

Education & Children's Services Scrutiny Sub-Committee

Tuesday 4 October 2016

7.00 pm

Ground Floor Meeting Room G01B - 160 Tooley Street, London SE1 2QH

Membership

Councillor Jasmine Ali (Chair)
Councillor James Okosun
Councillor James Coldwell
Councillor Lucas Green
Councillor James Barber (Vice-Chair)
Councillor Jon Hartley
Martin Brecknell
Councillor Catherine Rose
Lynette Murphy-O'Dwyer

Reserves

Councillor Sunny Lambe
Councillor Renata Hamvas
Councillor Helen Dennis
Councillor Rosie Shimell

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: 26 September 2016



Education & Children's Services Scrutiny Sub-Committee

Tuesday 4 October 2016

7.00 pm

Ground Floor Meeting Room G01B - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
	PART A - OPEN BUSINESS	
1.	APOLOGIES	
1.	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	1 - 32
	To approve as a correct record the Minutes of the open section of the meeting held on 6 July 2016.	
	Equality Impacts Assessments for Health Visiting and School Nurse proposals, provided to support the Public Health item at the last meeting, are attached.	
5.	SEXUAL HEALTH AND RELATIONSHIPS	
	A report from sexual health commissioners and a submission from SGTO Youth Forum on their 'Sex Positive' work is to follow.	

Item No.	Title	Page No.
6.	REVIEW: LOCAL OFFER FOR CARE LEAVERS	33 - 36
	The draft scope for the scrutiny review on the 'Local Offer for Care Leavers' is attached. Officers from social care will present on the topic.	
7.	WORK PLAN	37 - 42

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.

Date: 26 September 2016

EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the sub-committee wishes to exclude the press and public to deal with reports revealing exempt information:

“That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to Information Procedure rules of the Constitution.”



Education & Children's Services Scrutiny Sub-Committee

MINUTES of the OPEN section of the Education & Children's Services Scrutiny Sub-Committee held on Wednesday 6 July 2016 at 7.00 pm at Ground Floor Meeting Room G01A - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Jasmine Ali (Chair)
Councillor James Barber
Councillor James Coldwell
Councillor Jon Hartley
Councillor James Okosun
Councillor Catherine Rose
Lynette Murphy-O'Dwyer

**OTHER MEMBERS
PRESENT:**

**OFFICER
SUPPORT:** Dick Frak, Interim Commissioning Director, Southwark Council
Caroline Gilmartin, Director of Integrated Commissioning, Southwark CCG
Dr Kirsten Waters, Consultant in Public Health
Barbara Hills, General Manager, Guy's & St Thomas' Hospital Trust
John Fowler, Policy Manger , LGiU.
Nina Dohel, Director of Education
Alasdair Smith, Director , Children , Families and Adult Services
Julie Timbrell, scrutiny project manager

1. APOLOGIES

1.1 There were apologies for absence from Councillor Lucas Green.

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

2.1 There were no urgent items of business.

1. DISCLOSURE OF INTERESTS AND DISPENSATIONS

- 3.1 The chair Jasmine Ali reported that she had a new job with TACT, working on policy for children and adolescents.

1. CHILDREN'S PUBLIC HEALTH - PROPOSAL TO REDUCE SERVICES

The chair invited Dick Frak, Interim Director of Commissioning Children's and Adults' Services, Southwark Council; Caroline Gilmartin Director of Integrated Commissioning NHS Southwark Clinical Commissioning Group (CCG); Dr Kirsten Watters, Consultant in Public Health, Lambeth and Southwark Public Health Team and Barbara Hills, General Manager, Community Children's Services, Evelina London, Guy's and St Thomas' Hospital Foundation Trust to present.

Dick Frak spoke about the reduction in Public Health grant from central government, and the consequent proposal from the council and CCG to cut school nursing and health visiting. Last year the Public Health grant was cut by 1.6 %, this year there is a 2.4% cut. The grant is about £22 million a year. Other cuts are being made to sexual health and troubled families.

Guys and St Thomas were inspected last year and the service was found to be good. This is not about the quality; solely about less money. Dick Frak and Barbara Hills explained that currently there are 77 posts, and the service is looking at a reduction to about 57 or 58. School nurses would lose of about 5 posts .The reduction will take us back to the numbers we had around 2015 &15 as there was an increase in funding during a "call to action" for Health Visiting . The service reduction will not affect existing families and children, but will impact on early risk identification, which we have tried to mitigate.

RESOLVED

Caroline Gilmartin spoke about 5 million GSTT programme working with children. A briefing paper will be requested requesting more details on this, particularly on the overall spend.

A number of members asked for clarification on why there is a planned 6% cut, but a quarter of staff are predicted to go. Officers will come back with more figures.

The chair noted the equality impact assessments circulated today by email and tabled, and requested any additional information like this.

LINK TO LIVESTREAM / VIDEO

<http://bambuser.com/v/6353379>

1. POLICY CHANGES IN EDUCATION AND CHILDREN'S SERVICES

John Fowler, Policy Manager , Local Government Information Unit (LGiU) gave a policy briefing on changes the government is planning to Adoption, Care Leavers and the

schools academy programme.

RESOLVED

Members and officers present thanked John for the presentation and John offered to provide a written briefing based on his presentation, and this was welcomed.

LINK TO LIVESTREAM / VIDEO

<http://bambuser.com/v/6353424>

1. WORK PROGRAMME

The chair moved a discussion with the Southwark Youth Council to the beginning of the meeting. Suléy Muhidin, Community Participation Officer, and a member of Southwark Youth Council were invited to speak. They explained that the youth council recommended three topics:

- Bullying
- Young people and mental health
- Sexual health and relationship awareness

The young person gave a brief presentation on bullying with assistance from the Community Participation Officer. The young person recommended bullying ambassadors in schools as a good practice. Bullying ambassadors are senior students who go around schools and help to tackle behaviour. The participation officer reported back on a conversation that had taken place with the youth council. Young people thought that bullying was an inevitable part of culture and so efforts are needed to help young people to deal with this so it does not escalate and lead to suicide or other negative outcomes. A member commented that it is considered important to prevent bullying in many ways: bullying behaviour, culture and also by working with targets of bullying. The young person identified transition to secondary as when bullying particularly occurred.

There was a conversation about the lack of education, information and support around all three issues identified: sexual relationships, bullying and mental health, and the best place for this to happen is schools, however schools are often reluctant to deal with these issues and sometimes do not see this as their remit. A member of the audience who works in a secondary school spoke about the pressure of time given the emphasis on academic achievement and exam pressure. She suggested the home as the first place and empowering and training parents, and commented that many parents are not aware of problems. There was a conversation about the best place to hold discussions. The participation officer spoke about the stigma associated with talking about difficult issues. He was asked about alternative avenues to deal with bullying, other than schools, and he suggested youth clubs. An officer mentioned a phone application that enables young people to access school nurses, which is a good way to assist boys.

