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Scrutiny Children & Young People Sub-Committee

Meeting of held on Tuesday, 1 November 2022 at 6.30 pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES

Present: 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)

Also

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

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

PART A

9/22 Apologies for absence

Apologies for absences were received from Paul O'Donnell (Voting Parent Governor Representative) and Elaine Jones (Voting Diocesan Representative (Catholic Diocese)).

10/22 Minutes of the Previous Meeting

The minutes of the previous meeting held on the 27th September 2022 were approved as an accurate record.

11/22 Disclosures of Interest

There were no disclosures of interest at the meeting.

12/22 Urgent Business (if any)

There was none.

13/22 Update on Antenatal and Health Visiting Visits

The Sub-Committee considered a report set out on pages 15 to 28 of the agenda, which provided an update on Antenatal and Health Visiting in Croydon. Chris Terrahe (Deputy Director of Nursing at Croydon Health Services) and Juliette Penney (Head of Public Health Nursing at Croydon

Health Services) introduced the item and went through the presentation provided in the agenda to the Sub-Committee.

The Sub-Committee thanked Elaine Clancy (Chief Nurse at Croydon Health Services) for commissioning the two independent and external reviews into the services, and asked about 'New Birth Visits' and whether these were being targeted at the most vulnerable families. The Head of Public Health Nursing explained that the aim was to visit all new mothers within 10-14 days, but this was not always possible due to workforce challenges, and so prioritisation of visits was assessed based on the levels of need or where there were mental health challenges identified through partnership working and intelligence sharing. The Director of Public Health explained that the services were commissioned on behalf of the Council and that New Birth Visits were required for every child; due to the current standing of the service, there did need to be triaging around which families were prioritised. Reporting to the Secretary of State on New Birth Visits looked at how many were completed within specific timeframes.

Members detailed anecdotal evidence that not all new mothers who would have liked to receive New Birth Visits were receiving them. The Head of Public Health Nursing responded that New Birth Visits were provided to all families who wanted them within 28 days, and where this had not taken place, it was known why not; reporting on this was undertaken monthly to the commissioners. The Chief Nurse stated they would be happy to look into individual cases outside of the meeting, but there were reasons why some families were not visited, such as the visits not being wanted by the families.

Andrea Cuff (Associate Director of Operations and Croydon Health Services) gave assurance that there was a robust process in validating and checking which visits had and had not taken place; the performance data in the report showed visits undertaken within 14 days, but the remaining visits did take place within 28 days and New Birth Visits were offered to all families. The Vice-Chair raised a query on Health Visitors needing to conduct the '6-8 week checks' and heard that General Practitioners offered a 6–8-week medical check, which was a different service. Members raised concerns about the historic reporting on visiting data and heard that the services had been on an improvement journey and that reporting was now robust and undertaken monthly. The Chief Nurse explained that there was a national shortage of Health Visitors, which was accepted by Croydon Health Services, and the report had been provided to explain how Croydon Health Services were trying to mitigate this and deliver the best service possible in this context.

Members asked how they could be reassured that those needing help were not being missed. The Head of Public Health Nursing explained that monthly data had to be provided to the commissioners on the visits that had taken place, and where they had not, why not; this data was also reported nationally by the Local Authority. Health Visiting services were accessible by phone, and the number was shared by practitioners and through other groups. The Director Quality, Commissioning & Performance stated that monthly monitoring of the service was robust and that intelligence was being shared

between the Council and Croydon Health Services to ensure those that needed help received it.

