

# Scrutiny Children & Young People Sub-Committee Agenda



To: Councillors Councillor Richard Chatterjee (Chair), Councillor Maddie Henson (Vice-Chair), Sue Bennett, Gayle Gander, Eunice O'Dame, Helen Redfern, Manju Shahul-Hameed and Catherine Wilson

## Co-optee Members

Josephine Copeland (Non-voting Teacher representative), Elaine Jones (Voting Diocesan Representative (Catholic Diocese)) and Paul O'Donnell (Voting Parent Governor Representative)

Reserve Members: Adele Benson, Mike Bonello, Stuart Collins, Patsy Cummings, Sean Fitzsimons, Mark Johnson, Holly Ramsey and Luke Shortland

A meeting of the **Scrutiny Children & Young People Sub-Committee** which you are hereby summoned to attend, will be held on **Tuesday, 28 February 2023 at 6.30 pm. Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX**

Katherine Kerswell  
Chief Executive  
London Borough of Croydon  
Bernard Weatherill House  
8 Mint Walk, Croydon CR0 1EA

Tom Downs  
tom.downs@croydon.gov.uk  
[www.croydon.gov.uk/meetings](http://www.croydon.gov.uk/meetings)  
Monday, 20 February 2023

Members of the public are welcome to view the webcast both live and after the meeting has completed at <http://webcasting.croydon.gov.uk>

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If you require any assistance, please contact Tom Downs as detailed above.

## **AGENDA – PART A**

**1. Apologies for absence**

To receive any apologies for absence from any members of the Committee.

**2. Minutes of the Previous Meeting (Pages 5 - 18)**

To approve the minutes of the meeting held 17<sup>th</sup> January 2023 as an accurate record.

**3. Disclosures of Interest**

Members are invited to declare any disclosable pecuniary interests (DPIs) and other registrable and non-registrable interests they may have in relation to any item(s) of business on today's agenda.

**4. Urgent Business (if any)**

To receive notice of any business not on the agenda which in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

**5. Child and Adolescent Mental Health Services (CAHMS) Update (Pages 19 - 80)**

This report provides a summary of the activity of Children and Adolescent Mental Health Services (CAMHS) and Emotional Wellbeing and Mental Health (EWMH) services for children and young people residing and receiving education in the London borough of Croydon. The report also provides an update on the position with current waiting times, access and performance.

**6. Police Representation and Multi-Agency Working (Pages 81 - 86)**

This report is to give an insight into the existing strengths in the partnership between the Children Young People and Education (CYPE) Directorate, specifically Children's Social Care, and Police colleagues whilst promoting safeguarding and youth safety. Alongside the strengths, the areas of development are also a focus as the Council adapts and responds to the social changes and presenting needs.

**7. Exclusions Update**

For the Sub-Committee to receive a presentation and update on Exclusions and Suspensions in Croydon, including Behavioural Isolation Units, Pupil Referral Units and Off-siting. *(To Follow)*

**8. Update on Asylum Seeking and Refugee Children in Education**  
(Pages 87 - 92)

This report follows a recommendation from the Scrutiny and Overview Committee that the Sub-Committee be provided information on the support available for children arriving in the borough on asylum schemes, particularly for those who are not in full-time education; information on access to education; and information to demonstrate that schools are being properly funded for taking in Ukrainian refugees as per national government support schemes.

**9. Early Help, Children's Social Care and Education Dashboard & Health Visiting KPI Data** (Pages 93 - 100)

To receive the Early Help, Children's Social Care and Education Dashboard and Health Visiting KPI Data for Quarter 3 2022/23.

**10. Work Programme 2022/23** (Pages 101 - 106)

To consider any additions, amendments or changes to the agreed work programme for the Sub-Committee in 2022/23.

**11. What Difference has this Meeting made to Croydon's Children**

This item is an opportunity for the Children & Young People Sub-Committee, at the conclusion of the meeting, to review the difference made to Croydon's children from the meeting.

**12. Exclusion of the Press and Public**

The following motion is to be moved and seconded where it is proposed to exclude the press and public from the remainder of a meeting:

"That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended."

**PART B**

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# Public Document Pack Agenda Item 2

## Scrutiny Children & Young People Sub-Committee

Meeting of held on Tuesday, 17 January 2023 at 6.30 pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

### MINUTES

**Present:** Councillors Councillor Richard Chatterjee (Chair), Sue Bennett, Mike Bonello, Gayle Gander, Eunice O'Dame, Helen Redfern, Manju Shahul-Hameed and Catherine Wilson

#### Co-optee Members

Paul O'Donnell (Voting Parent Governor Representative)  
Elaine Jones (Voting Diocesan Representative (Catholic Diocese))

#### Also

**Present:** Councillor Maria Gatland (Cabinet Member for Children and Young People)  
Councillor Samir Dwesar

**Apologies:** Councillor Maddie Henson and Josephine Copeland (Non-voting Teacher representative).

### PART A

#### 1/23 Apologies for absence

Apologies for absences were received from Councillor Maddie Henson and Josephine Copeland (Non-voting Teacher representative).

#### 2/23 Minutes of the Previous Meeting

The minutes of the previous meeting held on the 1 November 2022 were approved as an accurate record.

#### 3/23 Disclosures of Interest

There were no disclosures of interest at the meeting.

#### 4/23 Urgent Business (if any)

There was none.

#### 5/23 Budget Scrutiny Challenge

The Sub-Committee considered a report set out on pages 13 to 30 of the agenda, which provided identified budget proposals for 2023/24. The Director Quality, Commissioning & Performance introduced the item and went through

the additional slides appended to these minutes and the presentation included in the agenda with detailed input from the Head of Service, Access Support and Intervention and the Head of Service, Social Work with Families and Children with Disabilities.

### Review of Front Door Services

The Head of Service, Access Support and Intervention responded to questions about whether the Multi-agency Safeguarding Hub (MASH) team were co-located and informed Members that this was the case, with police officers, Independent Domestic Violence Advisers (IDVA) and Education officers also sitting with MASH colleagues in Bernard Weatherill House. There was ongoing work to ensure there were increased presences from the Health and Housing departments, possibly through a hybrid solution. The Sub-Committee asked whether there was staff capacity to meet current demand, and the Head of Service, Access Support and Intervention explained that the service had been designed to meet current demand and needs and thought had gone into who the best teams were to respond to any given query. There was a significant number of staff in the MASH team with increased capacity through the Early Help triage team.

Members asked about the limited funding for the Social Workers in Schools (SWIS) programme and the future of the programme. The Director of Children's Social Care explained that schools participating in the programme saw significant benefits, and that SWIS was 80% funded by the Department for Education and 20% by the local authority and schools. Members heard that in an ideal world with no funding restrictions early help schemes designed to work with families where they were often were the most effective; schemes such as SWIS added significant costs due to having to operate from multiple locations. The Sub-Committee heard that in response to the financial challenges of Croydon and the challenge in recruiting qualified social workers, there had been a shift in approach to ensure that non-social worker roles could deal with cases, where appropriate, to free up qualified social worker capacity. This approach was supported by the Croydon Safeguarding Children Partnership, and had not been decided in isolation.

The Sub-Committee asked how demand on the Front Door compared with neighbouring boroughs. The Head of Service, Access Support and Intervention explained that meetings with neighbouring boroughs and police colleagues were regular but, as they were smaller than Croydon, demand was significantly less. Not all enquiries to the Front Door led to referrals into the Children's Social Care system and partnership working was important to ensure that other interventions and services in the Croydon community were tried first; this approach was embedded in current MASH transformation activity. Members asked if data was compared with statistical neighbours, and were informed that this was the case and was done on a regular basis through a monthly dashboard.

The Sub-Committee asked how the effectiveness of the new structure would be measured. The Head of Service, Access Support and Intervention

explained that practise would be considered within a quality assurance framework to look at the outcomes that were being achieved for children and an evidence based performance framework would be used to look at and scrutinise data across the different service areas. Members heard that a live dashboard was currently in development to support MASH activity, and would show data on the number of contacts coming in to the Front Door and the number of open cases. Soft data from service user feedback would continue to be collected throughout interventions as part of the quality assurance framework.

Members asked about efficiencies that had been identified from process improvements, and the Head of Service, Access Support and Intervention provided the example of consistent management oversight for cases for their duration, which allowed for decisions to be made in a more efficient and effective way that was safer for children. In response to questions about whether efficiencies were about service improvement or saving money, the Director of Children's Social Care explained that it was both but that safeguarding children and responding to urgent referrals was always the priority. The introduction of contact and referral officers meant that qualified social workers had additional capacity, as they would not need to focus on administrative tasks, such as requests for information from the Children and Family Court Advisory and Support Service (CAFCASS). The Early Help Triage was led by social workers who were experts in this area, and this meant that families were offered solutions quicker, which led to greater take up and reduced demand on social work services.

Members asked whether the Sub-Committee would have access to the dashboard. The Director of Children's Social Care explained that the dashboard was incredibly detailed and was not public, although the Cabinet Member for Children and Young People would have access to the dashboard. Information in the dashboard would be RAG rated against national standards.

The Cabinet Member for Children and Young People informed Members that they had spent time with the MASH team and had seen significant improvements and flexibility in the service. The Sub-Committee heard that officers were enthusiastic about this new way of working.

#### The impact of the reduction in spend on the adolescent service

The Sub-Committee asked about the Integrated Care Board funded roles and it was explained that these officers would work collaboratively with Child and Adolescent Mental Health Services (CAHMS) to decide the best plans for immediate follow-up intervention for children.

Members asked about disproportionality in safeguarding and whether officers were confident that early intervention was effective in reducing the number of young people in crisis. The Head of Service, Access Support and Intervention explained that there was a positive offer in Croydon across Young Croydon and Youth Justice Services with a wide variety of targeted early interventions

across the continuum of need. Work was ongoing with Community Safety colleagues on identifying contextualised risk and to identify hotspot areas and provide youth interventions to tackle risk factors in the community. In response to questions on how the effectiveness of this would be measured, the Sub-Committee heard that the quality assurance framework went across Children's Services and Key Performance Indicators (KPIs) for individual services were scrutinised on a regular basis.

The Sub-Committee commended the thought that had gone into the transformation of the service. Members asked how the voice of the service user had been incorporated into transformation and whether complaints had increased. The Head of Service, Access Support and Intervention responded that complaints were used to assess how well services were working, but that none had been received on the reconfiguration of the services specifically; relations with children and parents were overall good, with complaints managed largely at the stage one and two level. Service user engagement was more developed in the Youth Justice Service, and Young Croydon were working with the service to further develop this.

#### The review of care packages for children with disabilities aged 0-17

The Sub-Committee asked how many children were catered for by Calleydown Residential Home, and heard that currently there were 55 children who received overnight respite, and 10-15 children who received daytime respite. There were two children who were on the waiting list, but these children would begin receiving care later in the month. The capacity was seven children a night, but this fluctuated based on the needs of the individual children. Members heard that there were always at least four members of staff on site at any given time, but this also varied based on the needs of the individual children.

Members asked if domiciliary and respite agency carers received the London Living Wage and heard that this was the case. The Sub-Committee asked about joint funding arrangements and were informed that a monthly Joint Funding Panel, chaired by the Director of Children's Social Care, reviewed and challenged joint funding arrangements with Health. The Director Quality, Commissioning & Performance explained that this was challenging and required a culture shift, but that partners were being engaged on multiple levels. Horizon scanning for opportunities through the South West London Integrated Care Board and Partnership were ongoing. The Sub-Committee asked, whether when service users were transferring between Children and Adults services, if it was seen that service users were eligible under the Adults framework when they had not been under the Children's framework. The Head of Service, Social Work with Families and Children with Disabilities responded that this was not something that had been noticed, but would be looked into outside of the meeting.

The Sub-Committee considered the case studies in the report and asked what happened when care packages were reduced. Members heard that officers had been unable to find an example of this happening in the last four months.



It was thought that there may have been some reductions in care packages at the beginning of the review in 2021, but now as circumstances changed this needed to be looked at in the context of what else was available to the service user; for example, there may have been a decrease in domiciliary care, but this could have been supplemented by an increase in respite care. The Head of Service, Social Work with Families and Children with Disabilities explained that the impact on the individuals and families was always considered, explained and mitigated.

Members asked about the increased level of savings that needed to be delivered in 2023/24, and the Head of Service, Social Work with Families and Children with Disabilities explained that the increased level of savings was based on the new Care Provider Register, introduced in July 2022, that it was thought would produce significant savings as long as demand for services remained stable.

The Cabinet Member for Children and Young People explained that a number of transformation projects were being looked into, with one of these being an expansion of the offer at Calleydown Residential Home. The Director of Children's Social Care explained that transformation funding would be used to fund an expert in house development to look at possible alterations or extensions that could provide additional bedrooms or the possibility of a self-contained flat on the grounds through the conversion of a garage. It was highlighted that these changes would require a number of approvals and capital expenditure.

Members asked about the use of data in the transformation of services and what this would mean for service users with the inherent risks of trying to maintain service levels with reduced resource. The Director of Children's Social Care explained that transformation of practise sat alongside data driven monitoring but that there was a difference between transformation of services and transformation funding. Transformation funding was limited, and looked to enable changes to a system or service to provide better outcomes in the long term. The Director of Children's Social Care explained that the biggest risk to the Council was the possibility of increased demand, which was not within the control of services and could lead to higher levels of risk held in families as a bottom line was reached. Members heard that this could lead to overspending as interventions that are more expensive are required.

The Sub-Committee asked about trends in demand and demand forecasting. The Head of Service, Access Support and Intervention explained that demand often spiked at points that coincided with the school calendar, and that COVID recovery was still ongoing and impacting trend figures, but it was thought that demand on services was increasing nationally. Members heard that there had been increases in the number of young people presenting with mental health needs, which was being monitored against the figures of statistical neighbours.

## **Conclusions**

The Sub-Committee were reassured by the answers provided by officers in the course of the meeting.

The Sub-Committee welcomed the possibility of a transformation project looking at expanding the offer at Calleydown Residential Home.

The Sub-Committee acknowledged the demand led nature of the services provided by the Children, Young People and Education Directorate and were reassured that officers were managing this well with the information that was available.

The Sub-Committee were encouraged by the work being done in the three areas that had been presented, but acknowledged that services were in new territory as recovery from COVID continued.

The Sub-Committee were hopeful that the departments succeeded in delivering the budget and intended savings for 2022/23 and 2023/24, and were encouraged that this was on track from the discussion in the meeting.

## **6/23 Cabinet Report - Education Estates Strategy**

The Sub-Committee considered a paper set out on pages 31 to 134 of the agenda, which provided a report due for consideration at Cabinet on 25 January 2023 on the Education Estates Strategy for Pre-Decision Scrutiny. The Director of Education introduced the Head of Service, Early Years, School Place Planning and Admission, who summarised the report.

Members asked about the increase in children in Elective Home Education during COVID and whether these children would likely return to schools and, if so, whether there would be capacity to readmit these children. The Director of Education explained that there had been a capacity increase to monitor and support children in Elective Home Education at the Council, and that some parents / carers decide to apply for their child to attend mainstream schooling during the transition from primary to secondary school. These numbers are difficult to predict, and as such additional capacity was maintained at schools, but this needed to be carefully planned so as to not impact on schools' budgets.

The Sub-Committee asked about plans to deal with surplus school places and what powers the Council had to deal with this with a large number of academy schools in the borough. The Director of Education explained that the local authority was responsible for school place planning; the Head of Service, Early Years, School Place Planning and Admission explained that the Council was working with all schools through meetings with schools with the highest surpluses, and through locality clusters, to discuss and plan work on school place planning. A School Organisation Advisory Board is being set up and

would be representative of all partners; this would look at the criteria of how the Council would need to work with schools to reduce places. Work had already been done with a number of schools to manage their surplus spaces, with the main route being a reduction in the Published Admission Number (PAN). Members heard from the Head of Service, Early Years, School Place Planning and Admissions that the Council was still mindful of schools' overheads in terms of maintaining necessary surplus and were exploring ways to harness this spare capacity through provision of enhanced learning units, early years provision or community based activities. There were a number of other options that would be considered such as federation mergers, reductions in class sizes or reorganisation of schools.

The Head of Education Services explained that they worked with Local Authority (LA) Maintained Schools who were in or at risk of budget deficit; surplus places was a common issue for these schools. All LA Maintained Schools submitted a yearly budget forecast, and those predicting a deficit submitted monthly returns that were scrutinised. Members heard that termly meetings were held with the leadership teams of these schools to explore solutions. Additional support was also offered including using a Department for Education financial advisor, looking at class sizes and other possible efficiencies. Common issues with school finances were managing surplus places, rising energy costs, rising staff costs and managing staff absences. There was an escalating model of support that was used to ensure schools received the help they needed. The Director of Education explained that the picture in Croydon on surplus places largely reflected the national situation and that London authorities were in dialogue on this issue.

Members asked about the work with school clusters to look at surplus spaces and heard that these discussions were taking place on a locality basis and schools were looking to come up with additional solutions. Schools had come up with lists of things that could be done which took into account their own individual circumstances and collective solutions with other schools. The Sub-Committee asked about the methodology of working out surplus spaces, and noted predictions from last year had increased a large amount. The Head of Service, Early Years, School Place Planning and Admission explained that these numbers were kept under review, and the Greater London Authority (GLA) had been commissioned to produce the predictions used in the report; these numbers were likely to change again next year as new data was made available. Members heard that surplus places were highest in the North of the borough and much lower in the South.

The Sub-Committee asked what support was provided to schools to decide whether, or when, to reduce their PAN. The Head of Service, Early Years, School Place Planning and Admission explained that the Council helped schools to look at this by examining the trend of actual admissions against the PAN to ensure an informed decision was taken at the right time to ensure children were not disadvantaged and that the school remains in good financial health.

Members asked about the participation of schools in the cluster groups and how schools could be encouraged to take part. The Head of Service, Early Years, School Place Planning and Admissions explained that attendance had been good, but where schools had not participated, individual discussions with these schools had been undertaken to ensure a better turnout.

The Sub-Committee asked about children with special educational needs and disabilities (SEND) and issues with delayed assessments as well as the number of available SEND school places. The Director of Education explained that assessments were now 80% taking place within target timeframes, which had been a huge improvement; Members heard that support was also available to children awaiting assessments. Special school places had increased in a number of schools within the borough across all age ranges. The SEND Strategy priority is to educate children with special needs within borough, and where possible and appropriate, in mainstream schools. Data quality had improved which had allowed special school place planning to be much more effective, but parental choice is key in deciding provision and in, for some children and young people, suitable provision is out of borough.

Members asked about school maintenance, the need to vary where money was directed as a result of the current financial climate, and the lack of a slippage figure for 2024/25. The Head of Service, Early Years, School Place Planning and Admission explained that these were indicative costs that could change, but that money for maintenance was received from the Department for Education, which was prioritised based on condition surveys. A number of projects had been delayed during the pandemic, and these would likely need to be re-procured due to increases in construction costs. The Director of Education explained that the slippage figure for 2024/25 would not be zero, but that was dependent on what happened in 2023/24.

Members asked about a timescale for when additional Enhanced Learning Provision would be provided. The Director of Education explained that this was still being investigated by looking at additional capacity created by surplus places and how this could be used to increase provision.

## **Conclusions**

The Sub-Committee were grateful for the helpful responses to Members questions on the paper and were overall reassured about the content of the Education Estates Strategy.

The Sub-Committee acknowledged the difficulties that the acadamisation of schools created in school place planning, and the likelihood that this would become more complex as more schools became academies.

The Sub-Committee considered a paper set out on pages 135 to 166 of the agenda, which provided a report due for consideration at Cabinet on 25 January 2023 on Education Standards 2022 for Pre-Decision Scrutiny. The Head of Education Services introduced and summarised the report. Members heard that there were limitations to what the Council could do to produce improvements, and the national context was that this responsibility was now largely focussed on the schools enacting improvements themselves and via school to school support. The Sub-Committee heard that an Education Partnership Board had first been proposed to schools in 2020 to a positive reception. The Board would be made up of schools and key partners who would work to agree what local priorities were and enable greater school-to-school support and collaborative working. A draft terms of reference had been drawn up with a working group made up from representatives from a number of different schools and school types. Soft engagement with key partners had begun with those schools which were thought would be most difficult to reach and engage with the work of the Board, and the response had been encouraging. The Board would be launched in spring 2023, ready for being operational from the commencement of the new academic year.

Members commended plans for the Council to encourage schools to work together through the Education Partnership Board, and asked how schools had been engaged, noting the heavy workloads of Head Teachers. The Head of Education Services explained that Head Teachers had been engaged, but this had been alongside Business Managers, HR leads and governors. The Sub-Committee heard that engagement with schools had improved over the pandemic as the Council had been offering additional support. The Director of Education explained that a weekly newsletter to schools had been started during the pandemic, and the appetite had been for this to continue; this included information on lots of areas and helped to maintain an open conversation with Head Teachers.

Members asked how many schools would be needed to buy into the work of the Education Partnership Board for it to be effective, and the Director of Education explained that it was important that all schools felt represented on the Board. The Education Partnership Board set up costs would be initially Council funded, and possibly, the Council could continue to contribute funding for the first year or two years; this was contrary to other areas where schools were required to pay into the model from its inception.

The Sub-Committee asked about young people who were not making expected progress from some specific groups. Members heard that some of these cohorts were very small, while others were very school and setting specific. The Head of Education Services explained that work was done with schools to identify cohorts of children who were underperforming to develop improvement action plans, to pair schools for peer support and to encourage collaborative solutions.

Members asked about 'Virtual Schools' support available for looked after children up to 18 and care leavers after 18. The Director of Education explained that this data could be provided through the [Annual Report of the Virtual School 2021-2022](#), which would be shared with members.

The Sub-Committee asked about high numbers of persistent absences from education, and asked who was responsible for reducing this, any available targets that could be shared, and how it was known that these children were safe. Members heard that this was a historic national issue, and that Croydon performed better than the national average. Central Government had identified this as an issue and a cross party national committee would be looking at this, but ultimately it was the schools responsibility to monitor this through welfare officers or commissioned services. The Director of Education explained that every school had a designated safeguarding lead and that the Education department worked closely with social services on children missing from education. The Director of Education explained that attendance proposals in the withdrawn White Paper were likely to return in new legislation at some point in the future. A monthly virtual attendance surgery would be rolled out in the coming year to assist schools with improving attendance.

Members asked whether there were lists of those who were persistently absent, and the Director of Education explained that the individual schools would have these lists, and the Education department maintained a list of those deemed a 'missing from education'. If children were missing school, the school would investigate this by performing a visit, and this could be escalated to the Council through referrals to the Front Door, which would be assessed through MASH.

The Sub-Committee asked how exclusions and suspensions numbers had been reduced. The Director of Education explained that conversations were happening with schools at a much earlier stage to see what additional support could be provided before a permanent exclusion took place. Members raised anecdotal reports of 'in house suspensions' and asked whether these had affected the numbers of exclusions and suspensions, and whether there were guidelines for schools on how this should be conducted. The Director of Education responded that there were positives around how schools provided additional support to children at risk of exclusion, and it was highlighted that the current focus was around inclusion of the most vulnerable students.

## **Conclusions**

The Sub-Committee welcomed the plans to introduce an Education Partnership Board.

The Sub-Committee were reassured by explanations provided on persistent absences from education.

The Sub-Committee were encouraged by the collaborative work-taking place between the Education and Children's departments and schools.

The Sub-Committee welcomed the results in the paper and the hard work of officers and schools in achieving these.

**8/23 Early Help, Children's Social Care and Education Dashboard**

The Sub-Committee considered a report set out on pages 167 to 172 of the agenda, which provided the Early Help, Children's Social Care and Education Dashboard.

On CYPE 24, Members heard that there was a responsibility to track and report on all 16 and 17 year olds in the borough; this included both 'Not in Education, Employment, or Training (NEET)' and 'Not Known'. NEET levels had increased, but 'Not Known' levels had fallen which indicated data quality had improved. Of this cohort, around a third were not available to participate in Education, Employment or Training due to long-term illness, care duties or travel abroad. A large cohort were in this group due to mental health and anxiety, which was driving complexity in these groups, caused in part by education disruption during the pandemic. The largest cohort of NEETs were white males, but this did not strongly correlate with those missing attendance from schools.

On CYPE 01, the Sub-Committee heard that this was increased due to the quality of initial assessments; it was hoped that changes in processes in September 2022 to the Family Assessment Service would improve these figures over the long term, but it was acknowledged that recruitment for this area was difficult. The Director of Children's Social Care explained that partnership working was strong and a number of these re-referrals were often as a result of education non-attendance, which needed additional work through changes in practise.

On CYPE 05, the Chair explained that they would like to see an explanation of this figure in the report to the next Sub-Committee.

**9/23 Work Programme 2022/23**

The Sub-Committee noted the report.

The meeting ended at 9.31pm

**Signed:**

**Date:**

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# CYPE savings over 2022-25

The Medium Term Financial Strategy commits the directorate to making savings of £14.176m over 2022-25 as follows:

<b>2022/23</b>	<b>2023/24</b>	<b>2024/25</b>	<b>Total</b>
<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
9,474	3,072	1,630	<b>14,176</b>

The details published in the cabinet budget reports in March 2022 is shown in the next slide

Saving Proposal Name	22/23	23/24	24/25	Total
	£000s	£000s	£000s	£000s
Reconfiguration Of Early Help Services	185	-	-	185
Review Of Children With Disabilities Care Packages	384	384	-	768
Reduction In Spend on Children In Care	1,654	1,385	-	3,039
Review Support For Young People Where Appeal Rights Exhausted	560	142	-	702
Improve Practice System Efficiency	1,450	385	-	1,835
Review Children's Centres Delivery Model	240	-	-	240
Reduce Non-Statutory Education Functions	221	-	-	221
Fees And Charges	1	-	-	1
Increase the Education Traded Offer	65	65	-	130
Youth Service review	-	392	-	392
Additional Grant Income - Staying Put	400	-	-	400
Implementation of new senior structures	91	-	-	91
Contract Savings	71	-	-	71
Previously Applied Growth reduction	3,000	330	330	3,660
NHS Funding	790	-	-	790
Refocusing Public Health funding - New Youth & Wellbeing Offer	300	-	-	300
Refocusing Public Health funding - Parenting Programmes	100	-	-	100
Increase in fees and charges	6	-	-	6
Refocusing Public Health funding - Parenting Programmes	-	465	-	465
Develop Family Support Centres and introduce external funding	-	-	1,300	1,300
<b>Children, Young People &amp; Education Savings 2022-25</b>	<b>9,474</b>	<b>3,072</b>	<b>1,630</b>	<b>14,176</b>

# Agenda Item 5

## LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	<b>CHILDREN AND YOUNG PEOPLE SUB-COMMITTEE</b>
<b>DATE OF DECISION</b>	<b>28 February 2023</b>
<b>REPORT TITLE:</b>	<b>Children and Adolescent Mental Health Services (CAMHS) Update</b>
<b>CORPORATE DIRECTOR / DIRECTOR:</b>	<p><b>Debbie Jones, Interim Corporate Director for Children, Young People and Education.</b></p> <p><b>Kerry Critchlow, Director of Quality, Commissioning and Performance Improvement.</b></p> <p><b>Shelley Prince, Head of Integrated Commissioning and Procurement</b></p>
<b>LEAD OFFICER:</b>	<p><b>Connie Ikhifa, Senior Commissioner for Children and Young People's Mental Health</b></p> <p><b>Email: <a href="mailto:connie.ikhifa@swlondon.nhs.uk">connie.ikhifa@swlondon.nhs.uk</a></b> <b>Telephone: 020 4526 2867</b></p>
<b>LEAD MEMBER:</b>	<b>Cllr Maria Gatland, Lead Member for Children, Young People and Education</b>
<b>WARDS AFFECTED:</b>	<b>All</b>

## 1 SUMMARY OF REPORT

- 1.1** The report provides a summary of the activity of Children and Adolescent Mental Health Services (CAMHS) and Emotional Wellbeing and Mental Health (EWMH) services for children and young people residing and receiving education in the London borough of Croydon.
- 1.2** The report also provides an update on the position with current waiting times, access and performance.

## 2 RECOMMENDATIONS

For the reasons set out in the report, the Scrutiny Sub-Committee is recommended:

- 2.1** To note the content. This report provides an update on the delivery of children and adolescent mental health and emotional wellbeing and mental health services to children and young people in Croydon.

### **3 REASONS FOR RECOMMENDATIONS**

- 3.1** This report seeks to inform Scrutiny Sub-Committee members and not a decision.

### **4 BACKGROUND AND DETAILS**

- 4.1** The NHS England Long Term Plan sets the vision and priorities for expanding children and young people's mental health services over the next 10 years. The aim is for services to be accessed closer to home, reduce delays and deliver specialist mental health care with an understanding of children and young people's needs.
- 4.2** The transformation of mental health services is led locally and developed with professionals across the NHS, Children's Social Care, Education, Public Health and the Voluntary Sector through the development of a Local Transformation Plan, refreshed annually.
- 4.3** Local Transformation Plans were first published in 2015 and set out how local services would invest resources to improve children and young people's mental health across whole systems.
- 4.4** The Children and Young People's Emotional Wellbeing and Mental Health Local Transformation Plan (LTP) refresh for 2021 was produced as one joint plan, encompassing the six South West London Integrated Care Board boroughs. The LTP is a living document that demonstrates service transformation, ensures transparency, monitors improvement through performance indicators, data flows and IT infrastructure. This joint SWL LTP is currently undergoing a 2022 refresh.
- 4.5** The Croydon element of the joint LTP sets out the continued multi-agency approach to improving children and young people's emotional wellbeing and mental health. It is part of the wider improvement journey, increasing the focus on early intervention, prevention and early help to offer the right help, at the right time, in the right location.
- 4.6** The impact of the 2020 Covid 19 pandemic has seen significant and continued increases in demand for emotional wellbeing and mental health services in Croydon. Waiting lists continue to grow for Neurodevelopmental and mental health assessments. This has extended into the Voluntary Sector, who are implementing waiting lists and other initiatives to respond to the continued growing service demand from children and young people.
- 4.7** Workforce pressures further exacerbate waiting times for children and young people whose access to timely support services is affected by staff shortages and retention issues. The cost of living crisis has also impacted on the lives of children and young

people, who are increasingly accessing services to support with anxiety and low mood arising from this.