The chair mentioned the previous years review on mental health, and that there were recommendations included in this to tackle bullying.

The committee returned to the work programme , towards the end of the meeting, and identified the following themes:

Looked after children, care leavers and the Local Offer

Care covenant: How will the principles in the government's vision are delivered locally?

Local Offer: both presently and the new one for planned for care leavers (request a briefing).

Safeguarding and children at risk

Looking at public health cuts and if they will impact on children at risk negatively

Bullying & Mental Health

Follow up the bullying recommendations in the mental health review

Democratic engagement

Look at Brexit, and democratic engagement of young people in schools

Academies

Look at the PTFA proposed legislative changes and how it will impact on parental governance & engagement in schools.

Admission & places: with particular reference to the south of the borough and the capital programme.

Accountability: look at conflict of interest e.g. Joseph Rowntree issues

Forced Academisation and the impact on the 63 grant maintained schools. How should the council encourage the 63 schools to respond, in particular looking at these approaches?

- Maintaining the integrity of council support service to stop their withering and consequently schools opting for Academisation
(particularly small schools)
- encouraging the formation of local academy networks

- Consider the different governing models schools could adopt (foundation, voluntary, maintained) and the impact these models would have on staying under local authority control or becoming an academy and the future ownership of land.

RESOLVED

The chair and project manager will develop a draft work programme based on the above and send this to the members via email for comment.

LINK TO LIVESTREAM/VIDEO

Southwark Youth Council discuss topics: <http://bambuser.com/v/6353349>

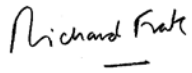
Committee discuss work programme:

- part 1 : <http://bambuser.com/v/6353461>
- part 2: <http://bambuser.com/v/6353466>
- part 3: <http://bambuser.com/v/6386342>

Equality and health analysis

Health Visiting Service
June 2016

Section 1: Equality analysis details

Proposed policy/decision/business plan to which this equality analysis relates		Health Visiting Service			
Equality analysis author		Peta Smith and Layla Davidson			
Strategic Director:		David Quirke-Thornton			
Department		Children's and Adults' Services	Division	Commissioning	
Period analysis undertaken		May-June 2016			
Date of review (if applicable)		January 2017			
Sign-off		Position	Interim Director of Commissioning Southwark Council	Date	5 July 2016.

Section 2: Brief description of policy/decision/business plan

1.1 Brief description of policy/decision/business plan

Service Description

Good child health produces wide societal benefits and there is good quality evidence of effective health visiting and school nursing interventions producing better outcomes for children and young people.

The Health Visiting Service consists of specialist community public health nurses and teams who provide expert information, assessments and interventions for babies, children and families including first time mothers and fathers and families with complex needs. It is a universal service for the 21,892 under 5 year olds in Southwark, 60% of whom are from black and other minority ethnic communities (BME).

Health Visitors (HVs) help to empower parents make decisions that affect their family's health and well being and their role is central to improving the health outcomes of the populations and reducing inequalities.

The Health Visiting Service works across a number of stakeholders, settings and organisations to lead delivery of the Healthy Child Programme for 0-5 years - a prevention and early intervention public health programme at the heart of the universal service for children and families, which aims to support parents at this crucial stage of life, promoting good child development, improving child health outcomes and ensuring families at risk are identified early.

There are four tiers of service delivered according to need:

1. **Community** which offers a range of services, including some Sure Start Children's Centre services and support families and communities provide for themselves. Health Visitors work to develop these and make sure local families know about them.
2. **Universal services** from the health visitor team working with general practice to ensure that families can access the Healthy Child Programme, and that parents are supported at key times and have access to a range of community services.
3. **Universal plus** offers rapid response from the local health visiting team when specific expert help is needed for example with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting.
4. **Universal partnership plus** provides on-going support from the health visiting team and a range of local services to deal with more complex issues over a period of time. These include services from Sure Start Children's Centres, other community services including charities and, where appropriate, the Family Nurse Partnership.

Funding for the service

The planned change is a 7.4% reduction in budget, amounting to £522,232 on a total 2016-17 budget of £6,509,768. This will result in an increased caseload for HV's with the possibility of reduced capacity within the Universal Plus for early intervention around perinatal mental health, support around breastfeeding and weaning, parenting support, and health visitor follow up with children who are not meeting milestones.

The service will continue to provide:

- The four levels of services described above;
- The five mandated elements: Antenatal visits; New birth visits; 6-8 week check, 1 year assessment and 2-2.5 years assessment;
- Work around the six high impact areas: transition to parenthood and the early weeks; maternal perinatal mental health, breastfeeding; healthy weight; managing minor illness and reducing accidents; Well being and development at 2 years and support to be ready for school (although reduced capacity as outlined above.)

It is envisaged that the greatest impact of the funding reduction will be within the Universal Partnership Plus tier.

It is believed that the mitigating actions identified in this document will address the workforce reduction. There will be monthly monitoring of the service throughout the year to ensure the risks identified are fully managed, including implementing further actions that may need to be taken.

Section 3: Overview of service users and key stakeholders consulted

2. Service users and stakeholders	
Key users of the department or service	<p>Mothers and fathers, babies and children, families with complex needs are the key service users.</p> <p>Number of live births per year in Southwark is between 4,400 and 4,800.</p> <p>In 2014 there were 4,647 births. This is projected to increase by 11% by 2025.</p> <p>Please note that activity data on the use of the Health Visiting service and the Universal Plus service is limited. Producing better data on activities undertaken by the service will help better assess the impact of reductions in the Public Health Grant. . Providers will be tasked with producing the data including the equality characteristics.</p>
Key stakeholders involved in this assessment	<p>Southwark Council and Southwark CCG Commissioners; Guy's and St Thomas' NHS Trust (GSTT) and Public Health.</p>