The Sub-Committee asked for reassurance that the service was improving in the context of health visiting in Croydon underperforming over a number of years; in particular, poor retention and recruitment were highlighted as problems facing Croydon to a greater extent than other local authorities. The Deputy Director of Nursing explained that some local authorities provided health visiting services and were able to pay Health Visitors more; the Central and North West London NHS Foundation Trust provided services to multiple boroughs and were able to pay an inner London weighting regardless of where the services were being provided. Members heard that Lewisham, Greenwich and Bromley all provided recruitment retention bonuses and this, combined with other factors, led to stronger recruitment and retention in other areas, and to people leaving Croydon to work for other providers. The Deputy Director of Nursing stated that there were plans to address these issues by providing a more flexible work offer and by making remuneration of Health Visitors more in line with neighbouring employers alongside the improvement plans detailed in the report. The Director of Public Health added that services were already improving and that organisational and developmental changes were just as important to recruitment and retention as competitive remuneration. The Sub-Committee raised a strong challenge about the consequences of the service not improving for Croydon Health Services and the Council. Members heard that the Director of Public Health reported regularly to the Secretary of State on Health Visiting and that improving the service was a high priority. The Chief Nurse expounded on the commitment and passion of the Health Visiting team and explained how seriously they took their role to the residents of Croydon. The Associate Director of Operations added that governance processes were strong in monitoring month on month performance and that there was a monthly meeting of an Improvement Board, chaired by the Chief Nurse, to provide additional internal challenge.

The Sub-Committee asked about 'smarter and more efficient' working referenced in the report and the Deputy Director of Nursing explained that this encompassed a number of different things including operating the service on additional days, flexible working and virtual huddles. Members heard that a report on the improvement journey had been presented to the Croydon Health Services Trust Board, and this would be repeated on a six monthly basis; other regular meetings with Trust executives to monitor the improvement of the service were also taking place. The Director Quality, Commissioning & Performance added that quarterly directors monitoring meetings were also monitoring the progress against the improvement plan.

The Sub-Committee asked about exit interviews for staff leaving the service, and heard that these were conducted anonymously by a third party and fed back to the service so that this could be taken on board. The Head of Public Health Nursing added that the main reasons staff were leaving the service was to work for providers who could pay inner London weighting, to retire and for better a work life balance.

The Vice-Chair asked about the timeframes involved in the improvement journey and how priority of need was identified. The Head of Public Health Nursing explained that an 'assessment of need' was undertaken on first contact with families and this determined the particular care pathway required; once need had been assessed, referrals could be made, or other services engaged, if required. Members heard that the level of risk was always taken into account, and where this presented the possibility of safeguarding risks or harm to the individual, an action plan would be developed and enacted and this could take place at any part of the process. The Chief Nurse explained that the two independent reviews of the service had been undertaken to identify areas for improvement and ways to mitigate shortfalls in the numbers of Health Visitors; many of the mitigation and improvement measures would take time to embed and to dramatically improve the service. The Sub-Committee expressed interest in keeping updates on the service improvement on the Work Programme, and this was supported by the Chief Nurse and Director of Public Health.

The Cabinet Member for Children and Young People thanked Croydon Health Services for the report and asked where safeguarding sat within the priorities of the Health Visiting service. The Head of Public Health Nursing explained that safeguarding was 'front and centre' in everything the service did; a high-risk pathway was being developed to identify and help those with high safeguarding , through partnership working with maternity and safeguarding services. These services already worked with Health Visitors, but the pathway would increase transparency of this work and put expected standards, timeframes and processes in place that could be audited.

Members asked how the Sub-Committee would be able to ensure the service would hit the Key Performance Indicators of the improvement plan. The Director of Public Health explained that there were key metrics and performance indicators that could be provided at the next update to the Sub-Committee, and these were already reviewed at the quarterly and monthly commissioners meetings.

The Sub-Committee asked about the effect of reduced Health Visitors on immunisation and heard that the responsibility for immunisations sat with GPs, but guidance and advice on vaccinations was always provided by Health Visitors. The Director of Public Health stated that vaccination rates in Croydon were lower than other comparative areas, but that there was a multiagency taskforce to increase vaccinations and this did work with Health Visitors. The Sub-Committee heard that a Project Manager and Analyst had been recruited but had since left; recruitment to the post for a new member of staff would conclude shortly.