## **Children and Adolescent Mental Health and Emotional Wellbeing and Mental Health Services**

**4.8** South London and Maudsley NHS Foundation Trust (SLAM) is the NHS Foundation Trust CAMHS provider for Croydon. The service provides advice, support, assessment, treatment, Crisis Community Care, Child Wellbeing Practitioner and eating disorder services to children and young people.

**4.9** Croydon CAMHS has seen significant increases in referrals for children and young people waiting who require a neurodevelopmental and/or mental health assessment leading to treatment. The length of time children and young people are waiting to be assessed/first contact to receive their first treatment, currently stands at 102 weeks.

### **Access and Waiting Time data**

**4.10** The table below provides a breakdown by weeks of the number of children and young people who are waiting to receive assessments in Croydon CAMHS, between the Mental Health (MH) and Neurodevelopmental (NDT) Pathways. Please note those waiting for an assessment within the Neurodevelopment pathway may or may not be diagnosed with other conditions, including ASD (autism spectrum disorder) and ADHD (attention deficit hyperactivity disorder).

<b>Code</b>	<b>End of Month</b>	<b>Week 0-4</b>	<b>Week 5-26</b>	<b>Week 27-38</b>	<b>Week 39-44</b>	<b>Week 45-51</b>	<b>Week 52+</b>	<b>Total</b>
MH	31/01/2023	53	175	66	16	7	1	318
NDT	31/01/2023	25	84	31	38	56	189	423
Total		78	259	97	54	63	190	741

**4.11** In the short term, an external provider, Clinical Partners, has been commissioned to conduct 115 assessments between February and March 2023 to assist with clearing the backlog.

**4.12** The following measures have also been put into place

- Review data reporting and collection mechanisms.
- Safeguarding risk escalated to address staff vacancies and risks to CYP waiting times to access assessment and treatment.
- Monthly performance meetings in place to address and maintain oversight of issues which informs future planning.

- 4.13** In the long-term work is currently underway to redesign the existing Neurodevelopmental referral and diagnostic assessment pathway. This work will see a new pathway implemented in line with national (NICE) guidelines and NHS best practice, with pre- and post-diagnostic support offered. The result will see an improvement in the care experience of children, young people and their families/carers

### **Off the Record**

- 4.14** Off the Record is a locally based youth counselling charity jointly commissioned by South West London Integrated Care Board (SWL ICB) – Croydon Place and Croydon Council to provide Open Access Counselling services – face to face, telephone, virtual and online support to children and young people in Croydon aged 14 to 25.
- 4.15** Other jointly commissioned service provision includes: Counselling for Young Unaccompanied Asylum Seeking Refugees and a Young Carers and Young Adult Carers service.
- 4.16** The service has also experienced increases in self-referrals and through the Single Point of Contact (SPOC). Refugee Counselling services usually experience the longest waits, which is attributed to the different clientele needs owing to contact complications with language, legal processes and moving which delays assessments.
- 4.17** In response, the service has implemented a new First Contact Team, the goal is to ensure young people referred in are offered an assessment (including help resources and information on support options) within 4 weeks of first contact.
- 4.18** Waiting times for ongoing counselling have substantially reduced, (currently approx. 30 young people waiting) and therefore young people are generally allocated counselling sessions within 4 weeks of assessment. All young people are given information about immediate support options available including the service's daily telephone support line, online services and webinars.

Young people who opt for text-based online counselling, receive a first response within 5 days and are usually allocated a counsellor within 2 weeks.

### **Croydon Drop In**

- 4.19** Croydon Drop In is a locally based independent voluntary sector charity, commissioned to provide Open Access Counselling - face to face, telephone and virtual, Advice and Advocacy services, Family support and community outreach support to children and young people, aged 11 to 25 and their families/carers in Croydon.
- 4.20** The service also operates a community outreach Talk bus through the Community Funding pot, which will cease to continue after 31st March 2023. The decision to

discontinue the Community Fund will impact on the well-used community outreach service which sees over 2500 children and young people access the service annually.

- 4.21** The service has also been impacted by the increase in the number of referrals to access counselling services. 163 young people are on the counselling waiting list with a waiting time of 18 weeks from completing assessments to commencing counselling intervention.
- 4.22** There is a 3-month parent/carer helpline pilot in place 'Help is at Hand' to mitigate the waiting time along with existing resources. Reluctant consideration is being given to implementing a cap on the number of referrals received through the Single Point of Contact. This is in a bid to manage the volume of referrals coming through and reduce increasing pressures on staff. Implementing this cap on referrals received will be a last resort, as the service recognises introducing this action will push the problem back to Croydon CAMHS.
- 4.23** Other mitigations in place include the following
- Review resources to manage increased SPOC referrals.
  - Regular service reviews and updates including quarterly contract performance meetings.
  - Continue to grow workforce internally, recently interviewed and appointed 5 new volunteer counsellors. Health Education England approved additional practitioners through Recruit To Train programme for 2023.
- 4.24** Aside from the waiting list the other main risks the service is carrying is the potential end of funding for 'Go Further Go Higher' a service funded through SWL ICB on March 31<sup>st</sup> and the end of the Council's Community Fund which will see the community outreach footfall reduced annually by 1500 young people. There is also a risk to service delivery as their delivery sites have been placed on the Council's asset disposal list and should the Council element of the joint funded contract with SWL ICB be withdrawn.

### **Croydon MASH (Multi Agency Safeguarding Hub)**

- 4.25** MASH is the 'front door' for professional referrals to access emotional wellbeing and mental health services from CAMHS, Off the Record and Croydon Drop In and support from Early Help and Children's Social Care. MASH is a multi-agency co-located service that works with multi-disciplinary teams and partner agencies to agree the right support for children, young people, and their families/carers needed. SPOC also offers easier access to advice and targeted support for all emotional wellbeing and mental health concerns for children and young people. Referrals into SPOC are made by GPs, Schools, Early Help, Children's Social Care and other services.
- 4.26** The post-pandemic continues to impact across service which has seen a consistent increase in referrals for Emotional Wellbeing and Mental Health services. This has in turn identified the need to review current investment levels and the service specification in line with meeting service demand and delivery.

- 4.27** Croydon Council conducted a review of their front door arrangements in Croydon. This review followed the Ofsted published findings of a Joint targeted area inspection (JTAI) that took place in January 2022, which revealed weaknesses found in the MASH arrangements in Solihull following the death of Arthur Labinjo-Hughes
- 4.28** A self-evaluation form (SEF) was put together, that assessed whether Croydon SPOC had similar weaknesses, and to inform planning to address these should they be evidenced. Following completion of this exercise, an overview of areas requiring action/attention were revealed:
- Increased Management Oversight & Turnaround
  - Reclaiming Decisions and Application of Threshold
  - Development of an Early Help Hub
  - Relocation of Strategy Meetings to Family Assessment Service
  - MASH function
  - In person mobilisation

These are currently being implemented in the new MASH hub.

### **Family Hubs development**

- 4.29** Croydon has received Government funding and approval to progress the development of Family Hubs. This will see services brought together for families with children of all ages (0 to 19 and 25 for SEND) with a 'start for life' offer at their core.
- 4.30** Family Hubs will include hub buildings as well as a virtual offer to offer a 'front door' to a range of services and support including:
- Universal/targeted early help
  - Support provided by the voluntary, community and faith sector.
  - Specialist services such mental health support, drug & alcohol services, SEND
  - Social care services
- 4.31** Service development is progressing, led by the Council, working in tandem with input across systems from Health, Voluntary Sector, South London and Maudsley (SLAM CAMHS) NHS Foundation Trust and Croydon Health Services (CHS) NHS Trust.

### **Children and Young People in Crisis in Emergency Department (ED) Pilot**

- 4.32** SWL ICB in collaboration Croydon Council, SLAM CAMHS, Croydon University Hospital (CUH) NHS Trust commissioned a piece of work to address the children and young people who would present at ED in crisis who would then become stuck, following Mental Health assessment and discharge, owing to their placement breaking down.
- 4.33** A pilot was established and delivery commenced with Croydon Drop In (Community Talk Bus – Safe Space), Children's Social Care (Edge of Care), SLAM CAMHS (Crisis Team), CUH (Social Worker) working together to support children and young people. The pilot also included Peer Parenting support training for foster carers delivered by the Empowering Parents Empowering Communities Team (EPEC).



## **Core 20plus 5 Health Inequalities Funded Projects.**

### **Ethnicity and Mental Health Improvement Programme (EMHIP).**

- 4.34** The Croydon BME Forum and the Asian Resource Centre of Croydon (ARCC), in partnership with Croydon NHS, Croydon Council and SLaM have come together in recognition of the urgent need to address ethnic inequalities in health and social care.
- 4.35** This has resulted in the implementation of the SWL ICB approved Wandsworth evidenced based programme of change (Ethnicity and Mental Health Improvement Project - EMHIP). The project is being implemented through a process of co-production involving the local BAME communities, service users and their families to reduce disparities and bring about change.

### **Healthy Weight Project**

- 4.36** Croydon Council, SEND Team and Croydon Health Services successfully submitted a bid which secured health inequalities funding to deliver a Tier 3 weight management service for obese children (over the 99.6 centile for weight) and young people (ages 4 to 18 and 25 for SEND) for targeted (Core 20) and high-risk groups, including black children and children with learning disabilities and autism.
- 4.37** Children and young people with obesity experience anxiety, depression, bullying, social isolation in addition to increasing the risk of long-term conditions such as diabetes and hypertension.
- 4.38** Croydon has double the percentage of children with Type 2 diabetes than London and England. The project will aim to support 250 to 300 children annually.
- 4.39** A steering group has been established to progress the project, with partner representation across systems.

## **South West London Integrated Care Board Regional Commissioned Transformation Services**

### **The Havens – Early Emotional Support**

- 4.40** The Early Emotional Support service is provided following a referral for suspected or disclosed child sexual abuse or exploitation (including FGM) to receive a holistic service that includes:
- Mental health assessment and brief intervention
  - Onward referral to appropriate local counselling or therapy
- 4.41** The Havens took over delivery of the South West London Child Sexual Assault Hub Early Emotional Support Service following the National Society for the Prevention of Cruelty to Children (NSPCC) ending their contract in September 2021.

**4.42** Modifications to resources and capacity have been made with additional resources awarded from NHS England and MOPAC (Mayors Office for Policing and Crime) to provide enhanced specialist support.

Referrals fall into three broad client groups:

- Children aged 0 -12 years
- Young people aged 13 -17 years
- Young people aged 18 - 25 years with additional needs and vulnerabilities such as a learning disability.

### **Mental Health Support Teams in Schools (MHSTS) programme**

**4.43** MHSTs are the nationwide implementation response to the Government's green paper on Transforming Children and Young People's Mental Health Provision.

**4.44** MHSTs act as the link with local children and young people's mental health services. MHSTs also help staff in a school or college setting to provide a 'whole school approach' to mental health and wellbeing, providing timely advice and support.

**4.45** Croydon has three MHST programmes, waves 1, 2 and 6 operating in 45 primary, secondary, special schools in the borough with over 24,000 pupils benefitting from early interventions and support.

### **Kooth (Xenzone)**

**4.46** An online anonymous counselling service is also available to all school pupils across SWL. The service is commissioned centrally and also provides online counselling and an emotional well-being platform for children and young people up to age 25, accessible through mobile phones, tablet and desktop computers.

### **Key Crisis Worker Programme**

**4.47** The key worker service is part of the NHS Long Term Plan commitment to ensure that children and young people with autism and/or learning disabilities with behaviour that challenges and complex mental health difficulties will be assigned a key worker.

**4.48** The key worker's role is to scale up provision for children and young people in collaboration with care coordinators in health, education and social care. Key workers have been recruited, inducted and are meeting with teams across services to commence working with cases to be assigned shortly.

## **5 CONTRIBUTION TO COUNCIL PRIORITIES**

**5.1** Children and young people in Croydon have the chance to thrive, learn and fulfil their potential

- Ensure children and young people have opportunities to learn, develop and fulfil their potential.
- Make Croydon safer for young people.

- Work closely with health services, Police and the VCFS to keep vulnerable children and young people safe from harm.

## **Mayor's Supporting Priorities**

- 5.2** Become a council which listens to, respects and works in partnership with Croydon's diverse communities and businesses.
- 5.3** Strengthen collaboration and joint working with partner organisations and the voluntary, community and faith sectors

Other relevant priorities include:

## **Croydon's Community Strategy priorities and outcomes**

- Outcome 1: A great place to learn, work and live
- Outcome 2: A place of opportunity for everyone
  - Priority two: support individuals and families with complex needs and
  - Priority four: deliver better education and the opportunity for everyone to reach their full potential.

## **Croydon's Corporate Plan "Ambitious for Croydon"**

- To help families be healthy and resilient and able to maximise their life chances and independence
- To help people from all communities live longer, healthier lives through positive lifestyle choices
- To drive fairness for all communities, people and places.

## **7. IMPLICATIONS**

### **7.1 FINANCIAL IMPLICATIONS**

There are no specific financial implications for the council arising from this report. Reports are being progressed for the joint contracts concerning Croydon Drop In and Off the Record as mentioned earlier in the report.

### **7.2 LEGAL IMPLICATIONS**

There are no legal implications arising from this report other than the statutory duty and obligation to provide early intervention, prevention and emotional wellbeing and mental health services to children and young people in the borough.

### **7.3 EQUALITIES IMPLICATIONS**

Providing emotional wellbeing and mental health services to all children and young people in the borough, reduces health inequalities and disparities.

## **8. APPENDICES**

**9.1** A. Emotional Wellbeing and Mental Health offer aligned against iTHRIVE

*B. Transforming Mental Health Services for Children, Young People (0 – 25) and their families across South West London.*



**Getting Advice (Tier 1)**

***Mental Health Support Teams in Schools***

- available in primary and secondary schools and offers face to face support and advice.
- Targeted 1:1 and group interventions
- Emotional Wellbeing and Mental Health practitioners provide evidence-based interventions with focus on prevention and early intervention and to increase accessibility to help for children.
- Work with parents/carers and teachers.

**Kooth**

Digital anonymous online counselling support and advice service for children and young people aged 0 – 25.

**Child Wellbeing Practitioners**

- Offers evidence based early intervention and prevention to children and young people (CYP) using evidence-based treatments.
- Divert CYP away from specialist services through guided self-help for anxiety, low mood and common behavioural problems.
- Increases accessibility and sees CYP who may not meet the threshold for current services.

**Getting More Help (Tier 3)**

***Single Point of Contact:***

- SPOC offers easy access to advice and targeted support for emotional wellbeing and mental health concerns to CYP.

**SLaM**

- Main service delivery is via Community Child and Adolescent Services
- Specialist Eating Disorder Service outpatients.
- Child and Adolescent Mental Health services for Children and Young People with ASD and Learning Disability.

***Off the Record***

- Open access and online counselling, Advice and signposting.
- Young Carers and Young Adult Carers
- Services for CYP aged 14 to 25 seeking support.

***Croydon Drop In***

- Open access counselling, signposting, Advice and Advocacy service.
- Services for CYP aged 11 to 25 seeking support.

**Getting Help Services (Tier 2)**

***Off the Record***

- Open access counselling, advice and support to CYP.

***Croydon Drop In***

- Open access counselling for CYP seeking support.

***Early Emotional Support Service***

- The Havens provides support and counselling to survivors of Child Sexual Assault/Abuse.

**Getting Risk Support (Tier 4)**

***SLaM***

- Main service delivery is via Community Child and Adolescent Services
- The service offers interventions for those who present regularly in crisis as well as ongoing mental health specialist input.
- Early Intervention in Psychosis Pathway
- Eating Disorder Community Services.

***South West London Collaborative***

- Specialist CAMHS inpatient services and Forensic CAMHS community services

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**South West London**  
Clinical Commissioning Group

# **Transforming Mental Health Services for Children, Young People (0-25) and their families across South West London**

**2021**

**(Refresh of previous six local CAMHS Transformation Plans)**

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## Foreword

This is South West London Clinical Commissioning Group's (SW London CCG) first joint transformation plan for children and young people's (CYP) mental health and wellbeing. It builds upon the strengths of the previous borough-based plans and refreshes our ambitions, priorities, and proposals for the ongoing improvement of mental health services.

The plan acknowledges the significant and ongoing impact of the Covid-19 pandemic on the mental health of children, young people, and their families. Demand for services has increased and the CCG is working closely with providers across the SW London to ensure services continue to meet the needs of children and young people.

We will prioritise several areas over the coming year including early support and prevention to further promote resilience and ensure children and young people can access early intervention services. Also, we will move away from the tiered approach of service delivery and implement the 'I -Thrive' framework to ensure a strong partnership approach and more flexible access to services. New mental health support teams will continue to be rolled out in 2021/22 to help children with mild to moderate mental health needs within schools and colleges.

The CCG will become an integrated care system during the lifespan of this plan. This will further support the approach to collaboration and joint working across health and care within SW London and ensure that the transformation of child and adolescent mental health services remains a top priority.

**Tonia Michaelides**

Executive Locality Director & Joint Mental Health SRO

**Dr Brinda Paramothayan**

Clinical Lead – SW London Children's & Young People Mental Health Programme

## Executive Summary

This SW London Local Transformation Plan (LTP) Refresh describes progress against the Five Year Forward View for Mental Health and NHS Long Term Plan vision, ambitions and targets for Child and Adolescent Mental Health Services (CAMHS). It considers the impact of Covid and recovery to date throughout the report. The refresh highlights positive developments and achievements as well as shared challenges across SW London and our plans to address these.

This document should be read alongside borough Health and Care Plans and the CCG's response to the Long Term Plan. It is not an overarching children's mental health strategy; it describes progress to date against historic ambitions and sets out our investments and plans for 2021/22 only. As we move to an ICS we will be engaging with partners, stakeholders and, of course, children and young people and their parents and carers to help us set our vision for the future of children's mental health in SW London.

There are many common themes and challenges across SW London that the plan seeks to address. These include:

- Demand for CYP mental health services continues to grow and acuity is more complex, particularly post Covid19, and some waits are long
- There are complex and sometimes fragmented commissioning arrangements for CAMHS/CYP provision across the six boroughs in SW London with multiple providers (both NHS and non-NHS), resulting in variability of service provision
- As the ICS develops, the steps to define and develop future CAMHS governance arrangements are still in progress and under consideration

With this SW London refresh we aim to establish a more consistent strategic framework for improving mental health services for CYP and their families across SW London.

The SW London LTP has been written with key audiences in mind:

- Children, young people, young adults (0-25) and their parents/families/carers, who are our current service users as well as those who need help in the future
- Professionals from Health, Education, Social Care and the Voluntary Sector working with CYP and their families
- NHS England requiring assurance on funding provided to SW London and its places

We are keen to increase our engagement and welcome active participation in shaping and implementing the SW London strategy as well as borough-based priority projects.

## 1. Context

March 2021 marked the end of the NHS Five Year Forward View for Mental Health (FYFV) that covered 2016-2021, crossing over with the start of the new NHS Long Term Plan, covering 2019-2024. The FYFV set out key ambitions for Children's Mental Health, including:

- Increasing access to NHS-funded community services
- Expanding timely access to eating disorders services
- Reducing inappropriate out of area placements

The NHS Long Term Plan builds on the work of the FYFV, continuing expansion of community and eating disorders services, and includes additional ambitions to deliver expanded crisis support and improved transition between children's and adult mental health services. The full set of LTP ambitions include:

- Nationally, 345,000 additional children and young people aged 0-25 accessing NHS funded services by 2023/24 (in addition to the FYFV commitment to have 70,000 additional children and young people accessing NHS Services by 2020/21)
- Achievement of 95% CYP Eating Disorder access and waiting times standard in 2020/21 and maintaining its delivery thereafter
- 100% coverage of 24/7 crisis provision for children and young people which combine crisis assessment, brief response, and intensive home treatment functions by 2023/24
- Comprehensive 0-25 support offer in all STPs/ICSs by 2023/24
- Mental Health Support Teams (MHSTs) to between a quarter and a fifth of the country by 2023/24

SW London was a Trailblazer in delivering Green Paper (2018) reforms of increasing access to 'whole school approach' and delivery of Mental Health Support Teams (MHST). We have delivered 13 MHSTs to date, with a further three MHSTs becoming operational in Wave 6 of the Programme in 2022.

SW London's six Clinical Commissioning Groups (CCG) merged into one South West London CCG in April 2020, following the national move towards Integrated Care Systems (ICS). SW London continues to work with partners across health and social care to develop our ICS framework and provider collaborative. The move to an ICS represents an opportunity for true collaboration and joint working across health and care, which will only further benefit children's mental health transformation.

This LTP refresh is focused on the whole SW London system, with opportunity for each of our six boroughs to highlight specific best practice or work that has contributed to transforming children's mental health services.

The Government identified an additional £500m for mental health services in 2021/22, with the aim of supporting post-Covid recovery and bringing forward some Long-Term Plan ambitions. In SW London, this additional funding includes:

- £1.2m for CYP community and crisis services.
- £363k for developing 18-25 services,
- £335k for eating disorder services, and
- £2.4m for supporting discharge from inpatient services across adults and CYP

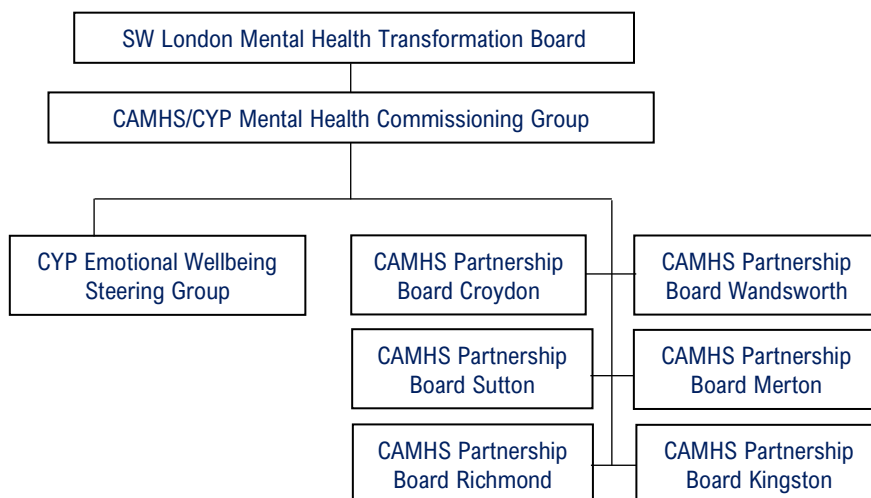
Further information on planned investment is set out in the 2021/22 Investment Plan, section 6.

## 2. Accountability, Transparency and Governance

Up to April 2020, SW London was made up of six Clinical Commissioning Groups (CCGs):

- Croydon
- Kingston
- Merton
- Richmond
- Sutton
- Wandsworth

On 1 April 2020, the six CCGs merged into one South West London CCG. The existing local CAMHS Partnership Boards in each borough have continued to oversee local transformation. As we transition to an ICS, governance arrangements are being reviewed across programmes. Currently, SW London CYP MH governance looks like:



The Mental Health Transformation Board is made up of partners from across adult and children’s mental health including both Mental Health Trusts, GP Clinical Leads, Public Health, Healthwatch and voluntary sector organisations. It has representation from people with lived experience primarily in adult mental health. It oversees the whole of the SW London Mental Health Programme, including both adult and children’s mental health.

The CAMHS Commissioning Group is a collaborative meeting of borough CAMHS Commissioners/Managers, the Mental Health Trusts, SW London Mental Health Programme team and the GP Clinical Lead. Its aim is to share information and best practice, opportunities for collaboration and share some aspects of wider transformation work. Each borough representative brings their local system perspective, including input from local CAMHS Partnership Boards, made up of relevant local partners, stakeholders and people with lived experience.

As we move to an ICS and the provider collaborative develops, we will take the opportunity to refresh our governance and ensure it fits with the new ways of working.

This document marks the last annual refresh in the five-year requirement, thus presenting an opportunity to take a different approach. As such, this year we are combining the refresh into one SW London system document, with borough highlights and appendices.

Furthermore, the 2020 Coronavirus pandemic has significantly impacted upon the refresh process. Whereas it is normally produced in-year, with widespread engagement and consultation with local

partners and assurance provided by NHS England, the 2020/21 refresh has been delayed and will be assured differently.

Delays and the ongoing pandemic have reduced the opportunities to carry out wider engagement on this refresh. The CCG must satisfy itself that this document meets the national NHS England requirements and that it is published for anyone to read.

With this last refresh, we are setting out what we have achieved over the last five years and providing an opportunity to start a new conversation on what CYP MH transformation looks like in future. We have included high-level system plans for investment and transformation in 2021/22.

Below is a table of high-level CYP MH spend from 2020/21:

Category	2020/21 Outturn (£000s)
Children & Young People's Mental Health (excluding LD)	£23,115
Children & Young People's Eating Disorders	£1,559
Early Intervention in Psychosis (14-35)	£6,298
Learning Disabilities	£32,310

### 3. SW London Population/Local Need (prevalence) and health inequalities (0-25)

#### Population & Prevalence

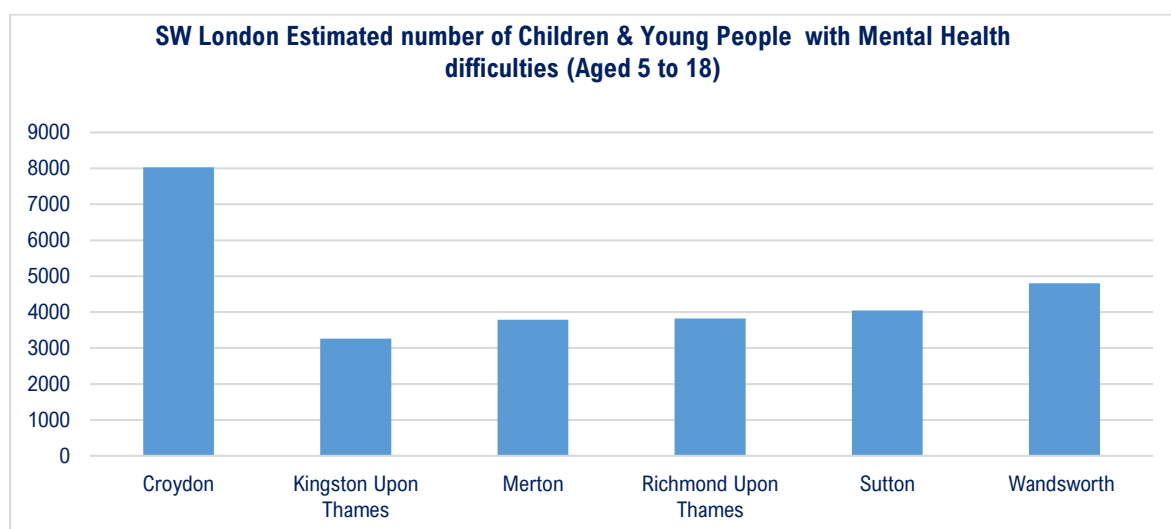
SW London has a population of around 1.5m with approximately 365,000 under-18s and approximately 120,000 18-25 year olds across the six SW London boroughs (see table below). This means that the 0-25 age groups make up around a third of the total SW London population, ranging from around 30% in Merton, Richmond, and Sutton to 33% in Croydon and Kingston.

	Croydon	Kingston	Merton	Richmond	Sutton	Wandsworth
<b>Population</b>	395,866	180,839	213,048	201,177	210,360	330,813
<b>0-18</b>	102,483	42,219	50,840	47,919	52,409	67,629
	(25.8%)	(23.3%)	(23.8%)	(23.8%)	(25%)	(20.4%)
<b>0-25</b>	131,582	59,598	66,252	59,860	66,048	97,005
	(33.2%)	(33%)	(31%)	(29.7%)	(31.3%)	(29.3%)

In terms of mental health prevalence, findings from the most recent national CYP Prevalence Study 2017 indicate that:

- One in eight (12.8%) 5-to-19-year-olds had at least one mental disorder when assessed in 2017
- Specific mental disorders were grouped into four broad categories: emotional, behavioural, hyperactivity and other less common disorders. Emotional disorders were the most prevalent type of disorder experienced by 5-to-9-year-olds in 2017
- Rates of mental disorders increased with age: 5.5% of 2-4-year-old children experienced a mental disorder, compared to 16.9% of 17-19-year-olds. Caution is needed, however, when comparing rates between age groups due to differences in data collection. For example, teacher reports were available only for 5–16-year-olds.
- Data from this survey series reveals a slight increase over time in the prevalence of mental disorder in 5-15-year-olds (the age-group covered on all surveys in this series). Rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017
- Emotional disorders have become more common in 5–15-year-olds increasing from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017.
- All other types of disorder, such as behavioural, hyperactivity and other less common disorders, have remained similar in prevalence for this age group since 1999.

The prevalence of mental health conditions in SW London CYP is set out below. These figures in the chart below are based on the results of the 2017 Mental Health of Children and Young People Survey.



Across our six boroughs we have approximately 222,000 children and young people in school. Our boroughs have mixed demographics characterised by some areas of high affluence and some areas have some of the poorest communities with high levels of index of multiple deprivation.

**Table 1: Inequalities data for SW London**

	<b>CROYDON</b>	<b>MERTON</b>	<b>KINGSTON UPON THAMES</b>	<b>RICHMOND UPON THAMES</b>	<b>SUTTON</b>	<b>WANDSWORTH</b>	<b>LONDON</b>	<b>ENGLAND</b>
	<b>N</b>	<b>N</b>	<b>N</b>	<b>D</b>	<b>N</b>	<b>H</b>	<b>N</b>	<b>D</b>
CYP School Population	57000	34000	26201	27826	39000	38000	14.4	14.4
% CYP not in education, Training or Employment (NEET) 2017	7.9	2.6	2.8	3.7	4.3	9.1	5	6
16-17 CYP accessing support for learning difficulties/disabilities (EHCP)	2693	1518	1042	1239	1588	1854	53975	319819
School children from Black, Asian, and Minority Ethnic (BAME) all school percent	43.3	33.9	22.1	10.7	29	39.4	40.9	16.7
First time entrants in criminal justice system 2017 rate per 100,000	586.2	282.6	222.2	184.9	265.6	379.3	292.5	380.3
Reoffending Rate % 2013	54%	25%	100%	0%	100%	71%	47.5%	42.6%
Looked after Children 2018 rates per 10,000	83	33	33	23	45	49	49	64
Secondary Fixed Term exclusions per 100 pupils 2016/17	7.6	7.8	3.3	7.2	4.4	5.2	7.5	9.4



Permanent Exclusion Rate (all schools 16/17)	0.07	0.06	0.06	0.05	0.05	0.09	0.09	0.1
Children in Need (all CIN as 31st March 2018 rate of episodes per 10,000)	873.4	458.9	344.2	326.4	580	867.2	681.4	635.2
Youth Victims of total notifiable offences 2018	5251	2013	1996	1814	2008	3819	4204	
Serious Youth Violence victims' rate per 100,000	440	116	96	96	155	201	252.1	
% of School CYP with social, emotional and mental health needs 2018	2.46	2.82	1.45	1.91	2.06	3.62	2.41	2.39
% Eligible and claiming for free school meals 2018	19.8	14.6	7.1	7.7	10.9	15.4	13.5	6
% of 11-15 year old CYP from low income families 2013	18.9	16.2	11	8.3	12.8	21.5	21.5	16
IMB average scores % 2015	23.6	14.9	11.1	10	14.6	18.3		21.8
Hospital admission as a result of self harm 10-14 year old rate per 100,000 2017-18	130.2	105.5	191.6	136.3	129	83.5	100.3	210.4
Hospital admission as a result of self harm 15-19 year old rate per 100,000 2017-18	431.9	364.1	470.9	500.3	539.7	485.2	341	648.6
Hospital admission episodes for alcohol specific conditions U18 per 100,000 2015=18	24.1	24.3	17.5	31.3	32	15	18	32.9

Table 1: Inequalities data for 2017 SW London (sources of data: Fingertips.phe.org.uk – child & maternal health data London, mayor of London – MOPAC, data and statistics. School population number – local authority school admissions data.

These variations within boroughs and across boroughs result in inequalities in health including

- High numbers of CYP have special education needs and disability. The majority of these children have Education and Health Care Plans (EPHCP)
- The population of 16–17-year-olds Not in Education, Training or Employment (NEET) is above the England average in Croydon and Wandsworth
- There are pockets of high crime and first-time entrants to the criminal justice system, in Croydon (586/100,000) and Wandsworth (379/100,000) both of which are higher than the London rate.
- There are high levels of children in need in some areas of SW London, in particular Croydon (873/100,000) and Wandsworth (867/100,000)

- There are high levels of risky behaviour (particularly in areas of high affluence which is linked to poor emotional resilience). For example, in Kingston and Richmond, hospital admissions for under 18s for alcohol-specific conditions are 31 and 32 per 100,000, compared to a London average of 18 per 100,000. Self-harm rates are also high in Richmond and Sutton.

### **Addressing Health Inequalities in our most vulnerable children & young people**

The overall high levels of affluence in parts of SW London are in stark contrast to the pockets of deprivation that highlight significant levels of inequalities within our geography. There are key vulnerable groups that are nationally recognised as being at risk of the effects of health inequalities and how they access services. The key groups include:

- Youth Justice system\*
- Children Looked After (CLA)\*
- Child Sexual Abuse (CSA)\*
- Special Educational & Disabilities (SEND)
- Children and young people with autistic spectrum disorders and or learning disabilities
- Children Protection (CP) and Children in Need (CIN)
- Transforming Care Cohort/Care, Education & Treatment review (CETR)
- Children and young people with conduct disorders and/or ADHD

\* = Vulnerable groups who may access services differently.

### **Addressing Health Inequalities in CYP from ethnic minorities**

The under-representation of CYP from ethnic minorities accessing support from a range of services including CAMHS is well documented, increasing their risk of vulnerability to poorer outcomes and conversely their over representation in other systems such as the Youth Justice System.

On average there are fewer CYP from ethnic minority backgrounds accessing Tier 2 (Getting Help) or Tier 3 services (Getting more help). There are ethnic disparities not only in access but also the experience and outcomes for CYP from ethnic minority backgrounds.

**Our plans to address health inequalities** are based on the data about health inequalities in relation to the local population outlined above; therefore, we will:

- Focus on ensuring there is a whole system response to supporting CYP with ASD and/or ADHD
- Continue to support young people in contact with the Youth Justice system to access earlier mental health support to prevent re-offending behaviour
- Ensure all Children Looked After having their mental health needs met regardless of where they live or go to school.
- Continue to consult young people and their families on priority areas for additional help
- Jointly commission services across Health and Social Care
- Deliver Mental Health Awareness training in partnership across Health, Social Care and Education in schools, academies and colleges.

SW London is currently supporting an innovative project in Wandsworth aimed at improving the outcomes of adults from ethnic minorities accessing adult mental health services, called the Ethnicity in Mental Health Improvement Programme (EMHIP). Key innovations include piloting Wellbeing Community Hubs with embedded mental health practitioners, increasing service options for people from ethnic minorities and ensuring services offer culturally appropriate support. Learning from this project and its various workstreams will likely be applicable across all SW London mental health services, including CYP. We fully expect to look at how we can replicate key elements of this work as we move forward.

In previous local CAMHS transformation plans, we only reported mental health prevalence findings up to the age of 18. However, as we aim to establish better integrated mental health help up to the age of

25, we wish to highlight key findings for young adults from mental health surveys and prevalence studies. There is also ongoing work to address changes in demand due to the pandemic.

1. **Around three quarters of adults with mental illness first experience symptoms before age 25**, with the prevalence and impact of many mental health problems peaking in the 18-25 age category. Young women aged 16-24 experience the highest rates of common mental disorders out of all age categories (Adult Psychiatric Morbidity Survey, 2014).
2. **Mental health issues are on the rise among young adults in the UK.** Common mental health issues like depression and anxiety are on the increase amongst 16-24s: 19% experienced them in 2014, compared to 15% in 1993. (Adult Psychiatric Morbidity Survey, 2014).
3. **The number of students disclosing mental health problems to their university is on the increase.** A recent Institute of Public Policy Research report found a fivefold increase in the number of first year students disclosing a mental health condition to their institution: 2% of first year students (15,395) in 2015/16, up from 0.4% in 2006/7.
4. **Young adults are less likely to receive treatment than other age groups.** 16-24s are less likely than any other age group to receive mental health treatment for common mental disorders, such as anxiety or depression, or following self-harm.

### 3.1. What have children and young people and their parents/carers told us?

We started our local CAMHS transformation programme by working with children and young people and their families in all SW London boroughs. Young people and their parents told us that:

- they need consistent and effective early intervention to support them
- they want to be able to access support in a range of ways, outside of medical settings, for example in one-to-one and group sessions in schools and online
- stigma is still an issue and confidentiality is important
- they want teachers and parents and carers to have support too
- they want to be involved in developing solutions and services that will work for them
- they don't want a start and stop approach
- they want confirmation of when treatment will commence
- they would like continued CAMHS input up to the age of 19 (up to the time they finish school or college)
- they feel that current transition arrangements are not working, they feel like a cliff edge
- they don't want to be moved from one service to the next in the middle of treatment

## 4. SW London Response to Needs

SW London intends to move towards the national iThrive framework as recommended by the NHS Long Term Plan. This model distinguishes between support and treatment, and groups of children, young people and their families by type of input they require. The central group of 'thriving' focusses on broader population need that gets supported by public health interventions. The four outer groups distinguish between the need of individuals, the skill mix needed to meet these needs, the main terminology used to describe this need (e.g., wellbeing, ill health, or support), and resources needed to meet those needs. They do not distinguish between severity or type of problem.

This model will be used by SW London ICS to move CAMHS towards a need led model rather than insisting on a tiered model with a set of professionally defined criteria and thresholds. It will also be expanded to include 18–25-year-olds, as we aim to overcome current transition challenges between young people and young adult mental health services by implementing an integrated 0-25 mental health service model by 2023/24

## Children's, Young People/Young Adult's (0-25) and their Families State of Being



## Type of Input Needed



Croydon CAMHS, which is predominantly provided by SLAM, have already adopted the above framework in the names of core teams (for more info see also [slam.nhs.uk](http://slam.nhs.uk) - Croydon CAMHS)

- Croydon CAMHS Getting Advice Team
- Croydon CAMHS Getting Help Team
- Croydon CAMHS Getting More Help Team
- Croydon CAMHS Getting Support with Risk Team
- Croydon CAMHS Crisis Care Service

Further CAMHS Teams are

- Croydon CAMHS Learning Disabilities Team
- Croydon CAMHS Mental Health Support Team
- Croydon CAMHS Child Wellbeing Practitioner Team
- Support, Engagement and Delivery in Schools (SEaDS)

### 4.1. Promoting Resilience, Prevention & Early Intervention



This section focuses on 'thriving', promoting resilience, getting advice and early help.

The Thrive model is very much a systems and partnership approach to nurturing emotional wellbeing by offering self-help advice as well as timely access to early help

**The Thrive model also applies a life span and 'think families' approach to prevention & early intervention.** Consequently, our prevention and early intervention approach promotes close cooperation with the SW London Perinatal Mental Health Service from Adult Mental Health as well as partnership working with maternity and Health Visiting services, which are all focused on ensuring maternal (and paternal) wellbeing as well as a healthy start to life for all children.

The NHS Long Term Plan set out the national ambition of reaching 66,000 more women by 2023/24, The above target means for SW London that we will need to see at least 1,500 women each year from 20/21, rising to achieve 10% of ONS birth rate by 2023/24. This will require the expansion of our current teams to include more psychiatrists, specialist nurses, psychologists plus other support roles and peer support workers. In 2020/21, SW London perinatal services saw 1,215 women, which equated to a 5.7% access rate against the target of 7.1%.

SW London stated in its first response to the ambitions of the NHS Long Term Plan in 2019 to expand the SW London perinatal service and to establish stronger links between perinatal mental health and early help services for 0–5-year-old children and their parents.

All pregnant women, who have pre-existing mental health conditions or experience new mental health problems during pregnancy or following the birth of their child or children can access this multi-disciplinary service that is working with our Mother Baby Units (MBUs), GPs, Improving Access to Psychological Therapies (IAPT) services, Health Visitors, and voluntary sector to ensure women receive the right level of care for them, in the right place.

### **Expanding access**

In addition to seeing more women, our service will need to adapt to delivering care for up to two years and assessing and signposting fathers/partners for support. Because most of our services are still quite new, we need to review our current staff skill mix and identify the demand and capacity needed to deliver this revised model of care. We will be reviewing our services in 2021/22 as we also develop our Maternal Mental Health Service model, ensuring the two services are appropriately linked to provide a seamless pathway for women who have experienced trauma during their maternity journey and/or have mental health needs appropriate for the perinatal service to support.

### **Promoting Resilience, Prevention and Early Intervention in Schools and Colleges (5-18): Progress with setting up new Mental Health Support Teams (MHSTs) for clusters of Primary and Secondary Schools and Further Education Colleges (FE)**

In 2017, the Department of Health and Social Care (DHSC) and the Department for Education (DfE) published the 'Transforming Children and Young People's Mental Health' Green Paper, which set out proposals for improving the services and help available to CYP with mild to moderate mental health needs within education settings. The aims of these improvements included removing the requirement of a referral into a specialist mental health setting.

The proposals had three main elements:

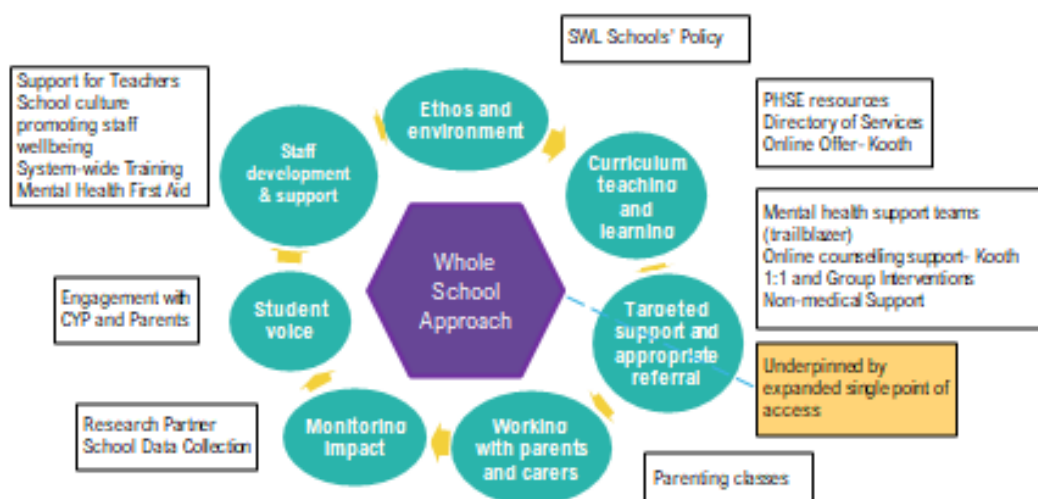
- A Designated Senior Lead (DSL) for Mental Health in each participating school/college to oversee the approach to mental health and wellbeing.
- To establish Mental Health Support Teams (MHSTs), providing specific extra capacity for early intervention for mild to moderate mental health problems and supporting the promotion of resilience and good mental health and wellbeing in an education setting
- To trial a four-week waiting time for access to specialist NHS led child and adolescent mental health services in selected areas (SW London was not a selected site to implement this proposal).

In 2018, the Government invited local health and care partnerships across the nation to bid for Trailblazer funding to set up MHSTs for clusters of Primary and Secondary School or clusters of FE Colleges. Each proposed cluster of schools should consist of around 8000 pupils/students.

The six local SW London CCGs submitted a SW London partnership bid consisting of the following prevention and early intervention pillars to deliver a whole school/college approach:

- Each participating Primary and Secondary School to have a named senior mental health lead and one Head Teacher to take on the overall Cluster Lead role
- Ongoing collaborative work with teachers, parents/carers and CYP to embed the whole school approach (see Whole School Approach depiction below)
- Each participating school develops an action plan at the beginning of the pilot project, which will be reviewed at regular intervals
- Each cluster of schools will have one MHST consisting of 7.5 Whole Time Equivalent (WTE) clinical staff and 0.5WTE administrative support (see below staff mix)
  - 0.5 WTE Senior Clinical Practitioner to provide clinical leadership, consultation, and supervision to the staff team,
  - 1WTE Specialist Practitioner
  - 2WTE talking or creative therapists
  - 4WTE Emotional Wellbeing Practitioners to deliver brief group and individual interventions for mild to moderate mental health problems
  - 0.5WTE Administrative Support.
- The Empowering Parents Empowering Communities (EPEC) peer parenting programme will be offered in each borough and aims to develop 'parental resilience.' The delivery of EPEC parenting groups is part of the core offer for Trailblazer Schools.
- Each cluster of schools will have access to online and/or digital counselling.
- MHST and school staff will participate in the ongoing evaluation of the Trailblazer Programme, i.e. data collection to monitor impact

## Whole School Approach supporting children and young people, their parents/carers and teachers



Funding for Wave 1 of the national Trailblazer Programme was initially awarded for three MHSTs linked to one cluster of schools each in Merton, Sutton and Wandsworth (Southfields).

The Head Teacher Leads for the three school clusters were already appointed in 2018; however, training of the first staff cohort of 12 Emotional Wellbeing Practitioners commenced in January 2019. Further bids followed for Wave 2 and 4 of the Programme in 2019/20, which were also successful and helped to establish 10 additional MHSTs up to Sept 2021:

- 2 MHSTs in Croydon
- 2 MHSTs in Kingston

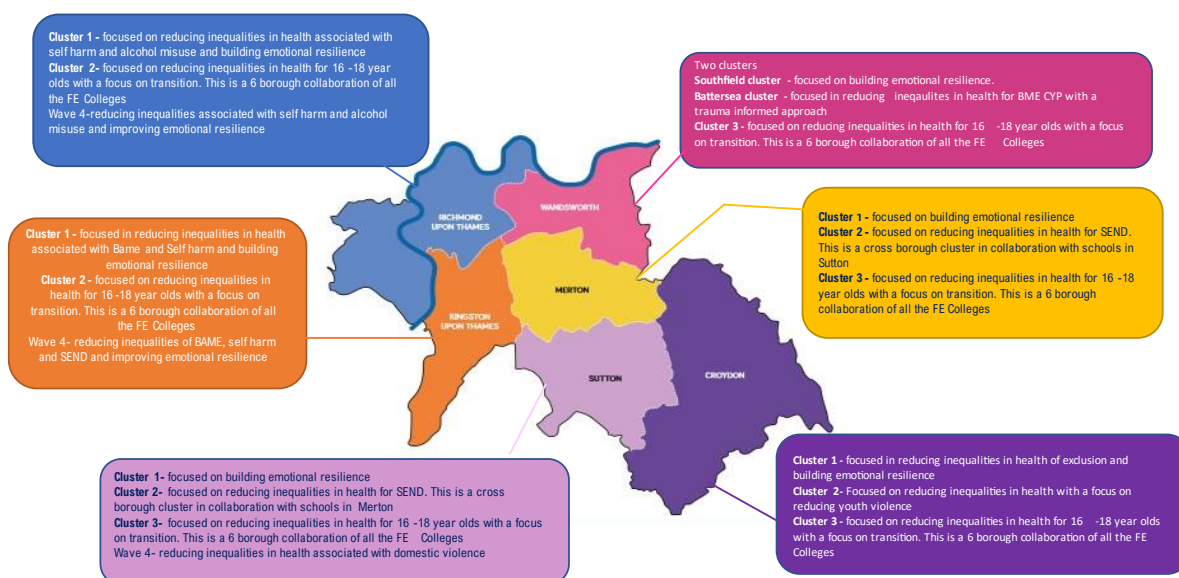


- 2 MHSTs in Richmond
- 1 shared additional MHST for Merton and Sutton with particular focus on SEND
- 1 additional MHST for Sutton
- 1 additional MHST for Wandsworth (Battersea)
- 1 MHST working across all six SW London Further Education Colleges

Over the last three years a total of 13 MHSTs were established, supporting 13 clusters of schools and colleges and consisting of a total population of around 104,000 students aged between 5-18 years. The diagram below sets out full distribution.

Given that we have around 222,000 children and young people in schools, we have achieved around 47% of pupils/students having access to the whole school approach to promoting emotional resilience as well as direct access to group and individual interventions for mild to moderate mental health problems. The Government ambition is for 44% coverage, meaning SW London has exceeded the target.

### Trailblazer clusters in all of our boroughs



Most recently, SW London successfully bid for Wave 6 Trailblazer funding for another three MHSTs in Kingston, Merton and Croydon. Training for the Emotional Wellbeing Practitioners of the three new teams will commence in January 2022 and the MHSTs will become fully operational in September 2022. The additional MHSTs in 2021/22 will increase access to the whole school/college approach for a further 24,000 pupils and bring the total number of CYP with access to 128,000, which is 58% of the total population across SW London.

All cluster schools and MHSTs participate in the national evaluation of the Trailblazer Programme. In addition to the national evaluation, SW London has also commissioned a local evaluation of the work of the MHSTs, to be carried out by the South London Health Innovation Network over the next 12 months.

The aim of the evaluation is to determine the ideal Whole Schools Approach, assess the extent to which this has been achieved, and identify how to improve. Specifically, the evaluation will address the following questions:

1. What does good look like for Whole Schools Approach for CYP, parents/carers and teachers, commissioners, and policy makers (i.e., what are the criteria for assessing effectiveness)?
2. What is the impact of the Whole School Approach for CYP, parents/carers and teachers?
3. How can the Whole School Approach be improved? In terms of:
  - a. What are the features associated with success?
  - b. The 'blueprint' for implementing future clusters (i.e., How can the rollout/operationalisation of the Whole School Approach be improved?)
  - c. Improving the provision within clusters (i.e., Whose needs are (not) being met by the Whole School Approach)?

As already reported in the 2019 Refresh of local CAMHS transformation plans, SW London CCGs also contributed funding to Children Wellbeing Practitioner (CWP) Programme, which is a Department of Health Initiative to train a new workforce for CAMHS. It was established in response to the FYFV for Mental Health plan to provide evidence-based interventions with focus on prevention and early intervention and to increase accessibility to help for children and young people who might not meet the threshold of current CAMHS provision.

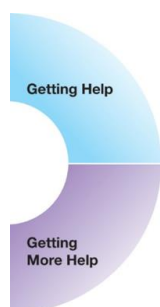
There are currently five CWP Teams in SW London offering evidence-based interventions in Primary and Secondary Schools that are not participating in the Trailblazer Programme, thus complementing the prevention and early intervention in SW London schools that are not part of a Trailblazer school cluster. Each of the teams is supervised by an experienced clinical psychologist, who ensures that children and young people requiring more help will be supported to access this in a timely way. Further information about the CWP Programme can be found in the appendix to this section.

Given that demand for mental health help is rising faster than the increase in service capacity, SW London CCG is keen to explore innovative ways of making timely access to mental health help easier.

One idea, which we want to pilot in Kingston and Richmond, is to establish a local Emotional Wellbeing Hub run by a Voluntary Sector Provider that children and young people can access seven days per week without an appointment or prior referral. The Hub will have strong links to local and national voluntary sector services and will encourage children and young people to also access digital mental health support from Kooth. The Hub will also cooperate with CAMHS SPA, if access to specialist help is needed. Plans for the Hub are in development for delivery in 2021/22.

A second idea which we aim to establish across SW London are combined Paediatric/emotional wellbeing clinics in Primary Care, which means that Consultant Paediatricians, Psychiatrists and/or Psychologists will offer joint clinics with GPs as well as consultation slots for children and young people and their families at regular intervals in Primary Care Centres, thus offering access to specialist advice when this is needed rather than waiting for 8-12 weeks following a referral to a specialist service.

#### 4.2. Improving Access to Help and More (Specialist) Help Locally as well as across SW London:





## The Local System of Care

All CYP that require mental health support can be referred to a Children’s Single Point of Access (SPA). There are three providers that operate local SPAs or Single Point of Contact (SPOC). These providers are:

- **Kingston and Richmond** led by Achieving for Children (AfC) with an integrated CAMHS SPA Team from SW London & St George’s NHS Mental Health Trust (SWLStG)
- **Merton, Sutton and Wandsworth** operated by SWLStG
- **Croydon** led by Croydon Council with integrated mental health staff from SLAM

## The SPA Assessment process

The SPAs/SPOC are integrated multi-agency teams, who work closely with a wide range of teams and partner agencies and facilitate different levels of support depending on the needs of the children and young people and their family. The SPA teams ensure that the triage assessment process captures the holistic needs of the family and child. It enables practitioners to contribute to the assessment based on their specialism. The assessment also takes into consideration additional issues that maybe contributing to the need for a referral. These include:

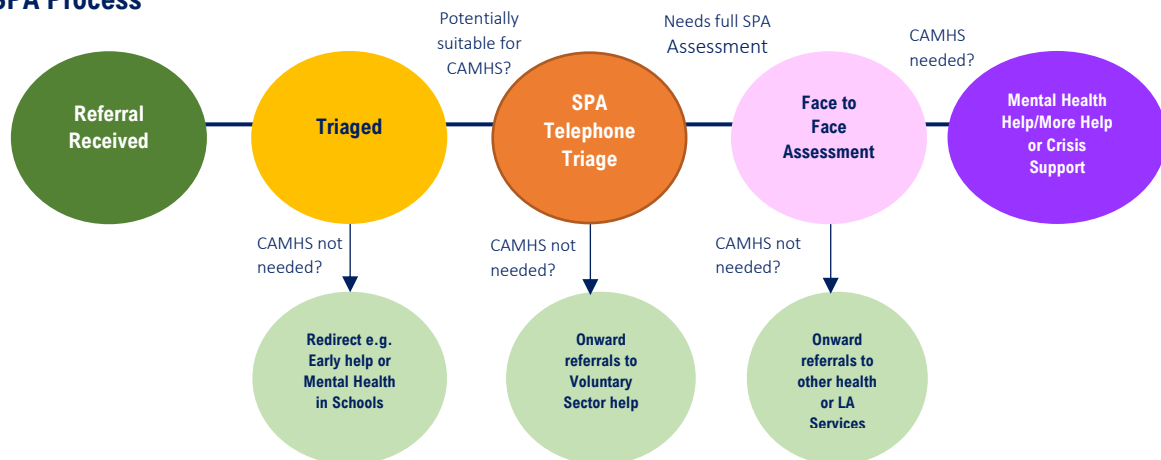
- The child’s development
- Family issues that maybe affecting the child or young person
- A child or young person who is suspected of being neglected or subject to physical, sexual or emotional abuse

The support that may be offered following triage/assessment includes:

- Providing professional advice with consultation and support
- Making referrals to partner agencies
  - Access to Early Help Services
- Providing low level of interventions
- Making referrals to Children’s Social Care Services
  - Making referrals to Mental Health Support Teams in Schools
- Signposting to help/more help or crisis support

The multiagency SPA team consists of Contact and Information Officers, Social Workers, CAMHS clinician(s) Health Teams, Police Officers, Health Visitor.

## SPA Process



The SPA encourages prompt referral and access to services through the promotion of an online referral form, but also welcomes self-referrals from CYP or parents by phone. Around 40-45% of referrals come from GPs/Primary Care for common mental health challenges, such as anxiety and/or

low mood problems, mixed emotional and/or behaviour problems as well as querying neurodevelopmental problems. Between 15 and 20% of referrals are received from education staff, i.e., Head Teachers, Teachers, Special Educational Needs Coordinators (SENCOs), School Nurses or Educational Psychologists, and 5-10% come from specialist child health professionals such as Paediatricians, Speech and Language Therapists, Occupational Therapists or Physiotherapists. Self-referrals from young people and parents/families are welcome but make up only a relatively small proportion of referrals (below 10%)

Following feedback received from parents/families in Kingston and Richmond, SW London recently commenced a joint review of the local system of mental health care for CYP and their families with particular focus on the challenges of accessing mental health help and more specialists help and treatment in a timely way.

Work is continuing but outputs thus far have included:

- Audit and review of the K&R CAMHS SPA, with improvement actions to include developing a simplified referral form and ensuring pathways are appropriately described
- Review of interfaces between providers, including step-up/down processes

Across our SPAs/SPOCs, demand and acuity of referrals is rising. Many CYP now need more specialist psychological or psychiatric input, with waiting lists growing across our more specialist services. As part of work plan in 2021/22, we will review all CAMHS SPA/SPOCs to ensure they are equipped to provide appropriate initial assessment and advice and establish a consistent SPA approach across SW London.

### **Increase access to NHS-funded community children and young people mental health services**

SW London achieved its access requirements under the FYFV in 2020/21, when compared to 2019/20, which is a significant achievement considering the decrease in referrals during April and May 2020. With further investment through the Spending Review and the implementation of MHSTs across all boroughs we will be in a strong position to achieve further increases in access as required under the Long Term Plan.

<b>Year</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>
<b>Target</b>	9,607	9,882	10,447	10,729	11,294
<b>Actual</b>	8985	9955			

Figure 1 - Source: Mental Health Services Monthly Statistics Final

### **How did Covid-19 impact on referral numbers and the way services were delivered?**

COVID affected the delivery of services throughout the year, and though many psychological interventions went online, NHS-commissioned CAMHS still saw 42% of contacts face to face. Meeting at least some referred CYP face to face, especially with schools closed, was important to ensure the safety of some vulnerable young people as well as some interventions being more effective face to face.

COVID 19 had a large impact on the number of referrals. As the largest provider on the patch this can be demonstrated through referrals into SWLSTG CAMHS.

