

Merton Council Children and Young People Overview and Scrutiny Panel



Date: 13 February 2019
Time: 7.15 pm
Venue: Committee Rooms C, D & E - Merton Civic Centre, London Road, Morden
SM4 5DX

AGENDA

	Page Number
1 Apologies for absence	
2 Declarations of pecuniary interest	
3 Minutes of the previous meeting	1 - 8
4 Immunisation Update Report by NHS England	9 - 26
5 Progress report on Health and Well-being Strategy and refresh 2019 – 2024	27 - 48
6 Routes to Employment for Vulnerable Cohorts	49 - 68
7 Impact of Universal Credit on Merton Residents	69 - 74
8 Education Health and Care Plans - Survey work with Parents and Carers	75 - 90
9 Cabinet Member Priorities - Verbal Update	
• Councillor Caroline Cooper-Marbiah, Cabinet Member for Education; and	
• Councillor Kelly Braund, Cabinet Member for Children's Services	
10 Departmental Update Report	91 - 94
11 Performance Monitoring	95 - 100
12 Work Programme 2018/2019	101 - 108

**This is a public meeting – members of the public are very welcome to attend.
The meeting room will be open to members of the public from 7.00 p.m.**

For more information about the work of this and other overview and scrutiny panels, please telephone 020 8545 4035 or e-mail scrutiny@merton.gov.uk. Alternatively, visit www.merton.gov.uk/scrutiny

Press enquiries: communications@merton.gov.uk or telephone 020 8545 3483 or 4093

Email alerts: Get notified when agendas are published
www.merton.gov.uk/council/committee.htm?view=emailer

Children and Young People Overview and Scrutiny Panel membership

Councillors:

Sally Kenny (Chair)
Edward Gretton (Vice-Chair)
Agatha Mary Akyigyina OBE
Omar Bush
Edward Foley
Natasha Irons
Mark Kenny
Hayley Ormrod
Dennis Pearce
Eleanor Stringer
Nigel Benbow

Substitute Members:

Adam Bush
Pauline Cowper
Joan Henry
Dickie Wilkinson

Co-opted Representatives

Helen Forbes, Parent Governor
Representative - Secondary and Special
Sector
Emma Lemon, Parent Governor
Representative - Primary Sector
Colin Powell, Church of England diocese

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

What is Overview and Scrutiny?

Overview and Scrutiny describes the way Merton's scrutiny councillors hold the Council's Executive (the Cabinet) to account to make sure that they take the right decisions for the Borough. Scrutiny panels also carry out reviews of Council services or issues to identify ways the Council can improve or develop new policy to meet the needs of local people. From May 2008, the Overview & Scrutiny Commission and Panels have been restructured and the Panels renamed to reflect the Local Area Agreement strategic themes.

Scrutiny's work falls into four broad areas:

- ⇒ **Call-in:** If three (non-executive) councillors feel that a decision made by the Cabinet is inappropriate they can 'call the decision in' after it has been made to prevent the decision taking immediate effect. They can then interview the Cabinet Member or Council Officers and make recommendations to the decision-maker suggesting improvements.
- ⇒ **Policy Reviews:** The panels carry out detailed, evidence-based assessments of Council services or issues that affect the lives of local people. At the end of the review the panels issue a report setting out their findings and recommendations for improvement and present it to Cabinet and other partner agencies. During the reviews, panels will gather information, evidence and opinions from Council officers, external bodies and organisations and members of the public to help them understand the key issues relating to the review topic.
- ⇒ **One-Off Reviews:** Panels often want to have a quick, one-off review of a topic and will ask Council officers to come and speak to them about a particular service or issue before making recommendations to the Cabinet.
- ⇒ **Scrutiny of Council Documents:** Panels also examine key Council documents, such as the budget, the Business Plan and the Best Value Performance Plan.

Scrutiny panels need the help of local people, partners and community groups to make sure that Merton delivers effective services. If you think there is something that scrutiny should look at, or have views on current reviews being carried out by scrutiny, let us know.

For more information, please contact the Scrutiny Team on 020 8545 4035 or by e-mail on scrutiny@merton.gov.uk. Alternatively, visit www.merton.gov.uk/scrutiny

This page is intentionally left blank

Agenda Item 3

CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY PANEL 16 JANUARY 2019

(7.15 pm - 9.50 pm)

PRESENT Councillor Sally Kenny (in the Chair), Councillor Edward Gretton, Councillor Agatha Mary Akyigyina, Councillor Omar Bush, Councillor Edward Foley, Councillor Natasha Irons, Councillor Mark Kenny, Councillor Hayley Ormrod, Councillor Dennis Pearce, Councillor Eleanor Stringer, Helen Forbes and Emma Lemon

ALSO PRESENT

Councillor Kelly Braund - Cabinet Member for Children's Services

Councillor Caroline Cooper-Marbiah - Cabinet Member for Education

Caroline Holland - Director of Corporate Services

Rachael Wardell - Director, Children, Schools & Families Department

Jane McSherry - Assistant Director of Education

Paul Angeli – Head of Social Care and Inclusion

Sharon Buckby – Interim Head of Policy, Planning and Performance

Tom Procter - Head of Contracts & School Organisation and
Elise McQueen – Head of Looked after Children

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Colin Powell, Co-opted Representative, sent his apologies

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The Panel reminded officers that the air quality report for the Merton Abbey/Harris Wimbledon new site area had not been forwarded to them.

RESOLVED: That the minutes of the meeting held on 8 November 2018 were agreed as an accurate record.

4 HARRIS ACADEMY WIMBLEDON (Agenda Item 4)

The Panel welcomed Sir Daniel Moynihan, CEO of Harris Federation, Tom Webster - Commercial Director Harris Federation and Joanne Larizadeh – Principal of Harris Academy Wimbledon to the meeting

The panel noted the briefing report in the agenda.

Sir Daniel addressed the Panel and spoke about the achievements made by the Harris Federation, including:

- Harris Federation has 47 academy schools, all in London, with 30,000 students and 4,000 teachers
- Harris Schools are generally in disadvantaged areas, many were previously in Special Measures. The national average is for 20% of Schools to achieve OFSTED outstanding . 78% of Harris Schools are outstanding and the rest are good – including all in Merton
- Harris Federation is highly effective in generating social mobility, with high performance by children who receive free school meals and by children from ethnic minorities.
- The Harris model is that of a central team which ensures consistency and is strong on systems and data.
- Harris Merton has just expanded to 8 forms
- Harris Morden was judged Outstanding by OFSTED last year, with GCSEs well above average, it was 2nd in borough this year
- Harris Primary – outstanding last year, 86% met expectations in KS2 SATs and was 5th in borough
- Harris Wimbledon – new build finished in 2020 will have 1150 pupils with 250 in the sixth Form

Sir Daniel answered Panel Member Questions and made points including:

- Harris Federation is not focussed on growth, we are most concerned about standards
- We are a Federation not a chain – we don't want every school to be the same, we want Heads to adapt to the local needs. A good education looks different in different areas
- We do have counsellors in all schools but our evidence suggests that there is greatest need in 6th form, and so we have put money into a new scheme across our sixth forms
- Our Exclusions are relatively low, but they are sometimes necessary. We do have our own Pupil Referral Unit that has achieved good results. For pupils who are permanently excluded the local Authority must arrange suitable full-time education to begin no later than the 6th day.
- Performance of SEN pupils is one of the excellent areas across Harris Schools – our performance by SEN pupils is above average and one of our best performing groups – we invest a great deal

- We have always had a good relationship with Merton. We could do more work with Merton – we have large teacher training and teacher development program – happy to do more work with Merton in these areas.
- Harris Federation does manage School funding monies, some Schools get more money than others, and if a school has a need we can fund this e.g. when we opened Harris Morden we invested £½ million in new IT.
- We are good at managing our budget and ensure tight financial controls. We employ high quality business managers who centrally manage the budget. We are externally audited
- We are very successful at external fundraising and use this extra money for special projects such as 1:1 work at key stage 4, for bursaries for children from low income families to go to university, and extra teachers in year 6. Money raised by direct approaches to charitable trusts and City organisations who are interested in supporting us
- We have huge focus on social mobility as many children are capable of going to university but don't believe that they can. We also send children on to higher apprenticeships
- 90% of our schools operate with a surplus – but it may not be a large surplus.

The Panel thanked Sir Daniel for attending the meeting and Jo Larizadeh, Principal, for the visit to Harris Wimbledon the previous day.

5 BUSINESS PLAN UPDATE 2019-2023 (Agenda Item 5)

The Director of Corporate Services presented her report on the Business Plan Update 2019-23. The Panel noted that this included both items 5 and 6. The Panel noted that the budget for the Children, Schools and Families Department was balanced for 2019-20 but that there was a large budget gap of £1.8 million of savings still to find for 20-21, with a further £740k to find by 2022/23. The Children Schools and Families department has a lower ratio of savings than other departments. The Director of Children, Schools and Families explained that work was ongoing to consider savings in all areas of the department but she did not believe that any easy savings would be found.

The Panel noted that three (CSF 2018-11, CSF 2018-12 and CSF 2018-07) of the savings had an equality impact assessment of 3, (meaning that they would have a high impact but mitigation may be possible.) Regarding CSF 2018-07 the panel noted that work with young people who were not in education or training (NEET) would continue and there would be a focus on the most vulnerable young people. The Director of Corporate services said she would circulate the information regarding the categories of result for Equality Impact Assessments.

The Head of Social Care and Youth Inclusion asked the Panel to consider the high level of complexity when making savings across the department. Savings made in

one service area can then create additional pressure in other services, it is important that system is considered as a whole. He also reminded members of the need to consider sensitivities regarding existing post holders. He reminded Members that the department does benchmark against other authorities and look at different balances.

The Panel noted the work already done regarding saving costs on School Transport and that ideas will be shared with neighbouring boroughs. Officers were asked if they could bring forward any savings, but replied that they would rather carry out cost cutting in a careful and planned way and not make cuts before they were needed.

Councillor Ed Gretton proposed a Motion, this was seconded by Councillor Omar Bush. The motion was:

CYP & Schools Funding Motion – that the Panel approve a recommendation that CYP carry out assessments as soon as possible in advance of and for the purposes of identifying and generating potential savings and support within the 2019/20 Budget and beyond:

- *Shared Services in CYP, to identify which services are not yet shared with other local authorities and recommend which services could potentially be shared, either generally, or in the context of other local authorities already sharing similar types of Children’s Services*
- *Education Services sold to schools, to identify Services available for sale to schools but which are not fully taken up and bought in by Merton Schools and establish a plan to further promote the provision of such services both across schools in Merton and also potentially to other local authorities*
- *Extra Revenue for Schools, to identify ways in which local schools generate extra revenues (e.g. from community use, rent from weekend farmers markets) and circulate a summary guide of best practice examples that all our local schools can consider to support them with their own budgets and financial planning*

The panel discussed the Motion and noted that much of this work had been covered by two previous Scrutiny task groups; Shared and Outsourced Services and Commercialisation and Income Generation both completed in 2016.

A vote was taken and the Motion was lost. The Chair asked the Director of Corporate Services to circulate the previous task group reports, and following panel member suggestions agreed that at the appropriate time a further Task Group on these issues could be considered for inclusion in the work programme.

Members asked the Director of Corporate Finance about the figures regarding depreciation of School buildings. She explained that the figures were based on the CIPFA formula.

Councillor Ed Gretton proposed a further Motion, this was seconded by Councillor Omar Bush. The motion was:

Merton Music Foundation Motion – That the Panel approve a recommendation that CYP find an additional equivalent saving to allow CYP to continue to fund Merton Music Foundation to £25k for 2019/20 in view of the resulting beneficial match funding it would generate, the support by MMF in teaching music to disadvantaged children, and in view of the strong preventive support that music provides as means of combatting mental health problems in young persons

Both the Director of Corporate Services and the Director of CSF asked the Panel to note that there was no money available to continue this funding. A vote was taken and the motion was lost.

The Chair thanked Officers for their work on this item.

6 BUSINESS PLAN 2019-23 SAVINGS PROPOSALS INFORMATION PACK (Agenda Item 6)

See Item 5

7 CORPORATE PARENTING - ANNUAL REPORT (Agenda Item 7)

The Head of Looked After Children, Elise McQueen presented the Annual Corporate Parenting Report.

A member asked about the 'staying put' initiative, where young people are encouraged to stay with their current foster carer beyond the age of 18. This has many benefits for the young person but reduces the number of foster carers for new placements. Officers explained that this was linked to the recruitment drive to find more local Foster Careers, as local foster care enables children and young people to stay close to family, friends and school, and it will save money. The Panel noted that the recruitment drive for foster carers was being targeted using knowledge of what does and doesn't work.

A question was asked about care leavers' accommodation and the panel noted that each care leaver has a pathway plan that includes a housing pathway that will meet their need.

The Panel asked about current adoption figures and heard that there are currently two children waiting to be adopted, and that 9 children were adopted in the year 2017-18. Officers reported that National adoption figures are going down.

The Panel noted that immunisation figures will include young people up to 18 who may choose not to give their consent, and unaccompanied asylum seekers whose immunisation history is uncertain.

The Panel asked about support for carers and noted that all foster carers receive training and ongoing support

The Panel thanked Elise for her work and the report.

RESOLVED

The Panel noted the Annual Corporate Parenting Report

8 PREVENT TASK GROUP - ACTION PLAN REVIEW (Agenda Item 8)

The Panel noted the report on the Implementation of the Prevent Action Plan. Following a discussion on how Prevent work could be supported going forward, The Director of Children, Schools and Families suggested that she include Prevent as a heading in her Departmental Update. As there are few prevent referrals coming through this would ensure that any significant change in local circumstance would be reported to the panel

RESOLVED

The Panel noted the Prevent Action Plan and asked the Director of CSF to use the departmental update to report them.

9 CABINET MEMBER PRIORITIES - VERBAL UPDATE (Agenda Item 9)

Councillor Caroline Cooper-Marbiah Cabinet Member for Education gave an update:

- Visited the new Harris Wimbledon School and spoken with the Head Teacher, she was pleased to see that the pupils have settled well
- The initial reports of Merton Results are very good and Merton children are making very good progress
- Schools are working together, the School Effectiveness Partnership, and are focused on teacher retention, training and sharing good practice

Councillor Kelly Braund – Cabinet Member for Children’s Services gave an update:

- On Monday 14 January Cabinet approved both the Council Tax reduction for Care Leavers up to the age of 25, and the joint reference from the Youth

Parliament and the Overview and Scrutiny Commission regarding Keeping Young People safe in Merton

- The Youth Parliament carried out its own consultation on Safety in Merton and how it affects them. It is important to have their voices heard and thank for those who helped
- The OFSTED focussed visit is in progress

10 DEPARTMENTAL UPDATE REPORT (Agenda Item 10)

The Director of Children, Schools and Families presented her departmental update report. She asked Members to note the following:

- That the MSCB Partnership Agreement (paragraph 2.3 in the report) has now been approved by the MSCB and will be presented to Stakeholders
- The bid to participate in the Contextual Safeguarding project (paragraph 2.14) has been successful.
- The OFSTED 'focused' visit is currently underway. This is a focused visit not an inspection and we will get a letter with a narrative account of the quality of our progress (rather than a report containing a judgement) in middle of February

In reply to Members questions, The Assistant Director – Education answered that she was aware of the difference in primary results, with reading and maths being ahead of writing, and that these assessments rely on Teacher Assessment and are currently an area of focus. She also confirmed that the Harris Schools are not part of the 'Attain' program

RESOLVED

The Panel noted the departmental update

11 PERFORMANCE MONITORING REPORT (Agenda Item 11)

The Interim Head of Policy, Planning and Performance presented her report on Performance Monitoring November 2018. The Panel noted that she had discussed the performance data with the lead Members for performance monitoring, Councillors Eleanor Stringer and Hayley Ormrod prior to meeting. The panel noted the areas requiring ongoing work, as highlighted in the report. The Assistant Director for Education thanked Sharon Buckby for her work on improving the performance data.