The Deputy Director of Nursing thanked the Sub-Committee for inviting them to speak and for the patience of Members in improving Health Visiting services. The Chair thanked all those who had attended and responded to the Sub-Committee's questions.

Conclusions

The Sub-Committee were encouraged by the seriousness with which Croydon Health Services were working in a challenging environment to improve and mitigate the challenges facing the Health Visiting service.

The Sub-Committee concluded that an update on Health Visiting would be added to the Work Programme on a six monthly basis.

The Sub-Committee were of the view that commissioning data on Health Visiting should be shared with Members on a regular basis by the Director of Public Health and the Director Quality, Commissioning & Performance.

14/22 Croydon Partnership - Early Years' Strategy

The Sub-Committee considered a paper set out on pages 29 to 134 of the agenda, which provided the report approved by the Executive Mayor at Cabinet Report on 21st September 2022 on the Croydon Partnership - Early Years' Strategy. The Director of Education introduced and summarised the report.

Members asked about the criteria for the success of the Strategy and heard this this would be a key part of what would be developed as part of the delivery plan. Key indicators that the Strategy had been successful would be families knowing where they could access services and further indicators would be developed in conversation with parents, carers and schools. Responding to questions on the timeline for the Strategy, the Director for Education explained that this was a three-year strategy that would begin to be embedded following the completion of the delivery plan.

The Sub-Committee asked about funding for the Strategy and heard that this would be implemented using existing funding streams in Education, the Croydon Partnership and Public Health. There would be significant extra funding available for Family Hubs over a three-year period and this would help very young children, children up to the age of 19 and children with special needs and disabilities. The Family Hub model would look at priorities across education, health and children's social care to focus all of these aims into a single strategy document. Members asked about children with complex needs, and were informed that an updated three-year SEND Strategy was currently being developed, and would feed into the Early Years Strategy to ensure it focussed on all children, however, it was important that there was also a separate SEND Strategy to account for those with the most complex need.

Members asked for a definition of Family Hubs and were informed that Family hubs are a place-based way of joining up locally in the planning and delivery of family services; they bring services together to improve access, improve the connections between families, professionals, services, and providers, and put relationships at the heart of family support. Family hubs offer support to

families from conception and two, and to those with children of all ages, which is 0-19 or up to 25 for those with special educational needs and disabilities (SEND), and could be physical and virtual spaces. Family Hubs provided links between health services, social care and services for young children, but were still at a very early stage in their development. Members heard that other London boroughs had experienced great success with the model in providing or signposting support for families. The Director of Education explained that they were excited about the model and the opportunity to work as a partnership in its development; some of the Family Hubs funding would focus on providing a Start for Life offer to extend and widen the offer for the borough's youngest children.

The Sub-Committee noted the key risk identified in the Children, Families & Education Delivery Plan 2021 – 2024 of the reduction in Children's centre service delivery impacting early identification, intervention and prevention support within the community for vulnerable children and families, particularly delivery of universal service through centres; Members asked if this was recognised in delivering the Strategy. The Director for Education confirmed that it was and explained that they understood the importance of maintaining Children's Centres in the borough delivering services, but it was acknowledged the offer was now narrower with a reduced budget. The Sub-Committee heard that the Family Hubs model would provide an opportunity to provide Children's Centre services through the Family Hub model, and the importance of safeguarding was not underestimated.

The Sub-Committee asked if delivery of the Strategy would be measured and considered on a ward-by-ward basis. The Director of Education stated that it was too early to give details on how reporting would be done, but that the differences across the borough would absolutely be taken into account; it was highlighted that future scrutiny of Family Hubs should involve all of the partners involved in delivering services. Members asked about the delivery of Family Hubs, and the Sub-Committee heard that these would likely be delivered through a mix of virtual and physical offers to suit the needs of residents. The Cabinet Member for Children and Young People explained that this was still at a very early stage, but that they were very positive about the possibilities that delivering the Strategy and Hubs could provide.