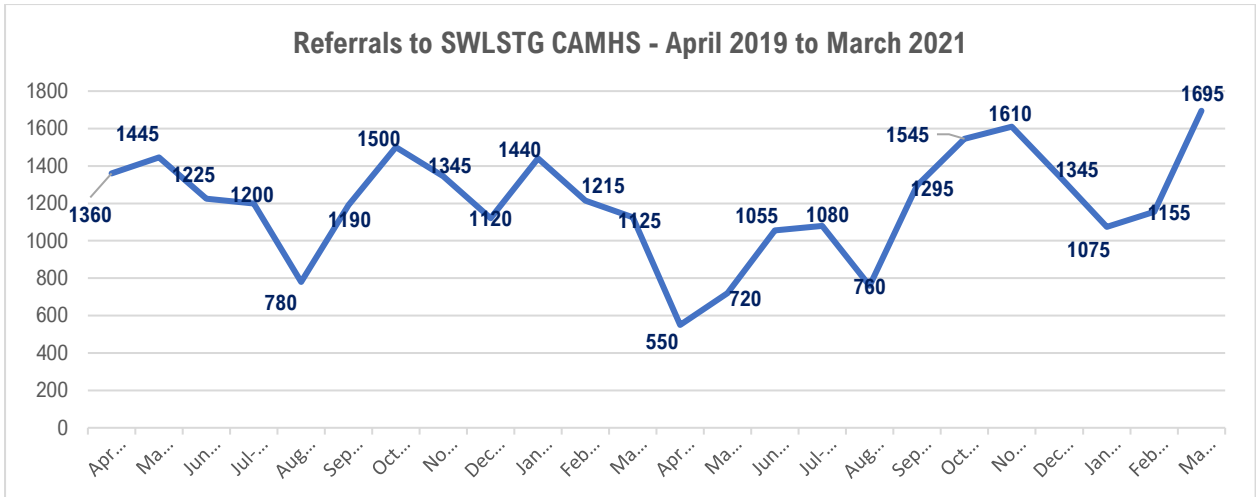


Figure 2 - Source: Mental Health Services Monthly Statistics Final

April 2019 compared to April 2020 demonstrates this the most starkly with referrals at 40% of the level they were the previous year. Referrals either directly or indirectly often involve school members of staff. The referral data over the last year demonstrates this with an out of the ordinary dip in January 2021 when schools were again closed for most pupils. Referrals for all providers across SW London have followed a similar pattern to SWLSTG, the overall figures for which are presented in the table below.

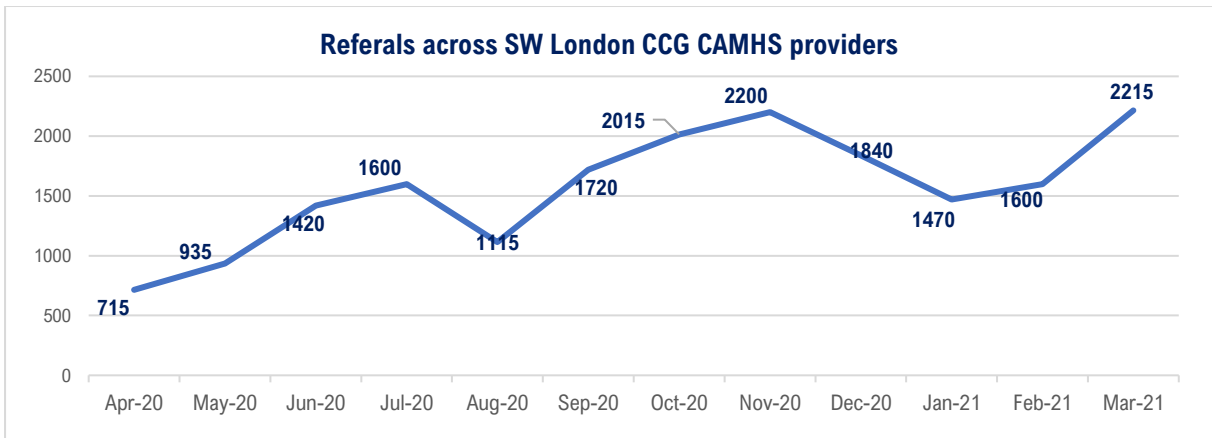


Figure 3 - Source: Mental Health Services Monthly Statistics Final

**Consultation Type**

From April 2016 to March 2020 73% of SWLSTG CAMHS contacts were face to face. From the March 2020 to May 2021 56.6% of contacts were face to face demonstrating the change in practice providers had to take during the pandemic. Some voluntary sector providers, such as Off the Record, a counselling provider in Croydon, Merton and Sutton, went to 100% remote working.

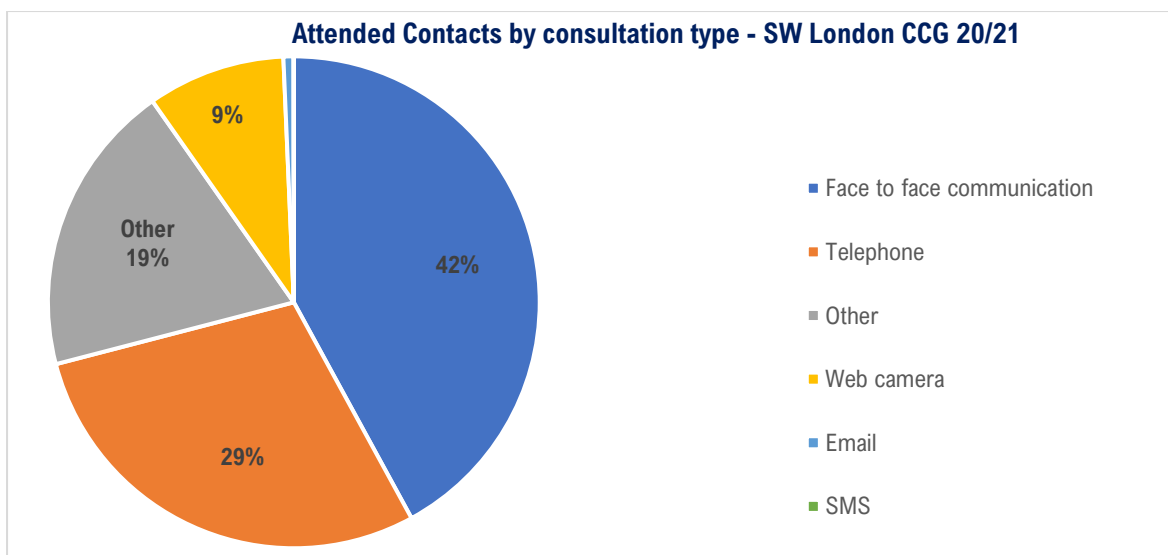


Figure 4 - Source: Mental Health Services Monthly Statistics Final

### **Achievements and challenges**

COVID 19 has accelerated some of our plans across SW London by increasing access to NHS-funded online services. During the first lockdown we expanded the delivery of Kooth, which is an online counselling platform for CYP aged 11-21, to the whole of SW London. Qualified counsellors, therapists and support workers provide guided and outcome-focused support for each individual. Kooth is accessible through any connected device: young people can log on wherever they are to access professional counselling from 12.00pm to 10.00pm, 365 days a year.

Place-based transformation managers are also working closely with partners, such as the Local Authority and schools, to consider how we can further improve health promotion and preventative services to increase the resilience of SW London CYP. In this context, all local digital offers across SW London were updated and expanded to include more online self-help information and tools as well as advice on how to access help including support in a crisis (for more information on local system of care, local offer and information on local mental health help, more help, crisis help see appendix to section 4.2)

Supporting CYP with Special Educational Needs (SEN) and disabilities remains a priority for SW London, within the wider strategic aim of increasing access for CYP. Increasing access for these CYP involves the contribution of non-NHS funded services, such as School Nurses, teachers, and social workers. To support CYP with SEN, we must work with partners to provide the help and specific interventions summarised in Education, Health and Care (EHC) Plans, which are a statutory responsibility. There is further work to be done with partners to ensure CAMHS services are fully involved in multi-agency care planning processes and that mental health care plans are integrated with EHC plans. Further information on this work can be found in the Transforming Care Section 4.8.

### **Increase Capacity of early intervention provision**

Several boroughs are looking at addressing the increasing demand for Tier 2 provision. For example, Croydon is looking at expanding their early intervention and support offer across the Croydon Health and Local Authority partnership to ensure more young people get access to the right support at the right time. In previous years, additional funding has gone into new schemes and pilot projects; however, the past four years have seen a substantial increase in demand for core services. Additional investment into core services is vital so that those children and young people who need help/more help or crisis help, can access it in a timely way. Sutton, Merton, and Croydon have all invested in their Counselling provider, Off the Record, due to the increase in demand for support.

### **ASD and ADHD services (additional information on Neurodevelopmental Assessment Pathways in section 4.4, and Investment Plan section 6)**

In 2021/22, additional investment is being made into SW London ASD and ADHD diagnostic pathways to improve waiting times. Merton, for example, is investing in a new local pathway that will have alignment to their educational psychology service. This will deliver more rounded assessments for ASD and ADHD as well reducing waiting times for a diagnosis.

Kingston, Richmond, and Sutton are also looking at the delivery of post-diagnostic support in the form of the 'A plan'. This will look to offer adapted mental health interventions for young people that have often not been served well by the traditional CAMHS model and offer coordination support to the MDT in meeting these CYP's need.

### **Future Plans**

SW London aims to achieve further increases in access to the whole range of children and young people's mental health services. Additional funding has been made available through the Spending Review this year as set out in the Investment Plan in section 6.

### **4.3. Specialist pathways for Children and Young People Eating Disorders**

SW London CYP are served by two mental health trusts providing CYP Eating Disorders services.

- Kingston, Merton, Richmond, Sutton and Wandsworth. SWLSTG CYP Community Eating Disorders Service (CYP CEDS)
- Croydon. SLAM Maudsley Centre for Child and Adolescent Eating Disorders (MCCAED)

Both Teams operate with a similar service model in line with NICE guidance, offering assessment and treatment through a multi-disciplinary approach. Each service operates under the 'Access and Waiting Times Eating Disorder Commissioner Guidance 2015.'

MCCAED comprises: The Eating Disorder Clinic (EDC), formerly known as the outpatient service, which provides a service to seven local boroughs including Croydon and a new Avoidant restrictive food intake disorder (ARFID) service, that treats children and adolescents both locally in these seven boroughs and nationally.

In 2016, MCCAED was one of the first eating disorder services, nationally, to also accept self-referrals. Although other teams have subsequently followed, self-referral provision in eating disorders services across the country remains very limited.

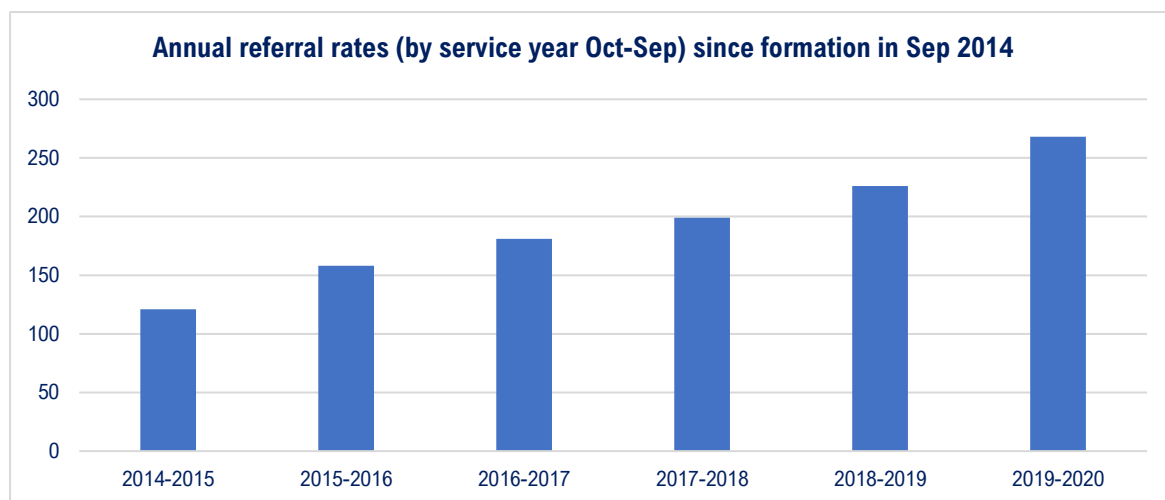
Self-referrals are available to local patients within the seven boroughs that are served by the EDC. They are also available for patients within these boroughs who wish to access our ARFID service. However, all national referrals to the ARFID service need to come from professionals. Self-referrals comprise about 30-35% of referrals to the EDC. Almost all self-referrals to the service are from parents or carers.

### **Capacity and Demand**

The EDC received a total of 350 referrals from 1 March 2019 – 31 March 2020. The Service was able to meet the 95% access target for all of these referrals but was working almost at maximal capacity in that year.

From 1 March 2020 - 31 March 2021, EDC received a total of 550 referrals. From 1 April – 30 June 2021, EDC already received 183 referrals. Without a reduction in referral rate, this projects to 732 referrals by 31 March 2022, which would be more than double the number received in 2019/20. Acceptance rates steadily dropped from around 80% two years ago to now less than 50%.

Referral rates into the SWLSTG CEDS have also increased significantly over previous years. The table below shows the increase from 2014/15 to 2019/20.



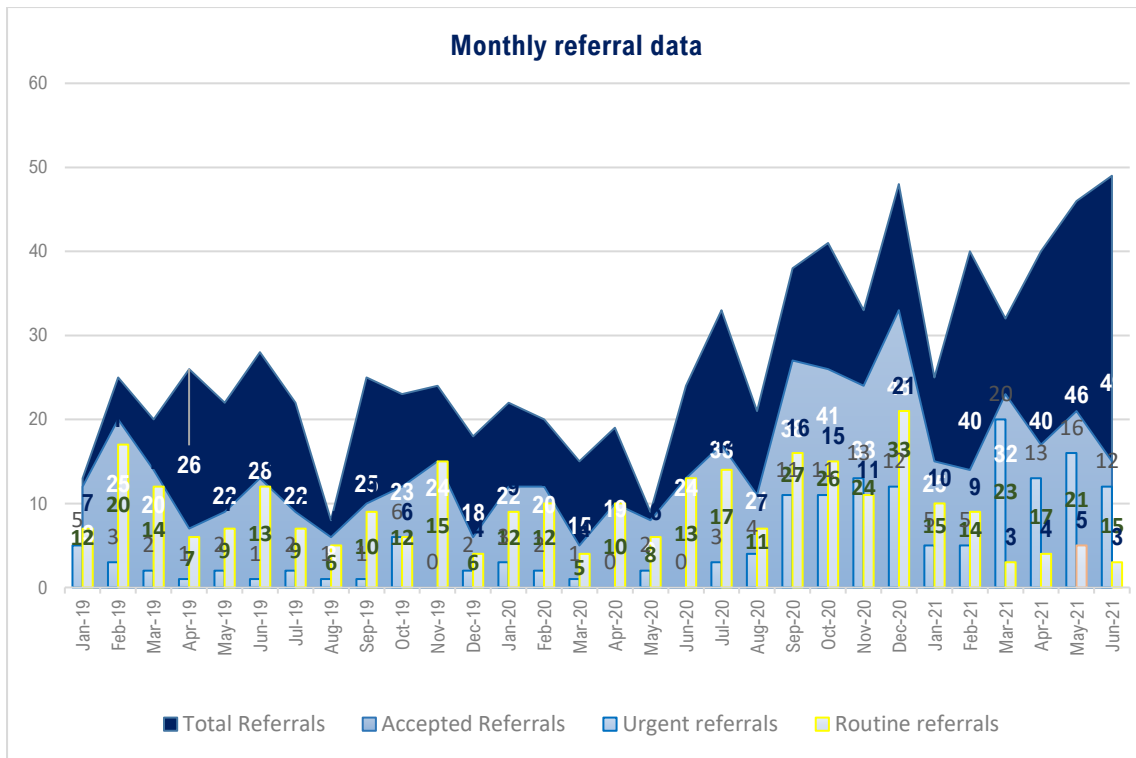
The SWLSTG CYP CEDS multi-disciplinary team delivers evidence-based treatments in line with the national service model while working to meet the national waiting times standards of urgent referrals seen within one week and routine within four weeks. Since 2019, capacity has reduced within the service owing to staffing and resourcing challenges and rising demand. Additional treatment options, such as day treatment or more intensive community treatments have reduced since 2019. Core treatments to individuals with Anorexia, Bulimia and Binge Eating Disorders are still in place but the service has not been able to take referrals for ARFID and thresholds for new referrals resulted in a reduction in referral acceptance rates from 80% in 2016/17 to 53% in 2020/21.

In 2019/20, SW London invested £232k into the service to bring it back in line with national service standards and work commenced to develop a revised service specification, with agreement to provide additional investment as a priority in subsequent annual business planning discussions.

### **What happened during Covid-19 and in what position is the Children and Young People's CEDS now?**

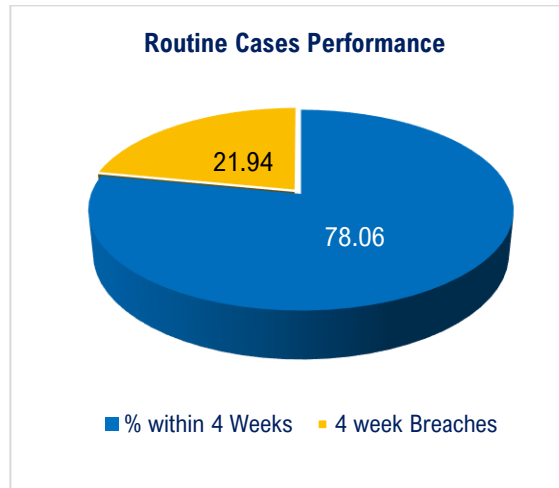
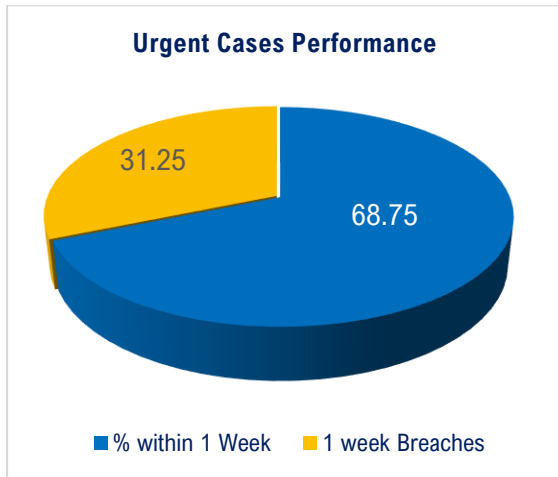
#### **Surge in Demand during Covid-19**

There was a surge in demand during COVID-19 (see below), particularly since Q2 2020/21, with increases in acuity, which was anticipated to continue for some time. This reflects the national picture of eating disorders referral increases.



In 2021/22, the CYP CEDS service has built up a waiting list of more than 50 CYP and is struggling to meet the national waiting time assessment targets. For urgent referrals 31% are having to wait longer than one week and 22% are having to wait longer than four weeks for a routine assessment.

### NHS SW London CCG



In 2021/22, through the Spending Review and allocation of Transformation Funds, SW London CCG invested an additional £640k to provide the service with enhanced capacity and expanded staff skill mix to deliver NICE-compliant, evidence-based community support. A joint eating disorder working group has been established between SWLSTG and SW London CCG and is overseeing the agreed phased service developments. This group is currently also updating the shared care protocol with Primary Care Practitioners (GPs), which will clarify the responsibilities around the initial health checks as well as the monitoring of physical health parameters throughout the treatment with the specialist CEDS.



Specialist services cannot meet the significant increase in referrals by themselves but must be addressed by a whole system effort of better collaboration and communication between local and specialist mental health services. Voluntary sector partners, such as BEAT, offer help for young people and adults with Eating Disorders, if they don't meet the threshold for specialist treatment or when continued support is required following a treatment period with a specialist service.

We also wish to improve the transition arrangements between the children and young people and adult eating disorder services and will explore flexible solutions when a transfer of treatment/care is taking place in consultation with young people and their parents.

#### **4.4. Specialist Pathways for Neurodevelopmental Disorders**

Referrals for neurodevelopmental assessments for under-5s are delivered by Social Communication Teams that are linked to Community Paediatric Services in all six boroughs. The service is provided up to the age of seven in Wandsworth, through the Paediatric Outpatient Service at St George's University Hospitals NHS Foundation Trust. Information on referral numbers and waiting times can be found in the appendix to this report.

Requests for neurodevelopmental assessments of 6–17-year-old CYP make up between 20-25% of all referrals received by local CAMHS SPAs or SPOC. Once all necessary information is received, it will be screened by an experienced CAMHS clinician for severity of symptoms, consistency of reported problems and possible other underlying causes for reported differences when these are compared to age-matched 'range of normal developmental skills and behaviour.'

Following the clinical screening, the referrals from five SW London boroughs (Kingston, Merton, Sutton, Richmond, and Wandsworth) are either signposted to the Neurodevelopmental Team from SWLStG Mental Health Trust or a local neurodevelopmental assessment pathway in Kingston, Richmond or Sutton, if the referred CYP is resident in one of these boroughs and does not present with co-morbid physical and/or mental health conditions.

Neurodevelopmental referrals received by Croydon SPOC will be signposted to the neurodevelopmental Team of SLAM.

In the following section, we will initially report on the waiting times and performance of the NDT of SWLStG as the main provider of neurodevelopmental assessments for five boroughs and then summarise the waiting times development and performance of the three additional local pathways. Finally, we will summarise the information on waiting times and performance with regards to neurodevelopmental assessments for CYP from Croydon that were carried out by SLAM.

#### **Has there been any progress achieved with shortening the Waiting Times for Neurodevelopmental Assessments in the last two years?**

Although the pandemic and the first lockdown resulted in a slight drop in referrals in Q1 and Q2 of 2020 due to closure of schools and restricted access to GP surgeries, waiting times increased during this time as the service had to adjust its assessment practice to maintain safety, resulting in fewer weekly assessments and consequently longer waits.

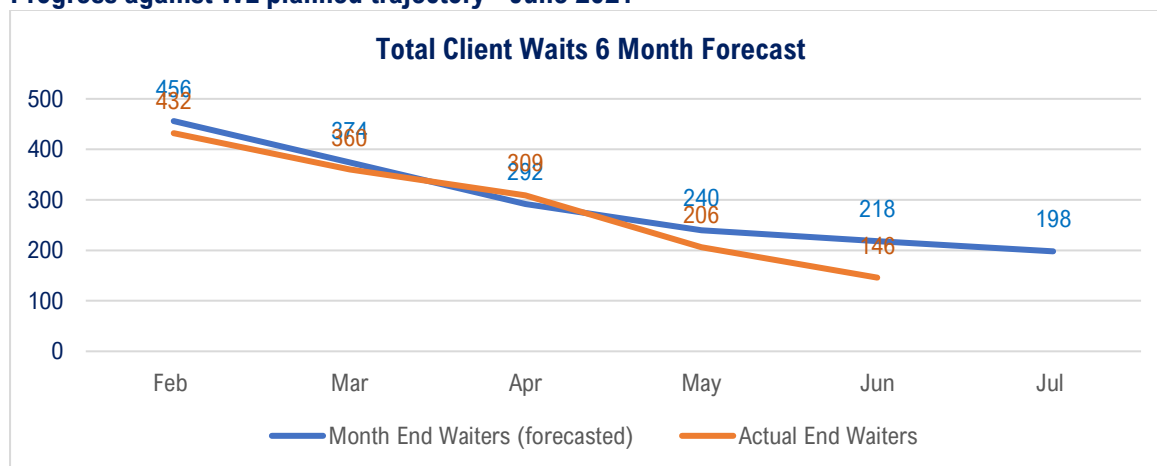
In November 2020, SW London commissioners and SWLSTG collaborated to scope a waiting list initiative, which was agreed in December 2020. The agreed proposal included commissioning additional capacity from another provider for the CYP who had been waiting the longest. The provider Clinical Partners was sub-contracted to undertake work focusing on ASD and combined ASD/ADHD



assessments for those waiting longer than 40 weeks. These assessments take longer than those for only ADHD.

Additional internal resource within SWLStG focused on ADHD long waiters during the same period of time. A trajectory was set out to map progress against waiting list reduction during February and July 2021:

### Progress against WL planned trajectory - June 2021



### Waiting list position – June 2021

	0-14	15-17	18-29	30-39	40-51	70+	15 Week Plus	18 Week Plus	52 Week Plus	Total
Total	81	24	27	3	1	1	56	32	1	137
ADHD	31	2	5	1	1	0	9	7		40
ADHD/ASD Assessment	18	3	5	1	0	1	10	7	1	28
ASD	23	10	9	1	0	0	20	10		43
No presenting complaint	9	9	8	0	0	0	17	8		26

The above June 2021 data position shows:

- 137 Total waiters
- Only 5 waiters above 30 weeks (early July data shows no waiters above 30 weeks)
- Only 1 waiter above 52 weeks (now been seen in July 2021)
- Average wait for existing referrals 29.7 weeks (7.5 months)
- Average wait for new referrals 24.9 weeks (6 to 6.5 months)

### July 2021 onwards

- The waiting list initiative completed at the end of July 2021, with a further reduction in waiting times expected, thus having had a positive impact Wait time for SWLStG is around 12 weeks at the beginning of September.
- Additional investment from previous years provided additional capacity for the service to manage current demand and there is ongoing internal work to improve processes and pathways, some of which is based on learning from the use of online work during the pandemic. This includes work to reduce the number of appointments where patients do not attend.

Ongoing performance is continuing to be reviewed monthly and Merton received additional local investment in 2021/22 through the Spending Review to enable a borough-based local service. This is expected to help address higher referral numbers seen in this borough.

Overall, the SWLSTG service achieved significantly reduced waiting times through a waiting list initiative, revised acceptance criteria and local CAMHS SPAs signposting more referrals to local pathways in Kingston, Richmond and Sutton, detail of which follows.

### **Current Borough-Based Providers/Other Services**

#### **Sutton**

Cognos provides ASD-only assessments (144 per annum) for less complex cases. Like for all other services, Covid-19 has impacted on waiting times as assessment processes had to be adjusted and changed, utilising an online play-based assessment tool rather than the face-to-face Autism Diagnostic Observation Schedule (ADOS). Waiting times before the pandemic were on average seven to eight weeks and are now at 53 weeks due to an increase in demand/referral numbers. Additional funding has been made available in 2021/22 and a trajectory has been agreed for a reduction of the waiting times.

#### **Kingston & Richmond**

Achieving for Children is commissioned to provide 90-100 assessments per borough annually for both ASD and ADHD for less complex cases. Waiting times have significantly increased in the last 12 to 18 months due to the impact of Covid and also due to significantly more referrals being signposted from the CAMHS SPA. Annual referral numbers have risen from 147 in 2019/20 to 270 in 2020/21.

#### **Croydon**

##### **Current Arrangements for Croydon ASD &/or ADHD Assessments and Diagnoses**

The current pathway for ASD and/or ADHD assessment is predominantly offered within the community service. Two teams, operating within different organisations, provide assessments:

- **Croydon Health Services:** Children's Medical Services (CMS) provide ASD assessments for children under the age of five years at referral
- **SLAM:** Community CAMHS provides neurodevelopmental assessments for CYP aged 5 - 17 years referred for ASD and/or ADHD assessments

In addition, specialist assessments (often second opinions and specialist comorbidity assessments) are offered by the SLAM Complex Autism and Associated Neurodevelopmental Disorders (SCAAND) Team.

In 2020/21, Croydon carried out a detailed review of its local neurodevelopmental assessment provision with the aim to reduce waiting times for specialist assessments to establish a post-diagnosis help offer too. More information on next steps following the review can be found in the appendix to this section.

##### **Our plans for the next 12 to 18 months:**

We want to establish a more collaborative approach to screening and assessment of ASD and ADHD with shorter waits and more frequent feedback, whilst CYP wait for the assessment, as well as better support and help following diagnosis.

We want to establish a consistent neurodevelopmental assessment approach for children, young people and young adults 0-25 across SW London

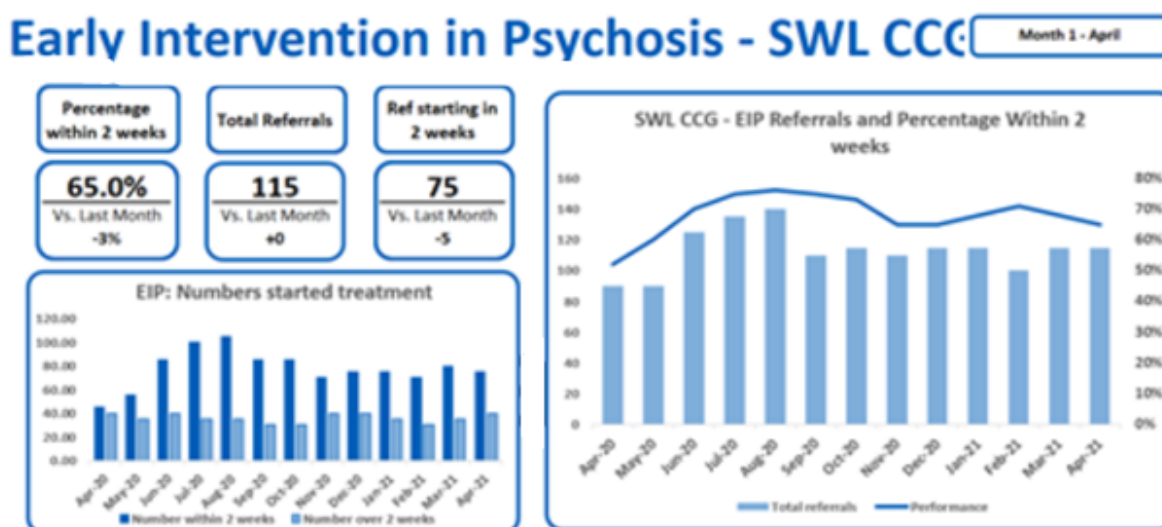
- Joined up reporting and monitoring of referred demand, screening outcomes, flow (signposting) of referrals to various local and SW London pathways as well as outcomes of assessments
- Pilot post-diagnosis support services in Kingston, Richmond and Sutton
- Carry out a whole system review of the various neurodevelopmental pathways in Kingston and Richmond

- implement recommendations of the Croydon review and share the learning with other SW London boroughs

#### 4.5. Specialist Pathway for Young People with Early Psychosis

The evidence based Early Intervention Service (EIS) model for treatment of first onset of psychosis was developed more than 20 years ago. It recommends an integrated multi-disciplinary assessment and treatment approach for young people and young adults aged 14-35 years and their families, ideally without the need for transitioning from CAMHS to Adult Mental Health.

