC plan and at SEN support.	SEND Strategy	Oct-19	Victoria Beard					
16	All independent placements commissioned using a procurement framework, linked to reciprocal arrangements with local boroughs	SEND Strategy	2023	Cheryl Rehal					
17	Performance of services reported to the SEND Improvement Group against the outcomes framework	SEND Strategy	2023						
18	Personal budgets and direct payments widely taken up	SEND Strategy	2023	Cheryl Rehal					
19	All EHC plans include a resource breakdown against the provision and outcomes for the child or young person.			John O'Shea					
20	Reduced rates of exclusion among pupils with SEND.	SEND Strategy	2023	Kerrigan Marriner					
21	Improved rates of progress and achievement amongst excluded pupils	SEND Strategy	2023	Kerrigan Marriner					
22	Joint planning for all children and young people with diagnosed mental ill-health in place.	SEND Strategy	2023	SEMH and AP sub-group					Daniel Tunbridge
23	Good support and interventions available at key transitions for those with mental ill-health	SEND Strategy	2023	SEMH and AP sub-group					Daniel Tunbridge
24	Ensure consistently effective speech, language and communication support within settings and communities	SEND Review		Intregated Therapies Task and Finish Group		AMBER	AMBER	Current review of the SLS should consider the relationship between SALT, provision schools and the SLS Language and Communication Team in order to best coordinate provision and training.	Cheryl Rehal / Anne Corbett
25	Ensure provision needs in individual EHC plans inform individual-level commissioning decisions	SEND Review		John O'Shea					John O'Shea
26	Ensure effective pooling of funding to meet provision identified in EHC plans	SEND Review		Cheryl Rehal				Next Steps: <ul style="list-style-type: none"> To date the Council and the CCG have operated various joint funding arrangements to support more joined up commissioning, however budgets have been retained separately by the respective organisations. The Council and the CCG are exploring mechanisms to take this a stage further and pool budgets as part of the commissioning of services. The following services are proposed as priorities for the provision identified in EHC plans: <ul style="list-style-type: none"> o Speech and Language Therapy, Occupational Therapy and Physiotherapy services o Child and Adolescent Mental Health Services 	Ronke Martins – Taylor Warwick Tomsett
Priority 4 - Clear Information and Involvement									
1	SEND Charter drafted and consulted on	SEND Strategy	Oct-19				RED	A lead has not been identified and the work has yet to begin.	
9	All local schools, colleges, health and care settings have committed themselves to the Charter.	SEND Strategy	2023				RED	A lead has not been identified and the work has yet to begin.	
2	Communications strategy for children, young people and their families developed.	SEND Strategy	Oct-19				RED	A lead has not been identified and the work has yet to begin.	

Ref	Key strategic outcomes and activities	Origin of activity	Timescale	Lead	Meeting - Jan	Meeting - Mar	Meeting - May	Commentary	Contacts
3	Consistent links between the Local Offer website and the SEND pages on all school and college sites	SEND Strategy	Oct-19	Jill McGinley					Jenny Miller / Jill McGinley
4	Local Offer website is a central feature of effective communication with parents and carers across Tower Hamlets.	SEND Strategy	2023	Jill McGinley					Jenny Miller / Jill McGinley
5	A range of media, including SMS, social media and video-sharing will be used to engage users of the Local Offer site.	SEND Strategy	2023	Jill McGinley					Jenny Miller / Jill McGinley