The Vice-Chair welcomed the Strategy and asked about the engagement and consultation process. The Director of Education explained that they had already identified gaps in those who had not been engaged in the initial round of consultation, and these groups would be targeted for the next round of engagement. The Sub-Committee asked about measuring the success of the strategy once it was implemented and heard that this would be evidenced by families knowing where they could find support and the implementation of a strong Family Hub model.

The Chair asked about the consistent 'Remaining Budget' in Table 1 on page 37 of the agenda; the Director of Education explained that this was because the Strategy was about ensuring the correct objectives and priorities were in place and did not require additional funding.

Conclusions

The Sub-Committee welcomed the report on the Early Years Strategy and the work done so far, and were pleased to see that Croydon was receiving funding to implement a new approach through the Family Hubs model.

The Sub-Committee were of the view that the delivery plan of the Early Years Strategy should be included in the Work Programme for a meeting in 2023.

15/22 Early Help, Children's Social Care and Education Dashboard

The Sub-Committee considered a report set out on pages 135 to 138 of the agenda, which provided the Early Help, Children's Social Care and Education Dashboard.

On CYPE 27, the Sub-Committee heard that these case numbers were not unusual as Education, Health and Care Plan (EHCP) Co-ordinators did not do the same level of direct work with families and children as social workers. Caseloads could still be challenging for EHCP Co-ordinators and this team had expanded, but EHCP need had also risen leading to no overall reductions in caseloads. The service was moving to a locality model, which had originally been planned pre-COVID, to try to find greater efficiencies and build relationships between Co-ordinators and schools.

On CYPE 01, 24 and 29, the Sub-Committee raised concerns that these figures had not improved over a protracted period. On CYPE 01, the Director of Children's Social Care explained that these figures were slowly improving and work on the front door to look at less urgent requests for Early Help, to ensure these were not left so long that a second referral was made, was ongoing. This involved work to adapt front door processes to a Multi-agency Safeguarding Hub (MASH) approach, with partners in the room, to increase joint working and address these less urgent referrals quicker.

On CYPE 24, the Director of Education explained that NEETs and Not Knowns were looked at together; the reasons for children and young people falling into the Not Known category were that contact had been made but no response had been received. Members heard that the team that worked with NEETs was relatively small and focussed on different areas dependent on the time of year, especially during transition times. The Director of Education did highlight that this figure had improved significantly and had at one time been as high as 10%.

On CYPE 29, Members heard that the most recent figure was 53%, which was a significant improvement and welcomed by the Sub-Committee.

On CYPE 05, the Sub-Committee heard these were the rolling average costs of placements. The Director Quality, Commissioning & Performance explained

that Croydon's unit costs were good when benchmarked against the rest of London, but these figures did fluctuate month on month.

On CYPE 06, Members heard that this was high-risk area for Croydon given the historically high number of Unaccompanied Asylum Seeking Children (UASC) in the borough. This had changed rapidly due to overland travel routes to Lunar House closing and the introduction of the mandatory National Transfer Scheme in 2021. This was a net cost on a rolling basis because the numbers of UASC did change.

16/22 Cabinet Response to Scrutiny Recommendations

The Sub-Committee noted a report set out on pages 139 to 154 of the agenda, which provided the response from Cabinet to the Task and Finish Group report on Inclusion and Exclusions.

17/22 Work Programme 2022/23

The Sub-Committee agreed to add updates on the Health Visiting service on a six-monthly basis to the Work Programme, with the next update to be on the first meeting in the next municipal year (2023-24). Members also agreed to add the Early Years Delivery Plan to the Work Programme for the next municipal year.

18/22 What Difference has this Meeting made to Croydon's Children

The Chair explained that the Sub-Committee had received some reassurance on services being delivered in a challenging context, with particular regard to Health Visiting service, and looked to protect and monitor continued improvements. Members also noted that they would continue to have input on the development of the Early Years Strategy and its delivery plan at future meetings.

The meeting ended at 8.50 pm

Signed:

Date: