

Education & Children's Services Scrutiny Sub-Committee

Monday 3 April 2017

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1
2QH

Supplemental One Agenda

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	The minutes of the meeting held on 27 February 2017 are enclosed.	
5.	Youth Council and Voluntary Youth Service engagement	7 - 10
	A Youth Council update report is enclosed , with a report on Voluntary Youth Service engagement to follow.	
6.	CAMHS and children in crisis	11 - 14
	This item will look at Child and Adolescent Mental Health Services (CAMHS) and children in crisis - looking at the care of children and young people in mental health crisis and the provision of local acute beds, addressing the following in particular :	
	<ul style="list-style-type: none">• An overview of the care of children and young people in mental health crisis• detail on the provision of local acute beds – including types of beds , numbers available , wait times to access a bed, and the proportion of young people who have been able to access local beds or have needed to travel outside of the local area , and where.	
	A report is enclosed.	

Contact

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Date: 31 March 2017

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7.	Impact of Public Health Services cuts on children at risk - update report	15 - 19
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Last July the Education & Children's Services scrutiny committee had a session on reductions to health visiting and school nurses. The committee requested an update report on this addressing, in particular, any impact on children at risk and our safeguarding capacity.

At that meeting the committee also requested some specific extra information on:

- More details, including financial & programme information, on the mentioned 5 million Guy's and St Thomas' Foundation Trust (GSTT) programme working with children
- Why the cuts were in the order of a 6% reduction to funding, but a quarter of the staff were predicted to go.

A cover report from public health is provided, and a report on the detail of health visiting from GSTT.



Education & Children's Services Scrutiny Sub-Committee

MINUTES of the OPEN section of the Education & Children's Services Scrutiny Sub-Committee held on Monday 27 February 2017 at 7.00 pm at Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Jasmine Ali (Chair)
Councillor James Okosun
Councillor Jon Hartley
Martin Brecknell
Lynette Murphy-O'Dwyer

OTHER MEMBERS PRESENT:

OFFICER SUPPORT: Alasdair Smith, Director, Children, Families and Adult Services
Dick Frak, Interim Commissioning Director, Children, Families and Adult Services
Kate Moriarty-Baker, Interim Director of Quality & Chief Nurse, SCCG
Nina Dohel, Education Director
Rachel Flagg, Head of Joint Commissioning for Children and Young People (SCCG and Council)
Elizabeth Murphy, Consultant Child & Adolescent Psychotherapist, SLAM, Southwark CAMHS, Carelink for Looked After Children
Julie Timbrell, scrutiny Project Manager

1. APOLOGIES

1.1 There were apologies for absence from Councillors James Caldwell, Catherine Rose, James Barber and Lucas Green, who is on paternity leave.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

2.1 There were no urgent items of business.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 There were no disclosures of interests or dispensations.

4. MINUTES

RESOLVED:

Minutes from the meeting on 4 October and 29 November 2016 were agreed.

VIDEO - OPENING OF THE MEETING

<https://bambuser.com/v/6649980>

<https://bambuser.com/v/6649982>

5. UPDATE ON THE JOINT MENTAL HEALTH STRATEGY AND SCRUTINY REVIEW

Alasdair Smith, Director, Children, Families and Adult Services and Dick Frak, Interim Commissioning Director, Southwark Council presented the update on the emerging Joint Mental Health Strategy and the cabinet response to the scrutiny report recommendations on the developing Joint Mental Health Strategy.

The following issues were raised in the subsequent discussion:

- Members raised concerns about delays to the finalisation of the strategy but praised officers for talking to people. Officers agreed the strategy is late but said that they believe it has been thorough, with 150 stakeholders involved. A strategy is important and will be followed by an implementation plan.
- Members said that recent report in the press have said that integration is still a challenge and in some cases going backward, how are the council and CCG integrating? Officers said that there are recent steps to combine and integrate our commissioning arrangements across three areas mental health; children & young people and older people with complex needs. At the moment there is a spend of about £5million for CAMHS , and money in the mental health focused young people Transformation Plan is set to modestly increase this, given ongoing coverage of the crisis in mental health services for children.
- A member asked if the budget was ring fenced? Officers said that in terms of CAMHS it is, and there is an assurance process. Is there going to be shortfall overall? Officers said that with children services they are more confident of adequate resources, but with adults there is more concern as there is a squeeze.

- Will homeless and housing be firmed up in the final strategy? There is a report going to cabinet about care leavers, accommodation provision, continuity and mental health.
- Will there be a focus on transition from children to adults? Members highlighted that this is a focus of the scrutiny on care leavers. Officers said that one of the issues is that the thresholds to get adults services are very high. Frequently young people lack good services in transition and then disappear to only appear later post 35, which is the largest cohort of adults' services.
- Are social media applications used to reach young people? There is the "headspace" app. and also "young minds" that have a good website for children and young people.
- Are there ways for people to re-establish contact and support if something happens, such as bereavement? Officers said that 'making every contact count' is one approach. Another is accessing services via Primary Care where the threshold is lower.
- What about relationships with the CCG in terms of budget cuts? Officers said that the council and CCG have been very deliberate and deliberative in developing partnerships on three keys areas. We do have a good retention rate for social workers, which is good as for quality mental health provision we do need skills and memory.

VIDEO - UPDATE ON THE JOINT MENTAL HEALTH STRATEGY AND SCRUTINY REVIEW

<https://bambuser.com/v/6649983>

<https://bambuser.com/v/6649984>

6. MENTAL HEALTH SERVICES FOR CHILDREN IN CARE AND CARE LEAVERS

The following council, Southwark Clinical Commissioning Group (SCCG), and South London and Maudsley NHS Foundation Trust (SLaM) officers presented and took questions on the reports enclosed with the agenda:

- Alasdair Smith, Director , Children , Families and Adult Services
- Dick Frak, Interim Commissioning Director, Children , Families and Adult Services
- Kate Moriarty-Baker, Interim Director of Quality & Chief Nurse, SCCG
- Rachel Flagg, Head of Joint Commissioning for Children and Young People (SCCG and Council)
- Elizabeth Murphy, Consultant Child & Adolescent Psychotherapist, SLaM, Southwark CAMHS Carelink for Looked After Children

The following issues were raised in the discussion with the committee:

- Our population of Looked After Children (LAC) are often based out of Southwark. This is more challenging for the council in its corporate parenting role. The committee asked how young people's health needs are addressed and officers responded that there is an out of borough nurse and we also work with GP receptionists to ensure registration.
- Can you reassure on transition for young people into local borough CAMHS services? With fostering done locally then this is easier. For the cohort that often moves further out it is harder. We often have to escalate concerns further afield. We have had children with a huge risk, with self harm for example, not accessing services. Elizabeth Murphy said she does extensive work with young people moved out of borough to advocate for young people to receive services from the borough that the young people are located in. We advocate but cannot force local CAMHS to provide services. However sometimes that is not adequate and that the local CAMHS will not step in or it will be too late by the time the young person is accepted. In these circumstances social care will privately commission services if young people are not able to access local services.
- Young people with higher needs are often the people the council struggle to provide services closest to home.
- Members asked if the council ought to do more on accommodation and asked about young people on the fringe of care? Alasdair Smith responded that there is a question of quality and what that is. Our commissioned services are not where we want them to be. Our staying put (with foster carers) is working well. The availability of public housing has reduced drastically for all people. We have people based in Kent for ten years and it makes sense for them to live there. The developing post 16 accommodation strategy acknowledges that young people are now sometimes placed outside of borough.
- How integrated are care services with education? For LAC it is very integrated as they are required to have a plan within 20 days and we do track those young people. It is sometimes complex with children in one borough and schools in another. Are we able to extend the virtual school for care leavers? Alasdair Smith said our borough NEET figures are good. The council have encouraged schools to take up the extra money pupil premium makes available.
- What about children and young people who may be adopted and the children are not aware? Recently officer went into school and shared "secure base model" which is based on the attachment model, which more schools are keen on adopting. This has tools based around sensitivity / belonging. These help teachers to understand some of the behaviour and issues that adopted and fostered children face.
- Do we have a team that works with young people of at risk going into care? We do have teams working on this. Sometimes it is right that young people do come into care but we are working to reduce the need for this and keeping this under review.

- Is there a churn with personal advisors? It is not as stable as we would want; presently we use an agency while we develop our vision. We are working on that and agree it is critical.
- Elizabeth Murphy said that CareLink accept all children for an assessment if we receive a referral where someone is raising a concern.
- Kate Moriarty-Baker said that care leavers have poorer outcomes for physical & mental health, Child Sexual Exploitation and we need to identify risks and mitigate. We have repositioned care leavers within safeguarding as they have already reached that threshold.
- How big is the Carelink case load and what proportion of young are being seen by. About 500 in care per year and the Carelink case load is of 190 -220 .Do we screen children? Some children only come into care momentarily. There is screening for 9 categories of adverse incidence in childhood, the ACE survey is online and anybody can access there risk (<http://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean>). 4 of more adverse categories indicate a need for mental health support services and most children in care will have experienced at least 4 incidents.
- What is being commissioning for these young people will need further down the line? Officer said that care leavers will need a range of services down the line: parental support services, etc. There is a joint strategic needs assessment – however this doesn't always meet needs. Elizabeth Murphy said that SLAM researchers could help with developing services. Dick Frak said that there are some risky behaviour indicators in the emerging strategy that that demonstrate that particular responses are needed and this will be picked up in the Mental Health Strategy, due for completion in March.

VIDEO - MENTAL HEALTH SERVICES FOR CHILDREN IN CARE AND CARE LEAVERS

<https://bambuser.com/v/6650009>

7. CARE LEAVERS SCRUTINY REVIEW

The employment support visit reports were noted.

8. SCHOOL SCRUTINY IN A DAY

Nina Dohel, the Education Director, gave an update on invites to local schools and school governors. The chair encouraged members to send to contacts and the diocese representatives undertook to send out invites with officer support.

VIDEO - SCHOOL SCRUTINY IN A DAY

<https://bambuser.com/v/6650043>

<https://bambuser.com/v/6650047>

<https://bambuser.com/v/6650054>

9. WORKPLAN

This was noted.

Item No.	Classification: Open	Date: 03 April 2016	Meeting Name: Education and Children's Services Scrutiny Sub- Committee
Report title:		Southwark Youth Council	
Ward(s) or groups affected:		All Wards	
From:		Stephen Douglass Director of Communities	
Report Author:		Jessica Leech Community Engagement Manager	

1. SYC was transferred to the communities division from 1 April 2016 as part of the changes to youth service provision. It was decided to take this opportunity to review the working of SYC and refresh the model as follows..
2. The aim of the refresh has been to develop a model for the SYC that:
 - increases participation by young people across the borough,
 - ensures that SYC has a clear set of objectives throughout the members term,
 - recognizes that the group acts as the main voice for young people in the borough,
 - aligns the SYC to the existing political processes and acts as an opportunity for participants to develop leadership skills,
 - takes the lead in resolving with others issues identified by young people and,
 - delivers work streams to address some of the key priorities for young people living in Southwark.
3. Council officers worked with members of the existing SYC to develop these proposals.
4. The SYC membership is limited to young people who live in Southwark. The age for a member is 14 to 19, or school years nine to 13. The term of membership is for two years. Although everyone who attends school or youth provision in Southwark was able to vote even if they lived outside the borough.
5. Each school was asked to elect two members to SYC.
6. Youth activity participants were selected on the basis of which community council area they lived in. The aim was to achieve two representatives from each of the five Community Council areas chosen through their youth clubs.
7. Schools and youth clubs were able to nominate any number of candidates but voters were only able to select two. The two people from each school or area with the most votes were the winning candidates.

8. In addition to voting for the candidate of their choice, participants were able to choose the three priority topics for SYC to address during the course of their two year term. Council officers provided a list of topics or issues on the consultation form. The list provided a mix of local concerns and more general or national issues and participants had to choose at least one from each list. The council prepared the list based on conversations with young people officers had already been talking to through various youth engagements run by the team and suggestions of people working with young people and the nominated candidates. For the following years these topics will be chosen by the outgoing SYC.
9. SYC will operate on two tiers with an inner cabinet of between 20 and 30 members. The core group will be made up of a representative from each school or area who receives the most votes.
10. To develop close relationships and bring the work of SYC closer to the decision making within the council, it is suggested that each member of the core group is buddied by a Councillor.
11. The core group of SYC members will select members to represent Southwark at the national Youth Parliament from among their membership.
12. To facilitate actions to address the three priorities, investigate the issues or broaden participation SYC has a small budget to commission or deliver projects. SYC members will also be encouraged to access additional funds to support their activity and make change.
13. Members of the SYC who are not members of the core group will belong to the full council which will meet once every two months. These individuals will be deputies and work to assist the core members to talk to students and young people, investigate issues and run wider events. Attendance will be by invitation.
14. It is important that the council rewards the young people who are making a considerable commitment to and will be volunteering to deliver a better Southwark. It is suggested that SYC members join a preexisting points or time bank time scheme such as Advise Team's Local Offer points card and the council will issue of a log book so achievements and activity can be recorded to build an improved CV. In addition some form of vouchers in exchange for the volunteering work that young people undertake will be put in place.
15. The formal structure and constitution will be written in partnership with the first elected SYC.
16. SYC will present a report to the council's cabinet in 2017 identifying the priorities for SYC.

