Open Agenda

Overview & Scrutiny Committee

Monday 4 April 2016
7.00 pm
Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Supplemental Agenda

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Date: 29 March 2016

Agenda Item 5

Item No. 5	Classification: Open	Date: 4 March 2016	Meeting Name: Overview & Scrutiny Committee
Report title:		**Report on processes to support older and more vulnerable tenants living on their own.**	
Ward(s) or groups affected:		Borough-wide	
From:		Director of Resident Services	

RECOMMENDATION(S)

1. Members note the report

BACKGROUND INFORMATION

1. Following the recent death of two council tenants living alone, the Leader of the Council asked Chief Officers to:

    a. Review the current policies, procedures and practices
    b. To consider whether any more proactive steps could be taken to identify trigger points of concerns.
    c. To review the response to such triggers.
    d. To consider the findings of the 2009 'Lambert' report

KEY ISSUES FOR CONSIDERATION

Case 1, Mr I

2. Mr. I (aged 74) was a council tenant in Camberwell SE5 from September 1977. In line with the council's programme of periodic tenancy visits Mr I was last visited on 5 July 2015. Mr I was in receipt of full Housing Benefit with payments of arrears being deducted by the DWP and paid directly to the Council. The last payment to his account was on 12 February 2016.

3. On 2 December 2015 the council was first alerted by a neighbour that Mr. I had not been seen or heard from since 28 November 2015. The neighbour also alleged there was a strange smell in the shared corridor coming from his property.

4. Consequently on 2 December officers took the following action:

    - called the tenant on his mobile (no response).
    - called the local Police team and left a voice message.
    - emailed the local Police team to request a welfare check.

5. On 3 December the Resident Services Manager (RSM) and Resident Services Officer (RSO) visited the address. No strange smell was detected as reported. The neighbour who initially raised their concerns was present during this visit.

6. The same neighbour also advised officers that the tenant's car was missing

which was usually parked in front of the property. Officers concluded that the tenant may have travelled and therefore a decision was made not to undertake a forced entry on that occasion. The decision was based on the fact there was no smell and the tenant's car was not present.

7. A letter was left at the property requesting the tenant to contact the office on their return.

8. On 4 December 2015 a repeat visit was conducted by the RSO. Again no smell was noted but the letter remained in its original position. The neighbour was again present during this visit was advised that checks would continue. Officers continued to leave messages for the tenant and kept the neighbour updated. The tenancy file was checked and no next of kin details were found.

9. On 7 January 2016 officers were contacted by a friend of the tenant who raised concerns as they had not spoken to the tenant since the end of November 2015. This information was discussed with the Police and it was agreed to undertake a forced entry.

10. On 7 January officers met the Police on site and a forced entry was carried out. The tenant was found dead in the bath with the tap still running.

11. Contact with the tenant over the previous 12 months was also reviewed as follows:

    - 23 April 2015 – Telephone conversation with Mr I regarding pest issues in his home.
    - 14 May 2015 – Office meeting with Mr I with SASBU present.
    - 5 July 2015 – Tenancy visit conducted at the property.
    - 10 July 2015 – Pest control team confirmed a home treatment visit.
    - 27 October 2015 – Office meeting with RSM and RSO.
    - 17 November 2015 - Telephone call from Mr I to discuss the mediation service.

Case 2 Ms G

12. Ms. G, aged 72, became a council tenant in Camberwell SE5 in April 1994, following succession of the tenancy from her mother. She had lived at the property since 1973. The last tenancy check was carried out on 22 September 2014. Ms G was in receipt of full HB.

13. The RSO was first alerted via email on 6 January 2016 by the Income Officer to advise that the tenant's rent account had gone into arrears and there was a missed appointment. The RSO was on leave at the time. (Recommendation in para 44).

14. On 21 January 2016 the RSO tried contacting the next of kin and a voicemail message was left. Adult Social Care was also contacted who confirmed the tenant was not known to them.

15. On 22 January 2016 the RSO visited the property and left a calling card. No sign of any cause for concern was found.

16. On 25 January 2016, the following action was taken by the RSO:

- The tenant's rent account was reviewed, the last payment was made in March 2015. (Recommendations in paras 41 and 42).
- Telephone call to next of kin. No response was received.
- Telephone calls to several hospitals to check recent admittance. None were recorded.
- Neighbours were called but no responses were received.
- The Police were contacted and a decision made for a welfare check and entry was forced at 3pm when the deceased tenant was found

17. The RSO made follow-up enquiries with other services to confirm if tenant was known:

    - 26 January 2016 – Enquiries made to the Sustain team, who confirmed the tenant was not known to their service.
    - 26 January 2016 - Enquiries made to the mental health team, who confirmed tenant was not known to their service or receiving support from any of the support services.
    - 26 January 2016 – Enquiries to the older persons mental health team who confirmed that the tenant was previously known to their service but the case was closed on 22 October 2014. The tenant had been under the care of the psychologist team for cognitive behaviour therapy (CBT) but with no allocated CPN or caseworker.

18. The information about the tenant's mental health was not disclosed by the tenant to the RSO during a tenancy visit on 22 September 2014. (Recommendations 40 44)

Policy implications

19. The Director of Resident Services has reviewed the existing processes and practice in respect of both cases and the existing processes in place to support older and more vulnerable adults living alone in council housing; as well as wider practice across the Resident Services Division and the Council as a whole focusing on adherence to procedures, joint working and continuous improvement.

20. The future vision for the service is to adopt a more collaborative cross-Council approach with agencies, working closer together to protect and support more vulnerable households. There are already a number of existing processes in place to safeguard adults in our properties including:

    - Improved joint working with internal and external departments on matters of adult safeguarding.

    - Having a clear adult safeguarding lead in each Division responsible for improved relationships and joined up working with other services.

    - A new multi-agency team who work to prevent individuals ending up in high need social care. This includes individuals who have a range of complex needs including antisocial behaviour, mental health, substance misuse, disrepair, hoarding, and high rent arrears. The team aims to deliver early intervention and a coordinated partnership response.

- A significant programme of periodic tenancy visits by Resident Services.

- When a new tenant signs up for a tenancy lettings staff record details of support agencies (social workers, probation officers, reablement and resettlement case officers etc) working with any vulnerable tenant.

- A monthly hoarding panel is held with key partners present. The panel reviews cases of neglect and safeguarding concerns some of which were picked up during tenancy checks or by operatives. The panel agrees action plans to safeguard those concerned.

- There is a programme of child and adult safeguarding training available through My Learning Source aimed at all Council staff. This training is mandatory for RSOs to ensure they have a better understanding of triggers and behavioural changes and the need to act quickly on any concerns.

- All opportunities are used to gather intelligence on safeguarding matters including established processes for front-line operatives to report any concerns they may have witnessed. Front-line staff (for example building operatives/estate cleaning staff) have a process for reporting safeguarding issues they have identified and this information is shared regularly with resident services staff.

21. A Steering Group has been established involving Mental Health Services, Adult Social Care and Resident Services, focused on delivering more effective joined-up working across the Council and partner agencies, utilising shared management information and systems at the point of service delivery.

22. There is an existing process in place for area housing management staff to initiate when a concern or alert is raised regarding a tenant not seen and not answering their door, or telephone calls. This includes welfare checks and where necessary forced entry in partnership with the Police. This is the process that was followed in both cases in question.

Periodic Tenancy Visits

23. During 2013/14 Resident Services Staff completed visits to 31,968 households, (93.1%), as part of a programme aimed at visiting every Council tenant under direct management. This included a verification check of the tenancy; the collection of demographic information; a compliance check and an assessment of any support needs for vulnerable households.

24. The tenancy check process includes an initial assessment of vulnerability and support needs which will trigger further activity under the cause for concern (C4C) process (below). The C4C process is also triggered from referrals from Council staff or other agencies.

25. Where visits were not successful during 2013-14 these were targeted for attention in the 2014-15 programme to ensure that all tenants are visited.

26. 2014/15 - This programme was designed to reinforce the work completed the previous year and 18,340 visits were completed.

27. 2015/16 - The current year is the second year of the programme and a further 11,402 visits have been completed to date (end Jan 2016).

28. During the course of a tenancy visit an RSO has to complete a paper questionnaire collecting information on a wide range of matters. On their return to the office this information then needs to be transferred onto different management systems and actions arising from the visit, undertaken. This builds in delays in updating systems and increases the risk of inaccurate or incomplete transfer of data from the paper questionnaire. This process is, therefore, the subject of phase 1 of the Council's mobile working project designed at ensuring a more robust, automated system of recording the outcome of these visits, including recording concerns and updating systems in real time as they are identified, giving us greater assurance that the C4C process is being triggered. Phase 1 is scheduled for implementation during April 2016.

29. As can be seen from the two case reviews, tenancy visits took place in compliance with this regime.

Cause for Concern

30. There are 4 main criteria in the process for identifying a 'cause for concern':

- contact from the public or a partner agency identifying concerns;
- staff highlighting concerns;
- incidents highlighting concerns;
- an online trigger report – this identifies all those tenants over the age of 65 where there has been no repairs raised in the previous 3 months and no rent paid over the same period.

31. Once a cause for concern is triggered a programme is agreed between the Resident Services Officer (RSO) and the Resident Services Manager for more frequent visits. This also triggers routine checks across the Council to ensure a multi-agency approach to addressing identified support needs. The RSO currently manages each case using manual systems.

32. Management oversight of compliance is delivered through Resident Services' performance reporting regime.

Forced Entry – Tenant Not Seen Recently Procedure

33. There is an existing process available online for Resident Services staff designed to ensure the well-being of vulnerable residents, ensure prompt and effective action when their well-being is in doubt; and ensure that forcing entry is a controlled and managed process.