However, as numbers of children and young people diagnosed with first onset of psychosis are low (single figures in five out of six boroughs), local CAMHS carry out timely initial assessments and also initiate multi-modal treatment without delay for under 18-year-old young people. Preparations for transitioning to one of the three EIP Teams from SWLStG (EIP Merton and Sutton, EIP Kingston and Richmond, EIP Wandsworth) or the EIP Croydon from SLAM tend to commence when the young person is 17 ½ years old.



**Commentary:** SWL CCG continues to meet the national threshold of 60% with latest performance (rolling quarter Feb-Apr) showing that 65.0% of clients started their treatment in line with NICE guidance within two weeks. The CCG have maintained compliance against the national standard for this metric since April 2020.

#### Where do we want to be?

Given that the original EIP service model suggested that an integrated youth/young adult mental health multi-disciplinary treatment model would be best to meet the needs of this group of patients, SW London ICS will jointly review options with both Trusts on how to strengthen an integrated 14-25 years EIP approach that

- focuses on the first three years of the psychotic illness
- aims to reduce the duration of untreated psychosis to less than 3 months and
- does not require the young person to transition at the age of 18 from CAMHS to AMH/EIS.

#### 4.6. Specialist pathway for young people with emerging Borderline Personality Disorder piloting a SW London Dialectical Behaviour Therapy (DBT) Service

Dialectical Behaviour Therapy (DBT) is a highly effective, NICE recommended, treatment for CYP with traits of emerging borderline personality disorder/Emotionally Unstable Personality Disorder (BPD/EUPD) and acute self-harm and suicidality.

SLaM and Oxleas CYP DBT services have been established since 2009 and 2018, respectively. These services have evidenced the impact of DBT on CYP to be life changing but also highly effective at reducing high-cost demands on the health and care system through reduced need for inpatient care. The South London Mental Health and Community Partnership (SLP) CAMHS review in 2019 showed that SW London had the highest inpatient admissions for young people across south London with the primary problem as self-harm / suicidality despite having slightly lower demographic risk factors for self-harm. The review indicated that the absence of a locally accessible and effective DBT service in SW London was likely causing harm to over 30 young people a year through increased risk of suicide attempts, inpatient treatment, and referral to adult services at age 18.

The benefits of commissioning a standalone DBT service in SW London included:

- Reduction in adolescent and young adult suicide rate
- Enhancement to Tier 3 offer in SWLStG with good interface and smooth step-up / step-down pathways and better use of Tier 3 resource, i.e., it will free up consultant and care coordinator capacity in community CAMHS
- Reduced demands in terms of mental health assessments following suicide attempts, occupied bed days, A&E presentations, transitions to adult services, and risk management in Tier 3
- A crucial success factor for DBT services is the enabling of a locally accessible standalone service with fully trained DBT clinicians to provide a dedicated, safe and effective service
- SLP will be able to reinvest any savings in continuing to enhance crisis care.

Based on the above needs assessment and evidence, SLP, SWLStG and SW London commissioners agreed at the end of 2020/21 to fund a standalone pilot DBT service in 201/22 to enable the provision of a more cost-effective, equitable offer across SW London.

The SW London DBT service launched July 2021. The DBT programme consists of a 4–6-week pre-treatment phase (engagement and commitment phase), followed by eight to twelve months of specialist treatment, if the young person and the DBT team agree to start therapy. Treatment consists of weekly individual therapy and weekly skills training groups (for young people and parents/carers) plus telephone skills coaching, crisis management, medication management, family sessions and care co-ordination.

The pilot is funded for 18 treatments per year until late 2022 and will be reviewed by partners after the first 14/15 months, once the first cohort of young people have been treated.

### **Planning for the future**

In line with the NHS Long-Term Plan ambitions to provide a comprehensive mental health service for young people up to age 25 years, SLP and SW London will explore extending and integrating DBT service models across CYP and adult services to better meet the complex and challenging needs of young people/young adults (14-25 years) with emerging borderline personality disorder without the disruption of transitioning from young people to adult services.

## **4.7. Help for Groups of Children and Young People, who have Increased Risks of Suffering from Mental Health Challenges**

### **4.7.1. Help for children and young people in contact with Youth Justice service**

Future in Mind outlined the need to transform CYP mental health services to create a system to support and bridge the gaps for the emotional wellbeing and mental health of children and young people. The three priority areas:

1. Development of Specialist Child and Adolescent Mental Health Services for High-Risk Young People with Complex Needs.
2. Development of a framework for integrated care for Children and Young People's Secure Estate

### 3. Development of Collaborative Commissioning Networks between Health & Justice regional teams and CCGs.

An assurance framework was also developed by NHS England to support the ongoing development and implementation of plans to utilise the funding allocated to ensure that we can best support CYP known to the Youth Justice system.

There are fully integrated pathways within the SW London boroughs for children and young people in contact with Health and Justice Services which include the following elements:

- Crisis care related to police custody
- Sexual assault referral centres (SARCs)
- Liaison and diversion (L&D) services
- Youth offending service (YOS) with referral pathway to SW London Forensic CAMHS
- Transitioning to and from Children and Young People's Secure Estate – there are several establishments e.g., at Feltham and Cookham Wood for children and young people to be placed on welfare and youth justice grounds (with dedicated mental health support provided within the facilities)

First time entrants are tracked, including young people who re-offend within 12 months (and whether the re-offending was more/less serious or more/less frequent). These form part of discussions within the Youth Crime and Prevention boards. All local YOS Teams have at least one CAMHS practitioner, who is an integral part of the multi-disciplinary and multi-agency team. This practitioner leads on (initial) mental health risks(s) screening, provides one or more consultations to young people and their families, and ensures that mental health needs are identified, and actions agreed on how to meet the identified needs, either from resources within the team or by organising access to additional specialist help from local (tier 2 or tier 3) CAMHS or by referring the young person to the SW London Forensic CAMHS.

#### **Crisis Care Related to Police Custody**

Urgent mental health assessments in police custody are undertaken by the on-call Mental Health Practitioner or out of hours Emergency Duty Team (EDT).

The number of severely mentally unwell children and young people being taken to police custody suites is very small and the L&D service also provides some support for them there. These types of referrals are rare; however, it is important that we maintain the pathway for these very vulnerable, children and young people as police custody suites are not suitable places.

#### **Liaison and Diversion (L&D) Services**

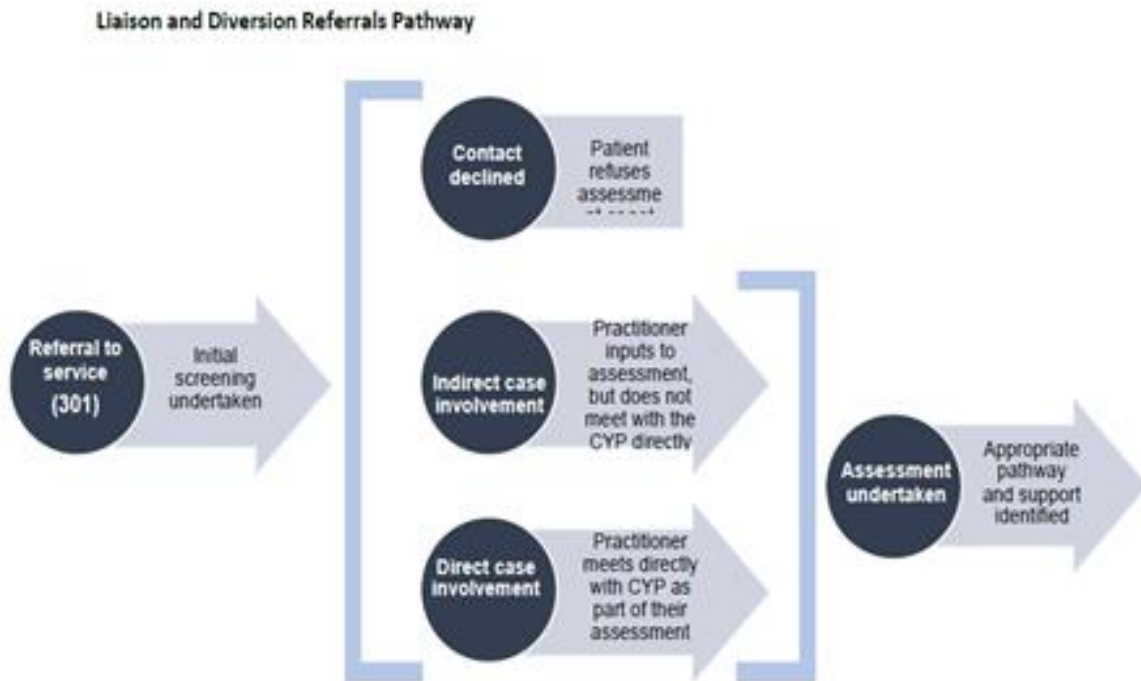
The L&D pathway for SW London includes the following services:

- A custody suite
- Magistrates Court
- Transforming Families Team (Youth Justice Team, Anti-social Behaviour-Team and the Police
- Liaison & Diversion worker
- Forensic CAMHS service
- Speech and Language input

A CAMHS L&D worker is co-located with YOS and the police custody suite and young people on the edge of offending are assessed in custody or at the YOS office at the first opportunity.

All children and young people in contact with the L&D service have a screening of mental health and emotional wellbeing assessment, utilising a trauma informed approach. If a mental health need is identified the young person is referred on to CAMHS with their consent, for a full mental health

assessment and network meeting (if more appropriate). The current L&D pathway across the SW London is as below.



Whilst most young people known to youth justice service will only need to access local mental health help, some require specialist assessment and intervention from a Forensic Child and Adolescent Mental Health Service (FCAMHS):

**South London Community FCAMHS** is a Specialist Forensic Community Child and Adolescent Mental Health Service for young people and their families. It provides advice, consultation, assessment, and some limited short-term interventions. The service can also provide training for local professionals, and it is a multi-disciplinary service including Consultant Adolescent Forensic Psychiatrists and Psychologists.

In South London, FCAMHS is provided in partnership, through South London Mental Health Partnership (SLP), hosted by the South London and Maudsley NHS Foundation Trust (SLaM) on behalf of the three trusts also in the partnership i.e. Oxleas and South West London and St George's NHS Trusts. The service aims to be accessible to community mental health teams as well as other services working with young people and their families (such as Youth Justice Service, Social Care etc.).

Input from FCAMHS depends on a number of factors and degree of need or risk, as well as what services are available locally. It is expected that the child or young person will be open to their local specialist CAMHS team, which will co-ordinate care and provide risk management and emergency care planning.

#### **Our Ambitions at SW London**

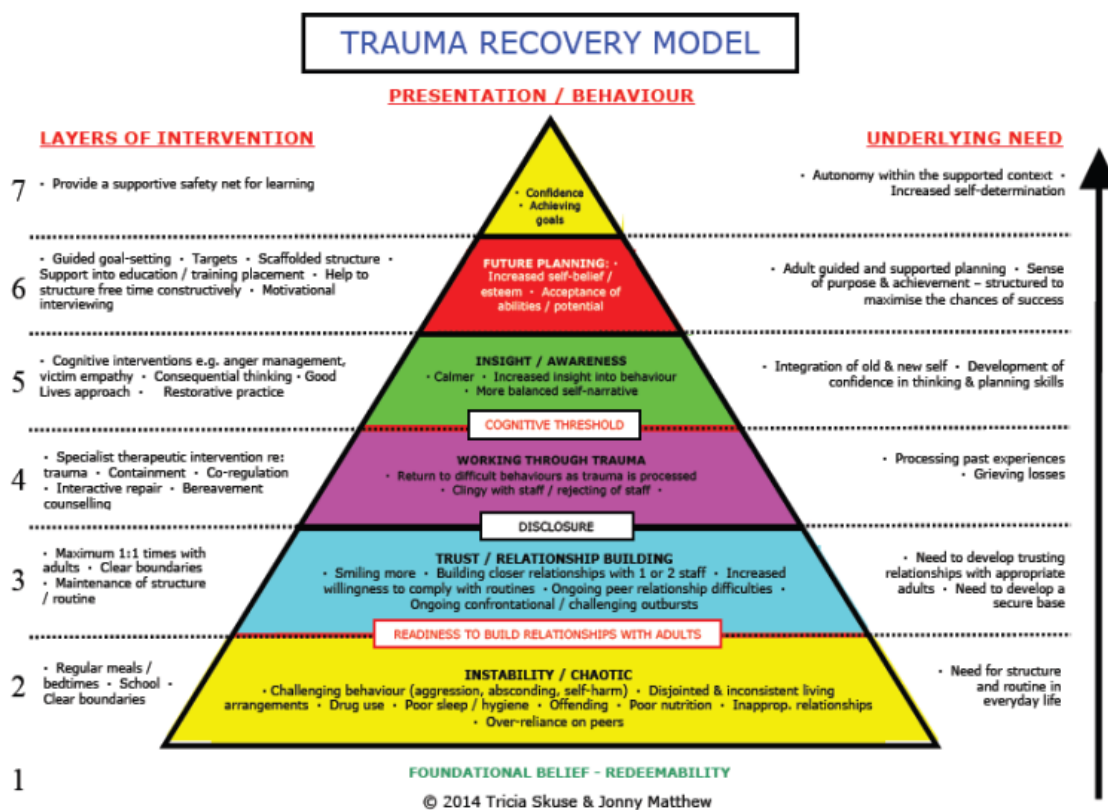
It is worth noting that the evidence base for desistance from serious youth violence supports a multisystemic approach. There is a high rate of non-engagement with mental health services or at the very best, inconsistent engagement, due to several factors, including fear of reprisals for discussing crimes the young person may have been a victim of with a professional.



We want to work more closely with other agencies providing services within the boroughs, e.g. teams tackling exploitation, gang workers, Redthread (Youth Charity) who can identify and work with victims of serious youth violence when identified at A&Es etc.

We will work as a system to address challenges of engagement of young people with time invested in forming therapeutic relationships to make young people feel safe enough that the topic of trauma and its impact on functioning can be introduced.

For our young people with more problematic clinical features of PTSD, a trauma informed way of working could be supported, for example, supporting professionals already working with the young person either directly or indirectly through a phased approach as depicted in the attached image below until they are in such a position that they can undertake formal therapy.



#### 4.7.2. Access to Help for Children Looked After (CLA)

Specialist emotional wellbeing and mental health help is embedded within all social care teams for CLA across SW London boroughs. This includes the CLA Team, Leaving Care Team and Adoption and Fostering teams for children and young people looked after by the LA from birth to age 25 years. The service aims to improve the stability of placements by supporting the identification and care planning for those whose functioning is negatively impacted upon by their emotional and/or mental health. The service acknowledges the prevalence of mental health difficulties within this vulnerable population and thereby the importance of fostering children’s emotional growth as an integral component to ensuring positive life outcomes.

They are supported by the Getting Help (Tier 2), Emotional Health Service, thereby maintaining essential links with evidence-based practice, continuing professional development, and securing access for children and young people looked after to all available psychological resources on offer

within the wider EHS service, Getting More Help (Tier 3) services, adult mental health services and services offered by partner organisations within and out of Borough.

The team consist of qualified Health and Care practitioners. These are:

- Systemic Family Therapist.
- Art Psychotherapist
- Clinical Psychologist

The Team also works closely with health services for CLA, such as Community Paediatricians/Designated Doctors for CLA and CLA Health Nurses, as well as Educational Psychologists and teachers within the Virtual School. This ensures that the emotional health and well-being of children and young people in care is monitored, and effective and timely action is taken to provide appropriate support.

In order to provide a fast response to a growing CLA population, the service has adopted a consultation-led service approach that includes:

- Consultation to all professionals within the team to Leaving Care, Unaccompanied Asylum-Seeking Children, Family Coaches, Virtual School, LAC Health, and Independent Reviewing Officer teams.
- Specialist assessment that includes mental health and emotional wellbeing (this includes the wishes and capacity of the children/young people to make use of therapeutic help), functioning, impact of adverse negative events on development and relationships with carers and peers, the behaviour they present, any issues of risk (e.g., sexual exploitation, absconding, self-harm, substance misuse, physically/sexually/emotionally harming or being harmed by others).
- Liaison and support regarding children and young people in care to the wider network (e.g., birth family, partners, schools/colleges, other agencies, adult mental health services) to support emotional wellbeing, care planning and placement.

Individual therapeutic and group work with children and young people, including art psychotherapy, clinical psychology/Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR), family/systemic therapy based on robust assessment and shared formulation of needs and hoped-for outcomes.

- Support and consultation to management and staff in residential homes for young people in care in the Borough, as well as the specialist assessment and formulation of the needs of residents to inform care planning. Supporting the provision of a psychologically informed residential home environment.
- Specialist training and professional development to social workers and network professionals regarding the mental health and emotional wellbeing of children and young people in care, especially regarding trauma and attachment.

#### **4.7.3. Access to help for children and young people who have experienced sexual abuse (Emotional Support Service)**

The SW London Early Emotional Support Service provides support to children and young people who have made a recent allegation of sexual abuse (CSA). The service was delivered by National Society for the Prevention of Cruelty to Children (NSPCC) up to October 2021. The current plan is for another local service in SW London to take over delivery on an interim basis while the service is put out for procurement formally for start in April 2022.

The Early Emotional Support service provides mental health and emotional wellbeing assessment and support to children and young people who have been a victim of child sexual abuse, as well their non-offending families and carers. The service will provide a consistent and timely offer to all children and young people aged up to 18 years of age within the catchment areas SW London boroughs.



Following a re-procurement in 2019/20, the service went live in April 2020. It must be noted that this service was launched within the midst of the pandemic and the resulting lockdown (March 2020) situation that occurred within the UK, whereby due to government restrictions in relation to social distancing, the NSPCC were unable to deliver face to face services as usual with fidelity to the service model and thus services were amended and delivered in a bespoke format.

### **CSA medical examinations**

Due to the pandemic, NSPCC had not been attending CSA medical examinations in hospitals. This will be reviewed as the service transitions to another provider and for future commissioning. Non-attendance at the CSA medical examinations does not appear to have had a negative impact on referral numbers nor the timing of support being offered. This has not caused any obstacles in the referral pathway or in contact with families.

### **Total referrals across SW London**

<b>Description</b>	<b>Q1 20/21</b>	<b>Q2 20/21</b>	<b>Q3 20/21</b>	<b>Q4 20/21</b>	<b>Total 20/21</b>
Referrals progressed to NSPCC support and assessment	9	17	9	11	46

#### **4.7.4. Access to help for children and young people with a Learning Disability**

All SW London boroughs have a clinical psychologist or behaviour specialist(s) that offer help and behaviour support for children and young people with moderate to severe LD and challenging behaviour. Frequently, this support and help for parents and their children with complex special needs is undertaken in close cooperation with other therapists already involved in the care of these children as well as colleagues from Social Care and Education. However, as this group of children and young people suffers from global developmental challenges including significant delay of language development, it takes longer to get to know the child and to observe and determine the underlying triggers and causes of the presenting behavioural, emotional and social communication problems. Local LD psychologists will refer to CAMHS or request a consultation, but colleagues working in generic CAMHS Teams frequently feel that they lack experience or the highly specialist expertise to offer more help than is already provided by various therapists within local services.

Wandsworth and Croydon are the only SW London boroughs with a Specialist LD CAMHS team offering consultations to parents and professionals as well as assessment and treatment of children and young people with a LD and challenging behaviour as well as emerging mental health problems.

SW London has recognised the need to develop a consistent LD CAMHS offer across all six SW London boroughs and invested £200k into the LD CAMHS team this financial year with the aim to gradually transform the Wandsworth LD CAMHS team to a SW London LD CAMHS provision.

SWLStG has commenced recruitment for additional LD CAMHS practitioners and will commence offering specialist consultation and advice for children and young people and their families open to local SW London CAMHS team in the next 3-4 months in line with the interim SOP that was agreed with Kingston and Richmond in 2020/21 (more information on this interim SOP can be found in the appendix to this section).

### **Where do we want to be?**

SW London has identified the need to establish a consistent mental health and positive behaviour support offer for children and young people with LD and their families across all SW London boroughs and will gradually increase funding for this vulnerable group, both place-based, jointly with Local Authorities as well as SW London wide from an NHS perspective and in line with the aims and ambitions of the Transforming Care Programme (see 4.8).

## 4.8. Transforming Care Programme for children and young people with LD and/or ASD

### **Beyond Transforming Care. Our Vision for Mental Health Support for children and young people with LD and/or ASD**

There has been a significant increase in the number of children with a diagnosis for Autism (ASD) and Learning Disabilities (LD) in SW London over the last 10 years. This increase has resulted in a scaling up of education, social care and health provision for these CYP and families. There has been a major expansion of Special Needs schools to cope with the increasing number of young people with Special Educational Needs and Disability (SEND) and the creation of more nurturing provision within mainstream schools, to support inclusive education.

In line with the increase in the number of CYP with SEND there has been an increase in CYP with ASD and/or LD who have emerging 'behaviours that challenge,' which can escalate into emotional and mental health needs. Children with LD and/or ASD who exhibit severe challenging behaviours often have nuanced sensory, social and communication needs, emotional dysregulation, and patterns of obsessive and ritualised behaviour which their family, school and professional network have struggled to understand and effectively respond to. For children with high functioning autism, often diagnosis happens in teenage years (between 12 and 16 years old) and their emotional needs and mental health may have already deteriorated ahead of the diagnostic process and (specialist) help being put in place.

To effectively respond to these emotional and mental health needs SW London CCG works with our Local Authorities Partners, SLP and voluntary sector organisations to commission a range of services locally as well as SW London wide. Our partnership and mental health trusts are also part of a national 'best practice' programme 'MELD' (Mapping Services for Children with Learning Disabilities and Behaviours that Challenge), which is helping us learn about good practice nationally and to improve services locally.

Under the Transforming Care Programme (TCP) children with LD and/or ASD at risk of admission are entitled to go onto (borough based) Enhanced Care Registers, which are held and regularly reviewed by local Transformation Managers of SW London CCG jointly with partner agencies from Health/Mental Health, Social Care and Education/SEND. The local Transformation Manager will call an urgent Care, Education and Treatment Review (CETR), if a children and young people on this register is acutely at risk of being admitted to an inpatient unit. This full day crisis meeting creates a more integrated approach and brings together a range of professionals from health, education, social care and independent experts from NHS England, along with the young person and their family, to identify packages of support that will maintain a young person at home or elsewhere in the community and avoid an admission to hospital. If an admission is necessary, then the CETR recommendations help to keep the admission as brief as possible.

### **Achievement: Low Number of Admissions**

SW London has achieved a good record in maintaining low admissions for CYP with LD and/or ASD over the last two years. As a system we are committed to intervening early and effectively where children and young people with SEND experience emotional difficulties and emerging mental health needs, including 'severe challenging behaviour.' The relatively low rate of admissions has been achieved by our Place Based Teams working in an integrated way with colleagues in schools/special schools, Health/Therapy and Mental Health colleagues as well as colleagues from Local Authorities at a borough level.

The below table shows levels of admission of the TCP cohort of young people over that last three years and the trajectory going forward.

Year	2018/19	2019/20	2020/21
Total SWL Region (per 1 million population of 1.5 million)	25	19	15
London Regional Average (per 1 million population)	28	18	12

### Reduced Length of Admission

In addition to reduced numbers of admissions, we have worked with partners to reduce the length of stay. For admissions that are necessary, we have worked to ensure they happened in a planned way to support de-escalation, assessments, and treatments in specialist inpatient settings and to allow a brief period in which professionals can put in place appropriate community provision to support effective discharge and reduce the risk of re-admission. Due to the relatively low numbers of admissions, average length of admission statistics significantly varies from year to year, with individual cases skewing the figures. The key process that we use to reduce admission and length of admission are Care Education and Treatment Reviews (CETRs). As part of this process Place-Based Transformation Managers organise follow-up professionals' meetings to ensure actions agreed at CETRs are met and that integrated care, education and treatment packages are put in place swiftly. Where delays persist, outstanding actions are quickly escalated to senior leaders within Local Authorities and other partner organisations.

### Covid Support and Response

The SW London Covid response included borough teams working with Local Authority and SWLSTG colleagues (especially in CAMHS LD and CAMHS Tier 3 Teams) to identify the highest priority cases, where expanded monitoring and increased packages of support at home were needed. Covid was particularly difficult for CYP with LD and ASD for whom daily/weekly routine and familiar faces are a crucial part of their wellbeing and crisis avoidance. While some schools stayed open for vulnerable students, others closed because of lack of staff capacity. Additionally, some children's health vulnerabilities (or that of parents) meant that families had to isolate at home, in some cases refusing carer support that would usually be in place. As a result, there was an increase in challenging behaviours and crisis incidents, with emotional wellbeing deteriorating for many in the last 16 months. Consequently, requests for CETRs went up during this time.

Local health/mental health and social care colleagues stepped up monitoring of high risk and/or challenging young people. Local Authority colleagues increased respite and carer support packages for these high priority cases and local SW London CCG colleagues agreed specialist functional behaviour assessments recommended by external experts attending CETRs.

The overall outcome of our joined-up LD/ASD Covid response was to maintain low rates of admissions from our LD cohort on the Enhanced/Dynamic Risk Registers, but we also saw in some instances increased TCP admissions and length of admission for young people with (high functioning) ASD previously unknown to CAMHS, particularly young people in mainstream settings.

### Challenge: High Cost Packages

High cost and multi-faceted packages of community support are needed to meet the nuanced needs of this cohort. This usually includes a mixture of specialist carer provision in the home, functional behavioural analysis, Positive Behaviour Support (PBS) training and ongoing PBS monitoring of the package, medication, aids and adaptations to the family home, respite care, special education provision, benefits, and carer support for family members. The cost of these packages can range from approximately £5,000 (for functional behavioural assessment and plan) to over £700k per year. These packages are funded jointly by health, education and social care (but how costs are divided varies depending on borough). The below table is an estimate of the typical costs of high-cost support for TCP young people when a package is put in place to avoid an admission:

Type of Package	Typical cost
<p><b>Very low cost package:</b> brief assessment and re-focused multi-agency approach: Because of the current focus on 'high priority' cases, these are less likely to have CETR (but this may change with the introduction of the new Key Workers, which will increase capacity). Existing services (particularly education) and CAMHS LD Team are able to do the follow up work required. The CETR provides clarification and fresh impetus to work together to address the issues.</p>	£1k - 4.5k
<p><b>Low cost package: brief assessment and follow up intervention.</b> 50% of all cases that come to CETR require a full functional analysis, positive behaviour support plan/strategies and a programme of follow up support and monitoring for existing staff and family members. This helps everybody to understand the behaviours and to break cycles of crisis. In these cases, family members have significant capacity and there is a network of support already in place. Sometimes new education provision is required, plus additional family support and crisis planning.</p>	£16k - £20k
<p><b>Medium cost package: three to six months of support &amp; intervention:</b> These cases arise for an estimated 25% of cases that come to CETR. These are more often where a young person has ASD but no LD and so work that might be done by a CAMHS LD Team isn't possible and Tier 3 CAMHS colleagues don't have the specialism to do follow up work with the family. They include initial functional assessment and follow up work, but also require ongoing support for wider professionals to address more nuanced and intransigent issues. Sometimes this can include referral to one of the National Specialist CAMHS services (such as OCD service).</p>	£30k - £45k
<p><b>High cost long term package of support:</b> These packages occur 25% of the time for current 'high priority' cases that come for CETR. They include increased and tailored support from a wider range of health, education and social care services, full range of PBS ongoing support and RMNs/skilled carers working in the home at least some of the week and sometimes at weekends and nights.</p>	£60k - £350k

### Support for Children with Severe Challenging Behaviour

Some young people with ASD and/or LD experience 'severe challenging behaviours.' SW London works with a range of partners to ensure appropriate support is available as early as possible. In most boroughs this support begins with an Autism Advisory Service, often within the Children with Disabilities (CWD) Team (also called 0-18 or 0-25 Teams).

