

Education & Children's Services Scrutiny Sub-Committee

Wednesday 16 December 2015

7.00 pm

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

Membership

Councillor Jasmine Ali (Chair)
Councillor Lisa Rajan (Vice-Chair)
Councillor Sunny Lambe
Councillor James Okosun
Councillor Sandra Rhule
Councillor Charlie Smith
Councillor Kath Whittam
Martin Brecknell
Lynette Murphy-O'Dwyer
Abdul Raheem Musa
George Ogbonna

Reserves

Councillor James Barber
Councillor Catherine Dale
Councillor Renata Hamvas
Councillor Sarah King
Councillor Rebecca Lury

INFORMATION FOR MEMBERS OF THE PUBLIC

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Contact Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

Members of the committee are summoned to attend this meeting

Eleanor Kelly

Chief Executive

Date: 8 December 2015



Education & Children's Services Scrutiny Sub-Committee

Wednesday 16 December 2015

7.00 pm

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

Order of Business

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1.	APOLOGIES	
2.	NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT	
	In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
3.	DISCLOSURE OF INTERESTS AND DISPENSATIONS	
	Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.	
4.	MINUTES	
	The Minutes of the meeting held on 21 st October are to follow.	
5.	AUTISM STRATEGY	1 - 5
	The committee received a presentation on the draft strategy at the 15 September meeting and following that provided feedback. Officers have provided a response, which is also enclosed.	
	The cabinet meeting of 8 December will receive the Autism Strategy to agree: http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=302&MId=5142&Ver=4	
6.	MENTAL HEALTH REVIEW	6 - 46

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The committee is conducting a review into Mental Health - in conjunction with Healthy Communities scrutiny committee. As part of this the committee will consider the Mental Health Social Care Review.

7.	CABINET RESPONSES TO SCRUTINY REVIEWS INTO ADOPTION AND NARROWING THE ACHIEVEMENT GAP	47 - 57
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8. FGM REVIEW UPDATE

9. WORKPLAN

DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.

PART B - CLOSED BUSINESS

DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

DISTRIBUTIONLIST201516

Date: 8 December 2015



Education & Children's Services Scrutiny Sub-Committee

MINUTES of the OPEN section of the Education & Children's Services Scrutiny Sub-Committee held on Wednesday 21 October 2015 at 7.00 pm at Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Jasmine Ali (Chair)
Councillor Lisa Rajan
Councillor Sunny Lambe
Councillor James Okosun
Councillor Sandra Rhule
Councillor Charlie Smith
Councillor Kath Whittam
Martin Brecknell
Lynette Murphy-O'Dwyer
George Ogbonna

**OTHER MEMBERS
PRESENT:**

**OFFICER
SUPPORT:** David Quirke-Thornton, Strategic Director of Children's and Adult Services,
Rory Patterson, Director of Children's Social Care
Glen Garcia, Head of Pupil Access
Cara Jones, SIAS Manager
Julie Timbrell, scrutiny project manager

1. APOLOGIES

- 1.1 Kay Beckwith sent a message that she is no longer on the Headteachers Executive so a new representative will be found for the committee.

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 Cllr Kath Whittam declared that her daughter makes use of the 'Local Offer'.

4. MINUTES

RESOLVED

George Ogbonna was accidentally left off the attendance list of the minutes of the meeting held on 15 September. This will be corrected, other than this the minutes were agreed as a correct record.

5. KIDS COMPANY

The chair announced that the committee will be looking at the demise of Kids Company, with a focus on the impact on local children. The select committee is currently also looking at the demise of Kids Company, but with more of a focus on the financial matters, and there is no intention to replicate that work. She proposed a focus group with randomly selected clients of Kids Company to get feedback on the support given by the council, as although there has been significant coverage of Kid Company the voice of young people has been seldom heard.

The Strategic Director of Children's and Adult Services, David Quirke-Thornton, presented the enclosed report.

The chair opened the question and answer session by remarking that the numbers of children, young people and families received by Southwark do not bear any relationship to the numbers publicised by Kids Company. She also remarked that whilst the Kids Company chair's comments about Southwark 'descending into savagery' clearly appear alarmist, there was a stabbing down her road and so the possible impact on young people is a paramount concern.

The following questions and comments were raised by the chair and committee members to the Strategic Director:

- Did he think that young people and families, whose details were not passed to Southwark, may have been driven underground? The Strategic Director responded that this was a possibility. He said when officers spoke to Kids Company they did identify 3000 people that they were working with who were "without status". Kids Company refused to give officers those details because of the perceived obligation the council would have to report their clients to Border Control. He added the council did press them for these details as they may well be people who are vulnerable and in need, and who the council would have a primary duty towards. He said the council are very concerned about these people.
- What kind of need did the clients have that Kids Company identified ?

There was quite a low level of need.

- Why did people attend? The open door policy of Kids Company offering food, emotional support, and money is attractive. I do not recognise the high level of need Kids Company identified and spoke of, however Kids Company said as they dealt with a London wide cohort, so it is possible that clients from other boroughs are not benefiting from the high quality universal services Southwark offers such as Free School meals and our welfare services.
- What extra support did you offer? One was benefits advice as some people were receiving on going financial support. We have also given extra support to prevent people turning to gangs for support. Also some clients have said that they were using funds for drugs, though we have no evidence Kids Company knew this. We have also up-scaled our Early Help universal offer so people can more easily self refer as we think this is one of the messages of Kids Company , as the open door policy was attractive.
- You mentioned people who may be off the radar. Have you seen a rise in Food Bank use, petty crime etc? Perhaps an amnesty on people 'without status' would be worth considering? We have not seen an escalation of food bank usage or crime. If people come to this county with 'no recourse to public funds' there is assistance - it is modest; shelter and subsistence. This is available for children and adults with disability. There is a danger by setting up a parallel system then people do not regularise there lives. However people did make themselves known to us we would have to report to Border Control.
- These people (without status) are surely very at risk for exploitation? Yes, for prostitution and other forms of exploitation.
- This must stress our policies on child sexual exploitation.
- I am immensely impressed that Southwark took the decision some time ago only to use services that are Ofsted registered. Yes, Southwark took a decision some time ago to only use Ofsted regulated premises so we did not use Kids Company.
- What about the support offered to unaccompanied minors - what do the council offer? The local authority where the unaccompanied minors arrive, which is often a county lying on the coast like Kent, undertake an assessment and are then young people are typically offered accommodation , and this may be by other boroughs. The care system is not necessarily geared to their needs as the service young people often want and need is accommodation and food, as frequently the young people are very resilient. They often go absent as do not to need the care support. The granting of 'leave to remain' is a very long process even though 80 per cent successful. As cases take so long to process the 'no recourse to public

funds' is often a long term situation for applicants.

- What lessons can be learnt? What monitoring took place? We didn't monitor as we had didn't fund or commission. The first line of responsibility is trustees. Other organisations invite challenge on safeguarding .There is important lesson on monitoring. Kids Company was acting in a blind spot as not subject to CQC or Ofsted.
- Was it possible there was double counting of the people they worked with? Yes I think there was, and we did see some of this, but it was most likely human error as people were using different services in different locations. There was however no evidence of the scale Kids Company referred to of 36,000 people worked with.
- Our School did use them for some years although we were uneasy so we stopped. In future would you advise about council concerns with providers to schools? Yes I can give you that assurance. We stopped using Kids Company not because of concerns but because of a policy decision not to use Ofsted registered providers.
- I commend Southwark Council on not using a regulated service. What lessons have we learnt about service provision? We are working on developing clear simple information to assist in offering help. If people come forward then we are under obligation to report to border control. If we have a shadow system it does not support them - rather people need clear information on how to regularise their position.
- I recall when the council ceased to fund Kids Company and it was difficult time. In future I think it's important that this is communicated more widely. Yes, I can take this on board.

The chair summarised by saying that it is important that the committee talk to young people and as part of this we may get an idea of the young people flying under the radar and the issues around this, given this will be a particularly vulnerable cohort of young people .

RESOLVED

The scrutiny committee will talk to young people to get their views. A meeting will be scheduled with officers to assist this.

VIDEO - KIDS COMPANY

https://www.youtube.com/watch?v=65vaSJ2WUyQ&list=PL_maFEOk7e9iZdL8xafmFgg92uNR1h9u6

https://www.youtube.com/watch?v=Ydb0h91R8dU&index=2&list=PL_maFEOk7e9iZdL8xafmFgg92uNR1h9u6

6. LOCAL OFFER

The chair invited officers Cara Jones, SIAS Manager, and Glen Garcia, Head of Pupil Access, Children's and Adults' Services to present .

The chair thanked the officers and commended the work in getting feedback and then invited the committee to ask questions and make comment:

- What kind of choice is available for people and what is the take up of personal budgets? We are working to simplify the process for personal budgets and we do encourage people to attend the drop in advice sessions to help craft the letter for this. The Local Offer web site is very much a location that pulls together all the available services. Frequently people approach in a time of crisis and our Local Offer and team work to support and empower families and enable people to know about and access services - it is a one stop service.
- How do you work with SENCO ? We go to various school events and conferences and do outreach. We also have an over 16 provider event
- Do you have anything for Governors? We did provide an update in the governor's bulletin and have provided training sessions - this is a good point and we need to keep repeating information.
- How are you dealing with an environment where services are diminishing? We do bring together a variety of services that continue so that people are aware of what is on offer.
- Much of this work is online, what about people who are not IT literate? We have drop in sessions where there are a variety of feedback methods. We also have open sessions with opportunities to feedback and we encourage professional enter in feedback on iPads.
- What have you doing to encourage take up? We have sessions at schools that pick up new arrivals. We encourage young people to ask other peers for feedback.
- Do you have links with social care services? Yes we link up to a variety of teams.
- My experience of helping my daughter transition to an EHS plans was not good, initially. I was given a leaflet to SIAS, but it was not immediately apparent how important this service was. Once I did access SIAS it was a much better service and I had a good experience. The Local Offer website

often leads to dead ends - for example traineeships. There is also extraneous information from places such as Birmingham; although it is appreciated this website is a work in progress. I recommend outreach starts from year 9, rather than 11. Officers welcomed the feedback and said that outreach does now start at year 9.

VIDEO - LOCAL OFFER

https://www.youtube.com/watch?v=264r8u2CikI&index=3&list=PL_maFEOk7e9iZdL8xafmFgg92uNR1h9u6

7. FGM REVIEW

Committee members fed back that the FGM Scrutiny in a Day went well, with a member saying how moving it had been. There was a discussion about involving education and health in the Action Research.

RESOLVED

A session will be held with Coventry University on action research on the afternoon of 11 November, with member, officers and FGM community leaders.

An interim summary report on work to date will be produced in January.

VIDEO - FGM REVIEW

https://www.youtube.com/watch?v=sLQG5AgBgoI&list=PL_maFEOk7e9iZdL8xafmFgg92uNR1h9u6&index=4

https://www.youtube.com/watch?v=X-aF8hBMLhc&list=PL_maFEOk7e9iZdL8xafmFgg92uNR1h9u6&index=5

https://www.youtube.com/watch?v=8Hqgh8E8Mk0&list=PL_maFEOk7e9iZdL8xafmFgg92uNR1h9u6&index=6

https://www.youtube.com/watch?v=m6x6mCnp8Ro&index=7&list=PL_maFEOk7e9iZdL8xafmFgg92uNR1h9u6

8. WORK-PLAN

RESOLVED

The cabinet responses to the Adoption Review and Narrowing the Achievement Gap were tabled and will be circulated at the next meeting.

VIDEO - WORPLAN

https://www.youtube.com/watch?v=PTMX5R_HQu8&list=PL_maFEOk7e9iZdL8xafmFgg92uNR1h9u6&index=8

CHAIR:

DATED:

Briefing for Education and Children's Services Scrutiny Sub-committee Development of a Joint All Age Autism Strategy - Responses

Overview

Consultation on the Southwark Autism Strategy sought feedback from local people with autism, parent carers and professionals.

The full strategy and a summary document were circulated with a link to an online survey. Hard copies of the survey were also available. Email comments were encouraged.

In addition four consultation meetings were held on 16 September 2015. One meeting specifically for professionals, one for parent carers and people with autism, and the others were for open access.

In total, 72 responded to the consultation. There were 14 attendees at the consultation meetings, 49 online survey responses, 7 email comments and 2 organisations.

Responses to the 13 questions submitted:

1. We are satisfied that we had sufficient responses to the consultation, with a total of 72 having been received, 14 on the consultation day, 56 online and consultation with two specialist teams.
2. Further Education does not fall within the responsibility of Southwark Council and we have limited influence in this area. We do however intend to include education as a key component in developing the 0-25 Pathway

There are 2 Further Education Colleges in the borough funded by the Skills Funding Agency, sponsored by the Department for Business Innovation and Skills (with a total of 160 SEN clients (100 LESCO and 60 Orchard House) currently in attendance.

3. There are many avenues of SENCo engagement from the formal training and support mechanisms to the email, phone, and local offer information level.

All SENCos are now highly trained teachers and must have or be studying for their masters qualification to work as a SENCo. This is mandatory.

All information about pre-diagnosis, referral pathways for diagnosis are on the Southwark Local Offer.

If a SENCo requires direct advice and support there are a number of avenues:

- SEN Senior Advisor in the School Standards team
- Inclusion and Monitoring Team in SEN that run termly SENCo forums and training courses throughout the school year and offer support and information over the phone, by email etc.
- Early Help team
- The Early Autism Support team for under 5s
- The School aged autism support team

All would signpost to the social communication clinic at Sunshine House for diagnosis.

4. Education will form part of the project board going forward. Professional involvement was sought as part of the consultation period with feedback from social and health care and education professionals.(44 professionals responded to the survey)
5. It has been a challenge to get an agenda item on the Headteachers' Executive however we have identified another meeting, the Southwark Headteacher's Briefing which is attended by c40 schools, meeting ½ termly. We will endeavour to incorporate this forum in the next steps of the strategy.
6. We note this issue and the organisation you mention and we will endeavour to incorporate these within the 0-25 Pathway. Independent living organisations will feature in the accommodation strategy.
7. The majority of our training is provided by the council's Organisational Development team. We currently provide a mixture of elearning and face to face training. Listed below are examples of face to face training we provide:
 - Supporting Children with Autism and Asperger's Syndrome
 - Working with Emerging sexuality
 - Communicating with Children with Disabilities
 - Southwark Foster Carers – Understanding Autism in Children
 - Orient Street Short Breaks Training
 - Autism and Asperger's Awareness Training for LBS Staff
8. We will ensure that any future questions/documents are worded in a way to encourage discussion and are produced in an "easy read" format.
9. A project board will be set up to monitor the implementation of the strategy and it is intended that an "expression of interest" will be sent to appropriate organisations in order to get a facilitator for the programme.
10. Comments are acknowledged and will be incorporated in the strategy
11. 44% of the respondents to the strategy were from parent carers of those with autism
12. Analysis of our current clients show that there are 66 clients with autism as a primary diagnosis receiving long term support

The average number of people in receipt of long-term services who were reported as autistic based on SALT submissions from London Boroughs (including people with "Asperger's Syndrome or High Functioning Autism") is 75 with a range from 0 to 194.

This places Southwark as average amongst our peers however we anticipate that our performance will improve through the implementation of this strategy
13. We will endeavour to accommodate this within 0-25 Pathway.

Summary

Since this strategy was first developed, the council and CCG have made a commitment to explore the opportunity to develop a new pathway for people 0-25 with disabilities. Given

autism will fall within this pathway; it would be counterproductive to implement the strategic aims for autism in isolation to this work. The actions required from this strategy will therefore be incorporated into the pathway development work.

Actions for those over 25 will be incorporated into the pathway development work as part of the transition into adult services.

Jay Stickland
Director of Adult Social Care
4th December 2015

Appendix

Autism strategy – Education and Children’s Services Scrutiny Sub-committee summary of the discussion of the scrutiny session held on 15 September with follow up questions and comments.

14. Members asked about the consultation day and who was booked on, and if an additional Saturday would be considered, or north or south of borough. The Assistant Director said that if more days were needed, they would be added, however the service needed to be mindful of resources, hence only one location in the centre of the borough had been booked as other places in the north and south had been prohibitively expensive.

Despite the committee’s specific request for consultation events other than at Cambridge House that is the only consultation event that took place, at Cambridge House on one day. 4 groups were scheduled; Councillor Whittam went to the last one and was the only person there. This may mean that:

- *Not many people were interested*
- *Everyone else who was interested went to other sessions*
- *People who were interested could not get to the location*
- *People who were interested could not do that date.*

No further dates were added or additional consultation booked with any other groups, despite the poor attendance. Was this reviewed during the consultation period or just left to run. Was it considered sufficient people have had the opportunity to respond?

15. The committee raised the pivotal time of transition from childhood to adulthood, the move to different services, and the importance of liaising with Further Education.

There is very little further education provision generally let alone for people with disabilities or people with autism. How is Southwark going to address this?

16. Members asked if there had been liaison with school SENCO leads as a correct and timely diagnosis is very important, and the Assistant Director agreed that it is important to diagnose early to prevent latter problems and avoid a misdiagnosis for a behaviour problem.

More information on SENCO communication & engagement is requested.

17. A member commented that the strategy is a little thin on schools and also that she could not see a document that meets the needs of professionals. She asked the Assistant Director if officers will be sending out a questionnaire to professionals. He responded that he did not know if there was a survey for professionals, but there is a dedicated session for professionals to feed into the strategy.

How many professionals and in what capacity attended the consultation or put in online comments?

18. The chair suggested using the services of the Headteachers’ Executive to promote the consultation to schools.

*Was any attempt made to contact the head teachers' executive during the consultation period?
What responses were received from head teachers?*

19. Members stressed the importance of 'Independent Living', and people with autism being able to access adequate support to live in the community

Very little mention is made of independent living, crucially how training can be achieved and there is no mention of any services targeted at independent living strategies e.g. Key ring, Dimensions, etc Shared lives scheme is mentioned as is the Learning disability Accommodation Strategy but there is no detail as to how this will impact or be implemented

20. The strategy focused almost exclusively on data and training frontline staff and much of this training was online.

Training cannot just be a module on the online portal; this will give very little insight into the needs of the vast range of autistic people.

21. The document is fairly dry and consultation questions lack an open question.
22. A member asked if there will be section on monitoring the implementation of the strategy, and a section on how it will be kept updated. The Assistant Director referred to Statement of Intent, and the committee followed up by emphasising the important of measurable targets & outcomes and a continual cycle of refreshment of the strategy aims and content.
23. There was a comment that that autism is not a mental illness, not a disability, just different. People are not going to get better or worse - but are at risk of becoming isolated, and the strategy would benefit from taking that stance.
24. Members queried if there was sufficient engagement with parents.

Kath raised this with author on consultation and it was agreed this was to be included

25. Only 6 autistic people without Learning Difficulties are receiving any services. This is a shocking statistic.
26. Only 15% with autism in employment compared to 49% of the total of people with a disability.

Attention must be paid to the needs of autistic people for help transitioning from school into an assisted traineeship, an apprenticeship or a job. Use of SEEDS and Southwark Works is key. Many autistic people are unable to work full time; they require long term planning, support when they do anything new and time to get into a new routine. Employers, trainers and those working with the young person need to be made aware, so that appropriate time can be allocated for familiarisation with their new role.

The committee is submitting this as part of the Autism Strategy consultation process and requests feedback at the 16th December scrutiny committee meeting.

Item No. 11.	Classification: Open	Date: 8 December 2015	Meeting Name: Cabinet
Report title:		Southwark Mental Health Social Care Review	
Ward(s) or groups affected:		All wards	
Cabinet Member:		Councillor Stephanie Cryan, Adult Care and Financial Inclusion	

FOREWORD - COUNCILLOR STEPHANIE CRYAN, CABINET MEMBER FOR ADULT CARE AND FINANCIAL INCLUSION

The mental health and wellbeing of our residents is of paramount importance. There is no health without mental health, and good mental health and emotional wellbeing in childhood helps children and young people thrive and lead healthy and emotionally secure adult lives. Mental health and wellbeing affects every resident living in Southwark and I want to ensure that all our residents have the opportunity for good mental health and wellbeing.

The council and our partners in health have a critical role to lead on taking the right action to promote and protect mental health and wellbeing. We need to balance fairly the needs of the many with the needs of vulnerable residents in Southwark who are at the greatest risk of being excluded from leading healthy and fulfilling lives because of poor mental health.

This review was commissioned to allow us to fully understand the mental health social care offer in Southwark, in light of our new additional duties under the Care Act 2014, and also in preparation for working on a joint delivery with NHS Southwark CCG on the delivery of a Joint Mental Health Strategy. The report provides a strong platform for a new Mental Health Strategy.

I am therefore asking cabinet to give consideration to the report and to approve the recommendations below.

RECOMMENDATIONS

1. To note the findings of the Southwark Mental Health Social Care Review Report.
2. To approve the drafting, engagement and delivery of a Joint Southwark Mental Health Strategy, led by Southwark Council and NHS Southwark CCG and incorporating consultation with key stakeholders, including mental health users, carers and family members, the Mental Health Trust (South London & Maudsley NHS Foundation Trust), the local mental health voluntary sector, and children's social care and education.
3. To support the reform of integrated service arrangements with South London & Maudsley NHS Foundation Trust.

BACKGROUND INFORMATION

4. The full Review report of Southwark Mental Health Social Care is provided at Appendix 1. The report was commissioned earlier this year in preparation for the development of an all-age Southwark Joint Mental Health Strategy, to assess the status of the current mental health social care offer and to seek recommendations for any necessary changes.
5. The Review took into account the mental health needs of children and young people and informed the Children's & Young People Mental Health Transformation Plan for Southwark, which was submitted to NHS England in November 2015.
6. To complete work upon the Joint Mental Health Strategy, the Children's & Adults Directorate has appointed a Project coordinator to work in partnership with mental health commissioners and operational managers across the council and the CCG to prepare a draft strategy and lead on engagement and consultation.
7. The council has shared the attached Report with NHS Southwark CCG and South London & Maudsley NHS Foundation Trust, and briefed mental health social work staff members and managers at meetings in August and October.

KEY ISSUES FOR CONSIDERATION

8. The Review found that in many areas of good practice and arrangements to promote and protect mental health in Southwark. There is evidence of local initiatives and strengths across both adult and children's mental health services, including the voluntary sector. The challenge is to make these sustainable, because the mental health social care offer is comparatively expensive and relies heavily on residential care over the longer term.
9. Social care pathways are currently unclear and this compromises the delivery of the council's Vision for Adult Social Care and the delivery of a better quality of life in Southwark for a significant number of vulnerable adults with mental health needs. Users, families and non-mental health professionals reported that the social care pathway was difficult to understand and navigate.
10. Currently, social care outcomes are not as clearly articulated as health care outcomes in the current integrated arrangements with South London & Maudsley NHS Foundation Trust.
11. Southwark will struggle to keep pace with rising demand, for example from Schools concerned about the mental health and wellbeing of children and young people, unless the current service system is reformed, and progress is made on delivering earlier help for children and young people experiencing mental health issues.
12. Implementing effective change will require:
 - Completion of the Joint Southwark Mental Health Strategy;
 - Agreement with South London & Maudsley NHS Foundation Trust on the reform of the current pattern of integration across statutory mental health services, to bring social work nearer to the front of the secondary care system and at the interface with primary care, so that social care can play

a full role in the implementation of Southwark's Local Care Networks;

- Focus on supporting people living with long-term conditions in the community with support near to them, including during times of crisis, to prevent avoidable hospital admission;
- Breaking the long-term reliance on residential care that is evident for a very large number of Southwark residents with mental health problems;
- Greater use of Reablement and Personalisation to improve prevention and recovery in line with the duties of the Council under Care Act 2014;
- A stronger direct working relationship between the Council with mental health users and the local voluntary sector to make progress on co-production and peer support;
- A stronger focus on prevention and earlier access to help for children and young people and protecting what is already working well for vulnerable groups, including mental health services for Looked After Children.

