

Children and Families Strategic Partnership Board (No. 64)

Tuesday 18 July 2017 – NHS Lambeth Clinical Commissioning Group - 1 Lower Marsh London SE1 7NT

Attendees:

Cllr Jane Pickard (Chair)	Cabinet Member for Families and Young People, Lambeth Council
Annie Hudson	Strategic Director: Children Services, Lambeth Council
Amy Buxton-Jennings	Director of Commissioning & Improvement, Lambeth Council/NHS Lambeth CCG
Mark Stancer	Director of Children's Social Care, Lambeth Council
Cathy Twist	Director of Education & Learning, Lambeth Council
Ruth Hutt	Director of Public Health, Lambeth Council
Dr Nandini Mukhopadhyay	CCG Clinical Lead: Children and Families, NHS Lambeth CCG
Laura McFarlane	Director, Lambeth Early Action Partnership
Richard Parkes	Director, Young Lambeth Cooperative
Becky Riggs	Detective Superintendent – Metropolitan Police (Lambeth borough)
Abdu Mohiddin	Consultant in Public Health, Lambeth Council
Dan Stoten	Assistant Director of Children's Commissioning, Lambeth Council/NHS Lambeth CCG
<i>Presenting:</i>	
Laura Griffin	Commissioning Lead: Early Years & Parenting, Children's Services, LBL
Orla Oakey	National Management Trainee, Integrated Commissioning, Children's Services, LBL
Virginia Roberts	Local Area Review Consultant – SEND, Lambeth Council
Veronika Thiel	Public Health Specialist, CYP, LBL
Bethan Hope-Evans (note taker)	Policy and Communications, Lambeth Council

Apologies:

Andrew Eyres	Chief Officer, NHS Lambeth CCG
Kate Kelly	Head of School, Woodmansterne Primary School
Catherine Davis	Headteacher, St Anne's RC Primary School
Monique Bertrand	Vice Principal for Behaviour and Inclusion, St Gabriel's College
Phillip Cunnife	Director of Learner Journey, Lambeth College
Nina Khazaezadeh	Consultant Midwife, Guys and St Thomas's Trust
Maureen Sheridan	School Governor
Sue Pettigrew	Chair of VCS Forum, St Michael's Fellowship
William Harwood	Borough Partnership Manager Southwark & Lambeth, Department of Work and Pensions
Nick Butler	Principal, Saint Gabriel's College
Jo Fletcher	Service Director, CAMHS, SLAM

1.	Welcome and Introductions	
	Cllr Pickard welcomed attendees to the meeting.	
2.	Barbara Hills, General Manager, Children's Community Health - GSST	
	Chair reported with regret that following a period of ill health, fellow CFSP board member, Barbara Hills, General Manager, Children's Community Health - GSST, had sadly passed away. Chair paid tribute to her and the important contribution she made to the board. Chair agreed to write to GSST to invite a representative to join the board.	
Action/s	Lead	Completion
	Chair to write to GSST to invite representative to join the board	ASAP
3.	Minutes of the last meeting	
	The minutes of the meeting on 5 June 2017 were agreed.	
4.	CYP JSNA Presentation and Annual Public Health Report 2016/17	
	<ul style="list-style-type: none"> Abdu Mohiddin, Public Health Consultant and Veronika Thiel, Public Health Specialist, CYP, LBL 	
	<p>Abdu Mohiddin introduced the Lambeth Children and Young People's JSNA presentation and provided a progress update.</p> <p>An outline of how the JSNA was developed and its methodology was provided:</p> <ul style="list-style-type: none"> Steering group (Council and CCG) advised on indicators and information sources Reported to the Children and Families Partnership and the Children's Maternity Board. The data work resulted in two main products: <ul style="list-style-type: none"> a table containing 100 indicators and, where available, a trend analysis and 	

comparison of Lambeth with London and England

- a 2 by 2 matrix of need (the Red Box) that groups these indicators into broad categories of high and low need, helping to steer stakeholders to priority areas for intervention.