Elections of SYC

17. Elections took place in schools and youth centres following a period of outreach and engagement with young people. This was to ensure that the schools and youth clubs receive enough support from officers and young people have more opportunity to take part as well as campaign for their candidates.

18. The priority focus for our outreach work was with schools.
19. Consideration was given to electing the voluntary sector young people at a later stage, however a two tier election posed some threats around building a cohesive core group campaigning together on issues, the possibility that the voting may change the work plan priorities for SYC, meaning that the work below will need to be repeated.
20. However it was decided that if there was poor representation from the voluntary sector at the end of the elections the council would review this and run additional elections for representatives from this sector.

Work of SYC

21. Now the youth council is up and running SYC members will champion the views of Southwark young people, build wide networks with all sectors and work closely with leading groups and organisations to identify tangible solutions for young people around the key areas below.
22. SYC members will campaign, volunteer and fundraise for priority local issues as identified by Southwark young people. Some of the top priority topics that young people have identified so far were:
 - **Bullying:** SYC members act as anti-bullying ambassadors and support young people within schools and local areas.
 - **Relationships and sexual health:** Work closely with health services such as NHS and Southwark Clinical Commissioning Group (CCG) to find solutions on how more young people can be better informed on healthy relationships and know how to access services relating to their sexual health.
 - **Mental Health:** Working closely with CCG, Health watch SLAM and the NHS to address young people's mental health issues.
 - **Gun and knife crime:** Working closely with Met Police, Safer Neighbourhoods Board and Change Makers to address young peoples' fears and concerns and growing incidents that affect local youths.
 - **Young people's engagement:** Connecting young people with voluntary sector organisations, sign-posting to services, democracy, cross-schools participation.
 - **Training, careers and employability:** SYC will organise training, careers fairs and employability events and courses to upskill young people in a wide range of related topics. Cross-sector professionals will be invited to provide information, mentoring and training to young people. We will aim to have themed careers and employment events to attract young people who are looking to develop within specific fields.
23. This refresh of SYC responds to one of the emerging results of the youth and play consultation, with debate and democracy being a valued activity for older young people, and supports the delivery of one of the priorities in the emerging youth and play strategy.

Community impact statement

24. The delivery of a refreshed SYC has the aim of increasing the participation rate of an often hard to reach group and embedding the forum within internal structures

for engagement and decision making should contribute positively to meeting the council's equality duties.

25. Increasing the number of participants will ensure that a wider and more diverse range of young people are involved in SYC.
26. Seeking representatives from each school in the borough and youth clubs based in the different localities will also contribute positively to the diversity of the area.
27. The council will work with the Local Offer team and Speaker Box to ensure that young people with special needs also have a voice within SYC.
28. Although young people from year 7 will be able to vote in the elections, candidates will need to be year 9 or above. The reason for this is that the members need to have the confidence and independence to reach out to all members of their school or youth club community, be able to speak out and up for other young people and engage with service providers and officers to affect change.
29. As representatives will be directly elected by young people this may mean that there is not equal or reflective representation across gender, ethnicity, religion, disability and sexuality. However as part of the initial outreach the council will encourage people to register so the candidate list for each school and area is as diverse as possible. If the composition of the SYC is unbalanced the council will work alongside members to ensure other voices are considered and to develop a process to encourage a more diverse range of people put themselves forward for the following term.
30. With young people participating in the selection of topics for the SYC work plan the activity SYC will undertake will address those issues that are thought to be most important by all young people in the borough.

Resource implications

31. Delivery of SYC has been achieved within existing Communities division resources.

UPDATE ON IMPLEMENTATION

32. After a borough wide campaign elections were held 13 to 19 March with 26 out of 32 candidates successfully elected to the council. The first meeting of the new Council will take place in April.
33. Young people identified the following topics as their priorities
 1. Knife Crime
 2. Careers and employment opportunities
 3. Bullying

These three topics will form the basis of the Youth councils work plan over the next two years.



Report Author:	Carol-Ann Murray Joint Commissioning Manager – Children and Young People	For:	Education and Children's Services Committee
Subject:	Support for children and young people in mental health crisis	Date:	3 rd April 2017

This report seeks to provide an overview of the care of children and young people in mental health crisis in Southwark, as well as provide information about inpatient beds (commissioned by NHS England).

Mental health crisis and the availability of beds are managed in the wider London context and within the South East London (SEL) area, where we are working collaboratively across the sector on children's mental health.

Transforming mental health care for children and young people

Our overall commissioning approach is to prevent mental health crisis as much as possible. Southwark's Children and Young People's Mental Health Transformation Plan, backed up by extra funding from NHS England, sets out how we are supporting young people to improve their mental wellbeing and provide mental health support at an earlier stage when it is needed. This includes funding for schools to improve mental wellbeing and mental health support within early help services as well as other initiatives to support delivery of the *Five Year Forward View for Mental Health*.

Our local transformation plan was refreshed in October 2016 and signed off by the Health and Wellbeing Board. It is published here: <http://www.southwarkccg.nhs.uk/our-plans/mental-health-services/children-and-young-people-mental-health/Pages/default.aspx>.

Set out below are some of the services and initiatives in place in Southwark to support children and young people experiencing mental health problems.

Early Intervention in Psychosis (EIP)

Southwark have invested in an all age Early Intervention in Psychosis service to assess and deliver evidence based interventions to young people with first presentations of psychosis, who are often likely to present in a crisis. Children and young people from age 14 can access these services via their GP.

Eating Disorders

For children and young people who may present with eating disorder crises, we have well established eating disorder services that receive and encourage self-referrals. In line with NHS England's Commissioning Guidance, there is also a dedicated telephone line for referrals from GPs, Teachers and School Nurses to National and Specialist Child and Adolescent Eating Disorders Service South London and Maudsley NHS Foundation Trust operating successfully since February 2016, with access to experienced clinicians. Commissioning guidance emphasises



the importance of children and young people with eating disorders being able to access effective help quickly.

Home Treatment Services

We have increased capacity to the most vulnerable children and young people by establishing Home Treatment services to provide intensive community support, follow up and liaison, outreach support and home contact, with the objective of avoiding presentations to emergency departments, crisis hospital admissions and the breakdown of placements.

Mental Health Support Line

The crisis care pathway in Southwark includes an all age 24/7 mental health support line (MHSL) which is open to the public, patients and carers and has a dedicated professional's line for the police and London Ambulance Service (LAS).

Place of Safety

Children and young people who are detained by the police under Section 136 of the Mental Health Act require a health based place of safety. This is situated at the Maudsley Hospital site on Denmark Hill. The health based place of safety has dedicated space that has been adapted to meet the needs of children and young people.

Paediatric Liaison Team at Kings College Hospital

There is a specialist team based at King's College Hospital, Denmark Hill - the Belgrave Paediatric Liaison Team, which is part of South London and Maudsley NHS Foundation Trust (SLaM). The team is made up of child psychiatrists, a clinical psychologist, nurse specialists, family therapists and mental health specialists. The Paediatric Liaison team provides a specialist Child and Adolescent Mental Health Service (CAMHS) for children, young people up to the age of 18 and their families who attend the KCH A&E department in a crisis, have been admitted for treatment or attend specialist outpatient clinics.

Improving out of hours care for CYP

With Transformation funding for children and young people's mental health and wellbeing from NHS England, we are undertaking a pilot and have employed a youth worker as part of the extended under 18s mental health offer at King's College Hospital. The youth worker is employed to work alongside children and young people presenting out of hours, and will advocate for, gather information from and alert Emergency Department (ED) and mental health staff to safeguarding issues they come across with the child or young person they are working with. The pilot will also explore new models of co-working between youth services and emergency mental health services. The youth worker role has been in place since December 2016.



Provision of inpatient mental health beds for children and young people

NHS England Specialised Commissioning team commission all inpatient beds across England. The main provider of mental health services in Southwark, South London and Maudsley NHS Foundation Trust, provide 57 beds for children and young people across its estate. Beds are located across the Maudsley and Bethlem Hospital sites and in Kent. Children's beds for 4-12 year olds are provided at Acorn Lodge, Bethlem Hospital. Adolescent beds are at the Snowsfields Adolescent Unit (Maudsley) the Bethlem Adolescent Unit and Woodlands in Kent. There are no beds for psychiatric intensive care (PICU), learning disability or eating disorder locally or in the South East London Sector. This means that young people requiring these specialist beds are placed out of borough, depending on where beds are available.

A national review of Tier 4 Child and Adolescent Mental Health Services (CAMHS) was undertaken by NHSE and the report was published in July 2014. Since that time, NHS England Specialised Commissioning have been working to understand pathways to and from inpatient bed/services, and currently commission what is referred to as Specialised CAMHS beds.

The review identified the numbers, type of bed available and where they are located. We therefore know that London exports the highest number of patients nationally. 743 London CCG patients needed CAMHS admission in 2015-16; 398 (54%) received treatment in London. We also know that non-London CCG patients utilise a high proportion of London's inpatient capacity; 34% (197 patients) of London's inpatient activity in 15-16 was generated by non-London CCG.

Commissioners in South East London are working collaboratively across the sector and with NHS England to develop plans that impact on Specialised CAMHS beds/services. Locally we are seeking to prevent admission to specialised CAMHS by enhancing the core CAMHS offer, improve pathways and review existing models of service delivery. We have therefore focused on prevention and intervening early in the Southwark Transformation Plan for Children and Young People's Mental Health and Wellbeing.

The data the CCG has received from NHSE on Southwark inpatient admissions and occupied bed days (OBDS) from 1st April 2015 to 31st March 2016 is in the table belowⁱ.

CAMHS commissioners are reviewing this level of data across the SEL boroughs to understand the needs in the sector and how we can commission to meet those needs. The table below shows that most of our admissions are to SLAM beds and that out of the 47 admissions, 37 of these were to NHS beds. Commissioners therefore continue to monitor inpatient admissions to understand the numbers and types of beds required and importantly the services areas to be improved to prevent admissions.

Sector	KPI	Number of Southwark CYP	Number OBDs
Private Sector beds	Admissions (Private –medium secure) 15/16	1	52
	Admissions (Private Sector – PICU) 15/16	4	130
	Admissions (Private Sector – Low Secure Unit) 15/16	1	41
	Admissions (Private Sector – Eating Disorders) 15/16	0	0
	Admissions (Private Sector – Learning Disabilities) 15/16	0	0
	Admissions (Private Sector – Generic) 15/16	3	162
SLaM beds	Admissions (SLaM – Eating Disorders) 15/16	<u>1</u> ^{*ii}	<u>96</u> [*]
	Admissions (SLaM – Generic (Acute Adolescent) 15/16	28	168
Other NHS providers	Admissions 15/16	9	285
TOTAL	ADMISSIONS 15/16	47	
	OBDs 15/16		934

Some of the key challenges for the system are that:

- Demand for specialised CAMHS beds has risen in London (15% increase in patient numbers since 2013-14 with evidence of plateau since 2015/16). It will not diminish without system-wide intervention and change.
- Inpatient admission is not always the right answer, even in crisis, however this is currently appears to be the default option.
- There are gaps in the total pathway, not just in inpatient provision and more must be done across the system to manage demand at earlier points in the pathway to reduce reliance on beds.
- Local CAMHS Transformation Plans are key to delivering change through:
 - Earlier intervention
 - Sustainable community packages as a key part of solution
 - Joint ownership of the pathway
- There is a significant challenge to delivering this change in the context of the current financial climate, and reductions to local authority budgets in particular. We will only be able to mitigate against the impact of the current financial pressures through a very strong partnership approach.

ⁱ National Service Review Specialised Inpatient CAMHS London Region Data-Pack 19th August 2016

ⁱⁱ All SLAM ED Admissions need to be cross-referenced with figures from SLAM. This applies to all CCGs

Funding for Health Visiting, School Nursing and Family Nurse Partnership following the reduction in Public Health Grant

In 2016/2017 the reduction in the Public Health Grant resulted in a reduction in funding to health visiting, family nurse partnership, school nursing.

The total reduction in Health Visiting and Family Nurse Partnership was **£522,232**.

2015-16	2016-17
LA core contract (1/2 year) £3,448,000	£6,407,768
NHSE core contract (1/2 year) £3,448,000	
CCG top up £102,000	CCG top up £102,000
LA top up £34,000	£0
£7,032,000	£6,509,768

GSTT also advised Southwark Council of the loss of £100,000 of non-recurrent funding from NHS England that was available in 2015-16 for children's services.

The school nursing service visiting comparing full year 2015-16 to full year 2016-17 was £117,683.

2015-16	2016-17
£1,472,226	£1,354,543

In addition to this the council also funds a specialist practitioner post in the School Nursing Team leading on child obesity.

2017-18 funding

	2016-17	2017/18
Health visiting and family nurse partnership	£6,509,768	£6,509,768
School nursing	£1,354,543	£1,354,543

Despite continuing reductions in the Public Health Grant there was no reduction in funding for health visiting, school nursing and family nurse partnership in 2017/18. The council will work to confirm funding for 2018-19 as soon as possible and will work with GSTT and Southwark Clinical Commissioning group during 2017 to look at the integrating the 0-5 healthy child pathway. A clinical and service working group for health visiting has been established which will meet on April 6th.

Update on the Children and Young People's Health Partnership

The Children and Young People's Health Partnership aims to improve the quality of everyday healthcare, and strengthen the health system for all children and young people (aged up to 24) in Lambeth and Southwark. It was formally launched in 2016 and is funded by the Guy's and St Thomas' Charity who have committed £6.7 million over four years, and have released £2.8 million to start applying new models of healthcare.

Education and Children's Services scrutiny committee report

Led by Dr Ingrid Wolfe, Evelina London consultant and programme director the partnership consists of Lambeth and Southwark Clinical Commissioning Groups, Lambeth and Southwark councils, GP Federations, parents, carers and young people, as well as Guy's and St Thomas' (which includes Evelina London), King's College Hospital and South London and Maudsley NHS Foundation Trusts.

Key programmes of work include:

- Creating 'child health teams' of GPs and other primary care staff working more closely with paediatricians, mental health workers and other specialists, with a greater focus on health promotion
- Delivering children's healthcare closer to home
- Training health and non-health professionals, including teachers, to identify and address the physical and emotional needs of children
- Breaking down boundaries to centre care around children's needs and make services more friendly and accessible
- Addressing health inequalities for the most vulnerable children, for example by investing in meeting the specific health needs of looked-after children and young people.

Update to the Southwark Education and Children's Scrutiny Committee

1.0 Background

- 1.1 The Health Visitor Implementation Plan in 2011 set out a call to action to expand and strengthen health visiting services. The start of life is a crucial time for children and parents. Good, well-resourced health visiting services can help ensure that families have a positive start, working in partnership with GPs, maternity and other health services, Sure Start Children's Centres and other early year's services. That is why the Coalition Government made the challenging commitment to fund an extra 4,200 health visitors by 2015. This resulted in an increased workforce locally.
- 1.2 In 2012-2013 the number of Health Visitors in Southwark was 54.24 WTE and as the HV Implementation Plan came to its conclusion this had increased to 75.03 WTE in line with the agreed trajectory.
- 1.3 However, as a result of cuts in the Public Health Grant, Lambeth & Southwark Local Authority commissioners significantly reduced contract funding in 2016-2017, primarily to the Health Visiting service. In Southwark this was the equivalent of 15.0 WTE HV's and 4.4 WTE Band 6 School Nurses. The Family Nurse Partnership was protected. The overall reduction has been achieved through natural turnover.
- 1.4 Significant transformation work, to redesign and remodel services has been undertaken to manage demand and ensure we are able to deliver safe and sustainable services within the reduced funding.

2.0 Health Visiting

- 2.1 The Health Visiting and School Nursing services have been redesigned and remodelled to ensure we maintain provision of all the elements of the Healthy Child Programme. The focus continues to be the universal delivery of the 5 mandated elements of the Healthy Child Programme- which includes Antenatal health contact and health promotion visits New Birth review at 10-14 days, the 6-8 week assessment, 1 year assessment, 2-2 ½ year assessment. The service also includes screening, immunisations, promotion of social and emotional wellbeing, support for parenting, and effective promotion of health and behaviour change.
- 2.2 Families are allocated a named health visitor who will carry out the initial assessment and depending on the level of identified need allocate the child and family to the universal, universal plus or universal partnership plus caseload. The criteria are based on a continuum of need. The intensity of visiting will vary depending on the identified needs of the family and child.
 - **Universal Caseload**—children and families who have no identified health needs and will receive the Healthy Child Programmes 5 mandated contacts.
 - **Universal Plus Caseload**—Children and families who have identified health or social needs who require additional support to reach their potential and improve their health outcomes. E.g. children with disabilities.
 - **Universal Partnership Plus Caseloads** are comprised of the most vulnerable clients e.g. Children subject to Child Protection Plans, Child in Need Plans, and Looked after Children.

Caseloads are managed through a combination of caseload alignment and corporate working this is where skill mix teams have evolved in health visiting, there has been a corresponding move to corporate working where the client workload and resources for service delivery are shared to ensure full coverage and uptake of core activity and safe caseload allocation. Taking this into consideration the recommended caseload size is between 250 and 400 children (not families). The average caseload size in Southwark is 330. The Team Leaders monitor this monthly as well as levels of need, i.e. Universal Plus and Universal Partnership Plus. The Index of Multiple Deprivation rating of a GP practice continues to be considered when making the allocation of caseloads to health visitors.