6	Involve parents, carers and young people in a review of the current Local Offer website	SEND Review		Jill McGinley	AMBER	AMBER	AMBER	<p>MARCH:</p> <p>Progress:</p> <ul style="list-style-type: none"> A questionnaire and outreach programme with schools facilitated by Parent Ambassadors has taken place this term to inform the review of the Local Offer. Parents and carers attending the Annual parent Conference, SENCO Conference and Transition Event have also been consulted and participated in the review and development of the current website. <p>Next Steps:</p> <ul style="list-style-type: none"> The Advisory Group with parents and young people to meet this term to support the development of the Local Offer Feedback from parents carers and young people to be uploaded and available on the Local Offer 	Jenny Miller / Jill McGinley
7	Local Offer is easy to navigate, up-to-date and informative	SEND Review		Jill McGinley	AMBER	AMBER	AMBER	<p>MARCH:</p> <p>Strengths:</p> <ul style="list-style-type: none"> Focused resource identified within CIS to support development of the LO. Feedback on LO development from stakeholders / parents / carers is positive. 	Jenny Miller / Jill McGinley
8	Local Offer explains the difference between universal, targeted and specialist services	SEND Review		Jill McGinley	AMBER	AMBER	AMBER	<p>MARCH:</p> <p>Progress</p> <ul style="list-style-type: none"> Service provider information is currently being refreshed. <p>Next Steps:</p> <ul style="list-style-type: none"> Self – Service provider portal is in progress. 	Jenny Miller / Jill McGinley
9	Local Offer is developed and reviewed with a cross-section of young people and parents and carers	SEND Review		Jill McGinley	AMBER	AMBER	AMBER	<p>MARCH:</p> <p>Progress:</p> <ul style="list-style-type: none"> The Send Ambassadors have raised awareness of the Local Offer during outreach and information sessions and collected parent / carer views and feedback. A short paper based questionnaire has also been developed. <p>Areas for improvement:</p> <ul style="list-style-type: none"> On line questionnaire / form to be developed alongside the paper based document <p>Next Steps:</p> <ul style="list-style-type: none"> Parent, carer and young people feedback to be made available on the Local Offer website. The Local Offer steering group for parents and young people will meet during the spring term. 	Jenny Miller / Jill McGinley
10	Families who do not use the Internet have suitable access to information about the local offer	SEND Review		Jill McGinley	GREEN	GREEN	GREEN	<p>MARCH:</p> <p>Strengths:</p> <ul style="list-style-type: none"> The Family Information & Advice Service provide a 9.00-5.00 telephone helpline and call back facility. Drop-in sessions take place at the Parent Advice Centre weekly and an outreach programme takes place across the borough. Information is shared through the Families Matter newsletter 3 times a year and in schools and public buildings on plasma welcome screens. <p>Progress:</p> <ul style="list-style-type: none"> The Parent Ambassadors have increased capacity for outreach to raise awareness of the Local Offer and support families access information. The current team can provide information in English Bengali and Somali. <p>Next Steps:</p> <ul style="list-style-type: none"> Refresh / wider distribution / publicity campaign to promote the Local Offer 	Jenny Miller / Jill McGinley
11	Produce a baseline of views about schools, early years, LBTH services and health services across Tower Hamlets	SEND Strategy	Oct-19	Victoria Beard					Jenny Miller / Jill McGinley / Juanita Haynes / Victoria Beard
12	Parents Advice Centre links growing network of parent and carer support groups, to SEND decision-making groups and with special school groups	SEND Strategy	Oct-19	Jill McGinley					Jenny Miller / Jill McGinley
13	Coordinated arrangements for complaints about SEND across LBTH and the NHS	SEND Strategy	Oct-19	???					
14	Mediation is coordinated across the NHS and LBTH.	SEND Strategy	Oct-19	John O'Shea					
15	Strategy and vision will have been communicated to all residents in Tower Hamlets.	SEND Strategy	Oct-19	John O'Shea	GREEN	GREEN	GREEN	The Strategy was launched in November 2018 where information on the Strategy and vision were communicated to residents. The information on the launch was shared on the local Offer, LBTH and CCG websites. It was also cascaded through the Families Matter newsletter and Head teachers bulletin.	
16	Parent and carer volunteers regularly carry out 'mystery shopper' activities to maintain quality of services	SEND Strategy	2023	Jill McGinley					
17	Training and online information linked to all of the 'life course' pathways is accessible to parents and carers	SEND Strategy	2023						
18	Parents and carers are represented throughout the governance arrangements and at decision-making Panels.	SEND Strategy	2023	John O'Shea			AMBER	There is now a parent and carer representative on the SEND Improvement Group, and at each of the sub-groups which report into it. An agreement is now in place for parents and carers to be made aware of SEND items when they are reported to the BWGW and the HWBB, so that a parent or carer can attend and inform the strategic discussion.	Tricia Boahene
19	Resource statements set out the different support budgets in all EHC plans.	SEND Strategy	2023	John O'Shea					

Ref	Key strategic outcomes and activities	Origin of activity	Timescale	Lead	Meeting - Jan	Meeting - Mar	Meeting - May	Commentary	Contacts
20	An independent parent and carer forum is in place	SEND Review		Jill McGinley		AMBER	AMBER	MARCH Strengths: • The PAC has extensive reach and engagement with parents and carers through services delivered at PAC and the Parent and Carer Council, a borough wide forum for all parents and carers which meets regularly and actively promotes engagement and participation opportunities. • Positive relationships with stakeholders and the broad range of support available ensure parents are informed and encouraged to participate in the SEND Independent Forum facilitated by Contact.	Jenny Miller / Jill McGinley
21	The parent carer forum has an effective approach to capturing the views of a cross section of parents and carers of children and young people who have SEND	SEND Review		Jill McGinley	AMBER	AMBER	AMBER	MARCH: Strengths: • The views of Tower Hamlets parents & carers of children & young people with SEND are captured through a range of mechanisms such as: the Annual Parent Carer Survey, Tower Hamlets Parent Conference, the PAC Outcomes evaluation and the Parent Ambassador programme. Progress: • The SEND Parent Ambassadors have started an outreach/ workshop programme and facilitated sessions for parents and carers in 7 schools over the term. They have also contributed to the SENCO conference, Annual Parent Conference and a Family Learning Day. • Ambassadors have shared information, promoted and consulted on the Local Offer and encouraged parents to join and participate in network activities and events. • More than 150 parents and carers have been reached. Areas for improvement: • The Forum is still forming supported by Contact as this needs to be independent of the Local Authority and partners Next Steps: • To agree a mechanism for parent and carer contributions and attendance at strategic meetings once Governance and meeting schedule has been agreed by SEND Improvement Board. • A new steering group for the Parents Advice Centre and Young people Advice Centre will meet during the spring term. Parents and young people have agreed to attend.	Jenny Miller / Jill McGinley
22	Ensure that existing and emerging parent networks are linked in to the parent carer forum	SEND Review		Jill McGinley	AMBER	AMBER	AMBER	MARCH: Strengths: • The SEND Parent Ambassadors have started an outreach/ workshop programme. Building links with schools and raising awareness of the Parent Network, development of the Independent Forum, the Parent Ambassador programme and the Local Offer. Progress: • Outreach sessions have taken place in 7 schools over the term with more than 150 parents and carers reached. Further sessions have been booked by schools for the summer term. Next Steps: • To develop a mechanism to follow up any parent who expresses interest in the forum – develop more opportunities for parents to attend meetings in schools and the wider community.	Jenny Miller / Jill McGinley
23	The views of Our Time Youth Forum and other relevant youth forums are used to inform service improvements	SEND Review		Jill McGinley	AMBER	AMBER	AMBER	MARCH: Strengths: • The Our Time Forum continues to meet and support a proactive group of young people. Progress: • Our Time has identified a number of young people to attend strategic groups to contribute to the development of services Areas for improvement: • Governance for young people to contribute at a strategic level needs to be agreed while young people identified are still keen to contribute. Next Steps: • To clarify governance and mechanism for meaningful participation to improve services.	Jenny Miller / Jill McGinley
Priority 5 - Moving On									
1	Preparation for Adulthood Group is up and running	SEND Strategy	Oct-19	Preparing for Adulthood Group	GREEN	GREEN	GREEN	WHEN DID IT GET STARTED AND HOW MANY MEETINGS HAVE TAKEN PLACE?	Tina Sode
2	Preparation for Adulthood Group improves planning and coordination for transitions to adult services for young people with SEND	SEND Strategy	Oct-19	Preparing for Adulthood Group					Tina Sode
3	Clear, effective arrangements are in place for young people with SEND health needs transferring to adult health and social care services at the age of 18	SEND Review		Mary Marcus		AMBER	AMBER	Strengths: • CLDS is a MDT service, including Psychiatrist, Nurses, Psychologist, Physiotherapist, OT and SALT. There is a health action plan in place for our service users and CLDS work closely with GP and local hospital. • Well-established service Progress: • CLDS – for young people with complex health needs eligibility assessment takes place at 17 to ensure CCG can be informed of future health needs and identify/transfer health care packages in a timely way. • 14-25 SEN / High needs - Discussions have begun at the newly formed transitions forum around ways in which all teams involved with the young person can communicate and share student related information effectively and speedily.	CLDS Transition Team / Tina Sode / Sami Haider

Ref	Key strategic outcomes and activities	Origin of activity	Timescale	Lead	Meeting - Jan	Meeting - Mar	Meeting - May	Commentary	Contacts
4	Annual reviews are consistently timely to enable a smooth well planned for transition	SEND Review		John O'Shea		AMBER	AMBER	<p>Strengths:</p> <ul style="list-style-type: none"> CLDS has links with colleges and local schools pre 18 years of age and aim to attend all relevant reviews and assess prior to 18th birthday to determine eligibility for CLDS service <p>Progress:</p> <ul style="list-style-type: none"> CLDS – is a well-established service <p>Areas for improvement:</p> <ul style="list-style-type: none"> CLDS – There is currently a backlog of reviews which the team aims to clear by April 2019 CLDS – to develop more integrated health and social care reviews 14-25 SEN / High needs – Although timelines are sent to schools in December providing a reminder to carry out AR's in-between April and December (to ensure the consultation process for post 16 education can efficiently begin in January) this process is often delayed and disrupted due to young people missing the deadline or changing their minds. This results in a 'spikey' transition. 14-25 SEN / High needs – limited placements / provision for level 1 and 2. Matching young people to placements can be challenging, bad matches can result in poor attendance and new placement consultation being initiated. Service is in talk with 'South Key' to provide a broader vocational offer to address this issue. <p>Next Steps:</p> <ul style="list-style-type: none"> CLDS to further develop transition pathways and integrated working 	Sami Haider / CLDS Transition Team / Tina Sode / Mary Marcus
5	Suitable provision is in place to meet need during and immediately following transition	SEND Review		John O'Shea		AMBER	AMBER		Sami Haider / CLDS Transition Team / Tina Sode / Mary Marcus
6	Settings routinely receive timely and helpful information about children and young people who have SEND joining them	SEND Review		John O'Shea		AMBER	AMBER	<p>Strengths:</p> <ul style="list-style-type: none"> CLDS has well-established tracking system in place to gather information for year-9, including all special schools, SEND, Career Services and Children's Service 14-25 SEN / High needs - All post 16 providers receive copies of prospective student's EHCPs and latest annual reviews before offering a place. Students are encouraged to visit potential provision before accepting a place – very vulnerable students are escorted by colleagues from the careers team. <p>Areas for improvement:</p>	Sami Haider / CLDS Transition Team / Tina Sode / Mary Marcus
7	Audit post-16 destinations and achievement of Tower Hamlets young people with SEND	SEND Strategy	Oct-19	Victoria Beard					Mick Pask
8	Identify how the local area can increase the number of supported internships, apprenticeships and work experience places offered by employers in Tower Hamlets	SEND Strategy	Oct-19	Preparing for Adulthood Group					Tina Sode
9	Clear and well-understood pathways for independence into training and work experience are in place, from age 14.	SEND Strategy	2023	Preparing for Adulthood Group				GAP project?	Lisa Mathews / Belinda Haswell
10	Clear shared understanding of the pathway into supported and independent living 19-24 year olds with EHC plans in place	SEND Review		Mary Marcus		AMBER	AMBER	<p>Strengths:</p> <ul style="list-style-type: none"> CLDS has locally commissioned supported living schemes <p>Progress:</p> <ul style="list-style-type: none"> CLDS is running a 'Supporting Independence' project which supports individuals to become more independent. 38 young people have been identified for this project and the CLDS are undertaking an in-depth 'Progression Model' assessment. CLDS is developing a 'Shared Lives Scheme' and exploring general housing options available to younger people. 	Joyce Dickson / Maryum Rouf / Sami Haider
11	Secure funding for one new supported housing project for young adults with high levels of learning disability	SEND Strategy	Oct-19	Preparing for Adulthood Group					Tina Sode / Sami Haider
12	30 additional, supported housing units are on stream and available for young adults in Tower Hamlets	SEND Strategy	2023	Preparing for Adulthood Group					Mary Marcus / Lisa Mathews / Stuart Andrews
13	All young people with complex SEND will be identified to primary care and adult health services	SEND Strategy	Oct-19	Preparing for Adulthood Group					Mary Marcus / Lisa Mathews
14	Timely assessment for adult services for all identified young people is in place	SEND Strategy	2023	Preparing for Adulthood Group					Mary Marcus / Lisa Mathews / Stuart Andrews
15	Young adults with SEND routinely attend annual health check with their GP.	SEND Strategy	2023	Preparing for Adulthood Group					Mary Marcus / Lisa Mathews / Stuart Andrews
16	New City College / South Quay College access health advice to ensure up-to-date health planning is in place for students with an EHC plan.	SEND Strategy	Oct-19	Preparing for Adulthood Group					Mary Marcus / Lisa Mathews
17	Young adults with complex needs have up-to-date healthcare plans	SEND Strategy	2023	Preparing for Adulthood Group					Mary Marcus / Lisa Mathews / Stuart Andrews
18	Clear offer of information and training for parents and carers of young people with SEND (from 14-25 years old) is available via the Local Offer website.	SEND Strategy	2023	Jill McGinley					Jenny Miller / Tina Sode
19	Parents and carers consulted about the support and advice they need as they prepare for their child becoming an adult.	SEND Strategy	Oct-19	Preparing for Adulthood Group					Jill McGinley / Jenny Miller

Ref	Key strategic outcomes and activities	Origin of activity	Timescale	Lead	Meeting - Jan	Meeting - Mar	Meeting - May	Commentary	Contacts
20	Produce an 'easy to follow' guide about the local area's procedures and thresholds for identification, referral, assessment, planning and review	SEND Review		John O'Shea / Mary Marcus		AMBER	AMBER	Areas for improvement and next steps <ul style="list-style-type: none"> Criteria for progression to CLDS not currently well known CLDS is developing a paper resource pack which will help to provide information to parents and young people regarding the support available and CLDS criteria. A web-based or app version would aid accessibility but funding for this not yet available. 	CLDS Transition Team / John O'Shea / Tina Sode
21	Plan in place to extend the number of families being reached and accessing developmental screening	SEND Strategy	Oct-19	Katie Cole					Simon Twite / Abdul Quddus

Key

Traffic light	RAG Status definition	Action
<p>Red</p> <p>Page 73</p>	<p>There are significant issues with this area of work</p> <p>Action is taken to resolve the problem or a decision made to watch the situation</p> <p>The work requires corrective action to meet our strategic objectives</p> <p>The issue cannot be handled solely by the system lead or relevant service area</p> <p>One or more aspects of this item are at risk of slipping. However, the deviation from the plan is manageable and/or unlikely to put any service users at risk</p>	<p>The matter should be escalated to the SEND Improvement Group and SEND Progress Group immediately</p>
	<p>One or more aspects of this item have slipped. The deviation from the plan is unmanageable and/or likely to put service users at risk</p>	
<p>Amber</p>	<p>A problem has a negative effect on this action, the system lead or relevant service areas</p> <p>Most aspects of this item are on track, or close to being on track. However, there might be some minimal delays</p>	<p>The SEND Improvement Group should be notified using a progress report or scheduled briefing with the sponsor</p>
<p>Green</p>	<p>This area of work is performing to plan</p>	<p>No action needed</p>

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