The Red Box criteria was explained and an update relevant to indicator data was provided for Early years, Education, Children and young people, Disability, CTC and complex needs and CLA.

Conclusions and next Steps were discussed. Red Box indicators reveal themes:

- Children with long-term conditions (hospital admissions for Asthma, Epilepsy and Diabetes, childhood obesity, sickle cell anaemia and thalassemia)
- Vulnerable/at-risk CYP - looked after children, (CSE, neglect, youth violence)
- Deprivation associated (educational attainment FSM, children in poverty under 16 year olds)
- Disabilities and learning disabilities
- Early years (A&E attendances, school readiness, childhood immunisations, oral health)
- Mental health and wellbeing
- Sexual health (inc teenage conceptions)

Needs analysis revealed other priority areas:

- Child sexual exploitation - part of the wider safeguarding work going on in Lambeth
- Youth violence – as evident in local police knife crime data.
- SEND disability - data and evidence review of local prevalence and needs
- Neglect - risk factors in Lambeth and ways to reduce and mitigate the effects of neglect.
- Sickle Cell anaemia and thalassemia - further work will be done to identify ways to improve care, reduce admissions and lead to better care in the community.

Annual Public Health Report 2016/17: the health of children and young people in Lambeth

Veronika Thiel reported on headline data:

- Lambeth population has grown from c.278,000 (2005) to c.324,000 people (2015)
- Number of young people <25 years in Lambeth increased by 3,800 since 2005, but dropped from 31% to 28% as share of the population
- Birth rate has decreased
- Inequality is increasing; compared to 2010, more areas of the borough are amongst the most deprived in the country, while others have become less deprived
- Ethnically diverse borough with 86% pupils BME

Graphs were shown to illustrate in summary:

In the early years

- Infant deaths have reduced significantly
- Average school readiness has improved, but substantial inequalities persist as children in deprived circumstances and from some ethnic groups do less well

In children of school age

- In primary school children, emotional health may be improving, but the opposite is likely in secondary school, and it is worse for girls
- Obesity may be reducing or at least stabilising

In adolescents

- Increased admissions for self-harm
- Sexual health a substantial issue but some improvement
- Alcohol misuse is reducing
- Youth offending has reduced

Across age groups

	<ul style="list-style-type: none"> • Safeguarding: fewer children in care but unmet needs e.g., where children are being sexually exploited, an increase in children in temporary accommodation • Large numbers of children have a long term condition and quality of care may not be optimal <p>Recommendations in response to data included:</p> <ul style="list-style-type: none"> • An Integrated Early Years Programme • Support all schools to register to the London Healthy Schools programme and aim for at least Bronze Medal award • Develop Integrated Young People’s Services with a ‘no wrong door’ approach that place the relationship with young people at their heart • Embed a whole population approach to safeguarding, where safeguarding happens at every stage and in all settings for all children • Knowing the CYP population better through improving data sharing between services • Engage, inform and empower communities • Promote and embed Health and Wellbeing in All Policies <p>Comments and discussion:</p> <ul style="list-style-type: none"> • Performance of statistical neighbours was queried. Public Health explained due to the high number of indicators a deep dive into 5 or 6 was possible to provide comparative analysis, however this would not provide a whole picture. Board agreed this as an action • There was a discussion about Lambeth rates for first time entrants to the youth justice system data remaining higher than London and England and the impact of a lag in data impacting outturns. Despite this Lambeth rates have fallen more steeply than in London and England. • Chlamydia detections per 100,000 young people aged 15 to 24 are much higher than in London or England, unclear whether this is due to lower screening numbers or a decline in prevalence. • Unplanned hospital admissions in under 19s for asthma, diabetes and epilepsy account for over 90 per cent of emergency admissions for children with long-term conditions: Lambeth rate exceeds the England rate by about a fifth, which suggests scope for improvement and needs further investigation. • It was felt that Lambeth having more children in TA than London, although the Lambeth rates have been relatively steady recently, whereas the London rate is increasing required scrutiny by the board • The CFSP noted the update and welcomed a deep dive into 5 or 6 indicators to enable statistical neighbour comparative analysis. The board welcomed a summary version of the Annual Report of the Director of Public Health 2016/17, health of CYP to share across agencies. <p>The CFSP approved the report.</p>
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Action/s	Lead	Completion
<ul style="list-style-type: none"> • Public Health to provide a deep dive into 5 or 6 indicators to enable statistical neighbour comparative analysis. • Summary version of the Annual Report of the Director of Public Health 2016/17, health of CYP to be produced to share across agencies • To address the number of children in temporary accommodation in Lambeth at a future meeting. To add to forward plan 	<p>Public Health</p> <p>Public Health</p> <p>CFSP</p>	<p>tbc</p>
5.	Children and Young People’s Plan - Draft plan for discussion	

	<ul style="list-style-type: none"> • Dan Stoten, Integrated Assistant Director –Children’s Commissioning, CCG/LBL • Amy Buxton-Jennings, Director of Commissioning & Improvement, Lambeth Council/NHS Lambeth CCG 	
	<p>A report was presented to seek comments from the Children and Families Strategic Partnership Board (CFSPB) on the draft Children and Young People’s Plan.</p> <p>The board was asked to agree on:</p> <ol style="list-style-type: none"> a. the ambitions set out in the plan b. the focus given to tackling inequality, particularly for four key groups: children growing up in poverty, Black African and Caribbean children, children with SEND and children looked after. c. The five priority programmes in the plan: A Child-Friendly Lambeth, Better Start, Young Lambeth, Children with SEND and Children at Risk of Harm or Looked After. d. The board was also asked to consider a potential name change for the CFSPB to the Children’s Trust Board <p>Specific comments to be submitted by 31 July, a final branded and “designed-up” version of the plan will go for sign off by the Board in September and then to Cabinet on 2 October. A launch event will take place in October and a poster/plan on a page version will be produced and circulated widely across the borough.</p> <p>Comments and discussion</p> <ul style="list-style-type: none"> • Proposals for potential board name change: Lambeth Children First; Children’s’ Trust. Important to keep reference families • The importance of discussion of the development of the CYPP across different boards • Ensure explicit reference to partners engaged in the plan to avoid sounding like a council document • Recommended to make reference to links to work in Adults services • Recommended to engage schools • To move partnership diagram towards the front of the plan • Explicit reference to CYP voice and integration work is needed • An implementation plan is required • Proposal to have a young person’s version of the CYPP – discussion around a poster format • Agreed to bring revised version back to CFSP in September and then to Cabinet in October <p>The CFSP noted the update.</p>	
Action/s	Lead	Completion
6.	Draft Strategy for children and young people 0-25 with SEND 2017-2020 (final draft for consultation)	
	<ul style="list-style-type: none"> • Cathy Twist, Director of Education, Learning and Skills, LBL and Virginia Roberts, Local Area Review Consultant - SEND 	
	<p>A final draft of the SEND strategy was presented for consultation.</p> <p>The strategic vision and four strategic priorities were explained.</p> <p>Strategic vision: We believe that all children with special educational needs and / or disability have the right to a fulfilling life, with equality of access to opportunities that improve their life chances and empower them to be the best they can be.</p>	

	<p>Priorities:</p> <ol style="list-style-type: none"> 1. Ensure children and young people with SEND and their families / carers are supported, and empowered to be more resilient and independent within their communities. 2. Ensure children and young people with SEND receive the right support at the right time from education, health and care in order to enable them to achieve their full potential. 3. Act as the champion for children and young people with SEND to ensure they have inclusive and equitable access to universal services and a good quality education in their local community. 4. Encourage children and young people to have high aspirations and empower them to lead independent and fulfilling lives as adults. <p>Feedback provided to date includes:</p> <ul style="list-style-type: none"> • Emphasis on inclusion as many SEND pupils are educated in mainstream settings • To be more aspirational • To consider different ways of working • Positive feedback from Parent Forums • Consideration given to feedback from young people provided during the CYPP consultation • There will be further consultation in autumn 2017, young people and schools engagement is key. <p>Comments and discussion:</p> <ul style="list-style-type: none"> • Important to maximise access to data and user engagement • Strategy sign off process should be partnership lead rather than Cabinet Member only • To make more reference to: innovation, best practice, SEND friendly organisations/services • Consideration should be given to the relationship with services for adults and the transition between the two • Concern that GPs aren't engaged when Education, Health and Care Plans are put in place • Consideration to the cultural shift of information sharing across services e.g. GPs • Links between CYPP and SEND strategy requires thought <p>The CFSP noted the update.</p>
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Action/s	Lead	Completion
VR to address comments in development of final strategy	VR	September 2017
7.	<p>A Better Start for Lambeth</p> <ul style="list-style-type: none"> • Laura Griffin, Commissioning Lead: Early Years & Parenting, Children's Services, LBL <p>A report was presented updating the board on progress with the Better Start programme; early years pathway and the review; and to outline proposed delivery options for the children's centre programme.</p> <p>The strategic aim for this project is to achieve a systemic change in the commissioning and delivery of services for children in the perinatal period and until their fifth birthday.</p> <p>Work is currently being undertaken around the early years pathway and review for 0-5. This is to determine which practitioner is best placed to delivery and which children dependent on need.</p> <p>A menu of interventions proposed by the Better Start steering group is being developed which will inform commissioning as part of the Better Start programme.</p>	

	<p>The integrated delivery model for early years provision is at an early stage and consensus is it best aligns with the ‘virtual hub’ model. By April 2018 a Partially Integrated Partnership should be in place.</p> <p>Implementation of new delivery models for the children’s centre programme is intended to be from 1st April 2018. Four delivery options for the children’s centres programme with their advantages and disadvantages were provided. Options 3 & 4 were the preferred options of the Better Start Steering Group. These will be developed further based on steer by the CFSP and be informed by engagement and consultation.</p> <p>Proposed new delivery models:</p> <p><i>Option 3: Provider strength based model</i></p> <ul style="list-style-type: none"> • Current children’s centre provider organisations maintain responsibility for child development and school readiness activity, and receive a reduced budget for this purpose. <p><i>Option 4: Lead Provider model</i></p> <ul style="list-style-type: none"> • All children’s centre provision in cluster area aligned to 5 town centre areas and delivered by one staff team employed/managed by one lead provider organisation, with services planned and delivered according to identified local need. <p>Comments and discussion:</p> <ul style="list-style-type: none"> • Consideration to Health Visitor role in integrated delivery model and potential to have an alliance model • Delivery should be fluid so not restricted by geographical boundaries • Strengths and weaknesses of options 3 and 4 were discussed • Asset management is key to the choice of delivery models • Midwife restructure/remodelling requires consideration <p>The CFSP noted the update.</p>	
8.	<p>Partner Updates</p>	
	<ul style="list-style-type: none"> • Metropolitan police reported on the current remodelling of police services addressing budget savings, efficiencies and de-layering. Timeframes to be confirmed. Lambeth to align with Southwark thus having one Borough Commander. Certain boroughs have already merged to form areas and it is intended all London boroughs will be managed across 12 areas. <p>It was proposed an agenda item be added to the forward plan around Police work in the community and alignment with the CYPP priorities</p>	
<p>Action/s</p>	<p>Lead</p>	<p>Completion</p>
<p>Police work in the community and alignment with the CYPP priorities to be added to forward plan</p>	<p>BHE</p>	<p>By September 2017</p>

Date of next meeting: Thursday 7 September, 2:30pm-4:30pm. Venue: Stockwell Children’s Centre