34. The existing process is subject to a review which is expected to be completed by the end March 2016. The current process includes guidelines for staff for how reports of concern are to be recorded, reporting requirements to Adult Social Care, and on when and how to escalate matters.

35. Included are two process maps, one setting out the process between receiving the notification of a concern up to the decision to force entry if required; the second sets out the process once the decision to force entry has been made. There is also a checklist to guide staff through the process.

Case Summaries

36. Full reports have been completed detailing the circumstances surrounding the two cases.

37. In the case of Mr I the right steps were taken to locate him as soon as possible and prompt action was taken in respect of initial contact from concerned parties. Council Officers investigated the concern raised by the neighbour, visited Mr I's home on a number of occasions and saw no signs of an emergency before contacting the Police to carry out a welfare check.

38. The actions taken by officers in the case of the death of Mr I from the moment the concern was first raised by his neighbour was in line with standard practice.

39. The actions taken by officers in the case of Ms G from the moment the concern was first raised by the income officer was in line with standard practice.

40. In both cases neither resident was currently known to Adult Social Care.

Lambert Report

41. The Director of Resident Services also reviewed the Lambert report of 2009 which concerned the death of Ms Engelina Lambert. The circumstances surrounding Ms Lambert's death and that of the two cases under review are different. The report was a follow up to the concerns from the Coroner into how Mrs Lambert's case was handled by Adult Social Care following concerns raised by the Ambulance Service. No such concerns have been raised in the two recent cases under review. Once common theme, however, is the critical need to ensure that information is shared across agencies working with vulnerable households.

Findings

42. The vision of greater collaborative working and wider information sharing within the Council and with its partner agencies needs to be embedded into all working practices. This will include a note on 'The Source' reminding all staff of their responsibility to report issues of concern; included in the standard Southwark induction checklist, raised at team meetings and by letter to contractors and other partner agencies.

43. Cross Council working to better support vulnerable residents, especially those living alone, can be improved by better sharing of information between those responsible for assisting and supporting people through the use of a single database, or shared system to flag cases of concern. For example, work is underway with Adult Social Care on sharing information to ensure that the directorates of the Council dealing with vulnerable households have a shared view of vulnerable residents. In addition the scope for this work extending into SLAM/NHS will be explored.

44. The 'forced entry' procedure, 'tenant not seen' procedure used by Resident Services is being reviewed, particularly with reference to how information of concern is communicated and to what timescales.

45. The online trigger report for the C4C process, (para 30 above), has been reviewed to ensure that a concern is triggered, either when no repair has been raised, or no rent paid for all those over the age of 65 and all those flagged as 'vulnerable', given age is only one factor, in the shared system. The 'rent paid' trigger is being reduced to 6 weeks and income staff are being briefed to ensure they highlight to the RSO, (copied to the RSM and Area Manager), any significant change in payment patterns for more vulnerable households. This will be added to the Rent Income and Arrears Procedure.

46. The process where main contractors inform Resident Services of vulnerable households or subletting concerns has been reviewed and will include sub-contractors as far as possible. This review also ensures that concerns are communicated between operative and RSO more quickly and that contractors are fully compliant with these processes. This process will also feed into the proposal for shared information across the Council.

47. Existing information held by colleagues in the Occupational Therapy Service, the Housing Adaptations Team and SMART will be shared and cross-referenced in a managed way initially, by sharing existing client lists, followed up with a new process. SMART have agreed to share their list by 4/3/16.

48. The Concierge service improvement plan will include additional support for vulnerable residents, based on assessed support needs for those blocks under their management.

49. Resident Services and Communities Division's will work to ensure TRA members and the wider community are aware of routes to report any cause for concern they may have regarding residents in their neighbourhood. This will be done through a programme of attendance at routine TRA meetings and using the Council's website. This will include advice on what to be aware of and potential triggers.

50. The Leader of the Council noted the report and supported the actions outlined.

51. The Director of Resident Services will review the outlined action plan periodically during 2016/2017 to ensure actions are carried out and completed.

52. Action Plan:

Ref	Recommendation	By whom and by when
Para 42	Include a note on The Source reminding all staff of their responsibility to report issues of concern and all managers to raise at team meetings.	Area Manager/ Communications by end March 2016
Para 42	All managers to ensure that all staff are briefed on their responsibilities in safeguarding, triggers to look out for and reporting routes as part of the standard Southwark Induction checklist.	Human Resources by end March 2016
Para 42	All repairs contractors to be reminded by letter of the need to report all safeguarding concerns through the standard reporting regime and ensure that this is cascaded to all sub-contractors (para 25).	R&M Manager/Head of Engineering by end of March 2016
Para 43	Put in place information sharing protocol with Adult Social Care.	Robertson Egueye by end April 2016

Para 43	Information sharing protocol with Health Services.	Robertson Egueye by end June 2016
Para 44	Review of forced entry procedure – tenant not seen' procedure.	Andrew Rogers by end March 2016
Para 45	Change parameters of trigger report as set out in para 24.	David Eatwell/Paul Montigue by end March 2016
Para 45	Amend Rent Income & Arrears Procedure to re-inforce requirement for Income Officers to report concerns to RSOs (copied to RSM/Area Manager). Instruction to staff to report concerns to RSOs (copied to RSM/Area Manager).	Martin Hilder by end July 2016 Martin Hilder by 4/3/16
Para 47	Shared data with OTs, Housing Adaptations and SMART service and protocol to ensure regular cross-reference against 'vulnerable' list.	Robertson Egueye by end April 2016
Para 48	Concierge staff to receive access to 'vulnerable list' and new instruction to door-knock in the event of service outage/incident.	Hazel Flores, Andrew Rogers, Abi Oguntokun by end March 2016
Para 49	Briefing note for RSOs for TRA meetings and completion of attendance at all associations to raise awareness.	David Eatwell by end September 2016
Para 49	Poster for TRA halls and publish Website content for TRA's.	David Eatwell/Comms by end March 2016

APPENDICES

No.	Title
	none

AUDIT TRAIL

Lead Officer	Gerri Scott, Strategic Director of Housing and Modernisation		
Report Author	Paul Langford, Director of Resident Services		
Version			
Dated	21 March 2016		
Key Decision?	No		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title		**Comments Sought**	**Comments Included**
Director of Law and Democracy		Yes/No	Yes/No
Strategic Director of Finance and Governance		Yes/No	Yes/No
List other officers here			
Cabinet Member		Yes/No	Yes/No
Date final report sent to Constitutional Team / Community Council / Scrutiny Team			

Agenda Item 7

A Joint Mental Health Strategy for Southwark

A Joint Report of the

Education & Children's Services scrutiny sub-committee

and the

Healthy Communities scrutiny sub-committee

March 2016

Southwark Council

Contents

1. Introduction

1.1 The Education & Children's Services Scrutiny Committee and the Healthy Communities Committee carried out a joint inquiry into the development of the Joint Mental Health Strategy for Southwark.

1.2 This is being created jointly between Southwark Council and the Southwark Clinical Commissioning Group.

1.3 This report brings together the recommendations from both Committees as a single report for the Cabinet Member and Clinical Commissioning Group to consider.

2. Summary of recommendations

2.1 **Recommendation 1:** Both the Children and Education Scrutiny Committee and the Healthy Communities Committee would recommend that the best practice guidance developed by the Centre for Mental Health forms the cornerstone for the approach taken to developing the Joint Mental Health Strategy for Southwark.

2.2 **Recommendation 2:** Both the Children and Education Scrutiny and the Healthy Communities Scrutiny Committees would request that the final report is presented to scrutiny when finalised.

Education and Children's Services Scrutiny Sub-Committee

2.3 **Recommendation 3:** The Committee recommends that the Council and CCG detail the global CAMHS spend now and once the Transformation Plan is implemented and funds drawn down, year by year, with a budget for each service.

2.4 **Recommendation 4:** The Committee recommends that the Council and CCG provide more detail on Early Help investment, now and in the future

2.5 **Recommendation 5:** The Committee recommends that the Council and the CCG consult with the Headteachers Executive on the link arrangements with CAMHS and the Early Help provision, the Pilot project, to ensure the proposed Children and Young People's Emotional Wellbeing Strategy will deliver better communication and integration between schools with mental health practitioners and social care, including housing.

2.6 **Recommendation 6:** The Committee recommends that the adoption of a Whole School approach to mental health and emotional wellbeing in the Children and Young People's Emotional Wellbeing Strategy is well promoted and a plan is developed for its implementation in partnership with the Headteachers Executive and local schools. Case studies from Bacons College and schools with positive practice in this area should be promoted around Southwark schools.

2.7 **Recommendation 7:** The Committee recommends that a schools representative on the Health & Wellbeing Board is appointed. This could be done through the Southwark Headteachers Executive.

2.8 **Recommendation 8:** The Committee recommends that the Council and the CCG set out more clearly how the Transformation Plan will tackle

- Cyber bullying
- Gangs and work with schools on this
- Promote effective anti-bullying work in schools, particularly peer support

- Recognise the LGBT students are at particular risk of being bullied and need particular support e.g. anti-discrimination work and LGBT peer support

2.9 **Recommendation 9:** The Committee recommends that the Council and the CCG differentiate more clearly gender specific data and services that address specific risks, for example:evidence that that rising mental health needs are particularly affecting girls;anecdotal evidence that boys find it more difficult to speak about emotional problems; data that boys are less likely to access services but are more at risk of suicide completion or involvement in offending

2.10 **Recommendation 10:** The Committee recommends that the Council and CCG support outreach work with communities to break down taboos (e.g. Black Majority Churches Project)

2.11 **Recommendation 11:** The Committee recommends that the Council and CCG should ensure that mental health services meet the cultural needs of diverse communities and take steps to tackle institutional discrimination, particularly those most at risk e.g. Girls from FGM practicing communities, black & Asian communities from psychosis & schizophrenia

2.12 **Recommendation 12:** The Committee recommends that the Council and the CCG involve service users from a wide ethnic demographic in developing the Transformation Plan and getting the user voice, bearing in mind that disadvantaged groups are generally more at risk of mental health problems

2.13 **Recommendation 13:** The Committee recommends that the council and its partners should make every effort to ensure that the education of vulnerable children or young people is not disrupted through housing placements.