RESOLVED

The Panel noted the Performance Report.

12 WORK PROGRAMME (Agenda Item 12)

The Panel noted the Work Programme 2018-19

This page is intentionally left blank

Report to Children and Young People Scrutiny Panel on Section 7a 0-5 Child and Immunisation Programmes in Merton 2018



Report on Child 0-5 Section 7a Immunisation Programmes in London Borough of Merton

Prepared by: Ms Bernadette Johnson, Immunisation Commissioning Manager for South West London and Dr Catherine Heffernan, Principal Advisor for Commissioning Immunisations and Vaccination Services

Presented to: Children and Young People's Scrutiny Panel.

Classification: OFFICIAL

The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

Contents

Contents	3
1 Aim.....	4
2 Roles and responsibilities	4
3 Headlines for London	5
4 Routine Childhood Immunisation Programme (0-5 years)	6
5 What is COVER and how is it produced?.....	6
5.1 Role of Child Health Information Service (CHIS)	7
5.2 Role of Data Linkage Systems.....	7
5.3 Role of General Practice.....	8
6 Merton and the challenges	9
6.1 Merton’s uptake and coverage rates.....	10
6.2 What are we doing to increase uptake of COVER?	14
7 Child ‘flu vaccination	16
8 Outbreaks of Vaccine Preventable Diseases	17
9 Next Steps.....	17

1 Aim

- The purpose of this paper is to provide an overview of Section 7a childhood immunisation programmes in the London Borough of Merton for 2017/18. The paper covers the vaccine coverage and uptake for each programme along with an account of what NHS England (NHSE) London Region are doing to improve uptake and coverage.
- Section 7a immunisation programmes are publicly funded immunisation programmes that cover the life-course and the 18 programmes include:
 - Antenatal and targeted new-born vaccinations
 - Routine Childhood Immunisation Programme for 0-5 years
 - School age vaccinations
 - Adult vaccinations such as the annual seasonal influenza vaccination
- This paper focuses on those immunisation programmes provided for 0-5 years under the national Routine Childhood Immunisation Schedule and child 'flu vaccination.
- Members of the Children and Young People Scrutiny Panel are asked to note and support the work NHSE (London) and its partners such as Public Health England (PHE), the local authority and the Clinical Commissioning Groups (CCGs) are doing to increase vaccination coverage and immunisation uptake in Merton.

2 Roles and responsibilities

- *The Immunisation & Screening National Delivery Framework & Local Operating Model* (2013) sets out the roles and responsibilities of different partners and organisations in the delivery of immunisations.
- Under this guidance, NHSE, through its Area Teams (known as Screening and Immunisation Teams), is responsible for the routine commissioning of all National Immunisation Programmes under the terms of the Section 7a agreement. In this capacity, NHSE is accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake and coverage levels. NHSE is also responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.
- Public Health England (PHE) Health Protection Teams lead the response to outbreaks of vaccine preventable disease and provide expert advice to NHSE screening and immunisation teams in cases of immunisation incidents. They also provide access to national expertise on vaccination and immunisation queries. In Merton, this function is provided by the PHE South London Health Protection Team.

- Clinical Commissioning Groups (CCGs) have a duty of quality improvement, and this extends to primary medical care services delivered by GP practices, including delivery of childhood immunisation services.
- Local Authority Public Health Teams (LAs) have an oversight function and are responsible for providing independent scrutiny and challenge of the arrangements of NHSE, PHE and providers.
- Across the UK, the main providers of childhood immunisation are GP practices. In Merton, all general practices are contracted to deliver childhood immunisations for children aged 0-5 through their primary care contract.
- Hounslow & Richmond Community Healthcare NHS Trust (HRCH) are contracted by NHSE (London) to provide the targeted neonatal BCG vaccination and the school age immunisations.
- Immunisation data is captured on Child Health Information Service (CHIS) for Merton as part of the SWL CHIS Hub (provided by Your Healthcare CIC). Data is uploaded into CHIS from GP practice records via a data linkage system provided by QMS. The CHIS provide quarterly and annual submissions to Public Health England for their publication of statistics on 0-5s childhood immunisation programmes. This is known as Cohort of Vaccination Evaluated Rapidly (COVER) and these statistics are official statistics.
- Apart from attendance at Health and Social Care Overview Panels and at Health and Well-Being Boards as and when required, NHSE (London) also provides assurance on the delivery and performance of immunisation programmes via quarterly meetings of Immunisation Performance and Quality Boards. There is one for each Strategic Transformation Partnership (STP) footprint.

The purpose of these meetings is to quality assure and assess the performance of all Section 7a Immunisation Programmes across the STP in line with PHE standards, recommendations and Section 7a service specifications as prepared by PHE with NHSE commissioning. All partners are invited to this scrutiny meeting, including colleagues from the Local Authority, CCG, CHIS, NHSE, PHE Health Protection and Community Provider service leads. Data for Merton is covered in the SWL STP Immunisation Performance and Quality Boards.

- Directors of Public Health across London also receive quarterly reports from the London Immunisation Partnership Board and updates via the Association of Directors of Public Health. It is through these communication channels that progress on the Bi-annual London Immunisation Plan (2017-19) and its accompanying annual Flu Plans are shared.

3 Headlines for London

- Historically and currently, London performs lower than national (England) averages across all the immunisation programmes.

- London faces challenges in attaining high coverage and uptake of vaccinations due to high population mobility, increasing population, increasing fiscal pressures and demands on health services and a decreasing vaccinating workforce.
- Under the London Immunisation Partnership Board, NHSE (London Region and PHE (London Region) seek to ensure that the London population are protected from vaccine preventable diseases and are working in partnership with local authorities, CCGs and other partners to increase equity in access to vaccination services and to reduce health inequalities in relation to immunisations.

4 Routine Childhood Immunisation Programme (0-5 years)

- The routine childhood immunisation programme protects against:
 - Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus
 - Influenza type b (given as the '6 in 1' DTaP/IPV/Hib/HepB vaccine)
 - Pneumococcal disease (PCV)
 - Meningococcal group C disease (Men C)
 - Meningococcal group B disease
 - Measles, mumps and rubella (MMR)
- Children aged 1 year should have received 3 doses of 6 in 1 (called the primaries) and 2 doses of Men B. If eligible, they may also be offered the targeted BCG and Hep B.
- At 12 months, they are offered first dose of MMR and the boosters of PCV, Hib/Men C and Men B.
- At 2 years and again at 3 years, children are offered annual child influenza vaccine.
- From 3 years 4 months to 5 years, children are offered second dose of MMR and preschool booster (which is the fourth dose of the diphtheria/tetanus/pertussis/polio course).

5 What is COVER and how is it produced?

- COVER monitors immunisation coverage data for children in UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. 1st January 2012 to 31st March 2012, 1st April 2012 – 30th June 2012. Children having their first birthday in the quarter should have been vaccinated at 2, 3 and 4 months, those turning 2 should have been vaccinated at 12/13 months and those who are having their 5th birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years. This is an important point to note as often COVER statistics are used to improve uptake in general practice populations or communities. However, the data used is between 6 months and 18 months out of date and opportunities to ensure that those cohorts have been immunised in

accordance with the routine immunisation schedule have therefore been missed.

- There are known complexities in collecting data on childhood immunisations. Indeed, since 2013, London's COVER data is usually published with caveats and drops in reported rates are always due to data collection or collation issues for that quarter. Production of COVER statistics in London involves a range of individuals and organisations with different roles and responsibilities.