Additionally, SW London CCG has commissioned a comprehensive program of BILD (British Institute of Learning Disabilities) Training for all SW London boroughs to start in autumn 2021. Over 150 operational managers and front-line staff, including pastoral leaders in schools and autism advisory team staff, will receive training in functional behavioural approaches. Training will be others at three levels:

1. **Awareness training day-** Bespoke training for operational managers & other professionals.
2. **Awareness Training half day-** Bespoke training for service managers and clinical managers
3. **Foundation for families-** Understanding behaviour that is concerning or challenging. Training for families and front-line professionals working with families on a daily basis

The BILD training and new Behaviour Analyst posts are part of a SW London approach to system change, with regards to how children and young people and their families are supported when they experience 'emerging challenging behaviours' or 'severe challenging behaviours'.

'Severe challenging behaviour' is now included in Children's Continuing Care (CCC) as the eight domains under which CYP can be referred for support. Where these are assessed as meeting the 'severe' and 'priority' criteria for packages of support then a full package of nursing and carer support in the home is put in place. A new central CCC Team has been set up in SW London that will ensure 'severe challenging behaviour' referrals are swiftly assessed, so that appropriate care and support can be put in place, where this is needed.

### Key Worker Pilot

To help SW London improve the quality and scale of support for LD and/or ASD young people in crisis we are piloting a new Key Worker approach, funded by NHS England. The Key Worker pilot will initially

focus on Wandsworth and Sutton, where there are functional CAMHS LD Teams and where there are advanced discussions about the role of CAMHS Tier 3 supporting children with ASD who are in crisis and whose needs are deteriorating. Other SW London areas will be fast followers from April 2022, benefitting from the learning that has taken place. The pilot will focus on CYP on the Enhanced Care Register and their families, which will include an expanded number of young people given the additional capacity created by the pilot programme.

### **SW London Part of National Research and Good Practice Sharing Programme**

Both of our Mental Health Trusts are participants in the new Mapping Services for Children with Learning Disabilities and Behaviours that Challenge (MELD) programme, led by Warwick University, SLAM and NHS England. Through SW London providers' active participation in this programme we are exploring models of good practice and comparable outcome measures.

Participation will enable SW London and partners nationally to better describe the current range of service models and options for caring for and treating children with learning disabilities and behaviours that challenge. This will contribute to the evidence base about community-based service provision for these children, which will inform developments in service provision across England.

At the end of the study, a report of the research results will be completed and sent to the National Institute of Health Research who are funding the study. Once the research study is complete, SW London will provide commissioners and staff with a summary of the results and learning will help influence service development.

### **Next Steps in Transforming Mental Health Services for children and young people with LD and/or ASD:**

To drive further improvement in services for children and young people with LD and/or ASD, SW London CCG will prioritise the following:

- Establish step by step a consistent local LD psychology and positive behaviour support offer, which can access local CAMHS as well as specialist SW London LD CAMHS for consultation, assessment and treatment advice and support
- Review intensive support and crisis support service models for children and young people and young adults (0-25) with LD and/or ASD and decide with service users and partner agencies, which model(s) we want to implement in the next 12 to 18 months
- create opportunities in the ICS for a more integrated approach to swiftly agreeing comprehensive packages of care and treatment across a spectrum of need
- mobilise a new system of Key Worker support for children at risk of admission to hospital, ensuring packages are tailored to the individual needs of children

## **4.9. Timely access to Crisis Help (Urgent and Emergency Pathway)**



The NHS Long Term Plan has set out a clear ambition for all ICSs: “There will be 24/7 mental health crisis provision for Children and Young People that combines crisis assessment, brief response and intensive home treatment functions by 2023/24”

Key components consisting of a combination of local and SW London-wide crisis provision for CYP were already in place when we last reported on the crisis provision:



- A nurse led CAMHS Emergency Care Service (ECS) providing mental health and risk assessments for CYP that are presenting in a mental health crisis, including deliberate self-harm, at A&Es in Kingston Hospital, St George's Hospital, St Helier Hospital or West Middlesex University Hospital, currently operating seven days per week 9.00am to 8.00pm. This service will also carry out initial mental health and risk assessments if young people need to be admitted to a Paediatric Ward following an overdose or other self-harm attempt requiring clinical observation and medical intervention
- Various crisis telephone numbers depending on where you live and from time of the day, i.e. during office hours, after office hours between 5.00pm and 11.00pm and an all age 24/7 crisis telephone number
- An Adolescent Outreach Team (AOT) for young people with more severe and complex mental health challenges, who are already known to local CAMHS and present with risks to self and/or others. The AOT is providing short to medium term interventions in addition to the specialist help provided by local CAMHS.
- CYP from Croydon can access a CAMHS Crisis Team, which also offers short to medium-term more intensive help including home visits and more regular access to telephone advice and help, when needed, for young people already known to local CAMHS.

### **What happened in response to the pandemic?**

There has been a lot of work undertaken due to the pandemic to coalesce all crisis help into one offer across children and young people and adult mental health services, resulting in the SLAM and SWLSTG all-age 24/7 crisis lines (see below). Crisis services were also co-located in the Orchid Hub

Dedicated CAMHS support is provided through SLP from 5.00-11.00pm weekdays and 9.00am-10.00pm weekends for children and young people or a parent/carer concerned about their child's mental health. During office hours, children and young people or a parent can either contact their local CAMHS SPA or their care coordinator, if the child or young person has already been assessed by a CAMHS Team but is waiting for treatment to start.

### **Where are we now?**

Both SWLSTG and SLAM offer 24/7 all-age crisis lines, which were set up during the pandemic, with dedicated out of hours CAMHS support weekdays from 5.00-11.00pm and weekends 9.00am-10.00pm through SLP, with further investment into the crisis services in 2021/22. The new investment into the SWLSTG CAMHS Emergency Care Service (CECS) this year will expand hours of operation to 9.00am-10.00pm every day.

### **Where do we want to be?**

Work has begun to introduce the "dial 2" option to NHS 111 for mental health crises calls; however, we need services in place for CYP to be diverted to on these calls. We need to work with SLP, SWLSTG, SLAM and NHS111 colleagues to link together the various lines, ensuring they can provide timely mental health advice, care and initiate follow up help, if indicated.

Most of the crisis service developments have focused on improving consistency and timeliness of CAMHS and Adult Mental Health Crisis Provision across SW London. However, we are planning to jointly review with partner agencies and service users, how we can further improve intensive home treatment functions, particularly for those children and young people/young adults who may need specialist crisis interventions for longer rather than the brief responses or short-term support already in place.

Consequently, SW London will review best practice intensive support and/or crisis support service models for children and young people with LD and/or ASD and engage with partner agencies and

children and young people and their families to decide what intensive and crisis support model would be best for these young people with additional needs and challenges in crisis situations.

## 5. NHS Long Term Plan Ambitions for next three years

The Long Term Plan set out ‘fixed’ and ‘flexible’ deliverables. A ‘fixed’ deliverable is one whereby we must achieve it with little to no flexibility on how we achieve it: e.g. we must deliver waiting times for eating disorders services based on national standards. A ‘flexible’ deliverable is one whereby we must achieve it by the year indicated but the way in which we do so can be locally determined: e.g., developing a SW London model of what 0-25 services look like. ‘Targeted’ deliverables are ones where there will be a specific process for chosen areas to put together proposals to access funding to transform services: e.g., delivering MHSTs, which are in selected waves.

Fixed	Flexible	Targeted
<ul style="list-style-type: none"> <li>Nationally, 345,000 additional children and young people aged 0-25 accessing NHS funded services [by 2023/24] (in addition to the FYFVMH commitment to have 70,000 additional children and young people accessing NHS Services by 2020/21)</li> <li>Achievement of 95% children and young people eating disorder standard in 2020/21 and maintaining its delivery thereafter</li> <li>100% coverage of 24/7 crisis provision for children and young people which combine crisis assessment, brief response and intensive home treatment functions by 2023/24 (see also Mental Health Crisis]</li> </ul>	<p>Comprehensive 0-25 support offer in all STPs/ICS' by 2023/24 [drawing from a menu of evidence-based approaches to be made available in 2020]</p>	<p>Mental Health Support Teams (MHSTs) to be between a quarter and a fifth of the country by 2023/24</p>

### Where are we now?

- CAMHS Transformation Plans have helped to deliver Future in Mind and the Mental Health Five Year Forward View over the last five years
- We have successfully achieved the access target increase from 25% to 35%, however we have the ambition to go further and will continue to invest both into preventive and early help services in schools, colleges and the community as well as expansion of core children and young people help, more help and crisis mental health services.
- The Eating Disorders service has consistently met the national waiting time standards for urgent and routine referral up to March 2020, but the recent surge in demand has clearly highlighted the need for additional investment in this specialist pathway
- The impact of COVID has dramatically changed the way services have been delivered: from face-to-face to digital and online assessments and treatment for the majority of referrals
- In response to COVID, a 24/7 all-age crisis pathway was established in April 2020 offering telephone triage and face-to-face urgent assessments in order to avoid hospital admission, but also provided the possibility for a short admission without delay, if this was necessary for the safety and stabilisation of the children and young people’s mental health condition.
- We have closer working relationships between the CCG and Local Authorities to support CYP with SEND/EHCPs with improved access to specialist LD CAMHS and an integrated therapy offer, including psychology and positive behavioural support

### Where do we want to be?

- We need to use the additional CAMHS investment to deliver Long Term Plan ambitions, including a more integrated 0-25 mental service delivery model that works in close collaboration with partners in children and young adult services.
- We need to transform access to services, including a digital offer and early help in schools and colleges to continue meeting national targets
- We need to join up specialist pathways to move away from tiers and age cut-offs to offer children and young people and families more choice when individuals transition to adult services

- We need to re-establish the intensive treatment option for children and young people with eating disorders to prevent the need for inpatient treatment
- We need to establish a fully integrated children and young people crisis service across SW London that includes timely self-harm assessments and urgent crisis assessments as well as the capacity to deliver outreach and home treatment for children and young people and their families when they need it

## Data Access and Outcomes

### Where are we now?

- The current CAMHS performance reporting on waiting times and other key metrics offers delayed information showing past demand. This data is regularly reviewed by various local groups with accompanying 'demand challenges' narrative that does not fully describe the picture.
- Overall feedback from CYP and their parents/families being seen by one or more CAMHS practitioners is positive and recorded outcome data for around 25% of CYP indicates a positive service experience and improvement of symptoms

### Where do we want to be?

- We need a more meaningful and consistent data collection across the whole age range 0-25.
- The way waiting times are reported needs to be in weeks and months; the current categories are not always helpful to get the full picture.
- Data needs to show the whole patient journey from access to assessment, start of treatment and outcomes after so many weeks or months.
- This data needs to inform patient choices as well as supporting planning under the CAMHS transformation programme.

## 6. Investment Plan 2021/22

The Government announced a Spending Review in 2020/21 as part of its response to the impact of the Coronavirus pandemic on the NHS. Nationally, £500m was identified for mental health services. This funding is linked to either specific pandemic recovery and/or bringing forward Long Term Plan ambitions. Including annual transformation funding allocations, the SW London system received £4.3m to support transformation of CYP MH services.

A high-level breakdown of the use of this funding is below:

### Allocations

Service/Area	Transformation Funding £000s	Spending Review £000s	Total £000s
CYP Community & Crisis	£1,872 (**can include ED)	£1,257	£3,129
Development of 18-25 services	£559	£363	£922
Eating Disorders	***	£363	£363

### Investments

Service/Borough	Transformation Funding	Spending Review
Croydon	<ul style="list-style-type: none"> <li>• Self-harm outreach</li> <li>• Targeted interventions for frequent, complex A&amp;E attendees</li> <li>• Expand Tier 2 early intervention &amp; support offer</li> <li>• Expand pathways from CAMHS into specialist services</li> <li>• Pilot 18-25 services</li> </ul>	<ul style="list-style-type: none"> <li>• Expand Eating Disorders support</li> <li>• Enhance crisis helpline</li> <li>• Enhance Single Point of Contact</li> <li>• Pilot Shared Lives model for those discharged from hospital</li> </ul>
Kingston	LD PBS Support	<ul style="list-style-type: none"> <li>• Develop 18-25 options</li> <li>• Transition worker</li> </ul>
Merton	<ul style="list-style-type: none"> <li>• 16-17 self-referral to CAMHS/MASH</li> <li>• Expand Off the Record capacity and extend to 25</li> <li>• Transition worker</li> </ul>	



<b>Richmond Sutton</b>	LD PBS Support • Enhanced CBT • Set up CAMHS 0-5	Pilot Emotional Wellbeing Hub Enhanced Counselling
<b>SWLSTG Services</b>	• Enhance LD CAMHS • Eating Disorders service expansion • Expand support for implementing Thrive	Expand hours of operation for CAMHS Emergency Care Service
<b>South London Partnership</b>		Extend Crisis Line hours of operation

We have also used some of the all-age £2.4m Discharge funding to support expanded AOT ward in-reach.

## 7. Workforce Development

We are committed to developing a sustainable workforce with the appropriate skills mix to deliver a comprehensive and NICE-compliant range of services. Increasing the capacity of the workforce is at the heart of delivering the transformation plan but equally the workforce has the right skills to make a positive impact.

### Where are we now?

- The CYP Mental Health workforce has grown over the last five years but requires additional investment to meet increasing demand
- Transformation funding has prioritised NHS services with the potential for voluntary sector and Local Authority services left unexplored: we need to look at how they can contribute to efficiencies and reducing waiting times
- LD psychology and functional behaviour assessment skills are in short supply and have been spot purchased across SW London previously
- In response to Covid, the whole CAMHS workforce has undergone a dramatic transformation in the way services are delivered

### Where do we want to be?

- We need to explore more variety in the support offer: digital/online, crisis, etc. These will be an integral part of better-coordinated and integrated place-based services with more specialist pathways operating at a SW London level
- The future CAMHS workforce will need to combine different models including working flexibly or as part of two or more teams; help will need to be offered according to client needs and choices on accessing support.

## 8. Digitally enabled care pathways for 0-25 year old

### Where are we now?

- We commission Kooth to offer online and text messaging support. Other organisations offer similar support (e.g., Off the Record and Croydon Drop-In).
- Some T2 services began offering online/digital support during Covid

### Where do we want to be?

- We need to determine future arrangements for digital provision
- Explore additional digital options.

The impact of Covid on CYP MH services had an arguably positive impact in bringing forward digital technologies and the ability to deliver services remotely. While this is not always the best way of delivering treatment to individuals, it has no less offered the opportunity to review and assess what can be delivered remotely and what must be delivered face to face. SW London has just finalised its Digital Strategy and will be aligning the CYP MH programme to this work, to identify innovative digital

solutions and build upon the good work that has taken place in response to the dramatic shift during the pandemic.

## **9. Dependencies with other programmes**

The CYP MH programme links with a wide range of programmes:

- Adult Mental Health Transformation Programme
- Digital programme
- Primary Care Transformation Programme
- Continuing Health Care services
- Quality and Safeguarding
- Personalised Care Programme
- Learning Disabilities Programme
- Urgent & Emergency Care Programme
- Workforce Programme

## Appendices

### More information relating to Section 4.1 (Prevention and Early Intervention)

#### MHST Coverage and Workforce across 6 SW London Boroughs:

Schools					
Kingston	Richmond	Croydon	Merton	Sutton	Wandsworth
Tolworth Girls' School & Sixth Form	Teddington School	St Mary's Catholic High School	Ursuline High	Greenshaw High School	Southfields Academy
The Holyfield School & Sixth Form Centre	Waldegrave School	Elmwood Infant School	Goring Park	Green Wrythe Primary School	Linden Lodge School
The Tiffin Girls' School	Turing House School	Winterbourne Junior Girls' School	Hollymount	Muschamp Primary School	Albermarle Primary School
Dysart School	Trafalgar Infant School	Royal Russell School	Holy Trinity CoE Links	Tweeddale Primary School	Allfarthing Primary School
Grand Avenue Primary & Nursery School	Trafalgar Junior School	Priory School	Sacred Heart RC School	Culvers House Primary School	Beatrix Potter Primary School
King Athelstan Primary School	St Elizabeth's Catholic RC Primary School	The Quest Academy	SS Peter & Paul RC	Avenue Primary Academy	Earlsfield Primary School
Christ Church CE Primary School	Hampton Wick Infant & Nursery School	Norbury Manor Business and Enterprise College for Girls	St John Fisher RC	Wallington Primary School	Our Lady of Queen Heaven
Ellingham Primary School	Carlisle Infant School	Applegarth Academy	St Mary's RC	Overton Grange School	Ronald Ross
Malden Manor Primary & Nursery School	Christ's School	St Mary's Catholic Infant School	St Thomas of Canterbury RC	Cheam High School	Riversdale Primary School
Coombe Boys' School	Richmond Park Academy	The Crescent Primary School	Raynes Park High	Sherwood Park School	St Joseph's Primary School
Burlington Infant & Nursery School	Hampton High School	Meridian High School	Wimbledon College	Sherrington Primary School	Sherrington Primary School
Lovelace Primary School	Grey Court School	Gilbert Scott Primary School	Melrose school	Bandon Hill Primary School	Southmead Primary School
Richard Challoner School	Sheen Mount Primary School	West Thornton Primary School	Canterbury Harris Primary Academy (ARP)	Foresters Primary School	Swaffield Primary School
The Holy Cross School	The Russell School	Rockmount Primary School	Hartfield (ARP)	Glenthorne High Secondary School	West Hill Primary School
Malden Oaks Pupil Referral Unit	East Sheen Primary School	Norbury Manor Primary School	West Wimbledon (ARP)	Oaks Park School	Burntwood School
King's Oak Primary School	Strathmore School	All Saints CofE Primary School	Cricknet Green	Carew Academy	St Anne's Primary School
Coombe Hill Infant School	Darrell Primary & Nursery School	The Minster Junior School	Perseid upper & lower	Eagle House School	Floreat Wandsworth Primary School
Coombe Hill Junior School	Lowther Primary School	Archbishop Tenison's CofE High School	Ricards Lodge High	The Link Primary School	St Faith's Primary School
Robin Hood Primary School	Hampton Hill Junior School	Thomas More Catholic School	Stanford (ARP)	The Link Secondary School	Wandle Valley School
Lime Tree Primary School	Orleans Park School	Whitehorse Manor Junior School	Eagle House	Wandle Valley School	St Michael's Primary School
Christ Church New Malden Primary School	Holy Trinity CE Primary School	Oasis Academy Arena			John Bosco School
Green Lane Primary & Nursery School		Chestnut Park Primary School			Ark Bolingbrook Academy
Saint Joseph's Catholic Nursery School		Winterbourne Boys' Academy			Harris Academy
		Broadmead Primary School			Battersea
		Woodside Primary School			Shaftsbury Park Primary School
		Beckmead School			Ark - John Archer Primary School
					Alderbrooke Primary School
					Wix Primary School
					Dolphin School
Colleges					
Kingston College	Richmond College	Croydon College	Merton College	South Thames Carshalton	South Thames College

#### School Mental Health Programme Website Links:

Mentally Healthy Schools

<https://www.mentallyhealthyschools.org.uk/>

Anna Freud Schools and Colleges

<https://www.annafreud.org/schools-and-colleges/5-steps-to-mental-health-and-wellbeing/>

Anna Freud Transforming the Workforce:

<https://www.annafreud.org/transforming-the-workforce/cyp-mh-workforce-development/childrens-wellbeing-practitioner-programme/>

## **Children’s Wellbeing Practitioner (CWP) Programme:**

The national CWP programme was established as a response to the target for offering an evidence based intervention to 70,000 more children and young people annually by 2020, by training up 1,700 new staff in evidence based treatments, outlined in [Implementing the Five Year Forward View for Mental Health](#)

The CWP Programme is a fantastic opportunity for services to create new trainee roles that:

- **Increase capacity by expanding the workforce** through creating a new sub-service with close links to local providers
- **Focus on prevention and early intervention** – diverting children and young people from specialist services through guided self-help for anxiety, low mood and common behavioural problems
- **Meet the gap in services**– increasing accessibility and seeing children and young people who might not meet the threshold for current services

There have been six cohorts of CWP training in London and the South East to date, with 397 CWPs (including current trainees) based in over 42 different services including NHS, Voluntary Sector and Local Authority. The CWP programme in London and the South East has produced some impressive outcomes for children and young people. You can find a thorough evaluation of the first year of the CWP programme [here](#)

### **What do CWPs do?**

CWPs are trained to offer guided self-help to children, young people, and families with mild to moderate anxiety, low mood and common behavioural problems.

CWPs work in a variety of different settings including CAMHS, Local Authority and Voluntary Sector organisations. The work of CWPs is very varied as each service will be tailored to local need and provision but can include assessments, face to face sessions, telephone work, workshops, groups, and service user involvement activities.

**Information for Prospective Students** Funding for Cohort 7 of the CWP programme has been confirmed by Health Education England. If you are a prospective student, please [view our Postgraduate Studies](#) page to find the relevant information. Please sign up to our [mailing list](#) to be informed of developments and receive notification of advertised roles.

You can see a variety of different CWP service models here:

- CWP Booklet: Reflections from Year One
- CWP Booklet: Reflections from Year Two
- CWP Booklet: Reflections from Year Three
- CWP Booklet: Reflections from Year Four

More Information relating to section 4.2 (Improving Access to help and more specialist help)  
**LOCAL SYSTEM OF CARE (KINGSTON AND RICHMOND EXAMPLE)**

**The Local System of Care**



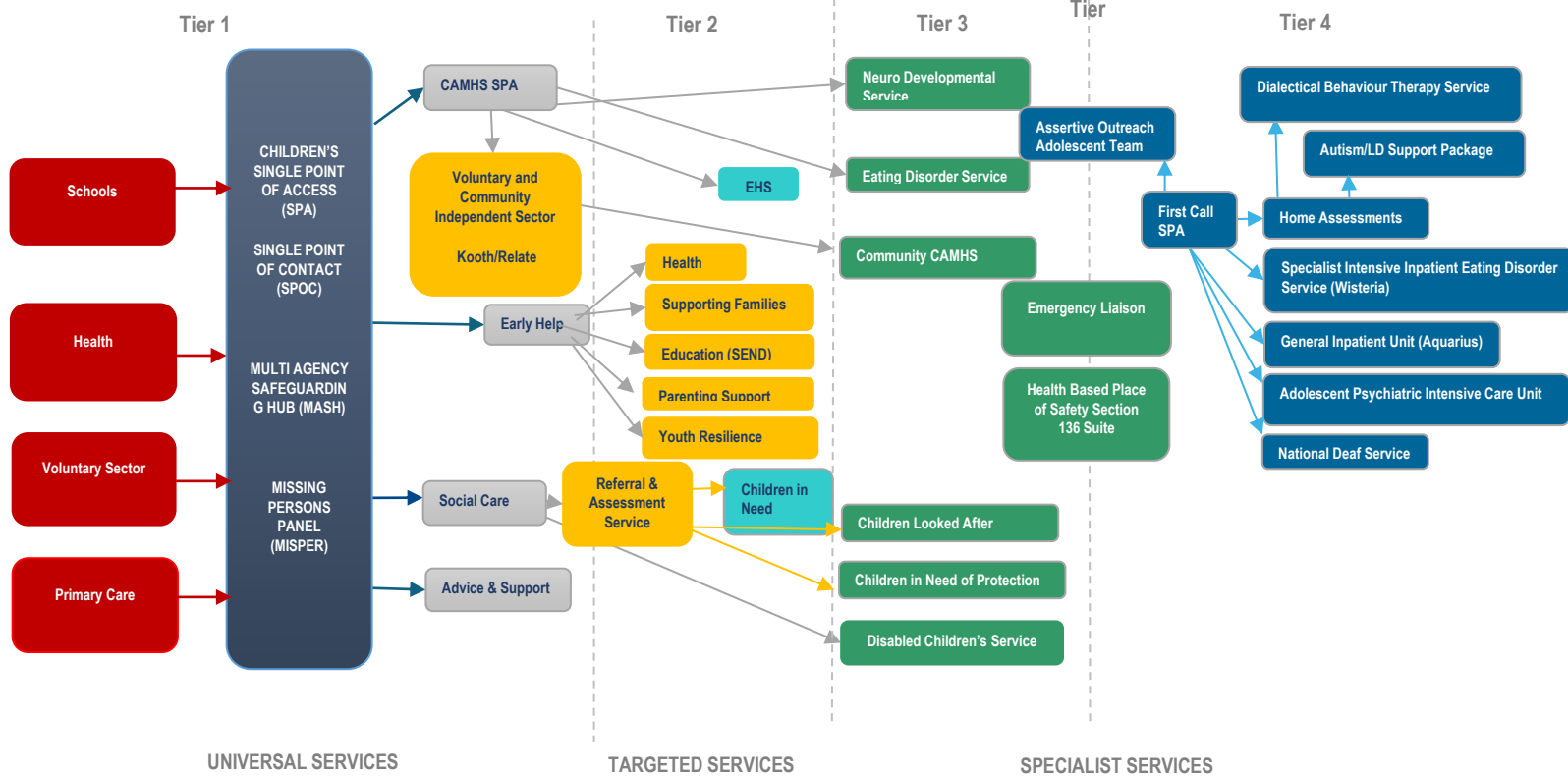
The Thrive Model

**GETTING ADVICE**  
 Promoting MH and Wellbeing in Schools & Community

**GETTING HELP**

**GETTING MORE**

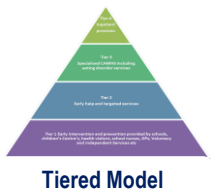
**GETTING RISK**



UNIVERSAL SERVICES

TARGETED SERVICES

SPECIALIST SERVICES



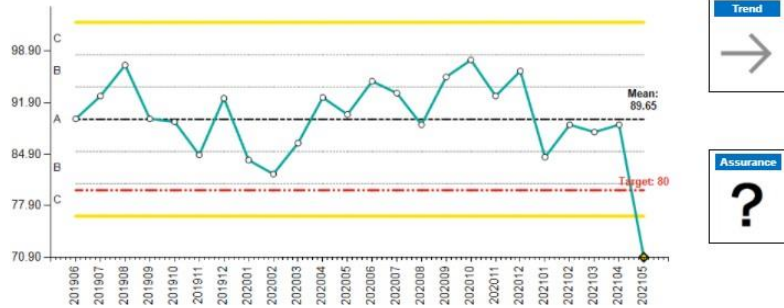
Tiered Model

Place based CAMHS Access information

Access To Children's Mental Health

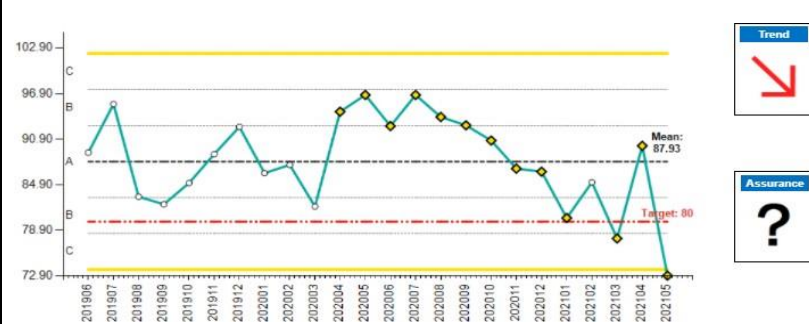
Access to CMHT within 28 days (Target >80%)

NHS Kingston; Access



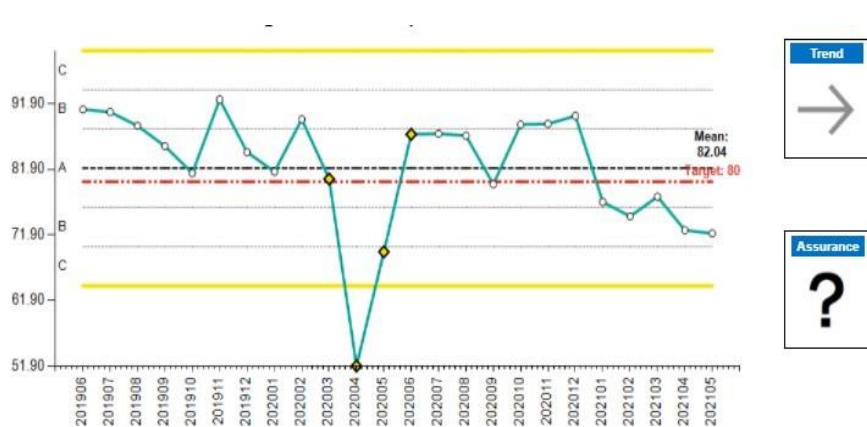
NHS Kingston: Mean performance is above target indicating target will consistently be met. May 2021 has seen a significant decrease with performance below lower control limit.

NHS Richmond; Access



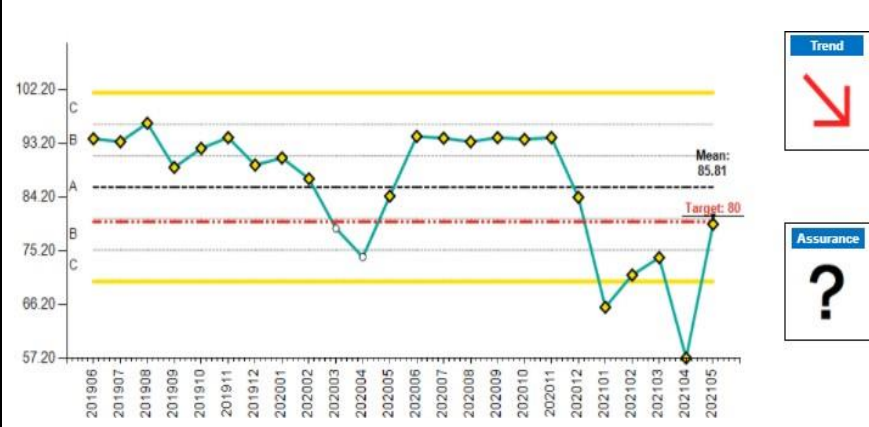
NHS Richmond: Mean performance is above target indicating target will consistently be met. Recent months have seen decrease in performance with May 2021 being below the lower control limit.