2.14 **Recommendation 14:** The Committee recommends that there needs to be a much more integrated approach to working between all partners for children and young people with mental health issues including the housing department.

2.15 **Recommendation 15:** The Committee recommends that a Housing representative is included on the Health & Wellbeing Board.

2.16 **Recommendation 16:** The Committee recommends that SLaM , Kings & GSST work with mental health users to assess the adequacy of the Paediatric A & E and Place of Safety and report back in six months' time on both user experience and patient wait times for admission when in crisis.

2.17 **Recommendation 17:** The Committee recommends that health and social care service managers in children's and adults' services must work together in an integrated way to ensure a smooth and gradual transition for young people. Good practice should involve, for example, developing a joint mission statement or vision for transition, jointly agreed and shared transition protocols, information sharing protocols and approaches to practice.

2.18 **Recommendation 18:** The Committee also recommends that the Council and CCG provide an update on the practical steps that will be taken to address Transition

2.19 **Recommendation 19:** The Committee recommends that the Council and CCG develop a mental health service for young people that spans the ages of 12-25, during the years of highest mental health prevalence, so that young people do not have to Transition at 18, during the peak of symptoms.

2.20 **Recommendation 20:** The Committee recommends that the Council and CCG add Permanently Placed children, LGBT young people, and children and young people experiencing economic and social deprivation to the cohorts of 'at risk' young people.

2.21 **Recommendation 21:** The Committee recommends that Southwark's strategic partnership must ensure that responsive services are in place to provide therapeutic support from Child and Adolescent Mental Health Services (CAMHS) to young people who were at risk of, or who had suffered, child sexual exploitation

2.22 **Recommendation 22:** The Committee recommends that there are good communication, training and awareness sessions across all of the partnerships required to bring the mental health strategy to life.

2.23 **Recommendation 23:** The Committee recommends a multi-layered communication campaign that can raise awareness amongst the partners and signal a need for a significant culture change to transform mental health from a 'Cinderella service' to one that places service users at the centre of an integrated service designed to improve outcomes of its most vulnerable residents.

Healthy Communities Scrutiny Sub-Committee

2.24 **Recommendation 24:** The Committee recommends that the Council looks to form partnerships with Housing Associations and Credit Unions, amongst others to be identified, in order to better identify people who would benefit from support with their mental health and improve the holistic support those with mental health issues receive

2.25 **Recommendation 25:** The Committee further recommends that the work of programmes such as the faith communities' project continues to be funded to help combat stigma around mental health and their work to date is reflected in the Joint Mental Health Strategy. This should include rolling out similar programmes to other ethnical minority groups including Irish, Asian and Latin American communities.

2.26 **Recommendation 26:** This Committee believes that as part of the Joint Mental Health Strategy, the Housing teams, Reablement teams and Community Support teams should be trained to identify mental health issues to further help support those older members of our community with whom they regularly interact with.

2.27 **Recommendation 27:** Furthermore, the Committee notes that the voluntary sector is taking an innovative approach to supporting the older population who have mental health needs and would task the Council with considering similar approaches.

2.28 **Recommendation 28:** The Committee would recommend that the Council and the CCG seek to understand the links between mental health and dementia and establishes a programme for supporting older residents who present with symptoms of either condition to ensure a correct diagnosis.

2.29 **Recommendation 29:** The Committee recommends that the Council seek to ensure that the Joint Mental Health Strategy dovetails with other relevant strategies, to ensure that every approach is taken to identify and treat mental health at the earliest opportunity.

2.30 **Recommendation 30:** The Committee recommends that as part of the Joint Mental Health Strategy, there is a focus on encouraging GPs to consider mental health concerns as part of their diagnosis of seemingly unexplained symptoms, and continue to assess for it as part of the management of long-term conditions.

2.31 **Recommendation 31:** The Committee recommends that the CCG works with GP surgeries throughout Southwark to provide signposting to voluntary and charitable organisations who can

offer support to those with mental health concerns and would ask that this is built into the Joint Mental Health Strategy.

2.32 **Recommendation 32**: The Committee recommends that the Joint Mental Health Strategy take into account the findings of the Joint Health Scrutiny into SLaM Places of Safety and incorporate these into their strategy as appropriate.

2.33 **Recommendation 33**: The Committee commends the MindBody programme and the work it is doing to up-skill the workforce. We would recommend that the Joint Mental Health Strategy evaluates the MindBody programme and incorporates the relevant elements of the programme into the plans for training for our workforce in Southwark.

3. A best practice approach

3.1 The Centre for Mental Health has developed a model approach for creating a mental health strategy at local level, and this committee believes that the learnings from this work should be incorporated into any future strategy.

3.2 As Jan Hutchinson set out in her presentation to the Healthy Communities Committee, the focus of any mental health strategy needs to be broad, and cross-cutting, encompassing all age groups, informed by data and with room for flexibility in adapting the strategy as the surrounding environment changes.

3.3 Any mental health strategy should also follow a number of core principles, as set out below

- Focus on early intervention
- Living experience voices
- Support for carers
- Evidence-based treatments and support
- Joined up provision, including physical and mental health
- Actions to reduce stigma
- Actions to promote equality[1]

3.4 The Mental Health Taskforce has been established to take a UK approach to mental health. This is focused on high level objectives, with some core areas of activity. This includes improved crisis care, with the expansion of Crisis Resolution and Home Treatment Teams; improvements in physical health; an increase in mental health liaison services both in emergency departments and in older-age acute physical health services. The five year strategy also focuses on specific groups, including a focus on reducing suicides, increasing access to evidence-based psychological therapies, an increase in access to IPS employment support and a focus on perinatal mental health services.

3.5 The Centre for Mental Health has also set out a number of ways in which consultation should take place to achieve the best overall strategy. This should include a variety of consultation exercises, including:

- Roundtables and consultation events
- Digital collection of information through apps and surveys
- A collection of stories 'a day in the life' collected through www.dayinthelifemh.org.uk
- An exercise that asks 'what if we didn't…'
- Establishing links with the schools for better mental health and asking staff their thoughts
- Considering the complaints and issues most frequently heard by MPs, Councillors, GPs and local Healthwatch providers[2]

3.6 *Both the Children and Education Scrutiny Committee and the Healthy Communities Committee would recommend that the best practice guidance developed by the Centre for Mental Health forms the cornerstone for the approach taken to developing the Joint Mental Health Strategy for Southwark.*

[1] Centre for Mental Health, Jan Hutchinson, March 2016
[2] Centre for Mental Health, Jan Hutchinson, March 2016

4. Background to the Joint Mental Health Strategy Development

4.1 The Joint Mental Health Strategy has come about following a recommendation from the Review into Social Care Mental Health, the findings of which were discussed by the Council in December 2015. The Council and Southwark NHS CCG have set out a number of core priorities for developing a Joint Mental Health Strategy. These are as follows:

Protection, promotion and prevention

Delivering effective, evidence-based, targeted mental health promotion through Public Health programmes, including mental health and emotional wellbeing in schools and colleges, community-based resilience programmes and peer/self-management programmes to more vulnerable citizens in the general population.

Primary mental health care

The local development of mental health primary care integrated to social care, with secondary care so that step down and step up to secondary care mental health services is achieved. Mental health and social care service delivery through Local Care Networks will require stronger shared care arrangements with primary care. The focus here is community-based service delivered in local neighbourhoods with less reliance on acute hospital care.

Better delivery of care for long-term conditions

Delivering more effective community crisis resolution, home treatment and peer support so that those who experience longer term mental health conditions maintain their tenure in the community. The focus here is on increasing quality of life and reducing demand for hospital and intermediate care.

Further development of the Southwark Dementia Strategy

To continue to improve dementia care pathway for individuals and families in Southwark and drive forward work to make Southwark a Dementia Friendly Borough. The focus here is on increasing understanding of dementia and care at home.

Further develop a Children and Young People's Emotional Wellbeing Strategy

This will have a specific focus on key vulnerable groups of children and young people, including looked after children (children in care); children and young people with neurological conditions; and children and young people in contact with the criminal justice system. Schools to be at the centre of this development. Focus here on resilience and safety, including understanding and responding to self-harming behaviours.

Focus on better responses to complex needs

This should relate to presence of mental health needs and substance misuse.

4.2 In order to develop a comprehensive Joint Mental Health Strategy, the Council and Southwark NHS CCG have developed an invitation to tender to invite expressions of interest from suitably experienced and qualified provider organisations.

4.3 The Healthy Communities Committee has been following the development of a Joint Mental Health Strategy over a number of years, having previously seen drafts, although this has never led to a full and final strategy. As Dick Frak told the Committee, during the course of the review into social care mental health, he discovered four mental health strategies in different stages in development. As he noted, there were good elements in each of these attempts but an issue as to

whether they were balanced between health and social care and different emphases in each version of the reports based on when they had been written.[3] It is hoped that this strategy will reach fruition through working with a partner organisation who can help to deliver an expert approach.

4.4 Both the Children and Education Scrutiny Committee and the Healthy Communities Committee are pleased to see that since the consideration of Southwark's Mental Health Social Care Review in December 2015 that the Council has taken forward the recommendation to bring into place with NHS Southwark Clinical Commissioning Group (CCG) a Joint Mental Health Strategy.