5.1 Role of Child Health Information Service (CHIS)

- London has four CHIS Hubs – North East London (provider is North East London Foundation Trust, NELFT), South East London (provider is Health Intelligence), South West London (provider is Your Healthcare CIC) and North-West London (provider is Health Intelligence). These Hubs are commissioned by NHSE to compile and report London's quarterly and annual submissions to PHE for COVER.
- A 'script' or algorithm is utilized to electronically extract anonymous data from the relevant data fields to compile the reports for COVER within the caveats specified. For example, for first dose of MMR, any child who had their MMR vaccination before their first birthday are not included and so appear unvaccinated.
- CHIS Hubs are commissioned to check the reports run and are expected to refresh the reports before final submission to PHE.
- CHIS Hubs are also commissioned to 'clean' the denominator by routinely undertaking 'movers in and movers out' reports. This is to ensure the denominator is up-to-date with the children currently resident in London. They are also expected to account for the vaccinations of unregistered children in London. Historically and currently, there are ongoing issues with CHIS Hubs keeping up-to-date with movers in and removals which is picked up in contract performance meetings with the NHSE (London) commissioners.

5.2 Role of Data Linkage Systems

- Immunisation data is extracted from London's general practices' IT systems and uploaded onto the CHIS systems. This isn't done directly by the CHIS Hubs. Instead data linkage systems provided by three different providers provide the interface between general practices and CHIS. Two of these providers – QMS and Health Intelligence – are commissioned by NHSE whilst 4 CCGs in outer North-East London commission a separate system.
- Since the primary purpose of CHIS is to hold health information on individual children, the immunisation data extracted from general practices is patient identifiable data (PID). As a result, data sharing agreements is required between each general practice and CHIS.

- NHS (London) Immunisation Commissioning Team receives data linkage reports from QMS and Health Intelligence. This provides a breakdown by general practice of the uptake of vaccinations in accordance to the COVER cohorts and cohorts for Exeter (for payments). This information is utilized by the team as part of the 'COVER SOP', to check against the COVER submissions by CHIS to question variations or discrepancies.

5.3 Role of General Practice

- While data linkage systems provide an automated solution to manual contact between CHIS and general practices, data linkage does not extract raw data. General practices have to prepare the data for extraction every month. This will vary between practices how automated the process is but it can be dependent upon one person to compile the data in time for the extraction by the data linkage system providers and should this person be on annual or sick leave, there will be missing data.
- General practices have to prepare data for four immunisation data systems – COVER, ImmForm (although this is largely done by their IT provider of Vision, EMIS or TPP SystemOne, all of whom are commissioned by their CCG), CQRS (the payments system run by NHS England for the payment of administration of the vaccine) and Exeter (payments system, whereby practices receive targeted payments for achieving 70% or 90% uptake of their cohorts – these cohorts are different to the COVER cohorts of children). Preparation of data for the systems again will vary between practices but this can be time and resource intensive.
- The aggregated immunisation data in each practice is dependent upon the quality of patient records. When a practice nurse vaccinates a child, the record of the vaccination should be recorded onto the GP IT system and into the child's hand held personal record (the Redbook) in a timely manner.
- There is also an array of codes that can be used to code the vaccination (if a code different to what the data linkage system recognises is utilised, it results in the child looking unvaccinated) and there are difficulties with coding children who received their vaccinations abroad or delays in information on vaccinations given elsewhere in UK being uploaded onto the system in time for the data extraction. (During 2015/16, the team visited 300 practices to uncover the issues in vaccinating 0-5-year olds and these were the main factors vocalised by practice managers.)
- Whilst NHSE (London) immunisation commissioning team verify and pay administration of vaccines that are part of the Section 7a immunisation programmes, they do not commission general practices directly. Vaccination services, including call/recall (patient invite and reminder systems) are contracted under the General Medical Services (GMS) contract. This contract

is held by primary care commissioning directorates of NHSE. To date, there is a lack of clarity on what levers NHSE (London) Immunisation Commissioning Team (with primary care colleagues) can use to ensure robust high-quality data for extraction for COVER and that practices are undertaking adequate call/recall.

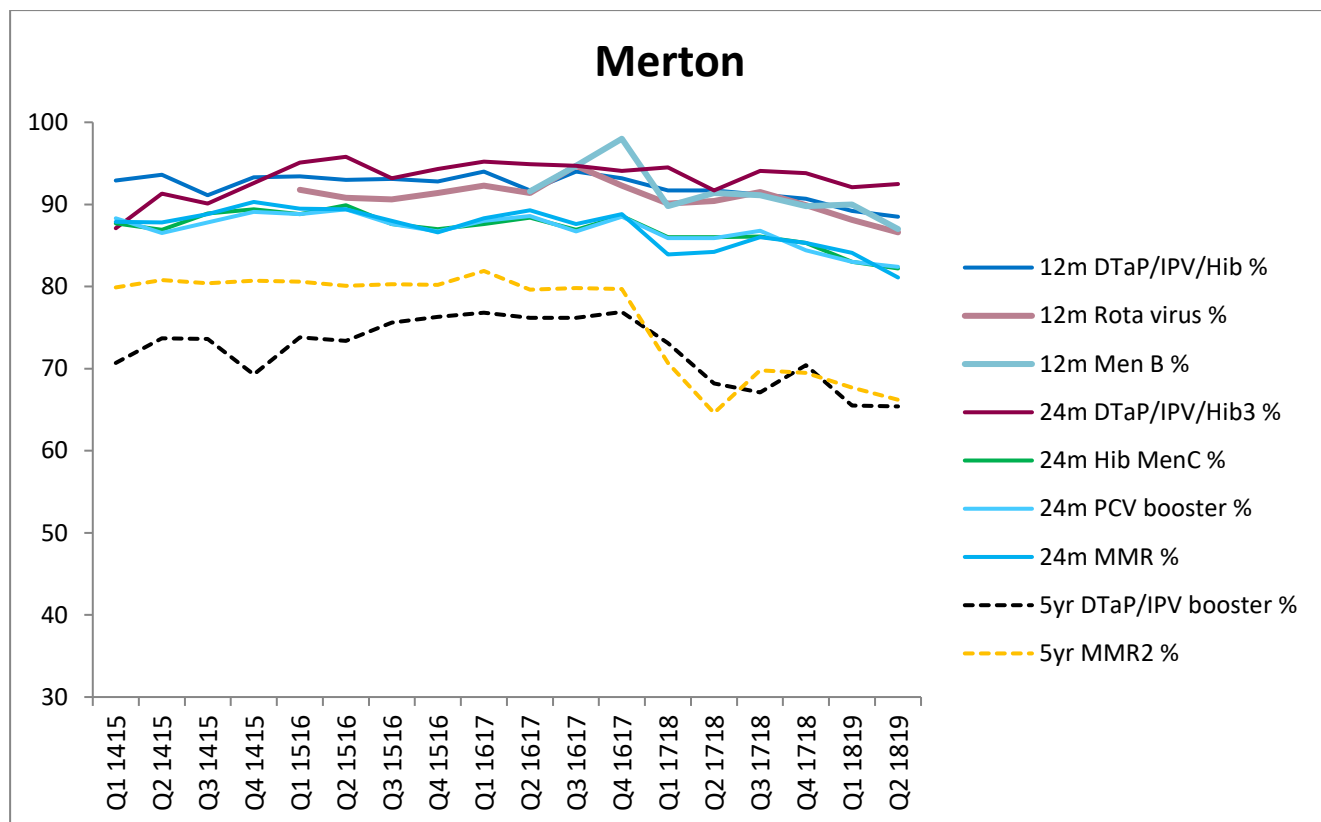
6 Merton and the challenges

- Merton is affected by the same challenges that face the London region. London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons for the low coverage include:
 - Complexities in data collection for COVER statistics
 - The increasing birth rate in London which results in a growing 0-5 population and puts pressure on existing resources such as GP practices
 - London's high population mobility which affects data collection and accuracy
 - Inconsistent patient invite/reminder (call-recall) systems across London
 - Declining vaccinating workforce
 - Increasing competing health priorities for general practice
- London's high population turnover is a big factor. There is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions, which in Merton's case inflates the denominator (i.e. number of children requiring immunisation) resulting in a lower uptake percentage. A 2017 audit by London's CHIS providers showed that by the age of 12 months, 33% of infants moved address at least once.
- However, despite London's percentage uptake being lower than other regions, London vaccinates almost twice as many 0-5 year olds than any other region. If you look at MMR2 as an indicator of completion of programme, London reported 79.5% uptake for 2016/17 compared to England's 87.6%. We vaccinated 100,293 five year olds with MMR2 in 2016/17, down from 104,031 in 2015/16 but more than any other region – South East (the next biggest region) vaccinated 99,434 (86.2% coverage)
- It could be argued that with a bigger denominator, London has a bigger number of unvaccinated children. However, only a proportion of these 'unvaccinated' children are truly unvaccinated, the others have been vaccinated abroad (there are known difficulties recording these) or within UK (records may not be updated in time for the data extraction). These vaccinations have not been captured on data systems. Similarly, there are children who are vaccinated outside the schedule (either early or late) and are not included in the cohorts reported.