Section 4: Pre-implementation equality analysis

<p>Age - Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).</p>	
<p>Potential impacts (positive and negative) of proposed policy/decision/business plan</p>	<p>Potential health impacts (positive and negative)</p>
<p>Number of live births per year in Southwark is between 4,400 and 4,800. There are 21,892 under 5 years in the borough. The greatest need is from birth to 2 years.</p> <p>The eligibility criteria for this service will remain the same. The reduction in capacity may impact on some groups more than others. For example on:</p> <ul style="list-style-type: none"> • Young mothers/parents • Parents who do not speak English or have poor literacy skills • Parents and children with complex needs <p>This could lead to:</p> <ul style="list-style-type: none"> • Delayed identification of risk, neglect and problems with parenting; • Children not meeting milestones, potential of a decrease in schools readiness due to reduced follow up by health visitors. • 	<p>Health Impacts may include:</p> <ul style="list-style-type: none"> - unidentified perinatal mental health; - decrease in breastfeeding; - increased childhood obesity; - poor social and emotional development; - increase in accidental injury; - nutritional deficiency and in particular vitamin D deficiency. <p>Opportunities to better clarify the division of tasks and responsibilities undertaken by different professionals and teams across health, education and children's social care through the Early Years Pathway, including best use of Health Visitor skills.</p>
<p>Equality information on which above analysis is based</p>	<p>Health data on which above analysis is based</p>
<p>At this stage there is no service level activity data available.</p>	<p>Southwark Children's Joint Strategic Needs Assessment (JSNA).</p>
<p>Mitigating actions to be taken</p>	
<p>GSTT have identified a number of actions to maintain the health objective targets set out later in this document (section 5.2). This includes consolidating a number of aspects of the service to mitigate against possible risks identified in this document.</p> <p>Additionally, the CCG and Council have agreed plans to develop an Integrated Early Years Pathway for implementation in 2017-18 to further mitigate against any impacts from this and future funding reductions. This will include close working with GSTT.</p> <p>Details of all of the mitigating actions can be found in Section 5.</p>	

<p>Disability - A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.</p>	
<p>Potential impacts (positive and negative) of proposed policy/decision/business plan</p>	<p>Potential health impacts (positive and negative)</p>

<p>Disabled children and their families face distinct and often challenging issues that require a range of dedicated and often specialist responses from public services. The needs of disabled children, young people and their families are unique to them, often complex, and will change over time. The challenge is to understand these needs and develop a system around them that is flexible enough to meet the needs of the person and their families.</p> <p>1,200-3,599 children in Southwark have some form of disability arising from a congenital abnormality and 51 are severely disabled. Around 1,333 children have learning disabilities.</p>	<p>Children with disabilities are more likely to need greater health care, support and care co-ordination. This may be more difficult to access at an early stage.</p>
Equality information on which above analysis is based	Health data on which above analysis is based
Southwark Children's JSNA	Public Health.
Mitigating actions to be taken	
<p>GSTT intend to review attendance at current Clinic sessions, with a view to consolidate sessions where there is low attendance, to release Health Visitor capacity to other areas of the service. This is to address the risks identified that may arise from reduced service capacity. A full list of all of the mitigating actions is set out in Section 5.</p>	

Gender reassignment - The process of transitioning from one gender to another.

Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
No impact identified.	No impact anticipated.
Equality information on which above analysis is based.	Health data on which above analysis is based
Mitigating actions to be taken	

Marriage and civil partnership – In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favorably than married couples and must be treated the same as married couples on a wide range of legal matters. **(Only to be considered in respect to the need to eliminate discrimination.)**

Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
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No Impact anticipated.	No Impact anticipated.
Equality information on which above analysis is based	Health data on which above analysis is based
Mitigating actions to be taken	

Pregnancy and maternity - Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
<p>The main service users are women who have recently (within past 24 months) given birth. Within this cohort vulnerable women may receive less support:</p> <ul style="list-style-type: none"> - Women who misuse substances (alcohol and/or drugs). - Women who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English. - Young women aged under 20. - Women who experience domestic abuse. <p>There may be increased referrals to other services for post natal health issues including:</p> <ul style="list-style-type: none"> - Primary Care - Urology and gynaecology - Perinatal mental health services. 	<ul style="list-style-type: none"> - Poor postnatal physical health, for example maternal anaemia, uro-gynaecological issues, post partum infection. - Poor postnatal mental health. - Unidentified domestic abuse and safeguarding issues.
Equality information on which above analysis is based	Health data on which above analysis is based
Public Health	Public Health
Mitigating actions to be taken	
GSTT are increasing the number of ante-natal groups in Southwark. This is to address the risks identified that may arise from reduced service capacity. A full list of all of the mitigating actions is set out in Section 5.	

Race - Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins. N.B. Gypsy, Roma and Traveller are recognised racial groups and their needs should be considered alongside all others

Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
<p>66% of children in Southwark are from black and minority ethnic backgrounds (22% Black African; 18% Black Other; 6% Black Caribbean etc.).</p> <p>Some ethnic groups have poor access to health and care services and may need additional support. This includes families without recourse to public funds, refugees and asylum seekers. Mothers with no recourse to public funds are not eligible for healthy start, sure start or any other maternity grants.</p> <p>Reductions in capacity may result in:</p> <ul style="list-style-type: none"> - Health and care needs are not identified early; - Delayed assessment and identification of risk and neglect and problems with parenting; - Children not meeting their milestones potential of a decrease in schools readiness due to reduced follow up by health visitors. 	<p>Some ethnic groups have greater health needs, for example due to female genital mutilation, or an increased prevalence of obesity, low birth weight, sickle cell, diabetes and HIV and other blood borne viruses.</p>
Equality information on which above analysis is based	Health data on which above analysis is based
Southwark JSNA	Southwark JSNA
Mitigating actions to be taken	
<p>GSTT are reviewing the criteria for referral to the early intervention health visitors with a view to increasing their caseloads. This is to address the risks identified that may arise from reduced service capacity. A full list of all of the mitigating actions is set out in Section 5.</p>	

Religion and belief - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
No impact anticipated	No impact anticipated.
Equality information on which above analysis is based	Health data on which above analysis is based
As above	
Mitigating actions to be taken	

Sex - A man or a woman.	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
<p>While health visiting is a family based service, the majority of the service users are women and are more likely to be impacted by reduction in health visiting capacity.</p>	<p>Women have additional and unique health and care needs during the perinatal period and a reduction in capacity may result in:</p> <ul style="list-style-type: none"> - Unidentified and unsupported perinatal mental health;

	<ul style="list-style-type: none"> - Unidentified domestic abuse and safeguarding needs; <p>Unidentified physical health needs which may result in an increase in:</p> <ul style="list-style-type: none"> - maternal anaemia - post partum uro-gynaecological issues - post partum infection.
Equality information on which above analysis is based	Health data on which above analysis is based
Southwark JSNA	Southwark JSNA
Mitigating actions to be taken	
<p>GSTT have reviewed their processes. If a safeguarding case has both health visitor and school nursing involvement, only one practitioner will attend case meetings and conferences, thereby releasing capacity in either service. This is to address the risks identified that may arise from reduced service capacity. A full list of all of the mitigating actions is set out in Section 5.</p>	