4.5 The Council and CCG have planned to put out their Invitation to Tender in the coming weeks, with the hope of finding an expert partner in mental health. This will be followed with a consultation exercise that will take the next 6 months, with a final strategy to be delivered at the earliest of October or November 2016.

4.6 *Both the Children and Education Scrutiny and the Healthy Communities Scrutiny Committees would request that the final report is presented to scrutiny when finalised.*

4.7 Alongside the development of a Joint Mental Health Strategy for Southwark, NHS England required CCGs to submit a transformation plan for 2015-2020 in relation to local children and young people mental health services. Southwark NHS CCG worked in partnership with Southwark Council to prepare this local Transformation Plan, with input from South London & Maudsley NHS Mental Health Foundation Trust and other key stakeholders, including education, youth offending and children's social care. It also took into account the key messages from consultation with young people on mental health and wellbeing. This Plan was approved by NHS England in December 2015. It will be used to feed into the overall Joint Strategy for Mental Health.

4.8 This plan was considered separately at the Education and Children's Services Scrutiny and section 5 and appendix 1 of this report focus specifically on this.

4.9 The Healthy Communities Committee has focused on the overall Joint Mental Health Strategy and this is covered in section 6 and appendix 2 of this report.

[3] Dick Frak, Healthy Communities Scrutiny Committee, March 2016

5. The Joint Mental Health Strategy for Southwark – Recommendations from the Education and Children's Committee

5.1 The Education and Children's Service Committee agreed to a joint scrutiny with the Healthy Communities Scrutiny, which would allow for a holistic look at mental health in Southwark.

5.2 The review from the perspective of the Education and Children's Committee set out with these objectives:

I. Influence the developing Joint Mental Health strategy and encourage it to complete its work in a timely manner
II. Enable the wider community, particularly the voluntary sector and services user forums, to input into the developing strategy
III. Track the recommendations of the Narrowing the Achievement Gap scrutiny report 2014/15 pertinent to mental health:
    - Improve communication and the links between schools and CAMHS, social care, housing, police and other services in order to better support children and families experiencing mental health problems and multiple deprivation
    - Increase funding to CAMHS
    - Promote the adoption of a 'whole school approach' to mental health and emotional well-being in schools
    - Address the mental health needs of Permanently Placed children

5.3 In 2015/16 the Education & Children's Committee identified addressing the mental health and emotional wellbeing of pupils as a priority in improving educational progress during its review into Narrowing the Achievement Gap for pupils from disadvantaged backgrounds in Southwark. A whole school approach to mental health was one of the key recommendations of this report. In the same year, the committee reviewed the Council's Adoption service. A key recommendation of this review identified that there is a much-needed focus on promoting the good mental health of Permanently Placed children. This was perceived as being crucial in the promotion of good educational outcomes, given the early life experience of children and greater risks incurred.

5.4 A report in 2013 by the Education and Scrutiny committee on bullying had identified this as a key risk to good mental health, and made recommendations to promote resilience, protect children from cyber bullying and tackle gang related bullying and targeting, and do more to assist LGBT young people.

5.5 A summary of the relevant recommendations of all these reports is provided in Appendix 3

5.6 Mental Health is a priority issue for a number of scrutiny stakeholders. Southwark's Healthwatch is focusing on Mental Health as a priority area.

5.7 During the research with local schools for the Narrowing the Achievement Gap review, the mental health of children was identified as a key concern for schools; many are highly invested in improving the mental health and emotional well-being of children to improve educational outcomes. The Headteachers Executive identified better partnership as being important in improving the mental health of their pupils, and partnership was identified as an area that scrutiny is well placed to influence.

5.8 The Committee reviewed related plans and enabled the wider community to comment on these and identify priorities. Scrutiny engaged service user forums, the voluntary sector, Mental Health providers and mental health research organisations. It sought to promote dialogue between these stakeholders, elected members and lead officers, in order to influence the emerging Joint Mental Health Strategy in particular.

5.9 Several significant documents were considered during the course of the review, the most important of which was the Southwark Children and Young People's Mental Health Strategy and

Wellbeing Transformation Plan (frequently referred to in this report as 'Transformation Plan'). This was produced as a government requirement to enable further resources to be drawn down.

5.10 The requirement for councils and local CCGs to produce a local Children and Young People's Mental Health Strategy and Wellbeing Transformation Plan followed the government report published the previous year: 'Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing' which concluded that that there is emerging evidence of rising metal health need in key groups The report's data and audits reveal increases in referrals and waiting times, and this was particularly true for vulnerable children and families. The report said that providers are reporting increased complexity and severity of presenting problems. Changes to commissioning and the lack of clarity and accountability for child mental health service were identified as key problems. Following the report's publication the 2015 government budget allocated £1.25bn to mental health to improve provision for young people.

5.11 On 3 August 2015, NHS England published Guidance to support the development of Local Transformation plans for Children & Young People's Mental Health and Wellbeing, with an action for local NHS Clinical Commissioning Groups (CCG) to submit Transformation Plans and associated information for assurance. Southwark NHS CCG worked in partnership with Southwark Council in preparing the local Transformation Plan with input from South London & Maudsley NHS Mental Health Foundation Trust and other key stakeholders. It took into account the key messages from consultation with young people on mental health and wellbeing carried out in cooperation with Community Action Southwark in September 2014. The final version of the Southwark Transformation Plan was approved by NHS England on 18th December 2015.

5.12 **A Whole School approach to Mental Health & Emotional Wellbeing and CAMHS**

5.13 The Narrowing the Achievement Gap review 2014/15 found that the mental health needs of children in school was a consistent theme. A significant amount of Pupil Premium money was being spent on mental health with teachers reporting sharp increases in need. This finding was repeated in the Southwark Children and Young People's Mental Health Strategy and Wellbeing Transformation Plan consultation, where Southwark Headteachers Executive reported that their "overwhelming view is that we are massively neglecting the mental health and wellbeing needs of our children, and importantly their parents". They referred to an 'explosion' in the number of children suffering Mental Health problems.

5.14 The Narrowing the Achievement Gap report recommended promoting Bacon's College good practice in providing a whole school approach to wellbeing and in particular the use of therapeutic and targeted interventions to address the social, emotional and mental health needs of the most disadvantaged students, with a focus on ensuring the bottom 20% make good progress.

5.15 In its evidence to the Healthy Communities committee, The Centre for Mental Health gave as its top recommendation 'more integration and investment in the mental health of children in schools' .This is because schools are well placed to spot children in difficulty and formulate a response.

5.16 Scrutiny therefore particularly welcomes investment in Early Help and the Transformation Plan's objective of bringing education and local children and young people mental health services together around the needs of the individual child. Southwark's was one of the 87 proposals received by NHS England to participate in a mental health-training pilot. The Transformation Plan links this to work with 32 Southwark schools.

5.17 The briefing on the developing Joint Mental Health Strategy said there was an additional commitment to further develop a Children and Young People's Emotional Wellbeing Strategy, with a specific focus on key vulnerable groups of children and young people, including looked after children (children in care); children and young people with neurological conditions; and children and young people in contact with the criminal justice system. Schools will be at the centre of this development. The focus will be here on resilience and safety, including understanding and responding to self-harming behaviours.

5.18 These initiatives are very much welcomed and it is hoped that the planned Children and Young People's Emotional Wellbeing Strategy will also integrate with children and families social care needs, as during current and previous scrutiny review teachers and other respondents consistently reported that mental health needs intersected frequently with poverty, disadvantage and social needs, including housing. A number of schools had invested in professional expertise to meet the both mental health and social needs of young people in school, for example Bacons College employs a qualified in-house social worker. Schools wanted better integration with both mental health services and social care. The Transformation Plan's own consultation affirms this as the Headteachers Executive identified that schools are having to increasingly provide a range of support to meet the needs of children: physical, social and emotional, and they need support to do this.

5.19 The Transformation Plan details the deployment of CAMHS clinical practitioners in the four Southwark Children Social Care locality teams, including a Clinical Practitioner Lead, to enhance the Early Help offer in primary care, community care and local schools, including additional support for Children in Care SEND and other vulnerable groups. The Transformation Plan says it is drawing down the additional funds to sustain the Early Help offer; it is unclear whether this refers to additional funds for Early Help & CAMHS or maintaining current funds for the present service.

5.20 A key recommendation in the Narrowing the Achievement Report is to increase investment in CAMHS. This was made as a result of evidence from teachers and that pupils were having to reach a higher and higher threshold to get access to CSMHS and the service had been decimated by recent cuts. The recommendation was also partly made in anticipation of recently announced increased government funding which was due for children's mental health services and the anticipated local Transformation Plans.

5.21 Schools also requested better communication with CAMHS to enable good quality discussions on referrals. During the committee session in February officers were asked if schools will have a link person in CAMHS, as requested. Officers responded that schools will link with the Early Help. Assurances are sought that this will meet the needs of the schools.

5.22 The committee noted with concern that Headteachers Executive do not consider that the Council and Health Service adequately include schools in the development of strategic plans for service development for children, young people and their families and noted that they have no representation on the Health & Wellbeing Board

5.23 *The Committee recommends that the Council and CCG detail the global CAMHS spend now and once the Transformation Plan is implemented and funds drawn down, year by year, with a budget for each service.*

5.24 *The Committee recommends that the Council and CCG provide more detail on Early Help investment, now and in the future*

5.25 *The Committee recommends that the Council and the CCG consult with the Headteachers Executive on the link arrangements with CAMHS and the Early Help provision, the Pilot project, and ensures the proposed Children and Young People's Emotional Wellbeing Strategy will meet the needs for better communication and integration with schools with mental health practitioners and social care, including housing.*

5.26 *The Committee recommends that the adoption of a Whole School approach to mental health and emotional wellbeing in the Children and Young People's Emotional Wellbeing Strategy is well promoted and a plan is developed for its implementation in partnership with the Headteachers Executive and local schools. Case studies from Bacons College and schools with positive practice in this area should be promoted around Southwark schools.*

5.27 *The Committee recommends that a schools representative on the Health & Wellbeing Board is appointed. This could be done through the Southwark Headteachers Executive.*

5.28 **Bullying**

5.29 Bullying can have a significant adverse impact on young people's mental health. Committee discussions and a previous scrutiny report (in 2013) identified two major risks: social media and gangs. Young people are at risk of becoming both perpetrators and targets, and on occasions some young people can be both.

5.30 Experience shows that social media is a double-edged sword. The evidence that the education committee heard in 2013 identified social media bullying is an area of growing concern. Although young people may also derive peer support from healthy forms of social media interaction, Southwark Youth Council in the Transformation Plan evidence identified bullying from other students, particularly emotional bullying, as a cause for concern and said that there is a need to identify the channels now used by students to bully others, remarking that 'social media is used a lot'.

5.31 Peer support work to tackle bullying was identified as effective in the presentation by officers on the Transformation Plan. This this was affirmed in the Narrowing the Achievement Gap report, and in particular the good work of Bacon's College in their use of peer support. Southwark Youth Council has also identified a need to develop better support in schools to tackle bullying and recommended peer support.

5.32 LGBT young people are particularly at risk of poor mental health and being bullied. The Transformation Plan identifies LGBT young people as a risk group and the previous scrutiny report provided a series of recommendation to strengthen the social support of LGBT young people and tackle institutional discrimination.

5.33 *The Committee recommends that the Council and the CCG set out more clearly how the Transformation Plan will tackle*

- *Cyber bullying*
- *Gangs and working with schools*
- *How to promote effective anti-bullying work in schools, particularly peer support*
- *Raising recognition that LGBT students are at particular risk of being bullied and need particular support e.g. anti-discrimination work and LGBT peer support*

5.34 **Gender Differentiation**

5.35 The Education & Children's Services committee noted that the Transformation Plan has little gender differentiation, although many of the mental health disorders it is particularly targeting (e.g. self-harm and eating disorders) are experienced more by girls more than boys. The Transformation Plan, in passing, also notes that boys are less likely to use services but more likely to complete suicide.

5.36 The government report: 'Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing', concluded that services are seeing increasing rates of young women with emotional problems and young people presenting with self-harm. In Southwark the Transformation Plan reached agreement to improve access to trauma focused work, including where there are presentations of Post-Traumatic Stress Disorder (PTSD) and self-harm. The Transformation Plan will also provide for additional investment in the Eating Disorder Services for Children

5.37 The Transformation Plan stated that young people who complete suicide are less likely to have been in contact with mental health services in the year prior to their death, compared with adults (14% v. 26%). Young men are more likely to commit suicide than young women. The Transformation Plan states that if Southwark had the same rate as England (6.6 per 100,000 population aged 15-24 years), then this would account for 2-3 suicides per year. The current rate for suicide completion for Southwark young people is not given, nor is gender data supplied.

Suicide is also one of the leading causes of death among this age group: nationally after accidents it comes second.

5.38 The Transformation Plan has not identified work to increase access to services for boys to prevent suicide. The committee discussions with SGTO identified that boys and men are frequently not so good at expressing emotions, and noted that this could be a factor in violence that affects wives and children. Boys are over represented in Youth Justice.

5.39 *The Committee recommends that the Council and the CCG differentiate more clearly gender specific data and services that address specific risks – e.g. evidence that that rising mental health needs are particularly affecting girls; anecdotal evidence that boys find it more difficult to speak about emotional problems; data that boys are less likely to access services but are more at risk of suicide completion or involvement in offending.*

5.40 **BME and immigrant communities**

5.41 The SGTO youth forum brought up many issues around the relatively more economically precarious state of newly immigrant communities , their relative exclusion from democratic forums, and the particular challenges young people face negotiating dual heritages and cultures where mental health problems are more taboo and services less fit for purpose.

5.42 SGTO reported that migrant communities are more at risk of economic and policy shifts and less able to influence democratic debates. One Southwark example was given of the move to limit fast food takeaways. Whilst it was remarked this was a sensible policy, this unfortunately had impact more on immigrant communities who often service these industries. More work needs to be done to involve new communities in democracy and to mitigate the consequences policy shifts have on people existing more on the economic margins, and the consequent increase in stress that families are experiencing.

5.43 Young people negotiating different cultures are often receiving conflicting information on social norms, particularly around female gender role, and this can place young people under stress. FGM is an example of conflicting social norms and a particular risk to girls' mental and physical health, and isidentified in the Transformation Plan as an emerging issue.

5.44 There was a discussion on accessing counselling and therapeutic services and if some communities were more likely to try and solve problems within the community, and if mental health was more of a taboo in some cultures than others, or if some BME communities were excluded because services did not meet their needs. The Healthwatch report contained service user's views that some services were not culturally fit for purpose, and tht language is also a significant barrier. Representatives from the Black Majority Churches Project did think that mental health is more of a taboo in some communities and engagement and training is important to overcome this.

5.45 The scrutiny report on BME Mental Health identified that Southwark has relatively high rates of psychosis and schizophrenia which were set to rise. Psychosis is related to economic deprivation, disadvantage, racism, early experience of abuse and crime, and cannabis use. Diagnoses of schizophrenia among persons admitted to psychiatric hospitals are three to six times higher among African-Caribbean groups than among the white population. Asian males are three times more at risk. Black people are more likely to access services via A&E/ Place of Safety or the court than via GPs, and this often coercive experience of entering mental health service can have a negative impact.

5.46 *The Committee recommends that support outreach work with communities to break down taboos (e.g. Black Majority Churches Project)*

5.47 *The Committee recommends that the Council and CCG should ensure that mental health services meet the cultural needs of diverse communities and taks steps to tackle institutional discrimination, particularly those most at risk e.g. Girls from FGM practicing communities, black & Asian communities from psychosis and schizophrenia.*

5.48 *The Committee recommends that the Council and the CCG involve service users from a wide ethnic demographic in developing the Transformation Plan and getting the user voice, bearing in mind that disadvantaged groups are generally more at risk of mental health problems*

5.49 **Housing, homelessness and poor mental health**

5.50 The paper and presentation by SGTO youth forum explored the links between homelessness and mental health. They referred to a report by York University and the University of New South Wales, and their long term research on homelessness in the UK: Homelessness Monitor 2015. This found that almost three quarters of the increase in homelessness acceptances over the past four years was attributable to the sharply rising numbers made homeless from the private rented sector. In London this pattern was even more manifest, with the annual number of London acceptances resulting from private tenancy terminations rising from 925 to 5,960 in the four years to 2013/14.

5.51 SGTO pointed out that Welfare Reforms by the government will see under 25s removed from accessing housing benefit, making them additionally vulnerable. Without private sector or social housing young people turn frequently to the voluntary sector such as hostels and temporary shelters, but demand consistently outstrips supply. A report by the Mental Health Foundation found that 30%-50% of single people experiencing homelessness had mental health problems compared with between 10%-25% of the general public.

5.52 SGTO said that there is an increased proportion of young people who report being homeless and an ongoing rise in the incidence of mental health problems among the young and made connections between the two trends. Southwark Schools, as referenced above, also made links with poor mental health, social problems and housing, and the need for more integration here.

5.53 The evidence suggested that difficulties with housing are adding to the stress young people, families and children are experiencing, and research suggests that families who experience economic deprivation and poor mental health find it more difficult to access adequate housing. Parents experiencing poor mental health are also more likely to have children with poor mental health

5.54 SGTO recommended representation for Housing on the Health & Wellbeing Board to better address the correlations between inadequate housing and poorer mental health.

5.55 *The Committee recommends that the council and its partners should make every effort to ensure that the education of vulnerable children or young people is not disrupted through housing placements.*

5.56 *The Committee recommends that there needs to be a much more integrated approach to working between all partners for children and young people with mental health including the housing department.*

5.57 *The Committee recommends that a Housing representative is included on the Health & Wellbeing Board.*

5.58 **Crisis Care**

5.59 Last year the sub-committee heard in a presentation on Child Health Services that there is a concern about the top tier of Child & Adolescent Mental Health Services (CAMHS) nationally and

that there was a big demand locally for paediatric acute mental health crisis beds, with children having to access beds outside of London on occasions.

5.60 Additional funding from the Transformation Plan will go to establishing a Home Treatment service for children and young people as part of improving Crisis care, which is welcomed.

5.61 Healthwatch reported that crisis care was much discussed in their focus groups with service users. The clinical care provided by the psychiatric liaison team at King's A&E was described as very good and helpful by four people who had presented there. However, significant unhappiness was raised around the use of A&E for mental health crisis, with long waits and inappropriate waiting areas. These comments may have been directed more at adult services, however a father disliked the use of police vans to escort his daughter to A&E, and the waits there: 'I was in tears the other day, watching her being escorted out of her house into the cage of a police van - the ambulance service being too busy… I didn't realize she would still be sitting in A&E 10 hours later, still waiting for a bed."

5.62 Heathwatch suggestions for improving the experience of going to A&E for mental health problems included:

- Written information to be provided after A&E presentations outlining patient details, the process and next steps. Patients may not remember the detail of what happened.
- Light refreshments of food/water as people will arrive at A&E having not taken care of themselves [and this will only increase their unwellness]
- A separate space away from other patients [for Mental Health service users]
- Option of a volunteer or professional advocate to sit with or talk to patients.