6.1 Merton's uptake and coverage rates

- Like many other London boroughs, Merton has not achieved the World Health Organisation recommended 95% coverage for the primaries and MMR to provide herd immunity, i.e. the proportion of people that need to be vaccinated in order to stop disease spreading in the population.
- Uptake of childhood immunisations has historically been low in Merton and in 2012/13 Sutton and Merton Primary Care Trust reported some of the lowest immunisations rates in London. Since then, improvements have been made and in 2016/17, Merton reported some of its highest immunisation rates. However, again in 2017/18 (latest annual data available) MMR2 and pre-school booster uptake has reduced and sees Merton with one of the lowest rates in England and London.
- Quarterly rates vary considerably more than annual rates but are used in this report, so that Quarter 2 data from 2018/19 (the latest available data) could be included.
- Figure 1 provides a snapshot of Merton's 0-5 immunisation programmes. For the vaccinations for the age 1 and 2 cohorts, reported percentage uptake is in the high 80s. This is in line with London averages. There is a drop in the age 5 vaccinations (preschool booster and MMR2) from Q4 2016/17 onwards. This coincides with the changes to the provision of CHIS in London and the emergence of the new CHIS Hubs. Since then the hubs have had to reconcile data firstly 0-5s, then 6-19 years. This has impacted upon the quality and production of data.
- Where uptake of vaccinations is close together, this typically indicates a good quality of service provision (as seen by the age 1 vaccinations). A drop off between age 1 and age 2 and again by age 5 indicates system ability to call/recall and track children. Despite the data quality, this is clearly seen here and work is underway across London to improve call/recall systems.

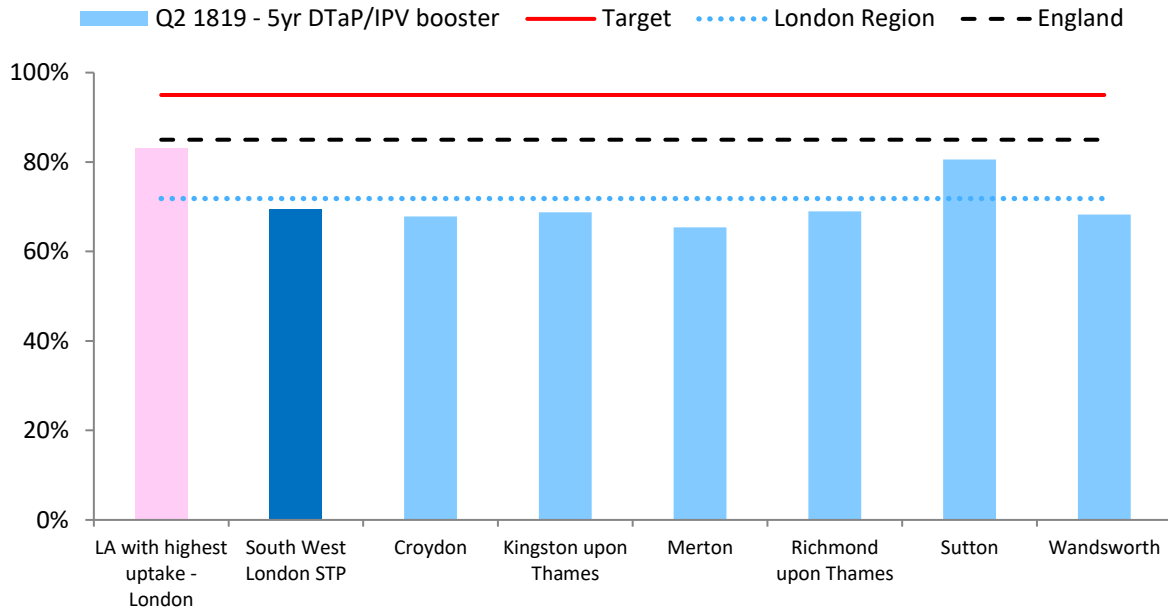
Figure 1
Uptake rates of 0-5 vaccinations for Merton Q1 2014/15 – Q2 2018/19



Source: PHE (2018)

- For immunisations, uptake is usually compared with geographical neighbours as immunisation uptake is affected by service provision - neighbouring boroughs in SWL historically have similar general practice provision and thereby provide a better comparison than statistical neighbours.
- Figures 2 and 3 compare Merton to other South West London boroughs using quarterly COVER statistics for the two last vaccinations for the 0-5s Routine Childhood Schedule which can be used as indicators of completed vaccinations (coverage).
- At a local authority level, Croydon, Haringey, Kensington and Chelsea, Merton, Newham and Westminster have sub-optimal uptake rates for MMR1 less than 90% and of concern 70% and less for two doses of MMR by five years of age.
- Merton performs at the bottom of the group and is also the 4th lowest for MMR2 and 6th lowest for pre-school booster in England and London

Figure 2
MMR Vaccine Dose 2 – measured at 5 years of age Q2 2018/19

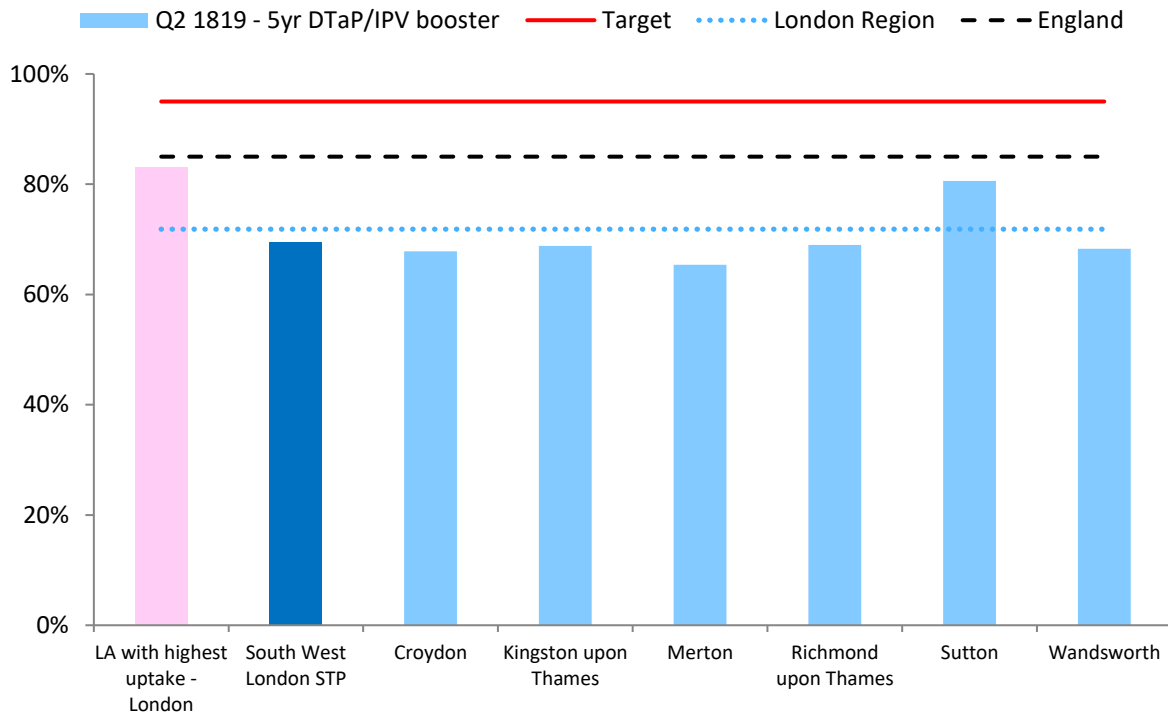


MMR Vaccine Dose 2 – measured at 5 years of age (quarterly data Q3 17/18 to Q2 2018/19)