- 2.3 The Children's Community Services have significantly extended the skill mix of the teams, increasing the knowledge, skills and competencies required to maintain the delivery of services to address the needs of our diverse and complex local population and deliver this in an integrated way with all members of the team delivering the service. This methodology and transformation has allowed us to align services to deliver the best outcomes within the available resource. The skill mix and development of staff in both services provides support for delivery of the Healthy Child Programme mandated areas in relation to BCG immunisation, health reviews, and Emergency Department attendance follow ups and also new families moving into the boroughs requiring assessments. All staff are involved in health promotion activity and delegated aspects of care in relation to vulnerable children and families.
- 2.4 A significant amount of work has been done to support the health visitors by placing them within larger teams to provide more sustained cover whilst simultaneously reducing the number of sub-scale child health clinics offered. This has been negotiated with the GPs and resulted in a more consistent, robust offer to children and families, with staff covering clinics which are open longer, on more days also improving access as families are now able to access any clinic in their borough.
- 2.5 Health visitors carry the responsibility for high risk, complex and vulnerable families in difficult and challenging social circumstances. Safeguarding children is a significant concern for prioritisation. The health visiting service is supported by two programmes, the Early Intervention Service (EIHV) and the Family Nurse Partnership (FNP) programmes. These two programmes enable enhanced support for the most vulnerable families within the continuum of need. The Early Intervention Health Visiting Service (EIHV) is a health visiting service that provides rapid assessment, and support to families with young children under 1 year of age, who have complex health and social care needs. This service aims to improve health outcomes for these children and families. This is in addition to the Family Nurse Partnership (FNP) which is an intensive home visiting programme for first time mothers, aged 19 years or under. Average caseloads are 50 children for EIHVs and 25 for each Family Partnership Nurse Both boroughs are now flexing and extending the eligibility criteria for the FNP programmes to widen access to the most vulnerable. Both these programmes divert some of the highly vulnerable and complex families away from the generic health visiting teams and help to reduce pressure on individuals HVs. However, we will need to keep under review the balance between the mainstream service and these specialist teams, particularly if further funding reductions are required.

- 2.6 A strong commitment is in place to support staff managing vulnerable caseloads. The safeguarding supervision process has been reviewed to ensure that this is optimal. Uptake of supervision and progress of supervision actions is monitored as part of monthly Key Performance Indicators. Practitioners are supported in attending case conferences, which is prioritised. Safeguarding supervisors also offer to undertake home visits to support practitioners with complex or difficult cases.

3.0 Safety of the Service and Mitigation of Risk

- 3.1 The following processes have been put in place to monitor safety and mitigate risk:

- Community Dashboard of all KPI's in addition those relating to Safeguarding
- Weekly Safer Staffing Review
- Review and redesign of the Safeguarding Supervision model and its implementation
- Regular review by team leaders of staff capacity and caseloads and levels of need Health Visitor Supervision and Performance Reviews Monthly.

4.0 2017-2018 and the following Financial Year

- 4.1 In the forthcoming financial year the Universal Service in Southwark is not expected to experience further cuts in income although no inflationary funding has been received. Confirmation of this is still awaited.
- 4.2 Evelina London continues to work on further redesign and delivery and would welcome support and be able to work together to deliver high quality services in a safe and sustainable way to all families especially those most at risk.
- 4.3 We await the outcome of Public Health England's review of the Universal Child Programme and the mandated visits. There have been recent calls to add a sixth mandated visit.
- 4.4 The impact of the cuts this financial year have been met by redesign of services and the hard work and commitment of the health visitors and school nurses through innovation and transformation. If further cuts are required in preparation for funding reductions in 2018-2019, there is a very high likelihood that this will take us below the pre national Implementation Plan staffing levels and increase risk to the safety of children who are at their most vulnerable.

5.0 Conclusion

It is important to remember that Health Visitors provide the only statutory access to all children and families from pre-birth to school age irrelevant of need. The mandated visits and interventions are designed to keep children safe and support families. We want to ensure the commissioned service continues to deliver Universal Services in Southwark which are safe, high achieving and deliver the life chances for children supporting cohesive and functioning families.

Close working with colleagues from Public Health and LA and CCG commissioners will be required.

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**EDUCATION & CHILDREN'S SERVICES
MUNICIPAL YEAR 2016-17**

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