5.63 The provision of adequate emergency facilities for people in mental health crisis is an on-going concern of scrutiny, and this started with the closure of the Maudsley emergency in 2006. At that time the emergency clinic was closed in the face of significant local opposition from local health users. Following a scrutiny referral to the Secretary of State additional money was made available to provide dedicated faculties at local A & E departments

5.64 The Healthy Communities scrutiny review of 2014 found them still inadequate. The sub-committee noted with concern the current facilities for patients presenting with mental health conditions at A&E wards. The committee's review report recommended that Kings College Hospital and Guy's and St Thomas' place the provision of safe, secure spaces for the treatment of patients presenting with mental health conditions as a key priority in their work plans for 2014.

5.65 The Transformation Plan on Crisis Care reported that there was a comprehensive well-utilised Paediatric Liaison service and as such presentations at the emergency department (ED) are responded to appropriately. The Transformation Plan went on to say that work is underway to understand how urgent and emergency access to crisis care can be enhanced, for example with the creation of ED-based or paediatric liaison supervised or supported youth worker roles for out of hours to work alongside existing out of hours services.

5.66 The evidence is therefore contradictory on crisis care. A recent tweet by the Police indicated problems with a young girl being held as there was no available Place of Safety, SLaM is currently changing its arrangements for provision of a Place of Safety as the current arrangements are not considered fit for purpose. It proposes to provide an expanded centralised Place of Safety in Southwark.

5.67 Currently Places of Safety are provided by South London and Maudsley NHS Foundation Trust (SLaM) locally for a number of people who are brought to hospital under Section 136 of the Mental Health Act (MHA). This is a power that police officers can use if someone is in a public place and the police have concerns about them. Across the SLaM there are currently four Place of Safety, or 136 Suites, where people can be brought, assessed and cared for. The four suites are located at each of SLaM's four hospital sites. There will shortly be a Joint Health Overview and Scrutiny committee formed that will scrutinise the proposal to change the current service

model of Place of Safety provision within SLaM from four separate Places of Safety, for the boroughs of Southwark, Lambeth, Lewisham and Croydon, to one centralised Place of Safety, provided in Southwark .

5.68 It is unclear whether service user experience of crisis care is problematic only for the Place of Safety or for Accident and Emergency, and whether this is true for both adults and children, and at all sites: both Kings Hospital at Demark Hill and St Thomas' Hospital, provided by Guys & St Thomas Foundation Trust (GSST). Paediatric waits for beds certainly seem to be a concern for both Place of Safety and accessing beds from A & E.

5.69 *The Committee recommends that SLaM , Kings and GSST work with mental health users to assess the adequacy of the Paediatric A & E and Place of Safety and report back in 6 months' time on both user experience and patient wait times for admission when in crisis.*

5.70 **Transition**

5.71 The Transformation Plan finds that Young People aged 12-25 years have the highest incidence and prevalence of mental illness. In contrast to physical health, which is at greatest risk at the start of life and in old age, mental illness vulnerability peaks at 18 years of age - just at the point where young people are moving into adulthood, and where, typically, service access arrangements change because of age boundaries and legal responsibilities.

5.72 Transition is therefore a huge issue that is rightly flagged up, however there is still work to be done on this area. The Transformation Plan says that further scoping will be undertaken on how to implement the recommendations in the 14-25 mental health and wellbeing report and CAMHS needs assessment. There is recognition locally of the need for specific services supporting the transition from Children Services to Adult services

5.73 *The Committee recommends that health and social care service managers in children's and adults' services must work together in an integrated way to ensure a smooth and gradual transition for young people. Good practice should involve, for example, developing: a joint mission statement or vision for transition jointly agreed and shared transition protocols, information sharing protocols and approaches to practice.*

5.74 *The Committee also recommends that the Council and CCG provide an update on the practical steps that will be taken to address Transition*

5.75 *The Committee recommends that the Council and CCG develop a mental health service for young people that spans the ages of 12-25, during the years of highest mental health prevalence, so that young people do not have to Transition at 18, during the peak of symptoms.*

5.76 **Children at particular risk: Permanently Placed children & children who are economically & socially deprived and LGBT**

5.77 The Transformation Plan rightly identifies many at risk groups:

- Young Carers
- Young Offenders
- Looked After Children (LAC) and Children in Need (CIN)
- Children and Young People at risk of violence, abuse or neglect;
- Children with Learning Disabilities, Special Educational Needs + Disability (SEND)
- Children and Young people who are obese - healthy eating, exercise and physical activity

5.78 However it does not identify either Permanently Placed children, or young people experiencing economic and social disadvantage (e.g. poor housing or parents in precarious occupations), or LGBT as at particular risk, when there is strong evidence to support their

inclusion. The committee evidence strongly supported identifying at these as 'at risk' cohorts of young people.

5.79 The previous scrutiny review into Adoption and Narrowing the Achievement Gap identified children who are Permanently Placed as being at greater risk of mental health problems. Permanently Placed children include children who are adopted, have Special Guardianships, Residence Orders, are Fostered, Looked After or otherwise permanently placed.

5.80 The Adoption report detailed that DfE data released in 2014 showed that at key stage 2, educational outcomes for Permanently Placed children are more similar to Looked after Children than the general population. This is likely to be because of the attachment issues caused by grief, loss and the often traumatic experiences the permanently placed children have experienced in their early lives; 70% of those adopted in 2009-10 entered care due to abuse or neglect. According to PAC-UK, even children placed at a very young age can experience significant difficulties at school, perhaps due in part to their adverse in-utero experiences.

5.81 The evidence the committee received from Schools, and the Transformation Plan and research, all point to the links between social and economic deprivation and poor mental health. SGTO brought to scrutiny's attention longitudinal research from Mental Health Foundation, which found there is a negative correlation between childhood mental health problems and earnings, qualifications, employment, relationships and family formation, general health and disability in later life.

5.82 The Transformation Plan and the scrutiny review on Bullying all point to LGBT young people being at particular risk of poor mental health, with higher rates of bullying, self-harm and suicide.

5.83 *The Committee recommends that the Council and CCG add Permanently Placed children, LGBT young people, and children and young people experiencing economic and social deprivation to the cohorts of 'at risk' young people.*

5.84 **Child Sexual Exploitation**

5.85 Since 2014 there has been a renewed emphasis on protecting children from sexual exploitation. All local authorities and their partners must ensure that they have a comprehensive multi-agency strategy and action plan in place to tackle it. There is a growing number of reports which demonstrate the recently, and rapidly, escalating interest in securing a more effective response to Child Sexual Exploitation (CSE) ; two Parliamentary Select Committees have held inquiries on the subject, Home Affairs, and Communities and Local Government, and CSN will very shortly publish a briefing on their reports

5.86 Therapeutic support is key for children or young people who have been victims of CSE. The strategy should consider referral pathways for young people who are at risk of or who have suffered CSE to access therapeutic support.

5.87 *The Committee recommends that Southwark's strategic partnership must ensure that responsive services are in place to provide therapeutic support from Child and Adolescent Mental Health Services (CAMHS) to young people who were at risk of, or who had suffered, child sexual exploitation*

5.88 **Culture Change**

5.89 Problems with Children and Adolescent Mental Health Services have been long documented. Poor mental health services for children and families, children in care and young people were condemned in a 2008 report, 'Children and young people in mind', the final report of the National

CAMHS Review. The report detailed numerous areas where the service had been found to be conspicuously lacking in its provision of therapeutic care for looked-after children.

5.90 In this context the task of the mental health strategy is to enable all services across the Council, the CCG and the voluntary sector to work together in an integrated manner to improve services and outcomes for children, young people and their families with poor mental health.

5.91 The discussions in both the education and the children's scrutiny and heathy communities scrutiny sessions appeared to recognise the importance of integrated working between services. Comparisons were made between the new mental health strategy and the task of the Change for Children Programme which put the child or young person at the centre of its services.

5.92 In order for the mental health strategy to deliver improved mental health services for Southwark residents a new way of working will be necessary. Many of the partners emphasise breaking down 'silos'. Much more emphasis needed to be placed on the language of integration. This will help services understand that there is a gear change in language and culture when it comes to mental health.

5.93 Some of the partners represented at the scrutiny sessions welcomed the role of scrutiny in the development of the mental health strategy and hoped that its involvement would make sure the strategy was implemented in a timely manner.

5.94 *The Committee recommends that there are good communication, training and awareness sessions across all of the partnerships required to bring the mental health strategy to life.*

5.95 *The Committee recommends a multi-layered communication campaign that can raise awareness amongst the partners and signal a need for a significant culture change to transform mental health from a 'Cinderella service' to one that places service users at the centre of an integrated service designed to improve outcomes for its most vulnerable residents.*

6. The Joint Mental Health Strategy for Southwark – Recommendations from the Healthy Communities Scrutiny Committee

6.1 The Healthy Communities Committee undertook a roundtable with contributions from the Hospital Trusts, SLaM, charities and voluntary organisations, the Cabinet Member for Adult Social Care and officers, the CCG and local campaigners on mental health.

6.2 The following form the recommendations from the Healthy Communities Committee in respect of the formation of the Joint Mental Health Strategy. (NB. Please see appendix for full list of contributors)

6.3 **Identifying priority groups**

6.4 The Committee welcomes the broad focus of the Joint Mental Health Strategy but is concerned that identification of individuals with mental health needs is as focused as possible on hard-to-reach groups. We believe that, in contrast to many Council policies which can effectively support those most at need as they interact with council services regularly, that there will be a cohort of individuals who are slipping through the Council and CCG's net. All the approaches for identification that are currently discussed are institutional – whether that be through e.g. interaction with our local schools, or our housing department.

6.5 We welcome the work that has been done with some key groups, such as the BME church community, and welcome the support from the Council following recommendations from this Committee in 2013/14 in regards to funding Community Church projects.

Faith & Mental Health Training Project

SLaM has continued to run its Faith & Mental Health training project with a number of BME churches in Southwark.

The project has made links with both local and faith communities and increased mental health literacy as well as improved communication and understanding between mental health services and BME communities.

The project has concretely demonstrated the impact of taking a dual approach (spirituality and medicinal practice) to addressing mental illness within the BME community.

Pastors have spoken eloquently about how they have "seen the light" following the mental health awareness training. Armed with a better understanding of the causes and cures of mental illness, they have been able to provide a far better and pragmatic pastoral care for those in their congregation. The biggest change that these trained Pastors have initiated is that they no longer take the approach to mental illness as a form of demonic possession, but that members of the congregation must see a health professional, take their medication and that the church will also continue to support them spiritually. Some of the participants of the pilot said previously:

"I no longer see mental illness as incurable"

"I feel better to be around people who may have mental health issues"

"My response to suffering has changed. Prayer does not always make a difference"

"I will now not treat every individual regarded to have mental health issues with suspicion"

6.6 However, the council is concerned that there is a cohort of individuals who do not regularly interact with council services or interact with their local communities, and more should be done to identify those individuals. Stigma remains an issue with mental health, and this Committee believes that there are potentially individuals who feel that they should be coping on their own, and are not discussing their mental health needs.

6.7 *The Committee recommends that the Council looks to form partnerships with Housing Associations and Credit Unions, amongst others to be identified, in order to better identify people who would benefit from support with their mental health and improve the holistic support those with mental health issues receive'*

6.8 *The Committee further recommends that the work of programmes such as the faith communities' project continues to be funded to help combat stigma around mental health and their work to date is reflected in the Joint Mental Health Strategy. This should include rolling out similar programmes to other ethnical minority groups including Irish, Asian and Latin American communities.*

6.9 The Committee is also concerned about the support received by our older population. This Council is committed to being an Age Friendly Borough, and we therefore believe that more needs to be done to ensure that they are supported by the mental health services provided in Southwark.

6.10 There have been cases recently where older members of the community have been found deceased in their homes after a considerable period of time has passed. We believe that this is unacceptable, but note that this is symptomatic of an ageing population who frequently live alone and are increasingly isolated.

6.11 Whilst these people are more likely to interact in some way with council services, we believe that needs to be more done to help support their mental health needs and achieve an early diagnosis. The Committee notes the role that the voluntary sector plays in this regard, and wants to commend the work that they do. However, we believe that the burden should not rest with them, and the Council should be doing more to help support these individuals.

6.12 *This Committee believes that as part of the Joint Mental Health Strategy, the Housing teams, Reablement teams and Community Support teams should be trained to identify mental health issues to further help support those older members of our community with whom they regularly interact with.*

6.13 *Furthermore, the Committee notes that the voluntary sector is taking an innovative approach to supporting the older population who have mental health needs and would task the Council with considering similar approaches.*

6.14 **Timeliness of identification**

6.15 We note that many older people in our Borough are diagnosed with dementia as they advance in years. Whilst we note that there need to be provisions for these individuals, we also note that there are likely links between dementia and mental health conditions.

6.16 *The Committee would recommend that the Council and the CCG seeks to understand the links between mental health and dementia and establishes a programme for supporting older residents who present with symptoms of either condition to ensure a correct diagnosis.*

6.17 This identification of mental health issues is closely linked to issues raised by Healthwatch, who have found that access to services in a timely manner is a key concern.

6.18 Early intervention is key to being able to effectively manage mental health conditions. The Committee notes that there are a number of other strategies being developed by the Council and the CCG, most importantly in adult social care.

6.19 *The Committee recommends that the Council seek to ensure that the Joint Mental Health Strategy dovetails with other relevant strategies, to ensure that every approach is taken to identify and treat mental health at the earliest opportunity.*

6.20 Furthermore, the Committee heard that many people present at GP surgeries with medically unexplained symptoms. There is some evidence to suggest that there is interplay between mental and physical health, and we would question whether enough is being done to consider mental health as a cause for unexplained symptoms. This is also closely linked to the effect of long-term conditions on mental health.

6.21 *The Committee recommends that as part of the Joint Mental Health Strategy, there is a focus on encouraging GPs to consider mental health concerns as part of their diagnosis of seemingly unexplained symptoms, and continue to assess for it as part of the management of long-term conditions.*

6.22 **Voluntary sector support**

6.23 The Committee heard from voluntary sector providers, who have a key role to play in preventing the development of mental health conditions, and enabling those with a diagnosis to self-manage and keep well.

6.24 We believe that the voluntary sector has a critical role in providing a complementary service to clinical support and this would be recognised within the Joint Mental Health Strategy. A key role for the voluntary sector is in providing additional support which can reduce the burden on GPs.

6.25 As recommended previously by the Healthy Communities Committee, there is an ongoing pilot to provide financial advice in select GP surgeries in Southwark. Our previous work identified that many of those presenting at GP surgeries with mental health difficulties had financial difficulties, and vice-versa.

6.26 Signposting to voluntary services by GPs is a simple and cost-effective way of providing further support for those with a mental health diagnosis.

6.27 *The Committee recommends that the CCG works with GP surgeries throughout Southwark to provide signposting to voluntary and charitable organisations who can offer support to those with mental health concerns and would ask that this is built into the Joint Mental Health Strategy.*

6.28 **Presenting in crisis at A&E**

6.29 The Committee is aware that 70% of those who present at Accident & Emergency in a mental health crisis are already known to mental health services.

6.30 Mental Health services are under considerable amounts of strain, with long delays, and many 12 hour breaches taking place. There is also a concern about the increasing use of police vehicles for transporting individuals to A&E when they are picked up in a mental health crisis, due to having imbibed alcohol.

6.31 The Committee notes the excellent work that is done by those who treat patients presenting in crisis and commends them on their work. We note that there are increasing pressures on A&Es and would like to see Southwark hospitals taking a leadership approach to tackling this problem. We note that SLaM has recently announced proposed changes to its Places of Safety in Southwark, and the Healthy Communities Committee will be scrutinising this in more detail at a Joint Health Scrutiny with other affected Boroughs in April 2016.

6.32 *The Committee recommends that the Joint Mental Health Strategy take into account the findings of the Joint Health Scrutiny into SLaM Places of Safety and incorporate these into their strategy as appropriate.*

6.33 **Education & Training**

6.34 Dr Sean Cross spoke to the Committee about the MindBody programme which is being run by Kings College Hospital. The project aims to improve the interprofessional management of interacting physical and mental health needs in both mental health and acute trust settings.

6.35 One of the key aims of the programme is around bridging the gap experienced between different clinicians and equipping them with the skills needed to support those presenting with mental health symptoms.

6.36 *The Committee commends the MindBody programme and the work it is doing to up-skill the workforce. We would recommend that the Joint Mental Health Strategy evaluates the MindBody programme and incorporates the relevant elements of the programme into the plans for training for our workforce in Southwark.*

6.37 The workforce should be widely defined within the strategy and Southwark should be encouraged to up-skill as many relevant departments who interact with those who are likely to experience mental health conditions as possible.

7. Conclusion

7.1 It is widely recognised that mental health has been the Cinderella service for far too long. There is a public policy drive to improve mental health outcomes: establishing this across the board by 2020 is a national priority. On a national level mental health problems are widespread:one in four adults experience at least one diagnosable problem in any year.

7.2 Children and young people, nearly half of mental health conditions start before the age of 14, and 75 per cent by age 24. One in ten children between the ages of five and 16 have a diagnosable mental health problem with children from low income families three times more likely to be affected than those on a high income. However most get no support, the wait for psychological therapy was 32 weeks in 2015/16 and the small number of people needing inpatient care can be sent anywhere in the country.

7.3 Older people – one in five older people in the community, and 40 per cent of those in care homes, are affected by depression, but often do not receive appropriate support. There is a wealth of legislation and guidance to support a step change in mental health. Regulation and data collection will improve the information on this area.

7.4 In Southwark the Council and CCG are working together at a leadership level to establish a new strategy and local transformation plans to deliver improved mental health services.

7.5 Scrutiny has looked at the strategy and engaged with a number of stakeholders and users to help adults, children, young people and their families move forward in their lives, towards better mental health.

7.6 Scrutiny has acknowledged the need for a new approach based on solid partnerships across the services with new ways of working to better support adults, children, young people and their families

7.7 Underpinning this review and its subsequent recommendations is an acknowledgment of the need for a joined-up approach, which is understood as being integral to how we operate. Our metal health service must be structured to realise the benefits of multi-agency working.

7.8 Achieving real joint working means challenging culture and pushing boundaries, so we can provide the best services possible to patients and the wider community.

7.9 Staff must be given every opportunity to understand the national policy changes in mental health, the need to look at mental health services differently, and to work together to offer tailored services spanning everything from attention deficit hyperactivity disorder (ADHD), self-harm, to autistic spectrum conditions (ASC) and mood disorders. The involvement of adults, children, young people and their families is also encouraged - their ideas and opinions can improve the development of pathways, services and recruitment processes.

7.10 The scrutiny observations and recommendations are attached. We believe that they can add value and help to improve mental health in Southwark by enabling children, young people, their families and adults to access a quality mental health service whenever they need it.

8. Appendix 1: Activities and list of contributors to the Education and Children's Committee

8.1 The December 2015 Education & Children's Services review received a paper from Southwark social care reviewing its mental health services. This document was a council prelude to the Joint Mental Health strategy.

8.2 The Southwark Group of Tenants Organization (SGTO) Youth Forum provided a Mental Health paper, which they presented to the committee in December 2015

8.3 The February 2016 the committee discussed the Southwark Children and Young People's Mental Health Strategy and Wellbeing Transformation Plan.

8.4 The Committee would like to thank the following who contributed to the Education and Children's Services Communities Committee:

Councillor Jasmine Ali, Chair, Education and Children's Services Committee

Councillor Lisa Rajan, Vice-Chair, Education and Children's Services Committee

Councillor Sunny Lambe, Member, Education and Children's Services Committee

Councillor James Okosun, Member, Education and Children's Services Committee

Councillor Sandra Rhule, Member, Education and Children's Services Committee

Councillor Charlie Smith, Member, Education and Children's Services Committee

Councillor Kath Whittam, Member, Education and Children's Services Committee

Kay Beckwith

Martin Brecknell

Lynette Murphy-O'Dwyer

Abdul Raheem Musa

George Ogbonna

Julie Timbrell, Scrutiny project manager

SGTO Youth Forum and in particular the coordinator David McLean and, Rachel Tam, SGTO Youth Forum Secretary.

Dick Frak, Interim Director of Commissioning, Children's & Adults Services

Carole-Ann Murray,NHS Southwark CCG

9. Appendix 2: List of contributors to the Healthy Communities Committee

9.1 The Committee would like to thank the following who contributed to the Healthy Communities Committee roundtable which was held on 2 March 2016.

Councillor Rebecca Lury, Chair of the Healthy Communities Committee

Councillor Jasmine Ali, Member, Healthy Communities Committee

Councillor Helen Dennis, Member, Healthy Communities Committee

Councillor Paul Fleming, Member, Healthy Communities Committee

Councillor Lucas Green, Member, Healthy Communities Committee

Councillors Maria Linforth-Hall, Member, Healthy Communities Committee

Richard Adkins, Mental Health and Social Care Review Implementation Lead, Southwark Council

Rabia Alexander, Head of Mental Health, Southwark Clinical Commissioning Group

Jacqueline Best-Vassall, Lambeth and Southwark MIND

Graham Collins, Community Action Southwark

Stephanie Correra, Southside Rehabilitation Ltd

Sean Cross, Consultant Liaison Psychiatrist, Kings College Hospital

Cllr Stephanie Cryan, Cabinet Member for Adult Care and Financial Inclusion

Dick Frak, Interim Director of Commissioning, Southwark Council

Cath Gormally, Director of Social Care, SLaM

Jan Hutchinson, Director of Programmes, Centre for Mental Health

Gwen Kennedy, Director of Quality and Safety, Southwark Clinical Commissioning Group

Jo Kent, Service Director, SLaM

Nancy Kuchemann, Clinical Lead, Southwark Clinical Commissioning Group

Catherine Negus, Southwark Healthwatch

Matthew Patrick, Chief Executive, SLaM

Zoe Reed, Director, Organisation and Community, SLaM

Tom White, Southwark Pensioners Action Group

Julie Timbrell, Scrutiny project manager

10. Appendix 3: Previous recommendations from scrutiny reviews that relate to mental health

Bullying: October 2013

1. Cascade information to schools on the work of Kidscape and The Cybersmile Foundation on tackling bullying and cyber-bullying.
2. Promote training that brings together teachers, young people and their families to enhance communication and knowledge in relation to online media and cyber-bullying
3. Encourage initiatives such as Kindness Weeks and cyber-bullying awareness days, which promote the values of care and kindness. Initiatives such as these can also help develop emotional intelligence and an awareness of what constitutes acceptable behaviour online.
4. Encourage the use of role play in schools to develop emotional literacy.
5. Promote schemes that support bullied children to build self-esteem and develop assertiveness skills.
6. Support counselling services such as Place2Be.
7. Empower school children to raise issues and extend the box scheme and other schemes so that children, young people and the public can raise concerns easily, particularly with school bus routes.
8. Consider placing wardens and transport police on problematic bus routes, such as the 381.
9. Promote training to teachers on bullying and involvement with gangs/serious offending so that they are more able to work effectively with young people at risk. Ensure the training is done by people who are credible and knowledgeable.
10. Provide a forum for teachers to share concerns and information on young people involved, or at risk of involvement, with gangs/serious offending.
11. Encourage and provide support for schools to develop Gang Prevention Strategies.
12. Invite groups such as Safe 'N' Sound and Empowering People for Excellence to join the Safer Schools Steering Group.
13. Provide more accessible information on local LGBT networks for young people and consider developing a network for Southwark young people, possibly with the support of Southwark's LGBT forum.
14. Consult with Speakerbox, the Looked After Children Panel and the Children Safeguarding Board on anti-bullying work with children receiving care.

Prevalence of Psychosis and Access to Mental Health Services for the BME Community in Southwark: March 2014

1. At this time, the sub-committee has carried out some initial evidence and we strongly recommend that the next iteration of the Health Scrutiny Sub-Committee carries out a more in-depth look at access to mental health services by all service users, with a specific focus within the report on BME community access.
2. The sub-committee notes with concern that there are a large range of factors given for the increase prevalence of mental health conditions in the BME community. We recommend that Public Health carry out further work to understand the key drivers behind this increased prevalence, using Southwark specific data where possible to look at the borough's BME communities in more detail.
3. The sub-committee recommends that Healthwatch Southwark should collect more information of real life cases through a number of means including Kindred Minds - a Southwark black and minority ethnic (BME) user-led mental health project -and other relevant sources and organisations in Southwark.
4. The sub-committee notes that there is minimal understanding of the ways in which members of the BME community present with mental health conditions, other than from research. We recommend that Public Health undertake further work to understand the pathways which Southwark residents take to access mental health services. Where relevant, this should be undertaken jointly with SLaM and the Hospital Trusts.
5. We welcome the decision by SLAM to collate information on classifications of presentations to Emergency Departments and would recommend that this information is shared as part of the Joint Mental Health Strategy that is being developed.

6. We recommend that Kings College Hospital and Guys and St Thomas' place the provision of safe, secure spaces for the treatment of patients presenting with mental health conditions as a key priority in their workplans for 2014.
7. We recommend that the Mental Health sub-group of the Lambeth and Southwark Emergency Care Network presents its final Action Plan to the sub-committee for further comment. We recommend that the final draft of the Joint Mental Health Strategy is presented to the sub-committee ahead of publication for further scrutiny.
8. The sub-committee welcomes the services that are currently provided by SLaM to support those with mental health conditions in Southwark. We recommend that priority is placed by SLaM on supporting people with mental health in the community, and intervening ahead of any admissions to A&E wards.
9. Given the success of the Black Majority Churches Pilot, the sub-committee recommends that Southwark CCG and Southwark Council jointly consider commissioning a bespoke pastoral mental health awareness training programme across established BMCs in Southwark adapting SLaM's faith and mental health model.
10. The sub-committee further suggests that Southwark CCG and Southwark Council jointly consider commissioning further Mental Health First Aid training specifically aimed at established BMCs across Southwark.

Access to Health Services in Southwark:March 2014

1. The sub-committee recommends that Hospital Trusts should report quarterly on the number of beds available to A&E patients and how this compares to the number of beds needed, with particular reference to emergency admissions for older people and people in mental health crisis.
2. We recommend that the Mental Health sub-group of the Lambeth and Southwark Urgent Care Board presents its final Action Plan to the sub-committee for further comment.
3. We recommend that the final draft of the Joint Mental Health Strategy is presented to the sub-committee ahead of publication for further scrutiny.
4. We welcome the decision by SLAM to collate information on classifications of presentations to Emergency Departments and would recommend that this information is shared as part of the Joint Mental Health Strategy that is being developed.
5. We recommend that Kings College Hospital and Guy's and St Thomas' place the provision of safe, secure spaces for the treatment of patients presenting with mental health conditions as a key priority in their workplans for 2014.
6. The sub-committee welcomes the services that are currently provided by SLaM to support those with mental health conditions in Southwark. We recommend that priority is placed by SLaM on supporting people with mental health in the community, and intervening ahead of any admissions to A&E wards.

Narrowing the Achievement Gap report: June 2015

1. Continue to prioritize finding more local foster & care placements, particularly when it is needed most at year 10 & 11, given the adverse impact moving has on a child's education.
2. Ensure the needs of Permanently Placed children are highlighted to schools, alongside the training programme provided by PAC –UK.
3. Link the expertise of the LAC team to local schools with Permanently Placed children.
4. Assist schools in improving the provision for low income and deprived parents, in recognition of their pivotal role in children's education, particularly in areas where there is a high disparity of wealth. In particular take measures to assist schools engage parents, and improve the provision of parental literacy classes and community education. Take steps to assist families in housing need, especially the needs of displaced children whose families have had to move to access housing.
5. Promote Bacon's College good practice in providing a whole school approach to wellbeing and use of therapeutic and targeted interventions to address the social, emotional and mental health needs of the most disadvantaged students, particularly to ensure the bottom 20% make good progress.

6. Improve communication by Social Work teams with schools by ensuring that schools have a consistence link. Look at the deployment of school nurses as an example of good practice – schools praised the simple geographical model and clear communication lines.
7. Improve communication between schools, Housing, Probation Services and the Police.
8. Invest in further provision of CAMHSs and ensure that there is one consistent CAMHS link person for every school.

Southwark's Adoption Service report: June 2015

1. Ensure the needs of Permanently Placed children are highlighted to schools, alongside the training programme provided by PAC –UK
2. Link the expertise of the LAC team to local schools with Permanently Placed children.
3. Monitor the long term educational outcomes of all permanently placed children.

OVERVIEW & SCRUTINY COMMITTEE **MUNICIPAL YEAR 2015-16**

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