	Q3 1718	Q4 1718	Q1 1819	Q2 1819
ENGLAND	87.3%	87.2%	0.0%	86.4%
London	77.1%	77.6%	72.2%	74.8%
LA with highest uptake - London	90.0%	88.7%	90.2%	87.0%
South West London STP	73.4%	73.2%	74.5%	73.3%
Croydon	71.0%	63.8%	67.2%	67.2%
Kingston upon Thames	71.1%	73.0%	79.6%	75.1%
Merton	69.8%	69.5%	67.7%	66.2%
Richmond upon Thames	64.9%	75.0%	76.0%	73.4%
Sutton	83.9%	81.9%	81.9%	82.5%
Wandsworth	79.1%	80.7%	79.9%	79.0%

Source: PHE (2018)

*Figure 3
DTAP/IPV (Pre School Booster) Vaccine – measured at 5 years of age quarter 2
18/19)*



*DTAP/IPV (Pre School Booster) Vaccine – measured at 5 years of age (quarterly
data Q3 17/18 to Q2 2018/19)*

	Q3 1718	Q4 1718	Q1 1819	Q2 1819
ENGLAND	85.9%	85.5%	0.0%	85.0%
London	75.0%	75.5%	69.2%	71.8%
LA with highest uptake - London	91.3%	85.2%	83.6%	83.1%
South West London STP	69.7%	71.0%	71.0%	69.5%
Croydon	67.1%	64.1%	68.0%	67.8%
Kingston upon Thames	75.3%	78.0%	73.8%	68.8%
Merton	67.1%	70.4%	65.5%	65.4%
Richmond upon Thames	66.5%	71.7%	71.4%	69.0%
Sutton	79.7%	80.5%	82.5%	80.6%
Wandsworth	67.8%	69.8%	69.8%	68.3%

Source: PHE (2018)

6.2 What are we doing to increase uptake of COVER?

- Merton like other London boroughs performs below England averages for completed routine childhood immunisations as indicated by MMR 2nd dose and preschool booster. This is also below the recommended WHO 95% recommended uptake levels.
- Achieving and sustaining high coverage rates of two doses of MMR vaccine is an ambition vision for London that requires full engagement and partnership working with all stakeholders and delivery partners across the health system.
- NHS England have produced a Measles Action Plan which sets out a comprehensive system wide approach for high coverage of the MMR vaccine. Its vision is to achieve coverage rates of 95% for MMR1 and MMR2 by 5 years of age and in older age groups five to 25 years of age.
- Improving uptake rates in Merton is being undertaken by pan London endeavours as well as local borough partnership work between CCG, local authority, PHE and NHSE London. This includes developing a local action to address drop in vaccination rates particularly to support increasing MMR and pre-school booster at age 5 years.
- School Aged Immunisation providers routinely include information on MMR and administer MMR1 and/or MMR2 to complete immunisation course.
- Increasing coverage and uptake of the COVER reported vaccinations to the recommended 95% levels is a complex task. Under the London Immunisation Partnership Board, PHE and NHSE (London) have been working together to improve quality of vaccination services, increasing access, managing vaccine incidents and improving information management, such as better data linkages between Child Health Information Systems (CHIS) and GP systems.
- As well as these pan London approaches, NHSE (London) have been working locally with PHE health protection teams, CCGs and local public health teams in local authorities to identify local barriers and vulnerable or underserved groups (e.g. travelling community) and to work together to improve public acceptability and access and thereby increase vaccine uptake.
- The London wide Immunisation Plan for 2017/19 included sub-sets of plans such as improving parental invites/reminders across London, which the evidence repeatedly states as the main contributor to improving uptake of 0-5s vaccinations. A census of London's 1401 GP practices resulted in the production of 0-5s call/recall best practice pathway and a 0-5s best practice pathway. Under the London Immunisation Partnership PHE and NHSE (London) are evaluating the impact of these pathways over the next few months.
- An evaluation of the 300 practices in London last year in relation to improving uptake of COVER reported vaccinations also concluded that practices need support around information materials to discuss with parents which the NHSE

(London) immunisation team are addressing in conjunction with our PHE colleagues.

- London continues to have a large proportion of children vaccinated outside London and overseas which often means that children are reported as unvaccinated when they have been vaccinated but on a different schedule. Work is underway to help GPs code the vaccinations of these new patients.
- Merton Immunisations Steering group which meets quarterly chaired by Merton CCG Clinical lead and includes representatives from NHS England, Local Authority and providers of immunisations to agree local actions
- Childhood Immunisations has been one of the 5 key outcomes under the Best Start in Life theme for the Health and Well-being Strategy (2015 – 2018). This has kept a focus on improving immunisations locally.
- Public Health promotion of childhood immunisations across the borough e.g. articles in My Merton (which is a publication that goes into every single home in Merton), Young Merton Together, Social media etc. Promotion of children's flu vaccinations through leaflets sent to all Libraries and Children's Centres. Stall in library to promote flu vaccinations.
- Training for GP Practices nurses on childhood immunisations including flu and sharing of best practice.
- Articles in GP newsletter on childhood immunisations/flu and in particular measles to remind GPs to continue to vaccinate and target opportunistically as well as systematically.
- Health Visiting services commissioned by Public Health in LA are systematically (through universal health reviews) as well as opportunistically asking about the child's immunisations, promoting immunisations take up as well as signposting parents to their GP for their child to be immunised.

7 Child 'flu vaccination

- There is a national ambition for 40-60% and from London achieved these in 17/18 for the school age groups.
- Our goal in London was to achieve 40% uptake rates in 2 and 3 year olds and 50% in School Years 1, 2 and 3 and 40% in reception and School year 4
- Age 2 and 3 remain under 40% but the 2017/18 figures reflect the highest ever proportion of children vaccinated with child flu vaccine in these age groups.
- Figure 4 displays the comparison of London's 2017/18 rates to the previous year whilst Figure 5 compares Merton with the rest of its geographical neighbours and London and England averages. Merton performs well for its child 'flu programmes - there are year on year improvements. This can even be seen in the 63.1% of reception children being vaccinated, which is higher than the original child 'flu group of Year 4 (they've been receiving the vaccination since Year 1), where only 56.9% were vaccinated.

Figure4
Child 'Flu vaccination rates for London 2016/17 and 2017/18

	Age 2	Age 3	Reception	Year 1	Year 2	Year 3	Year 4
London 17/18	33.1%	33.1%	51%	49%	48%	45%	41%
London 16/17	30.4%	32.5%	n/a	45%	43%	42%	n/a

Figure 5

Uptake of child flu vaccination for Merton CCG compared to other SWL CCGs, London and England for Winter 2017/18 (September 1st 2017 – January 31st 2018)

CCG	% of 2 year olds	% of 3 year olds	% of Reception	% of year 1	% of year 2	% of year 3	% of year 4
Croydon	33.2	33.4	53.4	53.4	51	49	48.4
Kingston	38.9	40.7	71.5	69.3	69.6	66.8	66.3
Merton	35.1	35.8	63.1	61.4	60.5	58.7	56.9
Richmond	40.0	38.1	74.3	72.8	71	68.4	66
Sutton	40.0	39.3	70.2	66.1	66.6	62.8	64.2
Wandsworth	39.5	38.8	60	56.7	54	50.2	47.7
London	33.2	33.3	51.6	49.6	48.2	45.6	43.8
England	38.9	41.5	62.6	61	60.4	57.6	58

Source: PHE (2018)

8 Outbreaks of Vaccine Preventable Diseases

- PHE SL Health Protection Team has the remit to survey and respond to cases of vaccine preventable diseases. Where they declare a cluster or an outbreak, NHSE (London) have commissioned Imms01 which is the commissioner response. Under this we can mobilise a provider service response to vaccinate the designated contacts.
- During January and June 2018, a total of 131 confirmed measles cases were reported for South London, a big increase on a total of 32 for the previous year. Croydon accounted for a third of these cases. Merton had 5 confirmed cases.
- Being January and June 2018, a total of 24 confirmed mumps cases were reported for South London. In Merton, there was only one case.
- Adults aged 25 years and older accounted for the majority of measles and mumps cases.
- NHSE (London) are working with PHE Health Protection Teams as part of the London Immunisation Business Group to reduce the number of measles and mumps cases in the population by increasing uptake of MMR in the adolescent and adult populations as well as the under 5s. This group drives our London MMR plan 2018/19.