Policy implications

13. The Review recognizes and supports key existing Southwark Policy frameworks, including:

- Southwark Fairer Future Promises;
- Southwark's Vision for Adult Social Care;
- Joint Service Protocols;
- Council work on co-production, and previous messages provided during consultation and engagement by stakeholders on mental health.

In addition, the Review considered the findings of NHS Southwark CCG on Adult Mental Health Transformation (2015) and South London & Maudsley NHS Foundation Trust Reports.

14. The Review recommends early progress is made on the delivery of a Joint Mental Health Strategy. The Review itself sets out key areas to be included in a Strategy, at Appendix C. Unless a joint strategy is agreed, current initiatives, while welcome, risk being uncoordinated and may perhaps bring more incoherence across the mental health system.

15. Mental health and wellbeing is a key matter of concern in relation to children and young people, parents, Schools and Children's Social Care and this is reflected the recent national policy, Future In Mind.

16. The Review sets out the risks and benefits to the Council of the proposed changes.

Community impact statement

17. The Review had regard to the public sector Equality Duty, at section 149 of the Equality Act 2010, which requires public bodies to consider all individuals when

carrying out their day to day work in shaping council policy, delivering services and in relation to their own employees.

18. There is no evidence to suggest that the changes proposed in the Social Care Review will make a differential impact due to disability, in relation to gender, sexual orientation, religion or belief, age, to trans-gendered or trans-sexual clients, and to persons or groups who may face multiple discrimination, including speakers of other languages; people with caring responsibilities or dependants; or those with previous convictions for offences.
19. Equality and community impact will need to be kept under review as a new Joint Mental Health Strategy is planned and consulted upon with stakeholders. Any reform of operational delivery taken forward in partnership with NHS Southwark, and with South London & Maudsley NHS Foundation Trust and other partners will also require a review of equality and community impact.

Resource implications

20. The report recommendations fall within the current council budget framework.

Consultation

21. The Review consulted a broad range of stakeholders and these are listed at Appendix B. Should the recommendations of the Review be approved and subsequently lead to changes in service configuration or service contracts, the need to consult with the public and staff trade unions will be reviewed.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
See References and hyperlinks provided in Review Report at Appendix 1.	Children's and Adults' Services, 160 Tooley Street, London SE1 2QH	Dick Frak 020 7525 3460

APPENDICES

No.	Title
Appendix 1	Southwark Mental Health Social Care Review (circulated separately)

AUDIT TRAIL

Cabinet Member	Councillor Stephanie Cryan, Adult Care and Financial Inclusion	
Lead Officer	David Quirke-Thornton, Strategic Director Children's and Adults	
Report Author	Dick Frak, Interim Director of Commissioning	
Version	Final	
Dated	25 November 2015	
Key Decision	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
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SOUTHWARK MENTAL HEALTH SOCIAL CARE REVIEW

Summary

This review of the mental health social care offer was undertaken between March and July 2015, to understand the process and quality of current services, with a particular focus on social care outcomes and how these are met through integrated multi-disciplinary teamwork, as well as through wider commissioning arrangements.

The key findings of the review are as follows:

1. In many areas Southwark already has a version of 'what good looks like' in mental health. There is evidence of many areas of good practice, local initiative and strengths across both adult and children's mental health services.
2. The challenge is to make this sustainable. The offer is comparatively expensive. Care pathways are unclear and difficult to navigate for users, families and non-mental health professionals. Southwark will struggle to keep pace with rising demand, unless the current service system is reformed.
3. Social care outcomes are not as clearly articulated as health care outcomes in the current integrated arrangements.
4. Implementing effective change will require:
 - Completion of the Joint Southwark Mental Health Strategy
 - Agreement on reform of integration across statutory mental health services, to bring social work nearer to the front of the system and at the interface between primary and secondary care
 - Focus on supporting people living with long-term conditions in the community
 - Further application of Reablement and Personalisation for improved prevention and recovery
 - Stronger Council direct working relationship with mental health users and voluntary sector to make progress on co-production and peer support
 - Strong focus on prevention and earlier access to help for children and young people and protecting what is already working well for key vulnerable groups.

INTRODUCTION

- 1.1. The purpose of this review is to understand the current social care offer, in the context of Southwark residents experiencing or living with mental health issues and mental illness. It was commissioned by Southwark Council. It has mainly focused on adult services, although the review also focused some attention on children's and young people's mental health services, their arrangement and effectiveness, in the light of the new national policy, Future in Mind (1)¹ the announcement of forthcoming requirements and resources (2).
- 1.2. The findings in this report are my own, using the method of enquiry described in the terms of reference (Appendix A). They are based on an analysis of information from published documents and that shared by stakeholders; interviews with a sample range of stakeholders: including service users, health and social care practitioners and managers, commissioners, senior managers of the Council, Southwark Clinical Commissioning Group, Lambeth and Southwark Public Health, South London & Maudsley NHS Foundation Trust (SLaM) and a sample of voluntary sector organisations (see Appendix B: Stakeholder groups, meetings and participants). In addition to interviews, I have also observed and participated in several meetings in the course of this review, and made visits to several community sites in Southwark (and two in Lambeth) where mental health and wellbeing services are delivered.
- 1.3. This review has limited its enquiry to the current social care offer and social care outcomes, since these are the areas the Council is accountable for, must lead upon and report to national government departments. These are the outcomes the Council must account for to Southwark residents.
- 1.4. Because of time constraints, there were some limitations to the scope of this review. There was only a very limited engagement with families and carers, except where I met users who also had caring roles. Regrettably, I was unable to engage with young carers. Some providers did not engage, although I did obtain a sense of their views. I was not able to do more than a desktop review of the Dementia Strategy. I had no direct contact with other Council departments, although a strong partnership and link with Housing department will be vital in addressing the accommodation of Southwark residents with mental health support needs.
- 1.5. The integrated nature of operations in secondary mental health care sets a challenge in disaggregating social care outcomes and responsibilities from health care. There are strong arguments for looking at social care and health

¹ Numbered references are shown at the end of the main report.

care as an integrated single arrangement. This is widely supported by national policy and across professional groups, including social work (3, 4). These arguments were alive in Southwark.

- 1.6. In contrast, recent policy messages have come to prominence with the introduction of the Care Act 2014, where Councils must make arrangements using a single national threshold for access to social care provision, the duty to promote well-being in undertaking care and support functions, prevent or delay the need for care and support; and drive forward personalisation and safeguarding. In recent years, many Councils have come away from previous long-standing arrangements of seconding social care staff to Mental Health Trusts in response to other priorities, financial pressures, or poor Trust performance on social care outcomes.
- 1.7. This review has taken the issue of integration fully into account in getting under the skin of the local social care offer.

2. BACKGROUND

Demography

- 2.1. Southwark has a population of almost 300,000 which is comparatively young, mobile and ethnically diverse. Around 300 languages are spoken in the borough. The population is expected to grow by over 20% in the next 10 years. Southwark is densely populated and also a deprived population in relation to other London Boroughs and English authorities (5).
- 2.2. In 2013/14, 3,643 adult Southwark residents were registered with GPs were on the severe mental illness (SMI) register. Currently around 1,400 Southwark adult residents are open to SLaM on the Care Programme Approach (CPA) although this is likely to be an underestimate of the number of people open for treatment and other interventions at secondary care, because SLaM does not use CPA for conditions other than psychosis. SLaM assess through screening around 9,000 Southwark residents per year for mental health matters (6,7,8,9).

Organisation of Statutory Adult Mental Health in Southwark

- 2.3. The majority Southwark mental health social work staff are seconded and located into SLaM integrated teams in community mental health and other service settings since 2000 through a National Health Service Act 2006 Section 75 Agreement.
- 2.4. The rationale is described on the Southwark Council website:

“Community Mental Health Services provide help to adults with mental health problems, such as depression, phobias and other serious conditions. The service is provided by professionally qualified mental health social workers who are based in a variety of locations throughout Southwark.

“Our teams are made up of social workers, community psychiatric nurses, occupational therapists, psychiatrists and psychologists. This improves communication between service users, staff and carers and means that people can get the services they need from one place”.

- 2.5. The same arrangements have been made in the three neighbouring boroughs SLaM also provide mental health services to: Lambeth, Lewisham and Croydon. SLaM directly employ a Director of Social Care to ensure there is Board representation and policy (11) on social care, including safeguarding procedure, liaison with borough mental health leads and implications of Care Act 2014. In addition there is a designated SLaM Clinical Borough lead for Southwark.
- 2.6. The Southwark Approved Mental Health Professional (AMHP) service undertakes duties and legal requirements in relation to 1983 Mental Health Act as amended 2007. It consists of a small dedicated team with further Southwark social workers deployed on a rota basis during office hours from their teams. The Southwark Out of Hours Social Work service manage Mental Health Act assessments requests at other times.
- 2.7. SLaM organise the management of teams around mental health conditions within Clinical Academic Groups (CAGs) rather than through a borough or locality model. Clinical Academic Groups are described by SLaM as bringing people together who are experts in their field in areas such as addictions, psychosis and child and adolescent mental health, to offer care and treatment based upon reliable research evidence that it works. This involves clinical staff, such as doctors and nurses, working alongside academic researchers. The current CAGs are:
 - Addictions
 - Behavioural and Development
 - Child and Adolescent
 - Older People and Dementia
 - Mood, Anxiety and Personality
 - Psychological Medicine
 - Psychosis.

- 2.8. Southwark social workers will work within the borough, but they are distributed across community mental health teams and other teams within Clinical Academic Groups. It is unclear whether social workers undertake social work tasks only, or whether their roles are better described as generic care coordinator function, organised around care management and Care Programme Approach (CPA).
- 2.9. Southwark social workers are unevenly distributed across Southwark teams. Mainly for historical reasons, the largest number are deployed in the Psychosis CAG. Compared to neighbouring boroughs, there has been a relatively stable Southwark social work workforce, with low staff turnover and little disruption caused by reorganisation. This is an experienced senior social work workforce, with several qualified social workers operating in Service Manager and Team Leader roles in CAGs. In these managerial roles they are directly accountable for the performance of the integrated team, with performance measured through health performance metrics. The performance dashboard does not appear to include specific social care outcomes.
- 2.10. Southwark Council also retains a Head of Mental Health in the Adult Social Care division (recently incorporated into a broader Assistant Director role) to liaise with SLaM and to directly manage some mental health services.
- 2.11. A number of recent initiatives have been developed to address challenges in relation to making more effective use of social care resources to support the wellbeing and tenure of adult mental health service users in the community.
- 2.12. Southwark has a very large number of residents placed in nursing and residential care over long periods of time where there is little evidence of recovery and rehabilitation. This includes a majority of residents placed in out of borough settings who have not been subject to regular review. Unreviewed placements leave the Council and NHS open to significant risks. A Transitions team has been established to review placements and to establish clear care pathways, including transition to local Southwark accommodation and support. The residential care budget is overspent and must be brought back into balance.
- 2.13. A Mental Health Reablement Team is now co-located in one of the Southwark Community Mental Health Teams and offers a structured offer of 13 sessions to Southwark mental health service users resettling in the community. The evidence available suggests the Reablement offer is well used. Many users stay the whole course of reablement. It appears to improve community resettlement and regaining tenure in the community and making a recovery.

- 2.14. A Personal budget support team and a Personalisation Panel have been established, following slow implementation of personalisation and uptake by Southwark mental health service users and what is perceived by the voluntary sector as relatively low use.