NHS Merton: Access



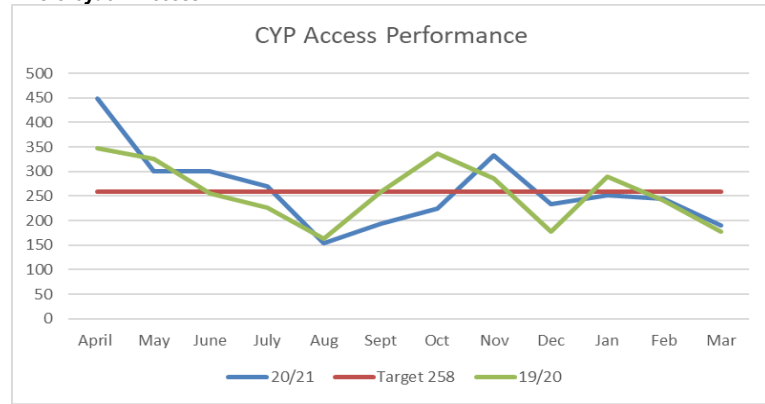
NHS Merton: Mean performance is above target indicating target will frequently be met. More recent months have seen decrease in performance.

NHS Wandsworth: Access

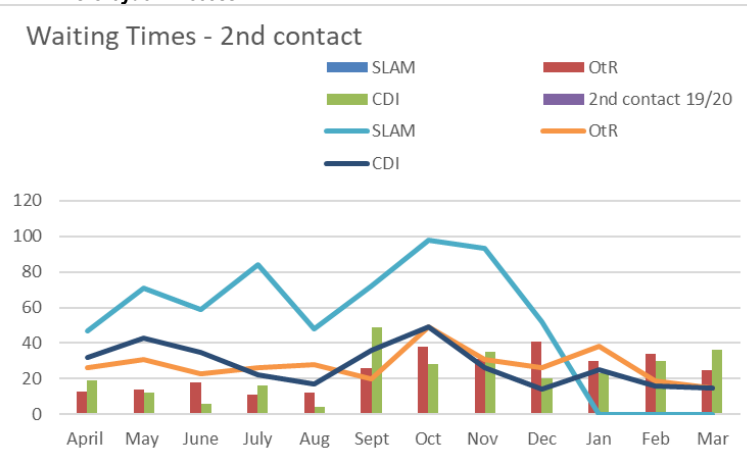


NHS Wandsworth: Mean performance is above target indicating target will frequently be met. More recent months have seen decrease in performance but improvement in May 21 is noted.

**NHS Croydon: Access**

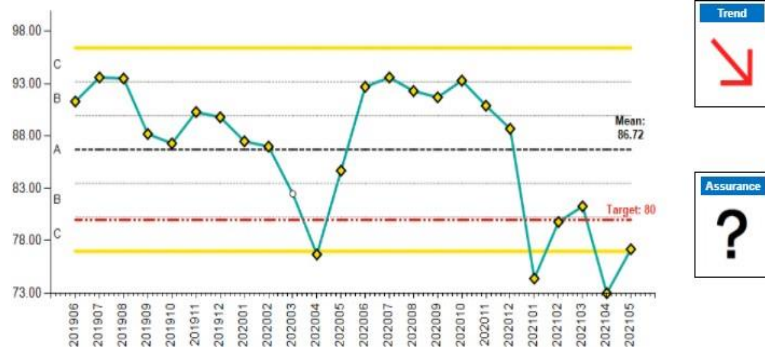


**NHS Croydon: Access**



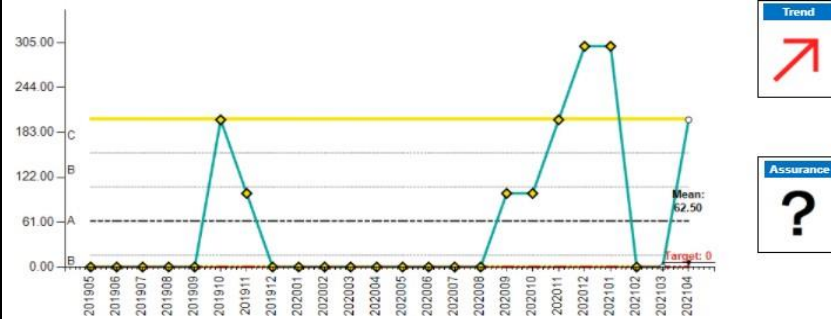
**Waiting Times** 20/21 average waiting time from assessment to first contact increased in Voluntary Sector provision to an average of **7 and 11 weeks** to second contact and access to treatment

**Access**



There has been a downturn in performance over last 5 months preceded by a period where target was consistently met.

**Referral to Treatment (RTT) 52 week breaches (month in arrears) Target >92%**



**What the chart tells us:**

Mean performance is just above target indicating that whilst the service will usually meet target there will be occasional breaches. (Excluding NHS Croydon)

**Underlying issues that prevent us from consistently reaching the target: Merton CAMHS Tier 3:** The breach relates to delay in completion of the diagnostic assessment by the CAMHS Neurodevelopment Team which was moved to Merton CAMHS Tier 3 pathway after 52 weeks. At the time of reporting the young person was still waiting (77 weeks) for their medication commencement appointment due to backlog in ADHD clinic as a result of insufficient medical staff. Under current processes it is inevitable that there will be more breaches.



More information/resources for young people self harming, what it is and what young people can do about it.  
<https://headscape-swLondon.nhs.uk/headscape/>

### **More information relating to section 4.3 (Specialist pathways for CYP Eating Disorders)**

More information/resources for young people with eating challenges and their parents/carers

Resources for Young People and Carers	<a href="https://mccaed.slam.nhs.uk/young-person-and-families/resources">https://mccaed.slam.nhs.uk/young-person-and-families/resources</a>
BEAT	<a href="https://www.beateatingdisorders.org.uk/">https://www.beateatingdisorders.org.uk/</a>
For Professional Referrals	<a href="https://mccaed.slam.nhs.uk/professionals/make-a-referral/">https://mccaed.slam.nhs.uk/professionals/make-a-referral/</a>
Anna Freud Centre	<a href="https://www.annafreud.org/">https://www.annafreud.org/</a>

### **More information to section 4.4 (Specialist Pathways for Neurodevelopmental Disorders)**

#### **Croydon NDT**

The Croydon NDT review is summarised in the link below as one of the key transformation areas:

<https://democracy.croydon.gov.uk/mgConvert2PDF.aspx?ID=29979>

**Wandsworth ASD early help service** [https://thrive.wandsworth.gov.uk/kb5/wandsworth/fsd/service.page?id=Al\\_HjBh6JUJ&familychannel=0](https://thrive.wandsworth.gov.uk/kb5/wandsworth/fsd/service.page?id=Al_HjBh6JUJ&familychannel=0)  
[Wandsworth Autism Advisory Service \(WAAS\)](#)

**ADHD Richmond** [Welcome - home page - ADHD Richmond and Kingston](#)

### **More information relating to section 4.7.4 (Help for Children and Young People with LD)**

#### **Specialist LD CAMHS assessment may include any of the following:**

- Functional assessment of Behaviour that challenges both at school and home
- School observation
- Home observations and relevant visits, where identified
- Mental state assessment (including ADD/Trauma)
- Understanding of SLT and OT input and strategies
- Outcome: A Formulation meeting with family and/ or network as appropriate will occur and recommendations will be discussed.
- The LD team will always summarise in a report a formal consultation and assessment including a formulation and agreed outcome/recommendations

#### **Process of referral allocation, for consultations and full assessments**

- All accepted referrals will remain open to K&R CAMHS T3 for Care Coordination/risk management. It will be K&R CAMHS responsibility to complete risk assessments, relevant KPI's and open and close cases accordingly
- Referrals will be taken to the weekly team meeting every Wednesday for discussion and case allocation. The Wandsworth CAMHS LD team will be responsible for notifying the referrer of the outcome and informing when they would be able to offer the consult/assessment.
- For consultations, it is the Care Coordinators responsibility to record this as a non-clinical note on IAPTUS. The Wandsworth CAMHS LD team will log the time spent doing consultations on dummy files and will refer to patient notes for more detail.
- For referrals accepted for the full assessment and formulation package, they will receive up to 5 days of consultation/assessment.
- The tier 3 service should obtain consent from the young person and family for consultations and assessments, which should be clearly recorded in the notes.
- The Wandsworth CAMHS Learning Disability Service will follow aspects of their established referral pathway with regards to allocation of designated staff member, engaging young person and their family, and information gathering.

### **More information relating to Section 8 (Digitally Enabled Care Pathways information)**

**Kooth** [www.koothplc.com/](http://www.koothplc.com/)

**Data and Insights** <https://explore.kooth.com/wp-content/uploads/2021/05/Kooth-Pulse-2021-Report.pdf>

**Fresh Thinking** [The Thought Report | Fresh Thinking on Mental Health](#)



## LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	<b>CHILDREN AND YOUNG PEOPLE SUB-COMMITTEE</b>
<b>DATE OF DECISION</b>	<b>28 February 2023</b>
<b>REPORT TITLE:</b>	<b>Police Representation and Multi Agency Working</b>
<b>CORPORATE DIRECTOR / DIRECTOR:</b>	<b>Debbie Jones, Interim Corporate Director for Children, Young People and Education.</b>  <b>Roisin Madden, Director of Children’s Social Care.</b>  <b>Vicki Wiltshire, Head of Service Access Support and Intervention</b>
<b>LEAD OFFICER:</b>	<b>Roisin Madden, Director of Children’s Social Care</b>
<b>LEAD MEMBER:</b>	<b>Cllr Maria Gatland, Lead Member for Children, Young People and Education</b>
<b>WARDS AFFECTED:</b>	<b>All</b>

### 1 SUMMARY OF REPORT

- 1.1 This report is to give an insight into the existing strengths in the partnership between the Children Young People and Education (CYPE) Directorate, specifically Children’s Social Care and Police colleagues whilst promoting safeguarding and youth safety. Alongside the strengths, the areas of development are also a focus as we adapt and respond to the social changes and presenting needs.
- 1.2 Scrutiny is recommended to note the content of this report.

### 2 BACKGROUND AND DETAILS

- 2.1 Police colleagues are active participants of the Croydon Multi Agency Safeguarding Hub (MASH) Operational Group, where there is ongoing scrutiny around the roles of the partnership and application of threshold for Early Help and Children’s Social Care. Most recently we have explored the application of Operation Encompass, which enables Police to notify schools and health visitors of low-risk domestic abuse episodes ensuring partners are able to make checks on the children’s general emotional wellbeing and put appropriate support in place. This is a positive national initiative, that offers support to children at the lowest level of intervention and the MASH Operational Group will continue to monitor and scrutinise this.
- 2.2 Another area of focus has been Social Care’s weekly attendance at the Police South Headquarter Children’s Safeguarding meeting to review any situations where Police

have used their Police powers to protect children and remove from their parent's care. There has been a need to review this, to consider any disproportionality and Adultification; to enhance a child first approach and family led safety planning, reducing the authoritative, power led approach which is not always in the best interest of the child.

- 2.3 Police, Health, Children's Social Care and Family Justice Centre colleagues have additionally provided case studies and offered personal reflection of their work in recent co-delivered Learning Events, where a specific theme is reviewed, for example, the January 2023 event was specific to sharing information.
- 2.4 The next event (March 2023) is looking at some of the cross-cutting themes seen in Children's Safeguarding Reviews (SPRs) Adult Safeguarding Reviews (SARs) and Domestic Homicide Reviews (DHRs). A particular focus will be on how transition's (between services or between children and adult services) impact on safeguarding. All three areas responsible for the reviews will co-deliver.
- 2.5 Key Themes for the CSCP for 2023-24 include:
  - Asylum Seekers
  - Child Victims of Domestic Abuse
  - Professional Curiosity/working with resistant Families
  - Child Sexual Abuse
  - Youth Safety/Extra Familial Harm
- 2.6 There is one current Serious Practice Review in progress which focusses on a group of young people involved in 3 unconnected, youth safety incidents where another child was killed. This is likely to be completed in March 2023 but is unable to be published until the criminal court process is concluded. This review has benefitted from significant input from professionals from all agencies.
- 2.7 The Gangs Team, work closely with the Metropolitan Police Service Gangs Unit to identify and manage risk and diversion of gang members up to the age of 25 in the Borough. Individuals and incidents are discussed at a weekly Tasking meeting and actions alongside partners such as the Youth Justice Service, Children's Social Care and National Probation Service agreed to divert, enforce and safeguard individuals.
- 2.8 Any young person who is either involved with a gang, has been targeted and may be harmed by a gang can expect the Gangs Team and The Gangs Partnership to be part of that professional network to share information and expertise, attend strategy meetings and monitor the situation providing the network with updates. The Gangs Team work closely with counterparts in other Local Authorities to promote information sharing.
- 2.9 If there is an imminent risk of harm linked to gangs, or an incident where someone has been harmed, the partnership will visit those involved and again assist with any safeguarding. This may also involve providing evidence and a supporting letter for a move out of the Borough.
- 2.10 The model above also applies to the Youth Integrated Offender Management partnership between the Youth Justice Service and the Metropolitan Police Service. This currently monitors 23 young people identified as either, high risk offenders, prolific offenders or likely to cause harm. This offers these young people the same as the Gangs

partnership and has a designated Lead within the Council's Youth Justice Service and a specialist Metropolitan Police Service 2.11 Integrated Offender Management Team. Daily intelligence checks are shared within the partnership and both Children's Social Care and the Community Safety team attend the monthly Youth Integrated Offender Management meeting to discuss and agree plans on all the young people.

- 2.12 The Youth Engagement Team's Detached and Outreach team respond to reports of Anti-Social Behaviour, crime and disorder by young people working with the police and the Violence Reduction Network to identify locations, days and times. The team will then go into those locations with and without the police to engage young people, deliver detached youth work via the Youth Bus and advise and signpost young people. Most recently we were engaged in a focused piece of work with the British transport Police at East Croydon Train station, to ensure we could offer an appropriate and responsive plan to any children and young people who were recognised as requiring a targeted youth intervention or a referral to Children's Social Care for a more intense level of support.
- 2.13 All the above are extremely strong examples of partnership work working well: One recent measure of this is that the Gangs Operational Manager, Zarina Vidale, was awarded a Metropolitan Police Service Commendation for her successful partnership work with the Metropolitan Police Service Gangs Team.
- 2.14 Partnership work is key to working with children and families in Croydon and making a difference: In November 2022, the London Borough of Croydon learned that we had been selected by the Home Office as a pilot site for the National Referral Mechanism scheme. At the present time, children are left with long delays for the Home Office to decide if a young person was exploited and the victim of modern slavery. This can result in children's court hearings being delayed and this can affect not only career and educational opportunities, but also how other people view vulnerable children. Partnership work with our Safeguarding Partnership helped secure this bid as we had full support from all of our Safeguarding Partners. We were also able to use the existing multi-agency structure of the MACE panel (known as the Complex Adolescent Panel) which will enhance our joined-up approach to child exploitation.
- 2.15 3 Practice Consultants are being recruited to Young Croydon adding specialist capacity for the whole social care practice system, supporting multi-agency responses to children and their families where extra familial harm is present.
- 2.16 With the National Referral Mechanism Pilot going live on 27/02/2023 and the first decision making panel meeting taking place on 09/03/2023, Children's Social Care are confident that this will further improve our work with the Police recognising exploitation, reducing the criminalisation of children in Croydon.

### **3 CONTRIBUTION TO COUNCIL PRIORITIES**

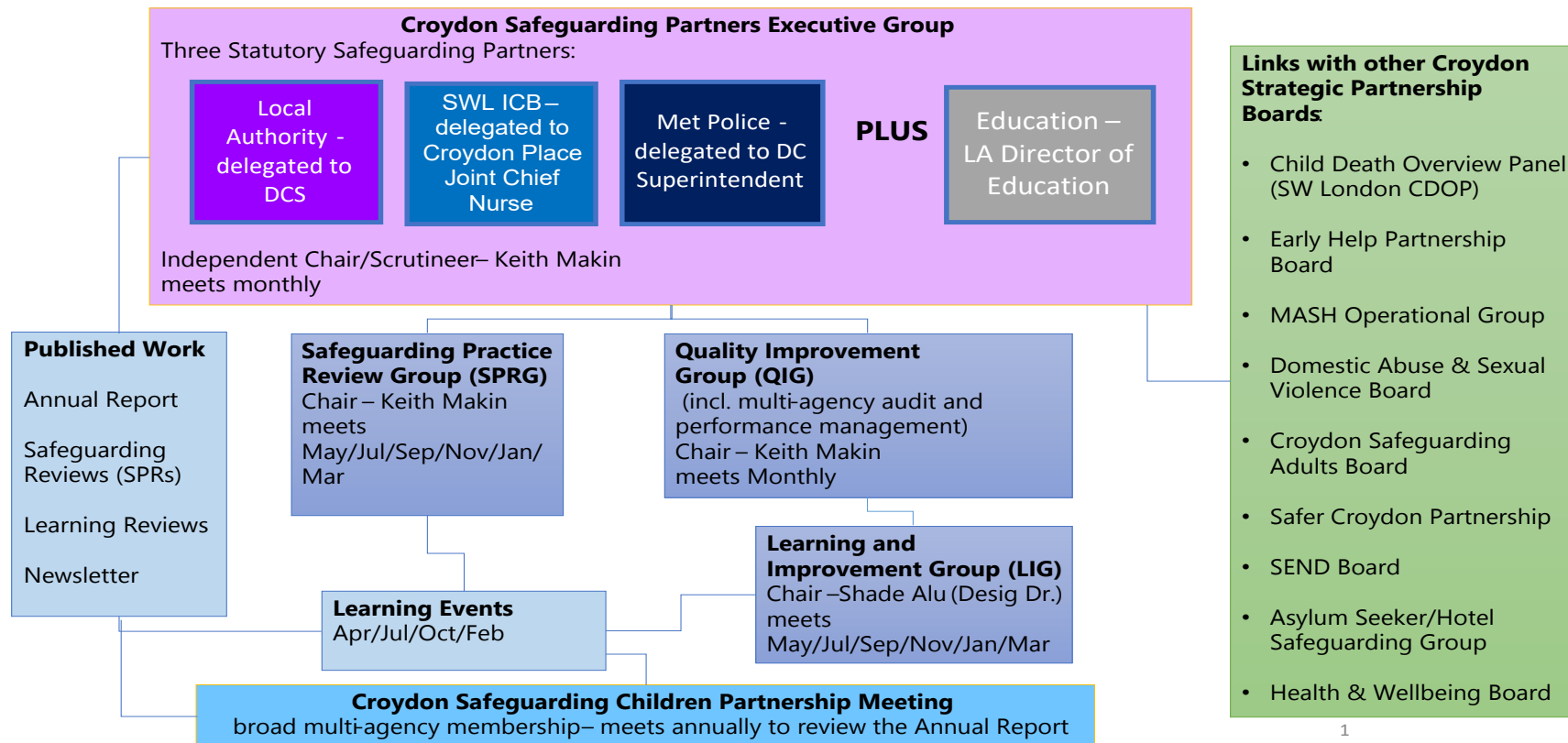
- 3.1 The Mayor has committed to delivering an "Improving Youth Safety Delivery Plan" focussing on keeping children and young people safe on the streets of Croydon.
- 3.2 Working in partnership with the community, the voluntary sector, children and young people, the Croydon Youth Safety Plan will focus on four key themes:

- Prevention – how do we stop the children and young people being made vulnerable
- Intervention - what we do to help the current vulnerable children and young people
- Disruption – how we tackle the gangs and criminal element exploiting children and young people
- Diversion – our positive offer for children and young people in the borough

3.3 To support the development of this, in the last few months, services across Children’s Social Care and the Violence Reduction Network have met to map out all the council delivered services. More importantly, practitioners have identified what they perceive to be the gaps and areas for consideration. The next steps will focus on engagement with partners, children young people and families.

3.4 As well as partnership working in its broadest sense, there is the work of the Croydon Safeguarding Children Partnership (CSCP). [The 2021/22 Annual Report](#) provides evidence of their work to protect children and promote welfare with a focus on youth safety.

**The CSCP Meeting Structure is as follows:**



## **4 IMPLICATIONS**

### **4.1 Financial Implications**

There are no specific financial implication for the Council arising from this report.

### **4.2 Legal Implications**

There are no specific legal implications for the Council arising from this report.

### **4.3 Equalities Implications**

There are no specific equalities implications for the Council arising from this report.

# Agenda Item 8

## LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	<b>CHILDREN AND YOUNG PEOPLE SUB-COMMITTEE</b>
<b>DATE OF DECISION</b>	<b>28 February 2023</b>
<b>REPORT TITLE:</b>	<b>Update on Asylum Seeking and Refugee Children in Education</b>
<b>CORPORATE DIRECTOR / DIRECTOR:</b>	<b>Debbie Jones, Corporate Director Children, Young People and Education</b>  <b>Shelley Davies, Director of Education</b>
<b>LEAD OFFICER:</b>	<b>Debby MacCormack, Early Help Service Manager</b>
<b>LEAD MEMBER:</b>	<b>Cllr Maria Gatland, Cabinet Member for Children, Young People and Education</b>

### 1 SUMMARY OF REPORT

- 1.1 A briefing regarding the support available for children arriving in the borough on asylum schemes, particularly for those who are not in full-time education; information on access to education, particularly KS4; information to demonstrate that schools are being properly funded for taking in Ukrainian refugees as per national government support schemes.

### 2 BACKGROUND AND DETAILS

- 2.1 Croydon plays a key role in supporting children and young people arriving as part of the Homes for Ukraine visa scheme. Children arriving from Ukraine will have no specific additional priority for school admission, however the council is under a duty to offer advice to parents on applying for a school place.
- 2.2 At the end of the autumn term 2022 120 applications had been made, 109 children had been offered places and 99 were attending school with 9 applications pending. 12 children have moved out of Croydon since making the application.
- 2.3 In July 2022 eligibility under the Homes for Ukraine Scheme was extended to unaccompanied children under 18. The process for new applications requires the planned sponsor to first undergo safeguarding checks before a child can begin their visa application. At present Croydon is dealing with one such application and anticipate that if all is in order the child will arrive within around 6 weeks.

Ukrainian Applicants					
	Stat School Age Children Resident	Submitted School Applications	Offered School Places	On roll	Admissions Pending
23/11/22	120	120	109	99	9

**2.4** Children of asylum-seeking families have a right to access school places with 255 children and young people being offered an education place

TOTALS						
	Stat School Age Children Resident	Submitted School Applications	Offered School Places	On roll	Admissions Pending	Moved Out of Croydon
16/02/23	256	255	248	233	15	116

**2.5** Over 2020-2022 there has been a significant reduction in the number of unaccompanied asylum-seeking children (UASC):

Date	No. UASC
Sept. 2020	249
Sept. 2021	137
Sept. 2022	92
Dec. 2022	100
Reduction	149

There has been a marked decrease in UASC numbers when compared with the previous year. It is thought that the introduction of the mandatory National Transfer Scheme for UASC (a focus on distributing the UASC cohort nationally) has contributed to this alongside the impact of the pandemic. The UASC cohort ranges from ages 12 - 17 years on arrival.

**2.6** The staffing structure within the Virtual School, means that we have a dedicated member of staff (UASC Office Manager), who is the main point of contact and support for foster carers and other LAs. This colleague helps with:

- the schools' admissions processes
- facilitating timely enrolment at suitable school / colleges in the borough



- providing guidance around accessing educational support whilst their young people are awaiting spaces in mainstream schools and colleges.
- The Virtual School Advisory team undertake weekly check-ins with UASC young people in their cohort. Emotional support and counselling is offered via the [Refugee Network](#) and [Off The Record](#) (a counselling agency for young people).

## 2.7 Interim Provision

Croydon Town School [CTS] (for 11-16 years olds) and Croydon Town College [CTC] (for 16 - 25 years olds) were interim provisions for newly arrived young people during the academic year 2020/2021, the provisions offered a full curriculum complement and intensive ESOL teaching as well as school readiness and preparation for understanding how schools and education in the UK works. Whilst attending the provision, the young people were also able to access AQA accreditation qualifications.

Last academic year, of the 45 KS4 cohort, there were 15 UASC young people (fewer than the previous year), of which 11 were in care for more than one year.

There is a particular focus on young people who arrive in year 10 and 11 and are finding it difficult to settle into mainstream. This is because, historically the Virtual School has found that this age group struggle significantly to settle and integrate into mainstream education, as their peers are in full GCSE preparation mode.

KS4 pupils attend the provision x3 days a week (Mondays, Wednesdays, and Fridays) between the hours of 9am to 3pm to continue with intensive ESOL and there is an expectation that they attend their mainstream schools on Tuesday and Thursdays each week.

All KS4 pupils to date have successfully been integrated into mainstream schools and colleges either within Croydon or surrounding boroughs. Whilst priority was given to Croydon CLA, other boroughs also referred CLAs to the provision.

Without the necessary ongoing funding, the Virtual School was unable to secure a suitable venue from which to run the provision and it remained closed throughout the 2021-22 academic year. However, discussions are underway to look at re-opening the provision during the upcoming summer term, utilising other space available and workable Croydon Council buildings.

The plan is to continue to charge other LAs for places for each of their young people attending the provision. This will be paid for via their PPG funding. Croydon CLA who attend, will also be funded via their PPG funding. This funding stream should be sufficient to finance the running of the provision, likewise, funding the required resources for the students.

Resource	Cost	Rationale	Evidence of impact
<b>Interim provision of UASC CLA. School age pupils (Setting, £8staffing)</b>	All PPG for statutory school age UASC (£1,500 / year).  Please note, there is no funding allocated for any yp who a Yr. 12 age is 16-year-old and older.	Access to long term school placements, integration support and ESOL. Assessment and support	<ul style="list-style-type: none"> <li>• Admission data</li> <li>• Student and carer feedback</li> </ul>

### 3 Funding for Councils

- 3.1. The government has set out the funding tariffs for those arriving on the Homes for Ukraine scheme.

The Home Office allocate councils funding of £10,500 per guest for the Homes for Ukraine. This is maybe subject to change.

- 3.2 The government is also providing additional funding to councils to provide education services for children from families arriving from Ukraine under this scheme. The Department for Education (DfE) will allocate funding to councils on a per pupil basis for the three phases of education at the following annual rates:

- Early years (ages 2 to 4) - £3,000
- Primary (ages 5 -11) - £6,580
- Secondary (ages 11-18) - £8,755

These tariffs include support for children with special educational needs and disabilities (SEND).

- 3.3 DfE Grant funding of £670,000 has been received to help mitigate the impact on education services.

- 3.4 Work is underway to passport funding where children have taken up places. Croydon has worked with other London Boroughs to establish the model to enable funding to be allocated. Schools have provided information which is currently being referenced against the Government and Homes for Ukraine scheme databases as funding is only

available for children and young people arriving under the Homes for Ukraine scheme and not through other schemes.

- 3.5** Financial Support for Education places for children from Asylum Seeking is not available currently. The Home Office is keen to better understand the size of the financial burden that full asylum dispersal places on local authorities and Croydon has been selected as one of the 30 LAs nationally to take part in a Home Office data-gathering exercise (new burdens exercise) on the costs to councils of asylum dispersal alongside Hounslow, Enfield, Brent, Barnet and Wandsworth.
- 3.6** Finance are working closely with the programme manager for asylum seekers and refugees to understand the burden to the authority.
- 3.7** The Asylum dispersal grant received to date is £369,000

## **4. CONTRIBUTION TO COUNCIL PRIORITIES**

- 4.1** The Mayor's priorities are detailed in the Corporate Plan, and highlight which outcomes the report and decision related to: Mayor's Business Plan 2022 - 2026 ([croydon.gov.uk](http://croydon.gov.uk))

The issues discussed in this report cut across and address a number of priorities:

- Get a grip on the finances and make the Council financially sustainable
- Work with partners including schools and education settings to keep children and young people safe from harm

## **5. IMPLICATIONS**

### **5.1 Financial Implications**

There are no specific financial implication for the Council arising from this report.

### **5.2 Legal Implications**

There are no specific legal implications for the Council arising from this report.

### **5.3 Equalities Implications**

There are no specific equalities implications for the Council arising from this report

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## LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	<b>Children &amp; Young People Sub-Committee</b>
<b>DATE</b>	<b>28 February 2023</b>
<b>REPORT TITLE:</b>	<b>Early Help, Children Social Care and Education Performance Dashboard &amp; Health Visiting KPI Data</b>
<b>LEAD OFFICER:</b>	<b>Debbie Jones - Corporate Director, Children, Young People and Education</b>
<b>PERSON LEADING AT SCRUTINY COMMITTEE MEETING:</b>	<b>Debbie Jones - Corporate Director, Children, Young People and Education</b>
<b>LEAD MEMBER:</b>	<b>Councillor Maria Gatland Cabinet Member for Children and Young People</b>
<b>ORIGIN OF ITEM:</b>	Performance dashboards are provided for the Children & Young People Sub-Committee as a standing item on the work programme.
<b>BRIEF FOR THE COMMITTEE:</b>	The Children & Young People Sub-Committee is asked to review the performance dashboard provided for Early Help, Children Social Care and Education and consider whether there are any areas of concern that may need to be scheduled for further scrutiny at a future meeting. Health Visiting KPI Data has also been provided at the request of the Sub-Committee
<b>PUBLIC/EXEMPT:</b>	Public

### **1 EARLY HELP, CHILDREN SOCIAL CARE & EDUCATION PERFORMANCE DASHBOARDS**

- 1.1** In order for the Children & Young People Sub-Committee maintain an overview of the performance of the Early Help, Children Social Care and Education services, performance data is provided in dashboard form at most meetings.
- 1.2** The performance dashboard is appended to this cover report.
- 1.3** If in reviewing the data provided the Sub-Committee identifies any area of concern that it feels may require further investigation this will be reported to the Scrutiny Work Programming Group by the Chair for further consideration.