9 Next Steps

- NHSE (London) continues to work on delivering the WHO European and national strategies to improve coverage and to eliminate vaccine preventable diseases. In London this is done through the London Immunisation Plan which is reviewed annually by the London Immunisation Partnership.

- Quarterly assurance is provided on Merton through the SWL Immunisation Performance and Quality Board where challenges and solutions can be discussed around the performance data and the surveillance data.

Committee: Children and Young People's Overview and Scrutiny

Date: 13th February 2019

Wards: All wards

Subject: Progress report on Health and Well-being Strategy (HWS) 2015 – 2018 (Best Start in Life CYP theme) and HWS refresh 2019 – 2024

Lead officer: Dr Dagmar Zeuner – Director of Public Health

Lead member: Cllr Kelly Braund, Cabinet Member for Children Services

Contact officer: Hilina Asrress, Senior Public Health Principal
Hilina.asrress@merton.gov.uk

Natalie Lovell, Health Improvement Officer (Healthy Places)

Natalie.lovell@merton.gov.uk

Recommendations:

1. To review and consider progress on the delivery of the Health and Wellbeing Strategy theme 1: Best Start in Life children and young people's theme.
 2. To support the refresh process for Merton's Health and Wellbeing Strategy 2019-24 particularly in relation to children and young people.
 3. Note the particular focus of the refresh of the Merton Health and Wellbeing Strategy 2019-24 on 'healthy place'
 4. Note the synergies between the refreshed Health and Wellbeing Strategy 2019-24 and the Merton Local Health and Care Plan
 5. Help the Health and Wellbeing Board focus on where they can add most value by filling out the short Health and Wellbeing Strategy 2019-24 surveys-links at the end of this report (appendix 2)
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The purpose of this report is to provide a progress update to the Children and Young People's Scrutiny Panel on the delivery of the Health and Wellbeing Strategy (2015-2018) theme 1: Best Start in Life (Early years development and strong educational achievement). This will be the final report on the 2015-2018 strategy. The report also seeks to engage the panel on the refresh of the Health and Well-being Strategy 2019 – 2024 particularly in relation the 'Start Well' children and young people's theme.

2 DETAILS - HEALTH AND WELL-BEING STRATEGY 2015/16 – 2017/18

2.1. Background

Merton Health and Well-being Strategy 2015/16 – 2017/18 includes theme 1: best start in life early years development and strong educational achievement. This reflects strong evidence that investing in the early years is effective and critical to reducing health inequalities across the life-course and that improvements in schools attainment are a major contributor to health and wellbeing of children and young people. The 'best start in life' theme focused on the following outcomes and updates on each outcome (except childhood immunisations) are provided below:

- 1) Uptake of childhood immunisations is increased (*refer to separate agenda item on childhood immunisations*)
- 2) Waiting times for children and adolescents to mental health services is shortened
- 3) Childhood obesity is reduced
- 4) Educational achievement gap in children eligible for pupil premium is reduced
- 5) The Proportion of children ready for school is increased

Please refer to the dashboard in appendix 1 which provides current performance against the targets set for each outcome indicator above.

2.2. **Outcome 2: Waiting times for children and adolescents to mental health services is shortened**

- 2.2.1 Predominantly, CAMHS services are provided by South West London and St George's NHS Mental Health Trust and commissioned by Merton Clinical Commissioning Group. A Merton CAMHS Partnership, that includes representation from the Council, the CCG, Merton Schools and the Community and Voluntary Sector, oversees the delivery of a continuum of services and a CAMHS Transformation Plan.
- 2.2.2 **Waiting times – local services:** The average waiting time for the period April – Sept 2018 for local Tier 3 CAMHS services was well within the locally set eight-week target. Year to date data (Apr – Dec 2018) indicates that the average waiting time for local CAMHS services (assessment to treatment) is 3.8 weeks. This performance shows significant improvement on previous years. The introduction of a Single Point of Access (SPA) since 2014 has had a positive impact on reducing waiting times. At Q2 (July – Sept 2018), the average wait -Referral to Triage was 24hrs and the average Triage to Assessment time was 14 days. This again is a massive improvement on previous years.
- 2.2.3 **Waiting times – centralised services:** The SWL-wide Neurodevelopmental Assessment service continues to experience demand pressure, mainly due to increasing referrals for Autism Spectrum Disorder (ASD) assessments reflecting a growing child population. The current average waiting time for assessment is 8-12 weeks (Apr-Dec 2019).
- 2.2.4 Following additional investment this year, SWL CCG commissioners are working to find a solution to the ongoing challenge of the increasing level of demand.
- 2.2.5 For families in Merton who are waiting for assessment, pre-diagnosis advice and support is in development including peer to peer parenting support delivered by a voluntary sector provider and the Incredible Years (ASD) parenting programme

delivered through our Children Centres for parents of younger children. These will be fully implemented in the coming months.

- 2.2.6 Alongside this, we have introduced post diagnosis parenting programmes such as the 'Early Bird' suite of programmes, in conjunction with Cricket Green School and are currently piloting a home-based parental support service for ASD in conjunction with our Educational Psychology service.
- 2.2.7 Commissioners in SWL continue to explore ways to improve the model. Additional investment is planned for 2019/20 to build capacity and improve waits.
- 2.2.8 From the beginning of the next financial year (April 2019), children with a potential diagnosis of ADHD will be assessed in our local specialist service rather than referred to the neurodevelopmental assessment service. This should mean that these children will receive more timely assessment, diagnosis and treatment locally and will 'free up' appointments for those children waiting for ASD assessment, from the Neuro Disability service.
- 2.2.9 **CAMH Strategy 2015-18:** A refresh for 2019-22 of the CAMH Strategy is underway. It is anticipated this will take six months.
- 2.2.10 The CAMH Partnership Board have identified key benefits of adopting the 'Thrive Framework' in Merton. This is a conceptual framework that will replace the current CAMH tiers model with a whole system approach which is based on the identified needs of Children and Young People and their families; advocates the effective use of data to inform delivery to meet needs; identifies groups of Children and Young People and the range of support they may benefit from and ensures Children and Young People and their families are active decision makers.
- There are four key principles that underpin the THRIVE Framework:
- Shared decision making at the heart of choice
 - Acknowledgement of limitations to treatment
 - Distinction between treatment and support
 - Greater emphasis on how to help children and young people and communities build on their strengths
- 2.2.11 Alongside these, the Framework puts greater emphasis on prevention and early intervention, with the concept of 'thriving' and 'getting help' and introduces a multi-agency approach to risk. Adopting a whole system approach to 'risk support' will enable shared responsibility across agencies; better support for staff with complex cases; facilitate conversations with families about their needs and support when evidence-based treatment interventions may not be leading to desired changes in outcomes; and help children and young people receive the right treatment at a time that is right for them.
- 2.2.12 Implementation of iThrive will be underpinned by a project plan and will commence with a number of engagement events across Merton in the early summer (2019). We will be working with the Anna Freud Centre and Tavistock (co-founders of the framework), using their expertise to help us with rolling this out in Merton.
- 2.2.13 **Transformation work:** Areas for CAMHS transformation work for 2018/19 included improving access to CAMHS, increasing access to early intervention, improving support for our most vulnerable CYP and development of the workforce. Recent activity includes:

- (i) Ongoing investment into our Community Eating Disorder Service to ensure national waiting time standards are met by 2020;
- (ii) Ongoing investment into increased psychiatric liaison nursing cover to support children and young people in mental health crisis and ensure we are compliant with national guidance;
- (iii) Ongoing investment into a CAMHS support package through the NSPCC to support the emotional wellbeing of children and young people who have been victims of sexual assault;
- (iv) Continued investment into Therapeutic counselling following a successful procurement process. The new service will commence in April 2019.
- (v) Continued investment in the wider workforce to improve their capability and capacity to promote emotional wellbeing and recognise and respond to mental health issues. This has included commissioning mental health training courses, engaging in a School links project to bring together schools and CAMH services (this has led to schools appointing a mental health 'champion'), training in relation to ASD, linked to the new ASD Strategy and continuation of the CYP mental health network to enable regular learning and networking opportunities around a theme. Recent themes for the network meeting have included Girls with Autism, Trauma and Trouble, Anxiety and Depression and Eating Disorders. The next theme will be ADHD.
- (vi) Ongoing investment was made into the very successful self-harm intervention service pilot project delivered by The Wish Centre.