Sexual orientation - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
No impact anticipated	No impact anticipated
Equality information on which above analysis is based	Health data on which above analysis is based
Mitigating actions to be taken	

Socio-economic disadvantage – although the Equality Act 2010 does not include socio-economic status as one of the protected characteristics, Southwark Council recognises that this continues to be a major cause of inequality in the borough. Socio economic status is the measure of an area's, an individual's or family's economic and social position in relation to others, based on income, education, health, living conditions and occupation.	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
<p>Southwark is the 12th most deprived borough in London and 28.6% of Children in Southwark live in poverty.</p> <p>Deprivation is associated with low birth weight, maternal obesity and smoking and still birth. Children who are deprived are more likely to suffer from accidental injury, be less ready for school and have greater health and care needs.</p> <p>High quality early years services are the most effective</p>	<p>Health Impacts may include:</p> <ul style="list-style-type: none"> - Perinatal mental health needs not identified early; - decrease in breastfeeding; - increased childhood obesity; - - poor social and emotional

way to reduce health inequities. A reduction in health visitor capacity may result in less access to services and poorer health and education outcomes for deprived children and a widening of health inequalities.	development; - increase in accidental injury; - nutritional deficiency and in particular vitamin D deficiency.
Equality information on which above analysis is based	Health data on which above analysis is based
Southwark JSNA .	Southwark JSNA.
Mitigating actions to be taken	
From August 2016, Immunisation services will be commissioned centrally by NHS England. This will release some capacity in the service, and help address the risks identified that may arise from reduced service capacity. A full list of all of the mitigating actions is set out in Section 5.	

Human Rights There are 16 rights in the Human Rights Act. Each one is called an Article. They are all taken from the European Convention on Human Rights. The Articles are The right to life, Freedom from torture, inhuman and degrading treatment, Freedom from forced labour , Right to Liberty, Fair trial, Retrospective penalties, Privacy, Freedom of conscience, Freedom of expression, Freedom of assembly, Marriage and family, Freedom from discrimination and the First Protocol
Potential impacts (positive and negative) of proposed policy/decision/business plan
None identified
Information on which above analysis is based
Mitigating actions to be taken

Section 5: Further actions and objectives

5. Further actions			
Based on the initial analysis above, please detail the key mitigating actions or the areas identified as requiring more detailed analysis.			
Number	Description of issue	Action	Timeframe
1	Risk that increased caseloads will impact on capacity for early intervention around issues such as perinatal mental health; breastfeeding and weaning; parenting support; follow up of children not meeting their milestones	GSTT will review attendance at existing clinics with a view to consolidate clinics with low take up to release health visitor capacity in other areas of the service	July 2016
		GSTT will review the child development workers role and competencies to increase the follow up with families where parenting issues such as attachment, sleep, behaviour are presenting or identified as an issue at the developmental reviews	July 2016
		GSTT will review criteria for referral to the early intervention health visitors with a view to increasing caseloads and flexing the criteria	July 2016
		GSTT will introduce more antenatal groups to achieve the mandated antenatal contact	July 2016
		GSTT have reviewed their processes and if a safeguarding case has both health visitor and school nursing involvement, only one practitioner will attend case meetings and conferences, thereby releasing capacity in either service	June 2016
		NHS England will commission the national immunisation service centrally, releasing capacity in the service for other activities	August 2016
2	Risk of further reductions to the Public Health Grant from central government and subsequent further	Southwark Council and Southwark CCG to implement a new integrated early years	September 2017

	reductions in funding available for the service	pathway to deliver the Health Child Programme from 2017-18	
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5. Equality objectives (for service specification)

Based on the initial analysis above, please detail any equality objectives that you will set for your division/department/service. Under the objective and measure column please state whether this objective is an existing objective or a suggested addition to the specification.

Objective and measure	Lead officer	Current performance (baseline)	Targets	
			Year 1	Year 2
Existing – safeguarding caseload per quarter	GSTT	Average 564 per quarter	TBC	TBC

5. Health objectives (for service specification)

Based on the initial analysis above, please detail any health objectives that you will set for your division/department/service. Under the objective and measure column please state whether this objective is an existing objective or a suggested addition to the specification.

Objective and measure	Lead officer	Current performance (baseline)	Targets	
			Year 1	Year 2
Existing – carry out 5 mandatory checks	GSTT	Antenatal: Average 93 per quarter	TBC	TBC
		New Born Visit: 78% within 14 days 11% 14+ days	TBC	TBC
		12 month review: 63% on time	TBC	TBC
		15 month review: 77% on time	TBC	TBC
		2.5 year review: 66% on time	TBC	TBC
Existing – number of mothers having a maternal mood exam within 12 weeks of birth	GSTT	0 per quarter	TBC	TBC
Percentage of mothers totally or partially breastfeeding as at 6-8 week check	GSTT	4%		

All current performance data taken from 3 quarters (Q3 2015-16; Q4 2015-16; Q1 2016-17). Early Years Minimum Data Set returns made by GSTT and will be verified with them prior to any amendments to the service specification.

Equality and health analysis

Health Visiting Service
June 2016

Section 1: Equality analysis details

Proposed policy/decision/business plan to which this equality analysis relates		Health Visiting Service			
Equality analysis author		Peta Smith and Layla Davidson			
Strategic Director:		David Quirke-Thornton			
Department		Children's and Adults' Services	Division	Commissioning	
Period analysis undertaken		May-June 2016			
Date of review (if applicable)		January 2017			
Sign-off		Position	Interim Director of Commissioning Southwark Council	Date	5 July 2016.

Section 2: Brief description of policy/decision/business plan

1.1 Brief description of policy/decision/business plan

Service Description

Good child health produces wide societal benefits and there is good quality evidence of effective health visiting and school nursing interventions producing better outcomes for children and young people.

The Health Visiting Service consists of specialist community public health nurses and teams who provide expert information, assessments and interventions for babies, children and families including first time mothers and fathers and families with complex needs. It is a universal service for the 21,892 under 5 year olds in Southwark, 60% of whom are from black and other minority ethnic communities (BME).

Health Visitors (HVs) help to empower parents make decisions that affect their family's health and well being and their role is central to improving the health outcomes of the populations and reducing inequalities.

The Health Visiting Service works across a number of stakeholders, settings and organisations to lead delivery of the Healthy Child Programme (0-5) HCP, a prevention and early intervention public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity.

There are four tiers of service delivered according to need:

Community which offers a range of services, including some Sure Start Children's Centre services and support families and communities provide for themselves. Health visitors work to develop these and make sure local families know about them.

Universal services from the health visitor team working with general practice to ensure that families can access the Healthy Child Programme, and that parents are supported at key times and have access to a range of community services.

Universal plus offers rapid response from the local health visiting team when specific expert help is needed for example with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting.

Universal partnership plus provides on-going support from the health visiting team and a range of local services to deal with more complex issues over a period of time. These include services from Sure Start Children's Centres, other community services including charities and, where appropriate, the Family Nurse Partnership.

Funding for the service

The planned change is a 7.4% reduction in budget, amounting to £522,232 on a total 2016-17 budget of £6,509,768. This will result in an increased caseload for HV's with the possibility of reduced capacity within the Universal Plus for early intervention around perinatal mental health, support around breastfeeding and weaning, parenting support, and health visitor follow up with children who are not meeting milestones.

The service will continue to provide:

- The four levels of services described above;
- The five mandated elements: Antenatal visits; New birth visits; 6-8 week check, 1 year assessment and 2-2.5 years assessment;
- Work around the six high impact areas: transition to parenthood and the early weeks; maternal perinatal mental health, breastfeeding; healthy weight; managing minor illness and reducing accidents; Well being and development at 2 years and support to be ready for school (although reduced capacity as outlined above.)

It is envisaged that the greatest impact will be within the universal partnership plus service.

It is believed that the mitigating actions identified in this document will address the workforce reduction. However, there will be monthly monitoring of the service throughout the year to ensure the risks identified are fully managed, including identifying further actions that may need to be taken.

Section 3: Overview of service users and key stakeholders consulted

2. Service users and stakeholders	
Key users of the department or service	<p>Mothers and fathers, babies and children, families with complex needs are the key service users.</p> <p>Number of live births per year in Southwark is between 4,400 and 4,800.</p> <p>In 2014 there were 4,647 births. This is projected to increase by 11% by 2025.</p> <p>Please note that activity data on the use of the Health Visiting service and the Universal Plus service is limited. Producing better data on activities undertaken by the service will help better assess the impact of reductions in the Public Health Grant. . Providers will be tasked with producing the data including the equality characteristics.</p>
Key stakeholders involved in this assessment	<p>Southwark Council and Southwark CCG Commissioners; Guy's and St Thomas' NHS Trust (GSTT) and Public Health.</p>

Section 4: Pre-implementation equality analysis

<p>Age - Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).</p>	
<p>Potential impacts (positive and negative) of proposed policy/decision/business plan</p>	<p>Potential health impacts (positive and negative)</p>
<p>Number of live births per year in Southwark is between 4,400 and 4,800. There are 21,892 under 5 years in the borough. The greatest need is from birth to 2 years.</p> <p>The eligibility criteria for this service will remain the same. The reduction in capacity may impact on some groups more than others. For example on:</p> <ul style="list-style-type: none"> • Young mothers/parents • Parents who do not speak English or have poor literacy skills • Parents and children with complex needs <p>This could lead to:</p> <ul style="list-style-type: none"> • Delayed assessment and identification of risk and neglect and problems with parenting; • Children not meeting their milestones, potential of a decrease in schools readiness due to reduced follow up by health visitors. • 	<p>Health Impacts may include:</p> <ul style="list-style-type: none"> - unidentified perinatal mental health; - decrease in breastfeeding; - increased childhood obesity; - poor social and emotional development; - increase in accidental injury; - nutritional deficiency and in particular vitamin D deficiency.
<p>Equality information on which above analysis is based</p>	<p>Health data on which above analysis is based</p>
<p>At this stage there is no service level activity data available.</p>	<p>Southwark Children's Joint Strategic Needs Assessment (JSNA).</p>
<p>Mitigating actions to be taken</p>	
<p>GSTT have identified a number of actions to maintain the health objective targets set out later in this document (section 5.2). This includes consolidating a number of aspects of the service to mitigate against possible risks identified in this document.</p> <p>Additionally, the CCG and Council have agreed plans to develop an Integrated Early Years Pathway for implementation in 2017-18 to further mitigate against any impacts from this and future funding reductions.</p> <p>Details of all of the mitigating actions can be found in Section 5.</p>	

<p>Disability - A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.</p>	
<p>Potential impacts (positive and negative) of proposed policy/decision/business plan</p>	<p>Potential health impacts (positive and negative)</p>

<p>Disabled children and their families face distinct and often challenging issues that require a range of dedicated and often specialist responses from public services. The needs of disabled children, young people and their families are unique to them, often complex, and will change over time. The challenge is to understand these needs and develop a system around them that is flexible enough to meet the needs of the person and their families.</p> <p>1,200-3,599 children in Southwark have some form of disability arising from a congenital abnormality and 51 are severely disabled. Around 1,333 children have learning disabilities.</p>	<p>Children with disabilities are more likely to need greater health care, support and care co-ordination. This may be more difficult to access at an early stage.</p>
Equality information on which above analysis is based	Health data on which above analysis is based
Southwark Children's JSNA	Public Health.
Mitigating actions to be taken	
<p>GSTT intend to review attendance at current Clinic sessions, with a view to consolidate sessions where there is low attendance, to release Health Visitor capacity to other areas of the service. This is to address the risks identified that may arise from reduced service capacity. A full list of all of the mitigating actions is set out in Section 5.</p>	

Gender reassignment - The process of transitioning from one gender to another.

Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
No impact identified.	No impact anticipated.
Equality information on which above analysis is based.	Health data on which above analysis is based
Mitigating actions to be taken	

Marriage and civil partnership – In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favorably than married couples and must be treated the same as married couples on a wide range of legal matters. **(Only to be considered in respect to the need to eliminate discrimination.)**

Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
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No Impact anticipated.	No Impact anticipated.
Equality information on which above analysis is based	Health data on which above analysis is based
Mitigating actions to be taken	

Pregnancy and maternity - Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
<p>The main service users are women who have recently (within past 24 months) given birth. Within this cohort vulnerable women may receive less support:</p> <ul style="list-style-type: none"> - Women who misuse substances (alcohol and/or drugs) - Women who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English - Young women aged under 20 - Women who experience domestic abuse <p>There may be increased referrals to other services for post natal health issues including:</p> <ul style="list-style-type: none"> - Primary Care - Urology and gynaecology - Perinatal mental health services. 	<ul style="list-style-type: none"> - Poor postnatal physical health, for example maternal anaemia, uro-gynaecological issues, post partum infection. - Poor postnatal mental health. - Unidentified domestic abuse and safeguarding issues.
Equality information on which above analysis is based	Health data on which above analysis is based
Public Health	Public Health
Mitigating actions to be taken	
GSTT are increasing the number of ante-natal groups available in Southwark. This is to address the risks identified that may arise from reduced service capacity. A full list of all of the mitigating actions is set out in Section 5.	