Southwark mental health voluntary sector

- 2.15. Southwark has an enviable voluntary sector fabric that puts it in a good position to support social inclusion. It contains several well-established community organisations that have a specific interest in mental health or directly support mental health service users, including Community Action Southwark, CoolTan Arts, Blackfriars Settlement, Dragon Café, and most recently Southwark Wellbeing Hub (provided by Together).
- 2.16. Southwark Wellbeing Hub was established in May 2015, working from a base in Thamesreach Employment Academy, Camberwell. This was established following a tendering process during 2014. This process in effect replaced the previous provision of a range of mental health day services in Southwark. The main current provision offered through the Wellbeing Hub is non-directive advice, information and signposting through the Wellbeing Hub to mainstream/universal services and resources, and to personal budgets to those adults who are eligible to purchase services and access to activities to protect and improve their wellbeing and assist recovery.
- 2.17. Following the completion of this Tendering process and the award of the contract for the Wellbeing Hub, service contracts to organisations previously providing mental health day services closed. A number of smaller organisations were not able to continue to offer activities previously undertaken, while others have undertaken this through offering services that are paid for through personal budgets.
- 2.18. The general voluntary sector provision in Southwark is likely to remain places where unmet mental health need emerges, for example where individuals are seeking advice and assistance because of housing or welfare issues. There were examples of this offered by the Blackfriars Settlement and Community Action Southwark.
- 2.19. The coordination of voluntary and community action through Community Action Southwark (CAS) with reference to mental health is currently achieved through Southwark Voices monthly meeting. CAS has also facilitated events on specific matters in relation to mental health strategy (12) and in preparation for the Wellbeing tender.

- 2.20. Between January and May 2015, Southwark Council and CCG worked with Southwark's Community Engagement department and Southwark and Lambeth MIND to engage BAME and marginalised groups on cross-borough engagement events to identify key considerations for promoting and protecting the mental health and wellbeing of Black and Asian minority ethnic and other marginalised groups in Southwark (13). The final version of this report is awaited, but it is expected to recommend that future mental health services for BAME and other marginalised communities should be commissioned through dedicated community-based support services delivered using: Information and Advice; Peer Support; Community Networks; Self Management; Befriending and Social Inclusion.

Southwark Children and Young People's Mental Health Service

- 2.21. Most mental illness has its origin in childhood, and half of all mental disorder first emerges before the age of 14 years and three quarters by the age of 25 years (14).
- 2.22. Young people aged 12-25 years have the highest incidence and prevalence of mental illness across the lifespan (15). 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.
- 2.23. Mental health national policies (1, 9) set clear expectations around meeting the needs of young people, the importance of prevention, early help and intervention and a focus on key transitions is key to reducing the risk of young people developing longer-term mental health problems, with their significant impact on education, employment and quality of life.
- 2.24. Certain groups of children and young people are at increased risk of developing mental health problems, taking account of background, life experiences, family history and individual emotional, neurological and psychological development. Some children and young people, through their particular circumstances may be in more than one of the following risk groups:
- Children in Care/Looked After Children
 - Children identified with special educational needs
 - Children from poorest households
 - Children and young people in contact with the criminal justice system
 - Young Carers
 - Children with certain physical disabilities
 - Children and young people who live in households where there is domestic abuse and violence
 - Children who live in households where there is alcohol or drug dependency

- Children whose parent(s) or guardian(s) have mental illness.

2.25. Southwark has a mature CAMHS service, including:

- Child and Family Service
- Adolescent Service
- Neurodevelopmental Service
- Early Help Service
- Carelink (for adopted and looked after children)

In addition, there is a Parental Mental Health Team and a joint service protocol to meet the needs of children whose parents/guardians have mental health problems (16). The main areas of concern in Southwark have been around the long waiting times to access first appointment. While these waits have reduced over the last 6 months, demand remains high. Transitioning to adult services is also problematic, in spite of the same Mental Health Trust provider delivering CAMHS and Adult services.

- 2.26. Another important element of local young people mental health services is Early Intervention in Psychosis, because good evidence shows that early detection, diagnosis and treatment of psychosis improves lifetime health outcomes. The most recent information about the Southwark Early Intervention in Psychosis service (17) is a very positive account, although there is a high social work caseload. The family intervention rate is positive, which is very important in relation to wellness and recovery.
- 2.27. These arrangements put Southwark in a good position to respond to local needs and policy expectation. A comprehensive review of wellbeing and mental health for young people in Southwark was conducted in 2014 (18). However, this is an area where it is vital to have an implementable strategy, to define the purpose and scope of services. While there exist some excellent and well-regarded services, such as Carelink (19) and the Parental Mental Health Team, these need to be protected as far as it is possible from cost saving measures because of the risk/vulnerable groups supported, and as new priorities are set across Children and Young People's Mental Health Transformation Plan bring competing demands.
- 2.28. Currently no CAMHS strategy is in place. This should be completed as a Children's and Young People's Emotional Wellbeing Strategy, since this will be a requirement of completing the Local Transformation Plan (2) and can potentially draw into Southwark additional funding to support development of community eating disorder and self-harm service, improving early help and support to schools. This strategy must be linked to the Children and Young People's Strategic Plan, Families Matter and as the Joint Mental Health Strategy.
- 2.29. It will be helpful to use the completion of the Local Transformation Plan to focus attention on the high level of childhood obesity reported for Southwark (20) and consider whether this is an indicator of Adverse Childhood

Experiences (21) and a coping mechanism for depression, anxiety and fear. This has already been given some consideration by the Southwark Carelink Team. The national intention is to establish community eating disorder and self harm services for children and young people with additional resources shared across a number of CCG areas.

Longer term severe mental illness cohort

- 2.30. There are currently around 200 Southwark people living with longer-term severe mental illness in residential and nursing care who appear to be in a closed circuit, moving between in-patient wards and care homes. An impasse appears to have developed, with a very slow pace of change brought to bear on improving the prospects for this group to live safe and more independent lives in Southwark, despite resources devoted to a dedicated SLaM High Support Team.
- 2.31. A considerable number of this group (90+) were placed out of borough, where care plans and placement were not routinely reviewed. The budget is significantly overspent. Recently, a Transition Team was established to undertake reviews and to introduce a new model and care pathway. It is currently undertaking reviews of out of borough placements.

Substance Misuse

- 2.32. A recent audit (22) of Southwark's Council's Substance Misuse Service found that there was inconsistency in the application of criteria for community and residential rehabilitation care packages. There is also variability of outcomes and a low level of residential rehabilitation completions.
- 2.33. A procurement process is currently being undertaken to bring together Secondary Care (CDAT) and Primary Care (Shared Care) treatment provision into a single unified arrangement. Southwark's Council's Substance Misuse Service is not incorporated into this procurement. To date, primary care have found the substance misuse Shared Care service helpful in working with people with substance misuse and other needs that make treatment more complex. But there appears to be no routine working relationship between primary care and CDAT.

Public Health

- 2.34. Lambeth and Southwark Public Health Team provide good data and health intelligence that will inform a joint mental health strategy, e.g., and Mental health briefings (6) and the CAMHS needs assessment (7). There are Mental Health Promotion activities that are well regarded. Going forward, there will need to be clarity over the role Public Health play in relation to prevention for targeted mental health cohorts.

Commissioning Arrangements

- 2.35. Mental health commissioning arrangements for adults and children and young people are carried out on behalf of the Council by NHS Southwark CCG. This arrangement is agreed through a National Health Service Act 2006 Section 75 Agreement between NHS Southwark CCG and Southwark Council. In this agreement the CCG are the designated body for the commissioning of mental health services on behalf of Southwark Council. The financial contributions made by the Council are set out in the Section 75 agreement for the purchase of residential placements and other block contracts.
- 2.36. NHS Southwark CCG, as the lead commissioner, is in addition responsible through this agreement for the development of a Strategy for adult, older persons and child and adolescent mental health services, as well as a Market Position Statement. It must also take account of social care approaches and ensure that all commissioned services supply relevant mental health activity data, including those required for the Adult Social Care Outcomes Framework submission for Councils, like Southwark, with Adult Social Care Responsibilities. These are annual returns through which the Council's performance is measured.

Mental Health Adult Social Care Survey Return for 2014-15

- 2.37. 109 mental health users made returns to this year's Survey (23) which accounted for about 10% of the total Southwark adult return rate. Caution must be exercised about interpretation, because it is a comparatively small representation of the number of adults living with serious mental health problems in Southwark, but the information should be taken seriously:

Quality of live as a whole: 17% of respondents reported this as bad, or very bad. It was the group with the lowest rate recording quality of life as good or very good.

Control over life: 31% reported some control, but not enough. 6% reported no control over their life.

Control over care and support: 21% had some, but not enough. 6% reported no control over care and support.

Clean and presentable in appearance: The mental health group report at the highest rate for less than adequate (13%) as well as for not clean and presentable (5%).

Home: the greatest return by an adult group around not comfortable enough (19%) or not comfortable at all.

Safety: the greatest report by group of less than adequate (13%) or not at all (4%).

Social contact: highest report by adult group for some but not enough (26%) or socially isolated (10%). Less than a third reported that they had as much as they want.

Spending time: highest group reporting that they were spending time doing something they value but not enough (31%) and don't do anything they value or enjoy (15%).

To the question, *Do the people who treat and care for you work well together?* 20% replied no; and 13% didn't know.

- 2.38. These are a sober reflection of how much there is still to be done in assuring that user social care outcomes improve to achieve social inclusion and quality of life.

Budget

- 2.39. 2015/16 adult mental health social care budget total is £8,382,000, comprising of: assessment and care management staff costs; residential contracts; direct payments and personal budgets. Previous budget areas related to substance misuse, asylum seekers and BME day services are now accounted for separately. While costs have reduced over the last three years, the costs of residential placements, and the quantity of placements purchased, remains a high fixed cost and a cost pressure.
- 2.40. The most recent value for money comparators (24) using 2013/14 data show that, in relation to spend on all social care for adults for mental health needs aged 18-64, Southwark is in 10th place by mental health social care spend by London Borough and in the upper third. Southwark is in the middle range when compared to its statistical neighbours. It is in the highest 20% of English Boroughs by spend on residential care and home care. It has a comparatively high use of personal budgets and direct payments value that is in the lowest 20% by cost.

Safeguarding

- 2.41. The main concerns raised in relation to safeguarding during this review related to ensuring that Southwark Council was prepared for the new duties in relation to safeguarding in the implementation of the Care Act 2015, and that pathways were clear and understood between Southwark Council and SLaM. There was some difference of understanding about the respective roles of both organisations, for example, around the level of feedback that is expected following the raising of a Safeguarding alert.

2.42. During the time of the review two serious incidents involving mental health service users came to light. It is premature to draw specific conclusions from these cases.

FINDINGS

Host problem

- 3.1. Because of the site of the Maudsely Hospital in Denmark Hill, there is a risk that longer term mental health service users from out of borough resettle in the borough, unless there is a clear delineation of local authority residence responsibilities for resettlement.
- 3.2. Another host problem that may have an impact on costs to Southwark Council is the proposal to site the Place of Safety for all four Boroughs at Denmark Hill (25) including the impact this will have on the Southwark AMHP service. Clearly there are some benefits from 'hosting' a large hospital site - such as local employment opportunities - but these are hard to quantify against potentially higher costs to the Council.

Layering

- 3.3. The method of service development over a number of years appears to have been adhoc, in the absence of an overarching jointly developed strategy. There has been an accumulation of services with comparatively little decommissioning, until recently.
- 3.4. There is now a large operational Trust superstructure (the Clinical Academic Groups) but this is weaker on Council localities, which are critical for Local Authority partners. The recent development of the AMH Transformation (26) does not constitute a local strategy. Instead, it sets out a list of local adult mental health services with a very limited social care dimension.
- 3.5. The mental health system is complex to navigate and does not provide a clear, integrated pathway for users, families, primary care or other key non-mental health professionals, e.g., Southwark Housing department. There is a risk that layering behaviour continues, e.g., the proposal to develop a Hub on the Maudsely Hospital site appears to ignore the fact that the Southwark Wellbeing Hub opened nearby in May 2015 and introduces further confusion.

Agent problem

- 3.6. Southwark Council relies on intermediary agents to conduct its responsibilities in relation to the mental health social care offer, including NHS Southwark CCG and SLaM through the commissioning and delivery arrangements for statutory services. Other agents have also been deployed relating to the delivery of non-statutory provision and consultation, including Community Action Southwark, in the lead up to the tendering process for a Wellbeing Hub

and Mental Health strategy consultation last year. There are challenges where agents are also partner organisations.

- 3.7. It is not unusual for Councils to use intermediaries, but robust governance assurance is necessary and this must be sustained. This can be provided through agreed joint strategy; clear commissioning intentions and resource allocation; routine senior officer contact; annual review against performance, and routine performance reporting against social care outcomes, including personalisation, impact of reablement, and the demand and performance of AMHP and other services. Clear recovery mitigation and sanctions if social care outcomes are not achieved are required.
- 3.8. Without this governance assurance process, tensions are likely to arise when new policy signals must be acted on (e.g., implementation of Care Act 2014) or when previous resource levels cannot be sustained.

Integration

- 3.9. There is widespread support across Southwark for an integrated mental health offer. There is no interest or appetite to decouple integrated arrangements. Service users in Southwark said they wanted care and support to come from as few places as possible and to be coordinated.
- 3.10. The advantages of an integrated health and social care offer are presented as the single pathway to secondary care services; the durability of existing work practices over time; good professional inter-disciplinary relationships and information flow; informal learning; relaxing of professional boundaries, allowing social care work to be undertaken by nursing colleagues around personalisation. An argument was made that integration has worked for the benefit of the larger social care agenda in Southwark, through the influence of social workers in team leader and manager functions.
- 3.11. Other advantages of integration were presented as being better than the alternative. This was based on previous experience and concerns about potential adverse consequences if an alternative approach were implemented. It included concerns about the double-running of assessment processes and information systems in health and social care, which appears to go against government-sponsored guidance (27); more distant staff working relationships, with potential for professional disagreement and discord if a 'task-based' work focus were established; the risk of users and families falling through gaps in delivery; and the reaction of SLaM as a powerful, strategic provider. The recent experience in Lambeth of moving resources were generally not accepted as a positive examples (28, 29).

- 3.12. While there was widespread support for integration, the quality of existing arrangements were generally agreed as requiring improvement. The social care offer was perceived as subsumed into the larger and more dominant health delivery priorities at the Trust. There needed to be a better balance of social care and health care goals and outcomes, so that social care could be reclaimed in integrated teams, consistent with Southwark's vision for social care (30). Many stakeholders struggled to understand what social care outcomes were.
- 3.13. There were other views that the sum of benefits currently derived from integration were intangible and hard to define. It was also hard to recognise the social care elements of current integration arrangements. Social work was not in the foreground of work with service users and their families on initial assessments. For all that many team managers and team leaders were social worker professionals and well-respected, the current arrangements were perceived to be medically orientated. Concerns were expressed that some Trust colleagues appeared annoyed when social care needs were raised; and that the scope of social care was narrowly defined as consisting of either residential care *or* a personal budget. Integration in one area can mean that opportunities for integration in other areas are curtailed.

Partnership with community voluntary sector

- 3.14. There continues to be a level of discontent in the local voluntary mental health sector, following the tendering process last year for the Southwark mental health wellbeing hub. Good working relationships are vital in the context of significant welfare reforms and their impact on people and families living with severe mental health difficulties.
- 3.15. Voluntary sector organisations spoke of their desire for a partnership with the Council, but struggled with a non-communicative period with the commissioning team recently. They wanted to make personalisation work in Southwark, supported the ethos of self-determination, but struggled with its requirements. It is believed that system inflexibility is inhibiting its greater take-up by service users and carers, especially where there were fluctuating or longer-term needs.

Personalisation

- 3.16. Because of the current location of Southwark adult mental health integration, there is an assumption that everyone in secondary care mental health is eligible for a social care service. This is different from the eligibility test applied in other adult social care services.

- 3.17. A second working assumption that follows is that, to apply and be assessed for a personal budget, the person must be open to a secondary care team. Given that the majority of Southwark's patients registered with Southwark GPs with severe mental illness are not open to secondary care, this puts this group at an unequal disadvantage.

Supporting long-term conditions

- 3.18. There is widespread recognition of a large group of Southwark residents with severe mental illness who appear to live in a closed institutional circuit.
- 3.19. There is a similar size of cohort is also present in Lambeth, where the Council and CCG have reappraised this circumstance strategically and are seeking to re-define the relationship between commissioners and providers, by tackling the support of people living with long-term conditions as an enterprise-wide challenge, initially by establishing a collaborative. Recently, this has led to an alliance contract, a model of procurement more frequently used in the building and construction industry (31).
- 3.20. Public Health colleagues report that, what has made a promising difference in outcomes in Lambeth, has been strong use of peer support.

4. ADVICE and ANALYSIS

What would good look like?

- 4.1. In many areas Southwark already has a version of this, but it is starting to look tired and needs renewal if it is to remain relevant and fit for purpose.

Signs of safety

- 4.2. The social care offer must have strong signs of safety. These must be evident and understandable at key points in the person's journey to recovery.
- 4.3. For example at the point of transition for those leaving care, because of the increased risk of experiencing poor mental health alongside a complex set of changes.
- 4.4. Hospital, nursing and residential care are all intermediate steps in managing crisis and making a good mental health recovery. The only way to truly contain the high costs associated with these services is to improve outcomes around resettlement into ordinary community living with or without support.
- 4.5. The current reality is that, already, most people living with significant longer term mental health conditions in Southwark live in the community and not institutional settings (see 2.2). Previous consultations have received a clear message from users that they want to manage crisis without returning to

hospital.

- 4.6. The experience of service users reported in research (33) and guidance (34) suggests that they believe an unequal share of risk falls to them outside institutional settings. Recent serious incidents in Southwark appear to confirm this and point to the need to improve community crisis response and home treatment. This will be especially important to those being resettled into the community with long-term conditions, with potential to provide confidence to weather crisis without recourse to hospital.

Social care offer is straightforward and people chose to use it to meet their needs

- 4.7. For mental health service users, their families and supporters, the social care offer is not clear. It is mainly located in a complex secondary care system. It is hard to pick out the social care elements clearly in the soup.
- 4.8. Many local voluntary sector partners want to make personalisation work in Southwark, but struggle with its requirements, are not clear on the criteria applied for a personal budget payment; worry about the delay in processing payments; are concerned about the impact debts may have on receiving and using payments and point to an inherent bias around making individual arrangements and the logistical difficulties of forming group activities using personal budget payments.
- 4.9. NHS Southwark CCG and Southwark Council invested significant time and resources in establishing the Southwark Wellbeing Hub. However the tendering process seems to have alienated members of voluntary sector.
- 4.10. There are some questions about whether the model is operationally achievable, because some of the places Southwark Wellbeing Hub would expect to signpost to were reliant on mental health budgets to fund their operations and have now closed (e.g., 3Cs).

Social inclusion

- 4.11. Social inclusion is entirely consistent with Southwark Council's Fairer Future, the Vision for Adult Social Care (30) and the Families Matter agenda. The Co-production Report (32) sets out the key principles that need to be applied to bring this about.
- 4.12. This is an important Council issue in relation to making progress in enabling social inclusion become a reality for our most vulnerable citizens, living with long-term mental health conditions living well in the community and beyond intermediate institutional settings.

Social work to the front of the system and into Local Care Networks

- 4.13. Social Work is the core discipline for social care, practised and supervised as a distinct, professional discipline (3, 4). To be most effective in integrated, multi-disciplinary settings, it must (i.) retain its distinct professional identity and (ii.) be located where this can have greatest benefit.
- 4.14. To have greatest benefit, Social Work needs to be positioned at the front of secondary care mental health settings rather than deep within it, so that it is integrated into baseline, preliminary assessments. Unless this happens, it is increasingly difficult to introduce it latter to promote social change and development.
- 4.15. South East London CCGs have adopted Local Care Networks as the preferred model of health service delivery (33). This is supported by NHS Southwark CCG. If mental health social work is to remain relevant to the social care offer, it also must have a working relationship into Southwark Local Care Networks.

What's good now?

- 4.16. Parental Mental Health; Carelink; the Reablement Team; the Transition Team and the Southwark AMHP Team.
- 4.17. These are all fit for purpose, show good examples of innovation and are forward thinking, anticipating some of the issues Southwark will face.

Three interconnecting problems

- 4.18. The absence of a Southwark Joint Mental Health strategy to set direction and commitments, predict and shape, and reduce a reliance on reaction. There have been at least two previous attempts to get this completed. There is sufficient material already available and pulled together (Appendix C) but this must be completed, finished and signed off.
- 4.19. The absence of strategic commissioning and provider focus on social care outcomes puts this at a disadvantage in relation to health. This introduces several problems, including lack of assurance to Southwark Council and limiting the opportunities to mental health service users to become full citizens.
- 4.20. Making delivery fit for purpose (strong signs of safety, social inclusion and opportunity, community not institutional site for intervention, prevention agenda, and moving in the direction of parity of esteem between mental and physical health).

Challenges

- 4.21. Same or increasing demand, with smaller resource envelope going forward, requires us to rethink supply and capacity.
- 4.22. To protect what's good and what works (4.16) and change what is less effective, mainly as a result of repositioning in the integrated arrangement.
- 4.23. The greatest opportunity for improvement with significant cost reduction is in better community support for long-term conditions replacing institutional living. But the budget overspend was not brought under control in time through a recovery plan, so this will not yield significant material cost-savings in 2016/17.
- 4.24. Direct negotiation with powerful strategic provider, not through an intermediary, is required to seek agreement on reordering the sites of integration and at the same time reducing the overall establishment of seconded social workers, in line with budget requirements.
- 4.25. The reordering of integration will reveal that there is probably an oversupply of senior experienced staff with wrong skill set necessary to effect required change, and currently used in SLaM managerial roles.
- 4.26. Resetting the working relationship with local voluntary mental health sector through commissioning and operations management because of the value and skills these partners can bring into new supply arrangements around personalisation, peer support and safe environments.

5. RISKS

Issue	Description	Mitigation	Risk Rating
5.1. Relationship with CCG	Review will test durability of partnership between Council and CCG in relation delivering change involving a large strategic provider.	Meet with CCG to review recommendations and seek their support in making integration reforms as they are consistent with CCG objectives to introduce Local Care Networks, since it brings social work to the front of the primary care - secondary care interface in the management of complex care.	High
5.2. Negative response from MH Trust	Previous and recent experience indicates NHS Trust is challenging partner with whom to negotiate, may perceive integration reform as a threat to its interests, and insist on status quo or decoupling. If latter, it may seek to present this as the Council's intention.	Direct negotiation by Council with MH Trust seeking full partnership on integration reform in the context of renewing Section 75 agreement and CCG support.	High
5.3 System disruption	System Reform introduces disruption to an already changing landscape (Care Act 2014, 5 year Forward Plan, NHS SE London Consolidated Strategy) including presentation by MH Trust to CCG of additional health costs as a result of reform.	Communication of mental health strategic direction through completed Joint Strategy. Delivery Plan to order and manage pace of change and manage the pace of change with reference group including CCG, MH Trust, Primary Care and Southwark service users.	Medium

<p>5.4. Mental Health Social Care Budget</p>	<p>Reform must be achieved within context of Council Budget Challenge.</p> <p>Greatest area for improvement and cost reduction is in accommodation but this will not yield material savings until overspend is brought under control.</p>	<p>New CAMHS resources from Local Transformation Plan agreement, if deployed against the areas of priority, will reduce cost pressures in this area.</p>	<p>Medium</p>
<p>5.5. Unmet need</p>	<p>Despite benefits of system reform to bring about better user outcomes, there is unlikely to be sufficient resource capacity to address unmet need and rising demand</p>	<p>Continue to support Southwark Wellbeing Hub as route to developing fuller understanding of local community and neighbourhood resources so that these can be deployed to support wellbeing, prevention and recovery and also identify gaps.</p>	<p>Medium</p>
<p>5.6. Social work skill set</p>	<p>Reform will be reliant on workforce deployment based on the right knowledge, skills and experience at the right points in the service system</p>	<p>Delivery Plan includes a review of current skills set to support improved outcomes around reablement, personalisation, community crisis support, safeguarding and primary care interface.</p>	<p>Medium</p>

6. RECOMMENDATIONS

6.1. These recommendations are intended to enable the Council and its partners to focus on renewing the local mental health strategy; reform integration; make stronger arrangements with providers around mental health service delivery; and to stimulate further service innovation around co-production and peer support. The overall purpose to be achieved is that more Southwark people have good mental health and tenure in the community in its broadest sense (10).

6.2. It is recommended that the Council:

-Bring into place with NHS Southwark CCG a Joint Mental Health Strategy.

-Renegotiate with the Mental Health Trust the sites of integration and the deployment of seconded social care workforce, within the defined resource envelope, towards the front of secondary care and at the interface with primary care.

-Bring greater focus to bear on supporting people living with long-term conditions in the community, through closer work with Southwark Housing Team and assurance around crisis support in partnership with the Mental Health Trust.

-Strengthen user and voluntary sector working relationships, while keeping strong support in place for Southwark Wellbeing Hub and its further development.

-Agree with NHS Southwark CCG use new resource investments for children and young people mental health protects what already works well and strengthens the links between CAMHS services and Southwark schools.

Dick Frak
7 August 2015

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SOUTHWARK MENTAL HEALTH REVIEW

TERMS OF REFERENCE

1. Overview

Southwark Council is responsible for the quality of mental health social care outcomes for the local authority area, including statutory requirements, in line with Southwark's Joint Health and Wellbeing Strategy.

In addition, the Council must be assured that appropriate safeguarding arrangements are in place for all residents. The Council must ensure sufficient and tangible social care value for Southwark residents from the investment the Council makes in meeting local mental health needs.

A review of the current offer is being undertaken to understand the processes and quality of current services, with a particular focus on social care outcomes and how these are met through integrated multi-disciplinary teamwork, as well as through wider commissioning arrangements.

2. Scope of review

To review the opportunities available to improve the local offer to Southwark residents by:

- Reviewing the current operational model and the extent to which it meets safeguarding and social care needs through delivering mental health social care outcomes;
- Reviewing current commissioning arrangements and the extent to which these meet strategic priorities in relation to delivering mental health social care outcomes;
- Reviewing value for money in relation to Southwark Council expenditure in relation to mental health.

3. Key lines of enquiry

Initial key lines of enquiry will include:

- Assessing quality of the current Southwark mental health and accommodation system, including nursing care, residential care, supported living, supported housing and community-based floating support services and its effectiveness in managing crisis and supporting tenure and wellbeing in the community.
- Considering the Section 75 Agreement with South London & Maudsley NHS Foundation Trust for the operational delivery of integrated statutory mental health services and the deployment of social work skills.
- Reviewing the effectiveness of the Section 75 Agreement with Southwark Clinical Commissioning Group in achieving broader mental health partnership commissioning arrangements.
- Looking at Safeguarding governance arrangements and lessons learnt from serious incidents.

- Reviewing the scope for the further development of Southwark CAMHS services, in line with priorities set out in the Southwark Joint Health and Wellbeing Strategy, and to consider the development of an Emotional Mental Health and Wellbeing Strategy for Children and Young People.
- Considering the interface between adult mental health and substance misuse services, particularly in relation to supporting people with a Dual Diagnosis.

4. Governance

Sponsorship:

Strategic Director Children's & Adults Services
Director of Adult Social Care.

Overview of Review:

Director of Strategy and Commissioning.

Implementation of Review:

Review Co-ordination and Project Management: Dick Frak.

5. Methodology

Views to be sought from key stakeholders, including:

- Service user, carer, families and their advocates;
- Southwark mental health practitioner perspectives;
- Southwark CCG;
- South London & Maudsley NHS Foundation Trust;
- Other Southwark Council Departments, including Housing and community services.

Analysis of performance data in relation to mental health social care outcomes, including benchmarking where possible.

To take account of previous reports, including the Review of Mental Health Service for BAME and Marginalised groups in Southwark, JSNAs and Southwark Adult Mental Health Model.

Impact of legislative and policy change including Care Act 2014 implementation; introduction of personal health budgets alongside personal social care budgets; and Parity of Esteem.

6. Key Review outcomes

- To advise the Council on key risks and recommend how these may be mitigated.
- To advise on gaps in meeting needs in relation to safeguarding and social care.
- To make recommendations on improving the Southwark mental health social care offer.

7. Reporting timetable

- First Report to Southwark Council Children's and Adults Board 29 April 2015
- Report with recommendations to Council by 31 July 2015.

APPENDIX B**STAKEHOLDER ORGANISATIONS, GROUPS AND PARTICIPANTS TO THIS REVIEW**

Users of mental health services in Southwark

CoolTan Arts
 Blackfriars Settlement
 Community Action Southwark (CAS)
 Dragon Café
 Southwark Wellbeing Hub (Together)
 Lambeth Walk Health Centre
 Lambeth Wellbeing and Employment Hub (Streatham Jobcentre plus)

Southwark Council
 Southwark Clinical Commissioning group (CCG)
 South London and Maudsley NHS Foundation Trust (SLaM)
 Lambeth and Southwark Public Health

Southwark Council Children's and Adults Board (CAB)
 NHS Southwark CCG Commissioning Strategy Committee
 Mental Health and Parity of Esteem Programme Group
 Southwark Voice.

Chair, Southwark CCG
 Mental Health Lead, CCG Board
 Chief Operating Officer, Southwark CCG
 Interim Director of Integrated Commissioning, Southwark CCG
 Head of Mental Health Commissioning, Southwark CCG
 Senior Mental Health Commissioning Manager, Southwark CCG
 Senior Commissioning Manager, Child & Adolescent Mental Health Services (CAMHS) Southwark CCG
 Head of Transformation - Integration (Local Care Networks project lead) Southwark CCG.

Mental Health Lead, Consultant in Public Health, Lambeth & Southwark Public Health Team
 Public Health Manager - Mental Wellbeing, Lambeth & Southwark Public Health Team.

Director of Social Care, SLaM
 Head of Safeguarding, SLaM
 Safeguarding Children's Lead, SLaM
 Adult Mental Health Safeguarding Children's Manager, SLaM
 Carelink Service Manager, SLaM
 Southwark Service Manager, Psychosis Recovery & Support Team, Psychosis CAG, SLaM
 Manager, Transitions Team, SLaM
 Manger, MAP Team, SLaM
 Manager, Southwark AMHP and Mental Health Safeguarding Team, SLaM.

Manager, Southwark Substance Misuse Team (STARP), Southwark Council
 Manager Reablement & Personalisation Teams, Southwark Council
 Project Officer, Mental Health BAME Review and Co-Production Review, Southwark Council
 Project Service Manager, Mental Health Accommodation, Southwark Council
 Interim Head of Adults Performance, Southwark Council
 Achieving Excellence Coordinator, Children's Social Care, Southwark Council

Assistant Director, Adult Social Care, Southwark Council

Group of social work staff seconded to SLAM integrated teams in Clinical Commissioning Groups.

Project Manager, Southwark Wellbeing Hub (Together)

Senior Policy Officer, CAS

Head of Development & Sustainability, CAS

CEO, CoolTan Arts

Wellbeing Advisors, CoolTan Arts

Chief Officer, Blackfriars Settlement

Mental Wellbeing Lead, Blackfriars Settlement.

**DRAFT CIRCULATED FOR DISCUSSION MAY 2015:
NHS Southwark Clinical Commissioning Group and London Borough of Southwark
Southwark Joint Mental Health Strategy 2015 - 2017**

1. Purpose

The purpose of this Joint Strategy is to set out the strategic direction of the Council and Clinical Commissioning Group (CCG) in relation to the delivery of better mental health user and population-based outcomes for Southwark.

The overall strategic objective is to transform local mental health in line with the CCG's intention to bring about the best possible outcomes for Southwark people and in partnership with the Council's *Fairer Future* commitments.

This strategy will be delivered through focusing resources upon a set of decisive key objectives, taking into account the evidence available from Public Health, consulting with mental health service users, carers, families and the wider community, as well as reviewing the performance of service providers.

2. Context

It's increasingly recognised that there is no health without mental health.

It is to everyone's benefit, and to the benefit of their family and community, to understand the development of good mental health and wellbeing and what it consists of; how it can be promoted and protected; and how mental ill-health can be prevented and avoided. And in circumstances where mental illness cannot be avoided, how best it can be treated and how a person and their family can be supported onto recovery.

Often, mental illness does not happen in isolation but alongside other physical health conditions, so it's vital that there is clinical partnership to treat physical and mental health together. Service users and their families are at risk of becoming isolated and not included in ordinary life, because of the presence of mental health problems. This strategy will challenge stigma, discrimination and prejudice - with the objective that no-one is socially disadvantaged or excluded because of mental ill-health.

Previous approaches to mental health strategy were segmented on the basis of age categories or a range of conditions. This introduces challenges in looking across and seeking to understand impact of the whole system. The strategic objectives set here are not bounded by age or to certain conditions only. Instead a number of strategic priorities are set, following the national strategy *No health without mental health* (1).

Strategy is used here to denote actions aimed at altering the strength of the delivery of outcomes. They are distinguished from actions taken to achieve operational improvements, efficiency or streamlining operational management. The impact of this strategy will be measured by the effect it has on improving health and social care outcomes across Southwark for local people.

3. Background

Mental illness is very common. It directly affects around one in four adults. Amongst people under 65 years of age, nearly half of all illness is mental illness. The most recent government strategy on mental health - *No Health without Mental Health* (1) - states that 60% of people who go on to develop a severe mental illness have experienced their first episode of mental illness by the age of 14 years. The national strategy places particular emphasis on early intervention - particularly for children and young people. It also introduces the idea of *parity of esteem* - that mental health must have equal priority with physical health and that discrimination associated with mental illness must end.

The government policy update in January 2014, *Closing the Gap: Priorities for essential change in mental health* (2) set three particular priorities to support the mental health of young people: to support schools to identify mental health problems sooner; to improve support in transition from adolescence to adulthood; and to improve access to psychological therapies for children and young people. In October 2014, the Department of Health published *Achieving Better Access to Mental Health Services by 2020* (3). This emphasized the need to bring about parity of esteem between mental health services and physical health services, and to put in place better prevention and early intervention to support young people and children, as well as ensuring that there is a focus on increasing the level of diagnostic testing for dementia.

The Care Act 2014 came into force in April 2015 (4). It brings into place the most radical reform of social care legislation in 60 years, including setting out well-being and prevention principles; further requirements in relation to implementing personalisation; carers' assessment of need and access to personal budgets; and stronger safeguarding adults arrangements.

Mental health presents significant challenges right across the local health and social care system at a time when there are increasingly stringent limits to the resources that can be invested. This strategy will require the CCG and Council to build further on its well-developed partnership arrangements to introduce innovation, focus on prevention, build greater community resilience and secure greater parity of esteem.

4. Demography

In 2014, Southwark's resident population was 293,530, with a predicted 20% increase in population during the next 10 years.

Much has already been achieved in Southwark to address the wider determinants of health. However, health inequality across the borough remains high, with mental-ill health, social isolation and wellbeing issues identified as priorities in the 2014-15 locality profiles. Southwark CCG, in preparing its operating plan for 2015/16, identifies mental health as a key health issue with a high prevalence of patients with mental health problems.

17 of 21 Southwark Council Wards scored lower than the national average for Wellbeing Score. Livesly, East Walworth and Peckham Wards scored lowest.

Wellbeing is reported as lower in people who are unemployed or disabled than the rest of

the population. Levels of anxiety and depression are 20% higher in Southwark than the national average. Children from the poorest households are significantly more likely to experience mental health problems. The percentage of children from low income families under the age of 16 is 30.7%, compared to a London average of 26.5%. 30% of Southwark children are living in households where no adult works, compared to a London average of 18%.

The detected prevalence of severe mental illness recorded by Southwark GPs is 3,643 (or 1.2% of patient lists), which is significantly higher than the national average (0.9%).

Approximately 1,280 Southwark mental health service users are receiving support through the Care Programme Approach (CPA) to co-ordinate the range of support and interventions meet their needs. This is a significantly higher than the rate of use of CPA compared to the national average.

The proportion of adults with mental health needs living independently improved from 60.8% in 2011/12 to 71.4% in 2012/13. However, the number of people living in care homes and other non-independent settings remains significantly above the national average.

The numbers of adults in contact with mental health services who are in paid employment is only 4.5% and remains lower than the London average of 6.1%.

Research carried out over a three year period suggests that incident rates for psychosis is 61% higher in south London than the national average.

5. The Case for Emotional Wellbeing and Mental Health - the evidence from Public Health

In the 2013 Annual Report of the Chief Medical Officer, Chapter 2 (7) is entirely devoted to public mental health and the priorities that should be set according to the current best evidence base. The recommended approach consists of three interlocking areas:

- Mental illness prevention;
- Mental health promotion;
- Treatment, recovery and intervention.

On the basis of best evidence available, if each of these three areas are implemented jointly across health and social care, then there is the greatest potential to make progress in bringing improvement to the mental health of local populations as well as benefits to individuals, families and neighbourhoods. However, the current evidence base is incomplete. The best evidence is offered in the following areas:

Factors in mental illness prevention:

- Tackling bullying and being bullied by peers in childhood and adolescence
- Preventative interventions for children of divorce
- Age of diagnosis for schizophrenia
- Outcomes of housing mobility in high poverty neighbourhoods
- Mentally ill parents and the effect on mental health of their children
- Preventing social isolation and loneliness among older people.

Factors in mental health promotion:

-Whole school approach to children's social and emotional wellbeing in primary education (6).

Factors in terms of treatment, recovery and rehabilitation

-Self-management strategies
 -Psychological interventions
 -Specialist assessment and treatment (10).

6. Expenditure

Mental health expenditure in Southwark is significantly higher than that of neighbouring boroughs. Currently 87% of mental health expenditure locally is on secondary mental health care. In contrast, the expenditure on mental health promotion is less than half of comparative Councils.

(more to be included).

7. Stakeholder views

Local stakeholders report variations in the responsiveness of universal services in identifying early signs of mental ill-health, which could help to target the promotion of resilience programmes. They also report inconsistency of knowledge in schools about mental health and wellbeing resources available and variable provision in schools across the borough.

Stakeholders report lack of clarity over availability and access to the local Mental Health Promotion offer.

Stakeholders tell us they want the skills to help themselves and their communities; to recognise the range of community assets available that could be used to challenge stigma, to gain access to early help and support and promote resilience.

When mental health specialist services are required, service users report that it's important to them that they don't have to go into hospital wherever possible to receive treatment and need support at the right time that is responsive (including services being open and available in a convenient time and location) and tailored to the needs of the individuals.

Service users say they want to be more in control over the care and support they receive and to get on with their lives.

Service users said they want care and support to come from as few places as possible and to be co-ordinated. They want specific individual needs to be considered to identify solutions and support requirements. One stakeholder summarised this by saying: *"Maintaining mental wellbeing and not become mentally unwell, allowing individuals to achieve a good standard of life with good social networks, a well-maintained home and employment, education or doing something meaningful with their lives. Achieving recovery, which encourages stability and allows individuals to function as part of society, is a consistent message coming from current and past service users"*. Another stakeholder said: *"Being treated with respect and dignity is key."*

8. Strategic Priorities

The following strategic priorities are proposed:

Deliver 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 (6, 7). The focus here is on prevention and self care;

Develop mental health primary care integrated to social care, strengthen shared care arrangements with secondary care for step down and step up to secondary care mental health services, with integrated mental health and social care delivery through Local Care Networks (3, 9) and IAPT. The focus here is community-based service delivered in local neighbourhoods with less reliance on hospital care;

Deliver model of care for long-term conditions with effective community crisis resolution and home treatment, to maintain tenure in the community, to reduce recourse to hospital and intermediate outcomes, such as nursing or residential care (10). The focus here is on increasing quality of life and reducing demand for hospital and intermediate care;

Further development of the Southwark Dementia Strategy with a delivery plan to improve dementia care 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;

Fully 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 to be at the centre of this development (5, 6). Focus here on resilience and safety, including understanding and responding to self-harming behaviours.

Focus on Dual Diagnosis of mental ill-health and substance misuse pathway.

Each strategic priority will require a GP/Clinical Executive lead and Management lead, together with strategic outcome measures to track progress. Once strategic priorities are agreed, then a strategic delivery plan is required that articulates changes required in order of priority over the term of the strategy. For clarity, and to avoid confusion, it must be distinguished from actions taken to achieve operational improvements.

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf
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- (7) Public mental health: evidence based priorities. Chapter 2 Summary of the Annual Report of the Chief Medical Officer 2013.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351634/Annual_report_2013_3.pdf
- (8) Building resilient communities. (Mind and Mental Health Foundation. 2013)
<http://www.mind.org.uk/media/436345/Briefing-Building-resilient-communities.pdf>
- (9) Co-ordinated care in Sandwell's Integrated Primary Care Mental Health and Wellbeing Service (King's Fund. 2013)
<http://www.kingsfund.org.uk/publications/esteem-team>
- (10) Mental health models of care for London (London Health Programmes. 2011, p.28-32).
<http://www.londonhp.nhs.uk/wp-content/uploads/2011/03/2.-Models-of-care-low-res.pdf>

Item No. 10.	Classification: Open	Date: 20 October 2015	Meeting Name: Cabinet
Report title:		Response to Recommendations of Education & Children's Services Scrutiny Sub-Committee Review of Southwark's Adoption Services	
Ward(s) or groups affected:		All	
Cabinet Member:		Councillor Victoria Mills, Children and Schools	

FOREWORD – COUNCILLOR VICTORIA MILLS, CABINET MEMBER FOR CHILDREN AND SCHOOLS

Adoption is one of the most important and significant decisions that can be made for a child. As part of its wider agenda to create a fairer future for the most vulnerable children and families, Southwark Council wants every child to grow up in a safe, stable and loving home. For those young children who cannot remain or return safely to their birth families, adoption offers them the best opportunity to experience a warm and loving family environment throughout life.

This Review of Southwark's Adoption Service by the Education & Children's Services Scrutiny Sub-Committee was a timely and welcome focus on how we deliver outcomes for some of our most vulnerable children. The analysis and understanding gained through the involvement of a wide range of stakeholders including members, officers and adopters has led to a richer understanding of our strengths but importantly what we need to do further.

I have recommended we take this further through the creation of an Adoption Charter. This will be a visible sign to adoptive families of our commitment to them and will form a significant part of how we measure the effectiveness of our Adoption Service.

RECOMMENDATIONS

1. That the cabinet agree:
 - i) the proposed response to the Education & Children's Services Scrutiny Sub-Committee Review of Southwark's Adoption Service.
 - ii) That cabinet support the principle of an Adoption Charter and agree that the draft Charter in Appendix 1 is consulted on by key stakeholders including potential and existing Adoptive parents.

BACKGROUND INFORMATION

2. The education & children's services scrutiny sub-committee undertook a review of Southwark's Adoption Service commencing with a scrutiny session in October 2014 culminating in a policy seminar in April 2015.
3. The recommendations of the review were presented to cabinet on 20 May 2015 with a request for the relevant cabinet member to bring back a report to respond to the recommendations provided.

4. The report therefore provides a proposed response to the recommendations to be approved by cabinet.

KEY ISSUES FOR CONSIDERATION

5. Recommendations on education

- Recommendation 1: Ensure the needs of Permanently Placed children are highlighted to schools, alongside the training programme provided by PAC – UK.
 - Recommendation 2: Link the expertise of the LAC team to local schools with Permanently Placed children.
 - Recommendation 3: Monitor the long term educational outcomes of all permanently placed children.
6. Cabinet recognises the quality of Southwark's schools and the significantly improved outcomes they have achieved for their pupils. They have a strong track record for identifying and supporting vulnerable children in need of support including children who have been permanently placed. Schools work closely with Southwark's Families Matter service so that children who have additional needs can receive the right help quickly. A strong universal service with access to good quality support services is the best way to secure good outcomes for permanently placed children and their families.
 7. The director for education will discuss the needs of permanently placed children with the Heads Executive and help them identify their training needs in relation to this issue.
 8. Once children have been adopted, their records are sealed and no longer accessible to Southwark social workers. For families adopted through Southwark they can seek support through the post adoption support service which will work with adoptive parents to identify their support needs and ensure they have access to the appropriate services. This is a discrete confidential service which can help avoid any unnecessary stigma for children who have been adopted.
 9. The LAC Education Team is dedicated to improving the educational outcomes for children in care, and is not in a position to support permanently placed children.
 10. The council will continue to support the development of a strong post-adoption support service to ensure that adoptive families can have access to advice and support whenever they need it, which includes help with accessing the best schools.
 11. These developments must be seen in the light of the Government's intention to move to regional adoption agencies as they believe they will help: speed up matching and markedly improve outcomes for children; improve adopter recruitment and adopter support; and reduce costs. It is expected that all local authorities will be part of a regional adoption agency by the end of this parliament.

12. On 20 July the Association of London Directors of Children's Services (ALDCS) agreed that the London Adoption Board should work up a proposal to develop a London wide adoption agency. One of the key aims of the agency will be to transform adoption and special guardianship support, ensuring high quality support is available when and where it is needed, particularly therapeutic and mental health services. This will ensure that there is more consistent adopter support across London with the potential for a more strategic response to raising awareness in schools and delivering improved access to support services.
13. Through the London Adoption Board and the ALDCS, Southwark will be well placed to influence improved service delivery across London along the lines recommended by the Scrutiny Committee. It is anticipated that the new arrangements will be implemented in September 2016.

Recommendations on the Adoption Charter

14. The Cabinet supports the creation of a Adoption Charter incorporating the recommended draft principles listed below. We will work with key stakeholders to develop and finalise the Charter and ensure that it recognises the Council's commitment to involving adoptive families in the continual improvement of its Adoption Service.
15. The draft Adoption Charter for Southwark is attached at Appendix 1 for consideration by Cabinet.
16. Once agreed, the Adoption Charter will be publicly available and incorporated into an updated version of Southwark's Adoption Service's Statement of Purpose which is required by National Minimum Standards.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Overview and scrutiny recommendations report to cabinet	Constitutional Team Southwark Council 160 Tooley Street London SE1 2QH	Paula Thornton Paula.thornton@southwark.gov.uk 020 7525 7055
http://moderngov.southwark.gov.uk/documents/s55557/Report%20Cover%20report%20for%20Southwarks%20adoption%20services.pdf		

APPENDICES

No.	Title
Appendix 1	Adoption Charter for Southwark
Appendix 2	Leaflet on adoption charter

AUDIT TRAIL

Cabinet Member	Councillor Victoria Mills, Children and Schools	
Lead Officer	Rory Patterson, Director, Children's Social Care	
Report Author	Alasdair Smith, Head of Service, Permanence	
Version	Final	
Dated	9 October 2015	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments sought	Comments included
Director of Law and Democracy	Yes	Yes
Strategic Director of Finance and Governance	Yes	Yes
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team		9 October 2015

Item No. 9.	Classification: Open	Date: 20 October 2015	Meeting Name: Cabinet
Report title:		Response to the Recommendations of the Education & Children's Services Scrutiny Sub-Committee on Narrowing the Achievement Gap	
Ward(s) or groups affected:			
Cabinet Member:		Councillor Victoria Mills, Children and Schools	

FOREWORD – COUNCILLOR VICTORIA MILLS, CABINET MEMBER FOR CHILDREN AND SCHOOLS

We are committed to achieving the best start in life for all our children and young people and we want to support every Southwark child to achieve well at school. That support is particularly important for children who are looked after by the local authority, for children whose parents have a low income and for children with special educational needs and disabilities.

I therefore welcome the review of the Education and Children's Services Scrutiny Sub-Committee into 'Narrowing the Achievement Gap' and its scope, which covers a broad range of the key issues affecting attainment and progress within education.

We will continue to work towards reducing inequalities for the most disadvantaged, so that all Southwark children and young people are able to achieve their full potential.

RECOMMENDATION

1. That the cabinet agree the proposed response to the Education & Children's Services Scrutiny Sub-Committee review on Narrowing the Achievement Gap amongst pupils.

BACKGROUND INFORMATION

2. The Education & Children's Services Scrutiny Sub-Committee undertook a review to identify how Southwark might narrow the achievement gap amongst pupils. The 'Narrowing the Achievement Gap' report was published June, 2015.
3. The recommendations of the review were presented to cabinet on 21st July 2015, with a request for the relevant cabinet member to respond to the recommendations provided.
4. This report provides a proposed response to the recommendations to be approved by cabinet.

KEY ISSUES FOR CONSIDERATION

Recommendation 1: The exam and testing regime is changing. When the council updates its council plan to reflect these changes it is recommended that new targets are set using both Attainment 8 and Progress 8 to measure school performance.

5. From 2016 there will be 5 headline measures which will appear in the performance tables:
- Progress across 8 subjects
 - Attainment across the same 8 subjects
 - Percentage of pupils achieving the threshold in English and mathematics
 - Percentage of pupils achieving the English Baccalaureate
 - Percentage of pupils who went on to sustained education, employment or training during the year after they finished their key stage 4 qualifications.
6. The “bundle of indicators” approach will give a more holistic view of the performance of our secondary schools. We will compare our position nationally and with our London neighbours, but we will not be able to make comparisons with previous GCSE outcomes as the measurement is different.

Recommendation 2: Continue to prioritise 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.

7. We are currently running a new recruitment campaign for foster carers in the borough. One of the priorities for recruitment will be households who would be willing to take teenagers. In addition to a competitive fostering allowance, foster carers in Southwark will have their council Tax paid by the Council.

Recommendation 3: Ensure the needs of Permanently Placed children are highlighted to schools, alongside the training programme provided by PAC –UK.

8. Schools have a strong track record of identifying and supporting vulnerable children in need of support, including children who have been permanently placed. Schools work closely with Southwark’s Families Matter service so that children who have additional needs can receive the right help quickly. A strong universal service with access to good quality support services is the best way to secure good outcomes for permanently placed children and their families.
9. The Director for Education will discuss the needs of permanently placed children with the Heads Executive and help them identify their training needs in relation to this issue.

Recommendation 4: Link the expertise of the LAC team to local schools with Permanently Placed children.

10. The LAC Education Team is dedicated to improving the educational outcomes for children in care, and is not in a position to support permanently placed children.
11. The Council will continue to support the development of a strong post-adoption support service to ensure that adoptive families can have access to advice and support whenever they need it, which includes help with accessing the best schools.
12. One of the key aims of the London wide adoption agency will be to transform adoption and special guardianship support, ensuring high quality support is available when and where it is needed, particularly therapeutic and mental health services. This will ensure that there is more consistent adopter support across

London with the potential for a more strategic response to raising awareness in schools and delivering improved access to support services.

13. Through the London Adoption Board and the ALDCS, Southwark will be well placed to influence improved service delivery across London along the lines recommended by the Scrutiny Committee.

Recommendation 5: Bring the research of Lambeth Council, and the Southwark Education Community School education researchers insights, on white working class attainment to the attention of local schools through the education department and the Headteachers' Executive.

14. The 0 -19 team will highlight the research of Lambeth by presenting the findings at Headteacher Briefings, and making the research findings available on the Standards Website.
15. In addition, we continue to work with, support and challenge school leaders so that they are able to demonstrate a strong commitment to closing the attainment gap, focus on improving outcomes for white working class and other groups showing significant underachievement, forensically target interventions, and develop robust tracking systems.

Recommendation 6: 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.

16. Support and challenge schools to make the best use of use of Pupil Premium funding to improve the academic and wider outcomes of disadvantaged pupils. Encouraging schools to have a strong vision, long term commitment (reflected in systems embedded within the school), good and continued communication of vision across the school and a collaborative approach with parents so that every pupil has the opportunity to succeed.
17. Support and challenge schools to develop stronger parent and carer engagement. Developed strong parent and carer engagement through parent and carer, teacher and pupil discussion of work at 'Termly Learning Conferences'. Pupil engagement in meetings is supported through discussion with their teacher. This is underpinned by close monitoring of pupil progress, rigorous evaluation of interventions and teachers sharing ideas on pupil engagement.
18. Support and challenge schools to consider introduction workshops for parents and children which focused on core skills to promote high aspirations and involved of children and parents working together at home.

Recommendation 7: 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.

19. We have aligned Educational Psychologists and Early Help Officers more closely within SEND to pick up non-statutory work where families do not meet EHC plan thresholds.
20. We have also built strong links with Family Support Workers and Education Welfare Officers in Early Help. We offer parenting programmes mainly where children are experiencing behavioural needs, and in support of EHC planning or where a EHC plan not agreed.

Recommendation 8: Improve communication by Social Work teams with schools by ensuring that schools have a consistent link. Look at the deployment of school nurses as an example of good practice – schools praised the simple geographical model and clear communication lines.

21. We are in the process of providing schools with the details of relevant Heads of Services, Practice Group Leads, and MASH named persons so that they can direct their enquiries to the appropriate services.

Recommendation 9: Improve communication between schools, Housing, Probation Services and the Police.

22. A multi-agency meeting was held with schools and partner agencies in February 2015 to discuss Child Sexual Exploitation responses and raised general issues about communication of information, identifying the appropriate channels to raise concern – particularly the importance of using the MASH to ensure a coordinated response.
23. The Youth Offending Service has an Education, Training & Employment Officer who can be contacted by Southwark Schools. We provide these details to the Heads Executive.
24. We have made efforts to deliver prevention advice in secondary schools in order to address misconceptions among young people regarding eligibility for housing. We believe this is important work and aim to continue to build on this work with schools going forward.

Recommendation 10: Invest in further provision of CAMHSs and ensure that there is one consistent CAMHS link person for every school.

25. The refreshed behaviour support strategy will impact on the emotional and behavioural needs of pupils. We have also expanded Summerhouse Southwark Behaviour provision for primary schools, and arranged interim funding for children to receive support for emotional and behavioural needs. All four locality teams have a CAMHS worker who work directly with schools.

Recommendation 11: Ensure that the Local Offer website covers the full range of training and apprenticeships for all young people, particularly young people with special needs, and that the site details all employment support available.

26. The Local Offer has a section dedicated to the provision of information about employment, training and apprenticeships. There is a requirement for the Local Offer to identify training opportunities, supported employment services, apprenticeships, traineeships and supported internships. This includes information about additional support such as the Access to Work fund, teaching

and learning support, job coaching in the workplace and the provision of specialist equipment.

27. Southwark's Information, Advice and Support Team (SIAS) are engaging with providers of apprenticeships, traineeships and supported internships to ensure that the local offer includes a range of options for young people with additional needs from 16-25. The team is working closely with Southwark's Participation, Employment and Training Team, and London wide Apprenticeship and Training providers to ensure that the local offer includes all of the latest opportunities for our young people.
28. The Local Offer includes information on how to apply for opportunities and entry requirements. The IAS Team provide an individual specialist casework service for young people aged 16-25 where necessary. The team support young people with accessing the local offer, considering options, making applications and by providing practical support when necessary.
29. Work continues on the Local Offer to ensure it captures as much information as possible for parents and young people in relation to post school pathways and opportunities.

Recommendation 12: Work with Lewisham Southwark College to improve its provision of quality apprenticeships.

30. The quality of apprenticeship provision at Lewisham Southwark College is below an acceptable level and this is acknowledged by the college senior management team. They have developed an action plan to address the key issues, but this has yet to be reflected in outcomes for students.
31. The council is represented on the Skills Funding Agency monitoring group that is charged with monitoring the progress that the college is making in relation to rectifying the weaknesses identified in the Ofsted report. Progress with apprenticeships is a standing item on the meeting agenda for this group.
32. The council has worked with a number of FE providers to deliver the training aspect of the council scheme ensuring that we are not tied to one location or provider.
33. The council has recently launched its apprenticeship standard which aims to improve the delivery of apprenticeships for Southwark young people, and includes a requirement for quality training for all young people who are signed up to the scheme.

Recommendation 13: The Overview & Scrutiny Committee notes the possible closure of the Lewisham Southwark College Camberwell site and propose the cabinet supports the local campaign to keep this facility open.

34. Southwark Council believes that Lewisham Southwark College's plan to sell the Camberwell site would harm the interests of local young people and older learners.
35. In spite of Council opposition, the college is proceeding with the sale of the Camberwell campus. This will mean that in the past three years the college will

have disposed of over two thirds of the learning space that was previously available for Southwark Learners.

36. The Leader of the Council has formally written to the Commissioner for FE to express the council's opposition to the planned sale. The Leader has also written to the Minister responsible and is awaiting a response to that letter.
37. The council will continue to press for a solution that meets the needs of local people.

Recommendation 14: Improve the diversity of the post 16 year offer for young people by investing in widening the provision at local sixth forms, where possible, and ensure that young people, parents and carers fully understand the range of alternative options and are well supported in transition.

38. Southwark sixth forms have performed very well against other schools in London and nationally. This cannot however offer a full alternative to an effective and high performing FE offer in the borough. All schools are keen to be active partners in the development of a new FE offer in the borough and have written to the FE Commissioner in support of looking for a fresh start.
39. The Participation Education and Training Team track all young people in the borough aged 16-19 to ensure that they are participating in learning. Where a young person is not participating they will work with that young person to ensure that they engage with learning.
40. The Southwark Information and Advice Service help young people with special needs to find learning opportunities that best meet their particular needs.

Recommendation 15: Southwark Council must develop an exemplary further education offer for current and future students of Lewisham Southwark College as a matter of urgency, particularly considering the impact such a poor offer has on local learners. Moves should be made to develop plans to improve the opportunities for local learners focused on defining what a 'good further education offer' looks like by; working with the funding agencies, providers and other key stakeholders to develop this.

41. The council has been working with key partners including schools, local businesses and London South Bank University to develop proposals to transform the post 16 learning landscape in Southwark.
42. A headline proposal was submitted to the Further Education Commissioner as part of his Structure and Prospects Appraisal of Lewisham Southwark College. The paper advocated the break up of the college with a fresh start college being developed in Southwark. The Commissioner's initial response has not been favourable as his view is that colleges need to merge to form bigger institutions in order to survive in the current funding climate.
43. The Council is determined to create a better route into work for people across the borough and will continue to seek a solution that properly meets the needs of students and local businesses.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Narrowing the Achievement Gap report, June 2015 Education and Children's Services scrutiny sub-committee	Southwark Council 160 Tooley Street London SE1 2QH	Julie.timbrell@southwark.gov.uk
Link: http://moderngov.southwark.gov.uk/documents/s55619/Appendix%20A%20Scrutiny%20report%20-%20Narrowing%20the%20achievement%20gap.pdf		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Cabinet Member	Councillor Victoria Mills, Children and Schools	
Lead Officer	Merril Haeusler, Director of Education	
Report Author	Dean Thomas, Policy Adviser, Children's and Adults' Services	
Version	Final	
Dated	9 October 2015	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
	Officer Title	Comments sought
		Comments included
	Director of Law and Democracy	No
	Strategic Director of Finance and Governance	No
	Cabinet Member	Yes
	Date final report sent to Constitutional Team	9 October 2015

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**EDUCATION & CHILDREN'S SERVICES
MUNICIPAL YEAR 2015-16**

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