## **2 HEALTH VISITING KPI DATA**

- 2.1** The Sub-Committee received an update on Antenatal and Health Visiting at its meeting on 1<sup>st</sup> November 2022. Members concluded that commissioning data on Health Visiting should be shared with Members on a regular basis, and that an update on Health Visiting would be a six-monthly item on the Sub-Committee's Work Programme.
- 2.2** Health Visiting KPI Data covering Quarter 3 2022/23 has been included at Appendix 2 to aid the Sub-Committees in monitoring performance of the commissioned service.

## **3 APPENDICES**

- 3.1** Appendix 1: Early Help, Children Social Care & Education Performance Dashboard  
Appendix 2: Health Visiting KPI Data – Quarter 3 2022/23

## **4 BACKGROUND DOCUMENTS**

- 4.1** None

## Corporate Performance Report Overview - CYP&E

### **Red - Performance has not met target / performance differs from comparators by more than 10%**

- Percentage of Education Health & Care Plans issued within 20 weeks (excluding exceptions) is below target

### **Amber - Performance has not met target but is within 10% / performance differs from comparators by 10% or less**

- Percentage of C&F assessments completed within 45 working days is below target
- Percentage of children for whom Initial Child Protection Conferences (ICPC) was held in the month within 15 working days of the Strategy discussions
- Number of Unaccompanied Asylum Seeking Children (UASC) CLA is above target
- Percentage of the under 18 years population who are UASC is above target

### **Green - Performance has met or exceed target / performance has matched one or more comparators**

- Percentage of re-referrals within 12 months of the previous referral
- Number of local CLA
- Rate of local CLA per 10,000 under 18 years population
- Average Caseload per allocated Social Worker in Children's Social Care
- Juvenile first time entrants to the criminal justice system per 100,000 of 10-17 year olds
- Percentage of children with an EHCP educated in-borough



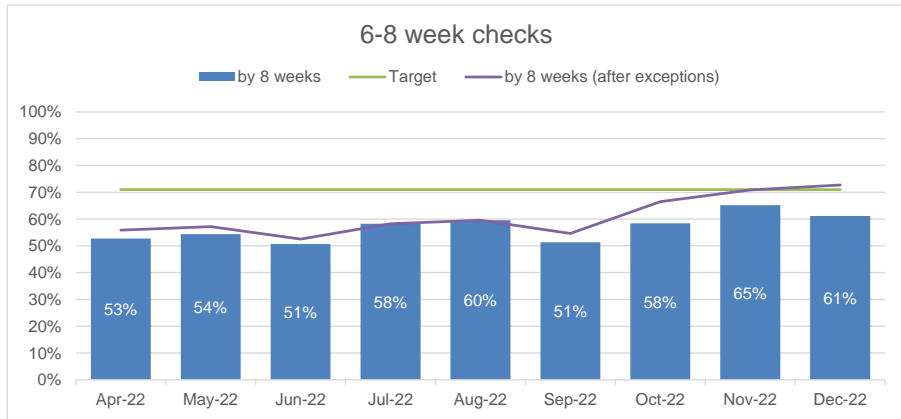
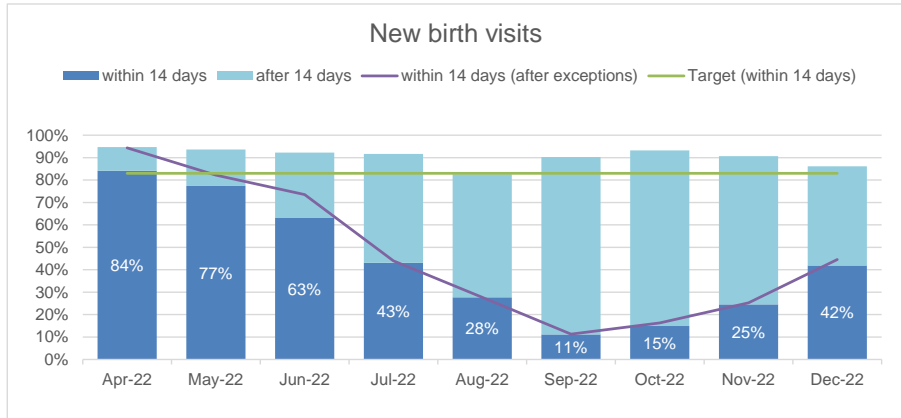


CROYDON CORPORATE PERFORMANCE FRAMEWORK										CROYDON www.croydon.gov.uk					
KEY															
REF.	INDICATOR	Bigger or Smaller is better	Frequency	Timeframe	Target	LATEST DATA			PREVIOUS DATA		BENCHMARKING				COMMENTS ON CURRENT PERFORMANCE
						Croydon position	Change from previous	RAG	Timeframe	Croydon position	Timeframe	Statistical Neighbours	London	England	
CYPE 01	Percentage of re-referrals within 12 months of the previous referral	Smaller is better	Monthly	Financial year to Jan 23	20%	19%	↔	Green	Financial year to Dec 22	19%	2021/22	18%	18%	22%	Due to an error in the method for calculating the re-referral rate performance has been incorrectly showing as red. The Performance Team identified the period for re-referral in the calculation was too long leading to figures being overstated. The revised figures show performance is better than target and therefore green.
CYPE 02	Percentage of C&F assessments completed within 45 working days	Bigger is better	Monthly	Financial year to Jan 23	85%	80%	↑	Yellow	Financial year to Dec 22	79%	2021/22	89%	86%	84%	The proportion of assessments taking longer than 45 days to complete has been impacted by locum staff leaving at short notice and sickness absence in our permanent staff, resignations amongst permanent staff has also increased. Permanent international recruitment has delivered new staff however there have been some challenges that have impacted their capacity and probation period is being used to support this. Managers continue to review all delayed assessments to ensure that services are in place where families require them prior to an assessment concluding. In addition to this, we are mindful of the need to support Family Assessment Service in transferring cases from their service to other parts of the practice system; the review and launch of the Transfer Protocol will support this, which will enable the service to focus on assessments.
CYPE 03	% of children for whom Initial Child Protection Conferences (ICPC) was held in the month within 15 working days of the Strategy discussions	Bigger is better	Monthly	Financial year to Jan 23	77%	75%	↓	Yellow	Financial year to Dec 22	79%	2021/22	74%	76%	79%	The impact of service closure due to December and January public holidays has contributed to the lower performance reported. All decisions to breach the 15 days are made with Head of Service oversight. Due to capacity issues within the Safeguarding & Quality Assurance Service during December and January there was insufficient tracking and monitoring of pending ICPCs and the risk of an ICPC going out of timescales was not always escalated with the relevant manager/service. More robust arrangements have been reinstated to ensure appropriate oversight going forward.
CYPE 07	Number of local CLA	Smaller is better	Monthly	Jan-23	450	436	↑	Green	Dec-22	437	2021/22	4,819	8,165	72,629	
CYPE 08	Rate of local CLA per 10,000 under 18 years population	Smaller is better	Monthly	Jan-23	47.7	46.2	↑	Green	Dec-22	46.3	2021/22	53.3	39.9	60.1	
CYPE 09	Number of Unaccompanied Asylum Seeking Children (UASC) CLA	Smaller is better	Monthly	Jan-23	98	104	↓	Yellow	Dec-22	100	2021/22	494	1541	5507	Threshold for all Local Authorities regarding UASC was raised to 0.1% of Child Population on 24th August which is 98 children minimum. Consequently our target has been adjusted to reflect this change. With Lunar House situated in Croydon the council will always have an expectation of supporting the initial assessment of these asylum seeking and separated children liaising with other LA's regarding their transfer through the National Transfer Scheme.
CYPE 10	Percentage of the under 18 years population who are UASC	Smaller is better	Monthly	Jan-23	0.10%	0.11%	↓	Yellow	Dec-22	0.11%	2021/22	0.05%	0.08%	0.05%	See above commentary for CYPE 09
CYPE 11	Average Caseload per allocated Social Worker in Children's Social Care	Smaller is better	Monthly	Jan-23	17.0	17.0	↑	Green	Dec-22	15.9		No comparable data available	No comparable data available	No comparable data available	
CYPE 12	Juvenile first time entrants to the criminal justice system per 100,000 of 10-17 year olds	Smaller is better	Monthly	Financial year to Jan 23	262	207	↓	Green	Financial year to Dec 22	197	2021	207	184	147	Historically having a large youth population and a borough land size being second largest in London has meant Croydon's throughput of first time entrants to the criminal justice system has been higher than the London average. The Youth Offending team has assisted in the implementation of Community Resolutions (an alternative to arrest for small criminal amounts which was a leading offence type) since October 2021 and have already begun to see a significant number of young people being diverted away from the system. This together with a decline in first time entrants following the lifting of COVID restriction means we could see the Croydon rate be in line the London average for the first time by December 2022.
CYPE 13	Percentage of schools rated 'good' or 'outstanding'	Bigger is better	2 times per year	Aug-22	88%	88%	↓	Yellow	Aug-21	89%	Aug-22	93%	95%	88%	
CYPE 14	Overall absence rate from State-funded primary, secondary and special schools	Smaller is better	Termly	2020/21 Academic Year	4.62%	4.65%	↓	Yellow	2018/19 Academic Year	4.57%	2020/21 Academic Year	4.74%	4.44%	4.62%	Due to the disruption faced during the Spring 2020/21 term, caution should be taken when comparing data across to previous years. Pupil absence in schools in England for autumn term 2021 and spring term 2022 will be published on 20 October 2022.
CYPE 15	Persistent absence rate from State-funded primary, secondary and special schools	Smaller is better	Termly	2020/21 Academic Year	12.08%	12.20%	↓	Yellow	2018/19 Academic Year	10.75%	2020/21 Academic Year	12.64%	11.32%	12.08%	Due to the disruption faced during the Spring 2020/21 term, caution should be taken when comparing data across to previous years. Pupil absence in schools in England for autumn term 2021 and spring term 2022 will be published on 20 October 2022.
CYPE 16	Permanent exclusions from schools as a percentage of the school population	Smaller is better	Annual	2020/21 Academic Year	0.06	0.03	↑	Green	2019/20 Academic Year	0.05	2020/21 Academic Year	0.03	0.03	0.05	Like the previous year, the 2020/21 academic year was affected by the COVID-19 pandemic. Schools were open to all pupils in the Autumn term, however during the Spring term schools were only open to key worker and vulnerable children from January for the first half term, before all pupils returned during the second half term. During this period online tuition was provided for pupils. Schools were then open to all pupils during the Summer term.
CYPE 17	Suspensions (fixed period exclusions) from schools as a percentage of pupils	Smaller is better	Annual	2020/21 Academic Year	3.76	3.46	↓	Green	2019/20 Academic Year	3.39	2020/21 Academic Year	2.78	2.79	4.25	As with 2019/20, while suspensions and permanent exclusions were possible throughout the academic year, these restrictions will have had an impact on the numbers presented and caution should be taken when comparing across years.
CYPE 18	EYFS (Early Years Foundation Stage) - Percentage of children achieving a good level of development	Bigger is better	Annual	2021/22 Academic Year	67.8%	67.4%	N/A	Yellow	Not available - break in series		2021/22 Academic Year	68.0%	67.8%	65.2%	See above commentary for CYPE 16.
CYPE 19	KS2 - Percentage of pupils achieving expected standard at KS2 in Reading, Writing and Mathematics	Bigger is better	Annual	2021/22 Academic Year	65%	60%	↓	Yellow	2018/19 Academic Year	67%	2021/22 Academic Year	62%	65%	59%	Our target has been revised/increased to the London average as a 'stretch' target as we have exceeded the national average. In 2021/22, the percentage of pupils achieving a good level of development in Croydon was 67.4% which is above the national average (65.2%) but slightly below London (67.8%) and our statistical neighbours (68.0%).
CYPE 20	KS4 - Average Progress 8 score per pupil	Bigger is better	Annual	2021/22 Academic Year	-0.03	-0.02	↓	Green	2018/19 Academic Year	0.07	2021/22 Academic Year	0.19	0.23	-0.03	Due to the COVID-19 pandemic, the KS2 external assessments had not taken place in 2019-20 or in 2020-21. The assessments in 2021-22 were set at the same standard as 2018-19 and previous years in order to measure the effects of the pandemic on pupil achievement. The drop of 7%, as a result of the effects of the COVID-19 pandemic was in line with that of other local authorities and national figures.
CYPE 21	KS4 - Average Attainment 8 score per pupil	Bigger is better	Annual	2021/22 Academic Year	48.8	47.4	↑	Yellow	2018/19 Academic Year	45.5	2021/22 Academic Year	49.8	52.6	48.8	In 2021/22 the average attainment 8 score in Croydon was 47.4. This is the 2nd lowest compared to our statistical neighbours, and slightly below the national average.
CYPE 22	KS4 - Percentage of pupils achieving grades 9-5 in English and Maths	Bigger is better	Annual	2021/22 Academic Year	49.8%	48.7%	↑	Green	2018/19 Academic Year	40.5%	2021/22 Academic Year	52.3%	57.3%	49.8%	In 2021/22, the percentage of pupils achieving grades 9-5 in English and Maths in Croydon was 48.7%. This is the 3rd lowest compared to our statistical neighbours, and slightly below the national average. 67.7% of pupils gained at least a grade 4 in English and Maths in Croydon. There are wide variances in both measures across Croydon schools.
CYPE 23	Proportion of 16 and 17 year olds who were not in education, employment or training (NEET)	Smaller is better	Annual	Average of Dec 20, Jan 21 and Feb 21	2.8%	1.8%	↑	Green	Average of Dec 19, Jan 20, Feb 20	2.3%	Average of Dec 20, Jan 21 and Feb 21	1.7%	1.8%	2.8%	
CYPE 24	Proportion of 16 and 17 year olds not known if in education, employment or training (NEET)	Smaller is better	Annual	Average of Dec 20, Jan 21 and Feb 21	2.7%	3.6%	↓	Red	Average of Dec 19, Jan 20, Feb 20	2.9%	Average of Dec 20, Jan 21 and Feb 21	3.2%	2.2%	2.7%	The NEET nor Not Known figures should not be considered in isolation. More often than not, if the destination of a Not Known young person is confirmed, they are in more cases than not, NEET. Whilst our NEET stat is smaller than target (CYPE 23) this invariably means that there are more young people whose destinations we have not been able to confirm, hence higher Not Known figures. Whilst the team does heavily focus on tracking work from Oct - March, the resource vs size of cohort is sparse. So that NEET caseworkers (who work directly with young people to support them [back] into education, employment or training) are not taken away from their core activity, we have historically hired an agency staff member over our busy period, to concentrate on tracking young people who are classified as Not Known. This allows for quick identification and referral to a caseworker. We were unable to do this during Dec 20 - Feb 21, due to lack of financial resource / permission to hire. Whilst caseworkers could help with tracking at times, it was imperative not to take them away at length from the core work. Whilst Croydon's Not Known position is above target, it must be noted that the figure is considerably lower than the more typical historical stats in excess of 10%, which did previously attract ministerial attention.
CYPE 25	Number of children with an EHCP educated in-borough mainstream schools	Bigger is better	Monthly	Jan-23	N/A	1200	↑	N/A	Dec-22	1195		No comparable data available	No comparable data available	No comparable data available	
CYPE 26	Percentage of children with an EHCP educated in-borough mainstream schools	Bigger is better	Monthly	Jan-23	To increase	29%	↔	Green	Dec-22	29%		No comparable data available	No comparable data available	No comparable data available	
CYPE 28	Number of Education Health & Care Plans issued (excluding exceptions)	N/A	Monthly	Rolling Year to Jan 23	N/A	586	N/A	N/A	Rolling Year to Dec 22	597	2021	2538	5464	34249	
CYPE 29	Percentage of Education Health & Care Plans issued within 20 weeks (excluding exceptions)	Bigger is better	Monthly	Rolling Year Av. to Jan 23	62%	44%	↑	Red	Rolling Year Av. to Dec 22	40%	2021	61%	64%	60%	The SEND Service is now consistently performing well in processing quality EHCPs within the 20 week timeframe. Staff are motivated and focused on this. In January, there were 22 EHCPs issued, of which 68% were on time which is above both England and our statistical neighbours. Of the 7 delayed none were significantly delayed and only just out of the 20 week period. The number of requests for assessment has not diminished and caseloads for coordinators are rising again - average of 195 across the service. The Head of Service is restructuring and building capacity to address this. February and March statistics will reflect the demand for assessments within the Early Years phase and Post 16 transitions.

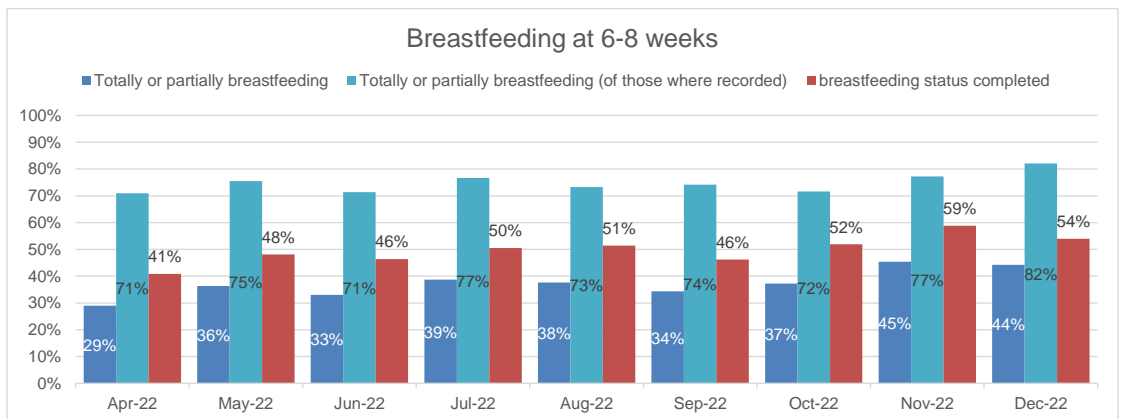
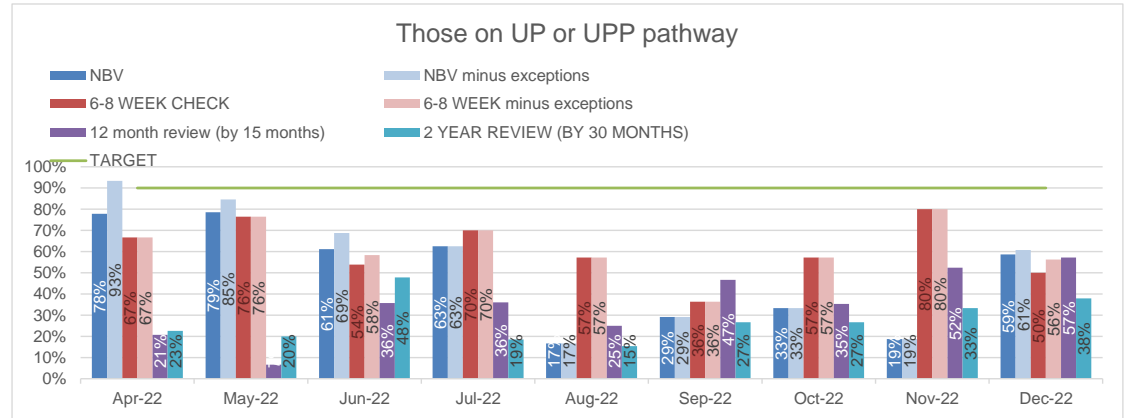
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# Health Visiting KPI Data - Qtr 3 - 2022/23

## MANDATED CHECKS

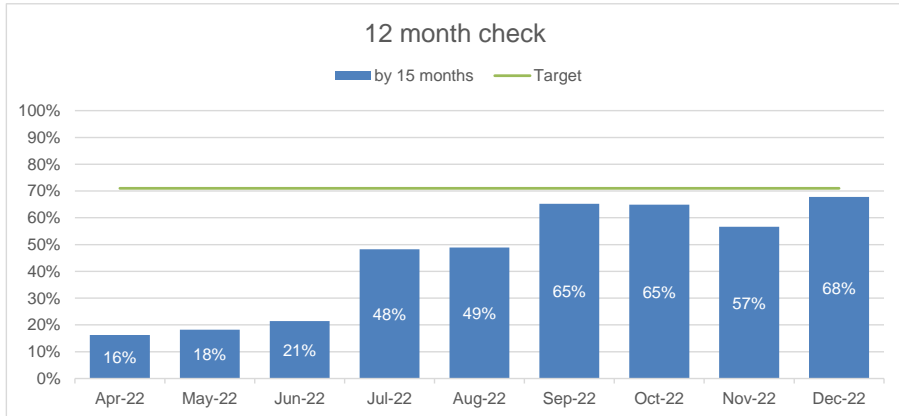


## VULNERABLE YOUNG WOMEN, BREASTFEEDING AND ASQ

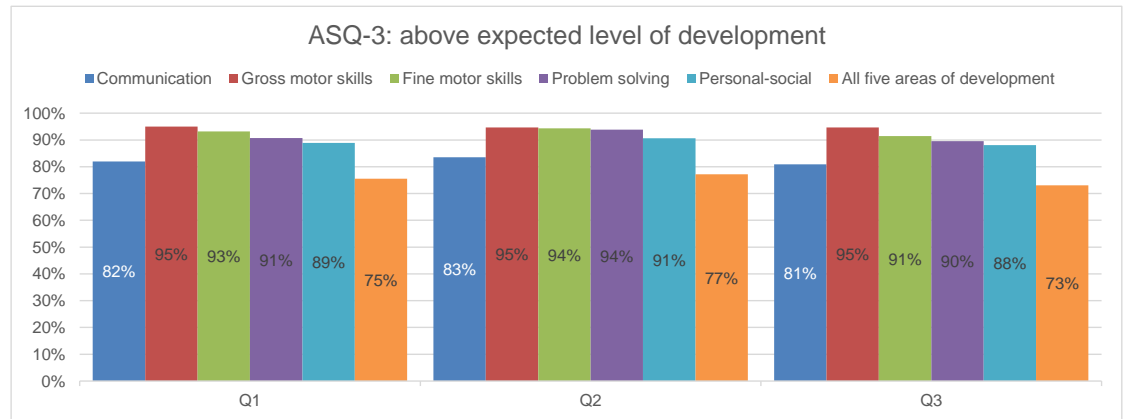
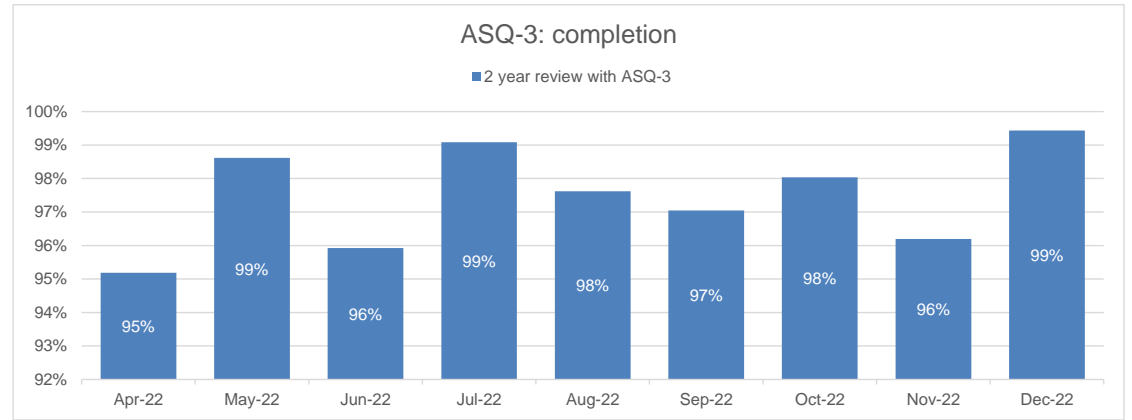


# Health Visiting KPI Data - Qtr 3 - 2022/23

## MANDATED CHECKS



## VULNERABLE YOUNG WOMEN, BREASTFEEDING AND ASQ



## LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	<b>Children &amp; Young People Sub-Committee</b>
<b>DATE</b>	<b>28 February 2023</b>
<b>REPORT TITLE:</b>	<b>WORK PROGRAMME 2022-23</b>
<b>LEAD OFFICER:</b>	<b>Tom Downs, Democratic Service and Governance Officer- Scrutiny</b> T:020 8726 6000 x 63779
<b>ORIGIN OF ITEM:</b>	The Work Programme is scheduled for consideration at every ordinary meeting of the Children and Young People Scrutiny Sub-Committee.
<b>BRIEF FOR THE COMMITTEE:</b>	To consider any additions, amendments, or changes to the agreed work programme for the Committee in 2022/23.
<b>PUBLIC/EXEMPT:</b>	Public

### 1 SUMMARY

- 1.1 In This agenda item details the Sub-Committee's work programme for the 2022/23 municipal year.
- 1.2 The Sub-Committee has the opportunity to discuss any amendments or additions that it wishes to make to the work programme.
- 1.3 The The Sub-Committee is able to propose changes to its work programme, but in line with Constitution, the final decision on any changes to any of the Committee/Sub-Committee work programmes rests with the Chairs & Vice-Chairs Group, following consultation with officers.

### 2 RECOMMENDATIONS

The Sub-Committee is asked to:

- 2.1 In Note its work programme for the remainder of 2022-23, as set out in Appendix 1 of the report.
- 2.2 Consider whether there are any changes to the work programme that need to be reviewed.

### **3 WORK PROGRAMME**

#### **3.1 The work programme**

The proposed work programme is attached at **Appendix 1**.

Members are asked to note that the lines of enquiry for some items have yet to be confirmed and that there are opportunities to add further items to the work programme.

#### **3.2 Additional Scrutiny Topics**

Members of the Sub-Committee are invited to suggest any other items that they consider appropriate for the Work Programme. However, due to the time limitations at Committee meetings, it is suggested that no proposed agenda contain more than two items of substantive business in order to allow effective scrutiny of items already listed.

#### **3.3 Participation in Scrutiny**

Members of the Sub-Committee are also requested to give consideration to any persons that it wishes to attend future meetings to assist in the consideration of agenda items. This may include Cabinet Members, Council or other public agency officers or representatives of relevant communities.

### **4 APPENDICES**

- 4.1** Appendix 1: Work Programme 2022/23 for the Children and Young People Scrutiny Sub-Committee.

### **5 BACKGROUND DOCUMENTS**

- 5.1** None

## Children & Young People Sub-Committee

The below table sets out the working version of the Children & Young People Sub-Committee work programme. The items have been scheduled following discussion with officers and may be subject to change depending on any new emerging priorities taking precedent.

Meeting Date	Item	Scope
18/04/23	Elective Home Education	To look at Elective Home Education in the borough and to review the number of children who have not returned to schools following the pandemic.  To review how many families follow the curriculum and framework, the number of children completing exams and other data.
	Unaccompanied Asylum-Seeking Children (Provisional)	To review the number of UASC in the borough alongside central government funding and the performance of the National Transfer Scheme.  To look at the impact of the war in Ukraine on additional numbers of UASC.

### Standing Items:

**Early Help, Children Social Care & Education Performance Dashboards** - review and consider whether there are any areas of concern that may need to be scheduled for further scrutiny at a future meeting.

## Items of Interest

The following items haven't been scheduled into the work programme but are highlighted as potential items of interest to be scheduled during the year ahead.

Unallocated Items	Notes
Recruitment and Retention (S&O Committee to review People Strategy in September 2022)	<p>To review Staff Caseloads, AYSE Caseload Sharing and the number of supervisions carried out.</p> <p>To receive a breakdown of vacancies and caseloads by individual teams and to look at London Councils best practise for recruitment and retention.</p> <p>To undertake direct engagement with social workers</p> <p>To look at how feedback from exit interviews can be incorporated into retention strategies</p>
Apprenticeships & Youth Unemployment	To look at the offer of available apprenticeships in the borough and data on youth unemployment.
OFSTED Reports	To review any OFSTED reports as and when they are available.
Delivery of Early Years Strategy	To review the delivery and implementation plan of the Early Years Strategy
SEND Strategy	To review the renewal of the SEND Strategy
Surplus Schools Places	To review the Surplus Schools Places report
Free School Meal offer in Croydon	To scrutinise the provision of free school meals in the borough and why nursery children in our primary schools are not able to access this provision.



Antenatal and Health Visiting (Six Monthly)	To review shortfalls in the number of health visitors, antenatal and postnatal visits.
Asylum Seeker Children	A report on the support available for children arriving in the borough on asylum schemes, particularly for those who were not in full-time education. This will include information on access to education, particularly KS4. This will include follow up work to make sure that schools are being properly funded for taking in Ukrainian refugees as per national government support schemes.

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