Race - Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins. N.B. Gypsy, Roma and Traveller are recognised racial groups and their needs should be considered alongside all others

Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
<p>66% of children in Southwark are from black and minority ethnic backgrounds (22% Black African; 18% Black Other; 6% Black Caribbean etc.).</p> <p>Some ethnic groups have poor access to health and care services and may need additional support. This includes families without recourse to public funds, refugees and asylum seekers. Mothers with no recourse to public funds are not eligible for healthy start, sure start or any other maternity grants.</p> <p>Reductions in capacity may result in:</p> <ul style="list-style-type: none"> - Health and care needs are not identified early; - Delayed assessment and identification of risk and neglect and problems with parenting; - Children not meeting their milestones potential of a decrease in schools readiness due to reduced follow up by health visitors. 	<p>Some ethnic groups have greater health needs, for example due to female genital mutilation, or an increased prevalence of obesity, low birth weight, sickle cell, diabetes and HIV and other blood borne viruses.</p>
Equality information on which above analysis is based	Health data on which above analysis is based
Southwark JSNA	Southwark JSNA
Mitigating actions to be taken	
<p>GSTT are reviewing the criteria for referral to the early intervention health visitors with a view to increasing their caseloads. This is to address the risks identified that may arise from reduced service capacity. A full list of all of the mitigating actions is set out in Section 5.</p>	

Religion and belief - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
No impact anticipated	No impact anticipated.
Equality information on which above analysis is based	Health data on which above analysis is based
As above	
Mitigating actions to be taken	

Sex - A man or a woman.	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
<p>While health visiting is a family based service, the majority of the service users are women and are more likely to be impacted by reduction in health visiting capacity.</p>	<p>Women have additional and unique health and care needs during the perinatal period and a reduction in capacity may result in:</p> <ul style="list-style-type: none"> - Unidentified and unsupported perinatal mental health;

	<ul style="list-style-type: none"> - Unidentified domestic abuse and safeguarding needs; <p>Unidentified physical health needs which may result in an increase in:</p> <ul style="list-style-type: none"> - maternal anaemia - post partum uro-gynaecological issues - post partum infection.
Equality information on which above analysis is based	Health data on which above analysis is based
Southwark JSNA	Southwark JSNA
Mitigating actions to be taken	
<p>GSTT have reviewed their processes. If a safeguarding case has both health visitor and school nursing involvement, only one practitioner will attend case meetings and conferences, thereby releasing capacity in either service. This is to address the risks identified that may arise from reduced service capacity. A full list of all of the mitigating actions is set out in Section 5.</p>	

Sexual orientation - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
No impact anticipated	No impact anticipated
Equality information on which above analysis is based	Health data on which above analysis is based
Mitigating actions to be taken	

Socio-economic disadvantage – although the Equality Act 2010 does not include socio-economic status as one of the protected characteristics, Southwark Council recognises that this continues to be a major cause of inequality in the borough. Socio economic status is the measure of an area's, an individual's or family's economic and social position in relation to others, based on income, education, health, living conditions and occupation.	
Potential impacts (positive and negative) of proposed policy/decision/business plan	Potential health impacts (positive and negative)
<p>Southwark is the 12th most deprived borough in London and 28.6% of Children in Southwark live in poverty.</p> <p>Deprivation is associated with low birth weight, maternal obesity and smoking and still birth. Children who are deprived are more likely to suffer from accidental injury, be less ready for school and have greater health and care needs.</p> <p>High quality early years services are the most effective</p>	<p>Health Impacts may include:</p> <ul style="list-style-type: none"> - Perinatal mental health needs not identified early; - decrease in breastfeeding; - increased childhood obesity; - - poor social and emotional

<p>way to reduce health inequities.</p> <p>A reduction in health visitor capacity may result in less access to services and poorer health and education outcomes for deprived children and a widening of health inequalities.</p>	<p>development;</p> <ul style="list-style-type: none"> - increase in accidental injury; - nutritional deficiency and in particular vitamin D deficiency.
Equality information on which above analysis is based	Health data on which above analysis is based
Southwark JSNA .	Southwark JSNA.
Mitigating actions to be taken	
<p>From August 2016, Immunisation services will be commissioned centrally by NHS England. This will release some capacity in the service, and help address the risks identified that may arise from reduced service capacity. A full list of all of the mitigating actions is set out in Section 5.</p>	

<p>Human Rights</p> <p>There are 16 rights in the Human Rights Act. Each one is called an Article. They are all taken from the European Convention on Human Rights. The Articles are The right to life, Freedom from torture, inhuman and degrading treatment, Freedom from forced labour , Right to Liberty, Fair trial, Retrospective penalties, Privacy, Freedom of conscience, Freedom of expression, Freedom of assembly, Marriage and family, Freedom from discrimination and the First Protocol</p>
Potential impacts (positive and negative) of proposed policy/decision/business plan
None identified
Information on which above analysis is based
Mitigating actions to be taken

Section 5: Further actions and objectives

5. Further actions			
Based on the initial analysis above, please detail the key mitigating actions or the areas identified as requiring more detailed analysis.			
Number	Description of issue	Action	Timeframe
1	Risk that increased caseloads will impact on capacity for early intervention around issues such as perinatal mental health; breastfeeding and weaning; parenting support; follow up of children not meeting their milestones	GSTT will review attendance at existing clinics with a view to consolidate clinics with low take up to release health visitor capacity in other areas of the service	July 2016
		GSTT will review the child development workers role and competencies to increase the follow up with families where parenting issues such as attachment, sleep, behaviour are presenting or identified as an issue at the developmental reviews	July 2016
		GSTT will review criteria for referral to the early intervention health visitors with a view to increasing caseloads and flexing the criteria	July 2016
		GSTT will introduce more antenatal groups to achieve the mandated antenatal contact	July 2016
		GSTT have reviewed their processes and if a safeguarding case has both health visitor and school nursing involvement, only one practitioner will attend case meetings and conferences, thereby releasing capacity in either service	June 2016
		NHS England will commission the national immunisation service centrally, releasing capacity in the service for other activities	August 2016
2	Risk of further reductions to the Public Health Grant from central government and subsequent further	Southwark Council and Southwark CCG to implement a new integrated early years	September 2017

	reductions in funding available for the service	pathway to deliver the Health Child Programme from 2017-18	
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5. Equality objectives (for service specification)

Based on the initial analysis above, please detail any equality objectives that you will set for your division/department/service. Under the objective and measure column please state whether this objective is an existing objective or a suggested addition to the specification.

Objective and measure	Lead officer	Current performance (baseline)	Targets	
			Year 1	Year 2
Existing – safeguarding caseload per quarter	GSTT	Average 564 per quarter	TBC	TBC

5. Health objectives (for service specification)

Based on the initial analysis above, please detail any health objectives that you will set for your division/department/service. Under the objective and measure column please state whether this objective is an existing objective or a suggested addition to the specification.

Objective and measure	Lead officer	Current performance (baseline)	Targets	
			Year 1	Year 2
Existing – carry out 5 mandatory checks	GSTT	Antenatal: Average 93 per quarter	TBC	TBC
		New Born Visit: 78% within 14 days 11% 14+ days	TBC	TBC
		12 month review: 63% on time	TBC	TBC
		15 month review: 77% on time	TBC	TBC
		2.5 year review: 66% on time	TBC	TBC
Existing – number of mothers having a maternal mood exam within 12 weeks of birth	GSTT	0 per quarter	TBC	TBC
Percentage of mothers totally or partially breastfeeding as at 6-8 week check	GSTT	4%		

All current performance data taken from 3 quarters (Q3 2015-16; Q4 2015-16; Q1 2016-17). Early Years Minimum Data Set returns made by GSTT and will be verified with them prior to any amendments to the service specification.

Review of local offer for Care Leavers plan

Education and Children's Services Scrutiny Sub Committee

Review of the Local Offer for Care Leavers

The life chances of children in and leaving care are significantly worse than for those who have not grown up in the care. Recent legislative and policy developments have prioritised services for children in and leaving care. The Education and Children's Services Scrutiny Sub Committee will review the current offer the council provides to children leaving care and new, proposed changes.

The **Children and Social Work Bill** seeks to combine a commitment to protect the most vulnerable in society with the "ambition to ensure that disadvantaged children have the brightest possible future". The Bill has currently been heard in the House of Lords and will be debated in the House of Commons in October. A subsequent strategy titled **Keep on Caring Supporting Young People from Care to Independence** published in July 2016 sets out a plan for the delivery of the proposed changes to what is described as a 'step change' in services designed for children in and leaving care.

At the same time the **House of Commons Education Committee** published its inquiry into the *Mental health and well-being of looked-after children 2015/16*.

The Children and Social Work Bill presents an opportunity to enhance the support available for care leavers through a 'local offer' and must recognise the need for all care leavers to be supported to manage their finances, find safe and stable accommodation and not find themselves falling into debt.

Care Leaver Local Offer

While the new proposed legislation seeks to improve services for children in care across the board, the Education and Children's Services Committee will focus on the experience of children and young people leaving the care system. The Keep on Caring Strategy sees the local help and support that care leavers receive from their local authority as being critical to whether care leavers make the transition from care to independence successfully.

The proposed 'Care Leavers' Covenant' provides an opportunity to set out clear obligations and responsibilities to local authorities to ensure they continue to play a parental role up until the age of 25.

Review of local offer for Care Leavers plan

The committee is also interested in the way in which our services will respond to proposals in new legislation and guidance on:

- The implementation of the Care Leaver Covenant (to be launched in October 2016)
- The new Care Leaver Offer in particular how the existing and possibly amended offer will be communicated to children and young people in and leaving care.
- The extension of support from a Personal Adviser to all care leavers to age 25, how this will be implemented and how it will be communicated to those who have already left our services but will now be eligible for a 'retrospective' personal adviser' service provision.

The House of Commons Education Committee Mental health and well-being of looked-after children 2015/16

The mental health of looked after children is significantly poorer than that of their peers, with almost half of the children and young people in care meeting the criteria for a psychiatric disorder. The 2014 report into CAMHS is cited for revealing the crisis in the commissioning and provision of CAMHS.

The Government will invest £1.4 billion in children and young people's mental health services over the course of this parliament. Yet children in care and care leavers are more likely to experience poor health, education and social outcomes. Young people leaving care are five times more likely to attempt suicide than their peers, and looked-after children and care leavers are between four and five times more likely to self-harm in adulthood.

They are more likely to enter the criminal justice system. 23% of adult prisoners have been in care and 40% of prisoners under 21. A comparative case study shows how one child's unstable and unsupported experience of care costs £22,415 more per year (including health, social care and criminal justice costs) than another child's stable and well supported care journey. Seen in this context, it would make more sense to invest in good mental health services earlier on, to prevent inflated costs for those children who have a poor experience of care and services.

Southwark services for children in and leaving care

The Education and Children's Services Scrutiny Sub Committee are interested in understanding what the current offer to care leavers is in Southwark, and the steps the council can take in the implementation of the new covenant.

The committee wish to make sure that all care leavers are able to access a range of services to meet their needs including: financial support; access to education, training and employment; personal advisers and effective pathway planning; appropriate housing, including supported accommodation; and mental health and counselling services. Given the well documented evidence that young people who have been in care are at particular risk of mental

Review of local offer for Care Leavers plan

health problems, it is important to ensure that care leavers are able to access to child and adolescent mental health services (CAMHS) during their transition out of care and into independence, if needed. It is particularly timely to focus on this given the joint mental health strategy is in preparation.

The committee will examine the accommodation choices available for care leavers. In 2015, there were nationally 4,460 care leavers aged 19-21 living in supported accommodation, supported lodgings or foyers. Research from The Children's Society found these kinds of accommodation can often present high levels of risk for young people exposing them to alcohol and drugs and placing them under significant financial strain, and at risk of being evicted from their accommodation due to rent arrears. For example 82% of accommodation providers surveyed estimated that three quarters of the 16 and 17 year olds they cared for were in receipt of state benefits and in rent arrears. Southwark's accommodation offer for Care Leavers is currently under review, so this is also an opportune time to look at this issue in more depth.

Presently Care Leavers access advice from Personal Assistances and voluntary providers. The review will look at the quality and consistency of this offer, to ensure that all Care Leavers are getting appropriate support to help them transition to adulthood successfully.

Care Leavers are not a homogenised group, and there is a great deal of diversity in young people needs, abilities and disabilities. Some young people Leaving Care will be off to university, while others will be entering adult social services, and some may have a range of issues and impairments, such as autism or mental health needs. The review will need to consider the diversity of the Local Offer for Care Leavers.

Care leavers can now be supported up to their 25th birthday in line with the new proposals to extend the provision of a personal adviser to 25. Care leavers should also be better supported through improved financial education to manage their finances and have improved knowledge of household bills to support them in their transition to adulthood.

Whether the select committee results or the Children and Social Work Bill can realise improve life chances for children in care is yet to be seen. Nevertheless the spotlight on vulnerable children in care provides an opportunity for all local authorities, including Southwark, to be even more positive in its work with children leaving care.

Review of local offer for Care Leavers plan

Activity	Method
Presentations and reports from all council and health service heads concerned with care leavers	Presentations and reports from all service heads concerned with care leavers, including leads for the , social work Care Leavers team, Children’s Rights team, Care Leavers Accommodation, the Local Economy Team, Organisation Development and the apprenticeship scheme, and CareLink , delivered by SLaM / CAMHS
Visits to care leavers services – accommodation	Committee members visit: <ul style="list-style-type: none"> • Hostel provision – e.g. Springfield Lodge • Future Foundations semi independence provision • SABs specialist accommodation for mental health
Visits to care leavers services - Employment and training providers	SEEDS Others providers recommended by the Local Economy team
Visits to care leavers mental health services	CareLink Faces in Focus
Focus group with children about to leave	
Focus group with Care Leavers on personal assistance and survey monkey	
Focus groups with local voluntary sector services	
Roundtable with all interested parties – including CCG , NHS and Local Authority practitioners, managers, commissioners	

Education and Children's Services Committee

Draft grid of issues and workplan

No	Idea	Issues	Project	Comments
1	Issues raised by Youth Council	<ul style="list-style-type: none"> • Bullying • Mental Health • Sexual health and relationship awareness 	<p>Bullying : November meeting – request that that officers come back and respond to the scrutiny recommendations in the <i>Joint Approach to Mental Health</i> recommendation on bullying and other issues raised by the young people . The specific report recommendation 8 was :</p> <p>The Committee recommends that the Council and the CCG set out more clearly how the Transformation Plan will tackle</p> <ul style="list-style-type: none"> • Cyber bullying • Gangs and work with schools on this • Promote effective anti-bullying work in schools, particularly peer support • Recognise the LGBT students are at particular risk of being bullied and need particular support e.g. anti-discrimination work and LGBT peer support <p>Mental Health : November meeting & when the draft CCG / Mental Health Strategy is ready – expected Autumn 2016</p>	

			<p>Request that that officers come back and respond to the scrutiny recommendations in the Joint Approach to Mental Health recommendations . Send the report to young people and invite them to the meeting and to comment on this and the planned Joint CCG / Council mental health strategy , when ready .</p> <p>Hold a session on Sexual Health and relationship awareness in October , in conjunction with the present consultation being done by Guys and St Thomas' and commissioners on reorganisation of Sexual Health services . Invite SGTO Youth Forum Sex Positive initiative to contribute and the Youth Council. Produce a very brief report.</p>	
2	Care Leavers	<p>What is the local offer to care leavers?</p> <p>Care covenant : How will the principles in the government's vision be delivered locally?</p>	Scrutiny review – see scope	
3	Impact Public Health Services on children at risk	Keep an eye on how cuts may impact on children at risk	Follow up work on recent scrutiny of cuts to Public Health school nurses and health visitors – request response to queries raised and keep a watching brief on Public Health and Social Care service changes and the impact of	

			budget reductions. Raise this issue with Safeguarding chair and cabinet member during annual interview.	
4	Local Offer for SEN		Request update on work for February	
5	Young People unable to have a vote on Brexit – schools as political educators and democratic engagement		TBC	
6	Academies and the council	Looking at issues including Forced Academisation and the impact on the 63 grant maintained schools. How should the council encourage the 63 schools to respond, promote good relationships with the council and between academies and free schools , in particular looking at these approaches:	Review – see scope Scrutiny in a day January 2017	

		<ul style="list-style-type: none"> • maintaining the integrity of council support service to stop their withering and consequently schools opting for Academisation (particularly small schools) • encouraging the formation of local academy networks • consider the different governing models schools could adopt (foundation, voluntary , maintained) , with particular reference to preserving land rights and preventing unwanted academisation • looking at accountability and conflict of interest eg Joseph Rowntree issues • Look at the proposed legislative changes to end the obligation to have elected parent governors and how it will impact on parental governance & engagement in schools <p>- Expansion of maintained schools and opening of free and new academies , with particular reference to the south of the borough and the capital programme.</p>		
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	School admissions Code	School Admissions Code	Report requested in November	
	Domestic Abuse	Update on work	February 2017	
	CAMHS and children in crisis	Report on care of children and young people in mental health crisis and the provision of local acute beds in particular	Report November	

Work plan	
Tuesday 6 th July 2016	
Tuesday 4 th October 2016	<ul style="list-style-type: none"> • Sexual health and relationship awareness (SGTO, young people, Commissioners & Healthwatch) <p>Receive officer report on Review of the Local Offer for Care Leavers</p>
Tuesday 29 th November 2016	<ul style="list-style-type: none"> • Bullying • Mental Health <p>Review of the Local Offer for Care Leavers</p> <p>CAMHS and children in crisis - Report on care of</p>

	children and young people in mental health crisis and the provision of local acute beds in particular
Outreach to visit accommodation and other services , and focus groups, for Review of the Local Offer for Care Leavers	
Monday 30th January 2017 Scrutiny in a Day – date to be confirmed	
Monday 27 th February 2017	Local Offer for SEN – report Domestic Abuse – report Impact of Public Health Services on children at risk – report Report back on visit and focus group on Care Leaver Local Offer review Agree Academies and the Council review scrutiny reports
Monday 3 rd April 2017	Cabinet member (new date TBC) and Independent Chair interview Care Leavers draft report

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

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NOTE: Original held by Scrutiny Team; all amendments/queries to Julie Timbrell Tel: 020 7525 0514

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Councillor Catherine Rose	1		
Education Representatives			
Martin Brecknell	1		
Lynette Murphy O'Dwyer	1		
Abdul Raheem Musa	1		
George Ogbonna	1		
Council Officers			
David Quirke-Thornton, Strategic Director of Children's & Adults Services	1		
Shelley Burke, Head of Overview & Scrutiny	1		
Sarah Feasey, Legal Services	1		
Jennifer Denton, Children's & Adults' Services	1		
Rory Patterson, Director, Children's Social Care, Children's & Adults' Services	1		
Nina Dohel , Education Director	1		
Electronic agendas (no hard copy)		Total: 30	
Sub-Committee Members		Dated: May 2016	
Councillor James Coldwell			
Reserves			
Councillor Helen Dennis			
Councillor Renata Hamvas			
Councillor Sunny Lambe			
Councillor Sandra Rhule			
Councillor Rosie Shimell			