2.2.14 **Trailblazer status:** It was announced in December 2018 that South West London Health and Care Partnership had been successful in securing £1.85m for children and young people's mental health, through a bid to become a Trailblazer for the transforming children and young people's mental health green paper, published last year. This funding will help to create enhanced mental health support teams in three SW London boroughs, including Merton.

The new mental health team in Merton will work with a school population of approximately 8,000 pupils and will accelerate progress on work already underway to pilot a 'whole school' approach to well-being support and early intervention. This initiative was developed from initial workshops to address the high number of admissions in the area, for self-harm. Through this early work, it quickly became apparent that one root cause of self-harm in young people was the lack of consistent advice and support. As part of the pilot, we are introducing new services, such as online peer support for young people; mental health first aid training for teachers; courses to empower parents to talk to their children about emotional wellbeing; an improved single point of access for children and adolescent mental health services (CAMHS); and a directory of support services.

2.2.15 **CAMHS transformation plan priorities 2019/20**

The priority CAMHS transformation areas for 2019/20, as set out in the Local Transformation Plan, include the following:

- Psychiatric Liaison
- Workforce development and training
- Child Sexual Abuse
- Counselling for Young People
- Autism and ADHD Support (Pre and Post Diagnosis)

- Eating Disorders
- Health and Justice/YOT.

The full CAMHS Transformation plan refresh is available on the following link

<https://www.mertonccg.nhs.uk/News-Publications/Documents/Merton%20CYP%20Transformation%20Plan%202018.pdf>

2.3. **Outcome 3: Childhood obesity is reduced**

2.3.1 The latest results from the National Child Measurement Programme (NCMP) 2017/18 show overall excess weight (overweight and obese) at age 10-11 years has increase slightly (Year 6: 34% in 2016/17 to 35.6% in 2017/18), however the Health and Wellbeing Strategy target of 35.7% has been met. Merton is currently higher than England (34.3%) but lower than London (37.7%).

2.3.2 However, the most significant finding is that the obesity gap between the east and the west of the borough is still increasing and is currently 11% higher in the east (at 24%) of the borough compared to the west (13%) at age 10-11 years (2014/15 - 2016/17), against a target gap of 9.2%. The trend over time show that levels of excess weight are reducing in the west of the borough and increasing in the east and hence the gap is increasing.

2.3.3 In light of this trend, a new target has been agreed as part of London's Best Council target to halt and then reduce the gap in childhood obesity between the east and the west of the borough, by improving in the east (levelling up).

2.3.4 The Director of Public Health's Annual Public Health Report (APHR) 2016/17 titled '*Tackling Childhood Obesity Together*', published in March 2017, estimated that there were over 4,500 overweight and obese children at Primary school in Merton. It set out the challenges of childhood obesity and was a call to action to partners to come together to work on the solutions. The Child Healthy Weight Action Plan (CHWAP) for Merton (2016-18) had 4 key themes (see below).

- Leadership. communication and community engagement
- Food environment – increasing availability of healthy food
- Physical environment – increasing levels of physical activity and health promoting physical environments
- Early years and school settings and pathways

The themes provided a framework for actions which have been implemented through the CHW partnership steering group. Some highlights over the past year are detailed below. The CHWAP is currently being refreshed for 2019-2022.

2.4. Overall, **47 actions were achieved out of 52 originally** agreed as part of the plan. Listed below are examples of some of the key actions that were achieved by the plan through the work of the Child Healthy Weight steering group:-

2.4.1 **Merton Council signing the Local Government Declaration on Sugar Reduction-** This is an initiative developed by charity Sustain aimed at encouraging local authorities to take significant actions to across six key areas essential to tackle the obesity crisis (including tackling unhealthy advertising, supporting healthier food business and public messaging)

- 2.4.2 **Delivering the Great Weight Debate Merton engagement to inform work to tackle obesity-** 2,100 residents engaged with GWD mainly in east Merton. The findings of which have been used by partners and to inform the refreshed plan presented in this report. The communication and engagement through GWD was an intervention in itself to raise awareness of childhood obesity and providing consistent messaging on healthy eating and physical activity.
- 2.4.3 **Developing a child healthy weight support service** – the “Family Start” service for those identified as obese from National Child Measurement Programme (NCMP) From Sept 17-Aug 18, 241 appointments were held through the service.
- 2.4.4 **Supporting the Healthy Schools London Programme locally** - Currently, 41 schools have registered, out of these, 14 schools have achieved their Bronze award and 3 of those schools have also achieved their Silver award.
- 2.4.5 **Training for 378 school staff on raising awareness and talking about childhood obesity and weight** – To support primary school staff around the issue of childhood obesity, increasing confidence, delivering consistent messages, taking a whole school approach to healthy weight, improving their ability to signpost to support.
- 2.4.6 **Developing a food poverty action plan** - Action plan focuses on three themes: ensuring a joined up approach to food poverty, tackling food waste and surplus and strengthening existing food poverty initiatives.
- 2.4.7 **Delivering family learning courses for healthy eating on a budget** - The courses focused on clear messaging around physical activity, meal planning, nutrition and healthy lifestyle changes and target children aged 5-7 years and their families.
- 2.4.8 **Healthier Catering Commitment (HCC):** Voluntary award scheme that supports food businesses to offer healthier food options and cooking practices. Pilot supported 37 Merton food businesses to fully sign up with nearly 50 premises visited (some on more than 1 occasion) to support them to make positive changes such as reducing portion size and changing oils through the HCC.
- 2.4.9 **Promoting the Daily/Active Mile in schools** – The Daily/Active Mile is a free initiative that has been promoted in Merton schools aiming to get children to run or jog for 15minutes every day at primary and nursery levels. 20 out of 46 primary entry schools are delivering a Daily/Active Mile with promotion still ongoing.
- 2.4.10 **Children’s Community Services UNICEF Baby Friendly Initiative Level 3 Re-accreditation** –Merton’s Health visiting service has successfully achieved re-accreditation at the highest level (Level 3), for its provision of breastfeeding and infant feeding support to mothers and families.

2.5. **Lessons Learnt**

2.5.1 A number of lessons were learnt in successfully delivering the first Child Healthy Action Plan, and these were used to inform the refresh and development of the updated action plan presented here. These key lessons are summarised below:

- **Maintaining a broad and committed partnership approach** – a key lesson learnt from the first Child Healthy Weight Action Plan was the importance of having a broad partnership approach that engaged local leaders across the

local authority, NHS, voluntary and community sector and schools. The range of expertise, resources and ideas generated through the Child Healthy Weight steering group played a significant role in the success of the plan. This has led to the refreshed plans focus on ‘making childhood obesity everyone’s busy’ – taking a whole system approach and emphasising partnership working.

- **Maintaining momentum and engagement** – tackling obesity often involves taking actions across many years, repeating or adjusting interventions as needed and challenging behaviour change. Maintaining the engagement of both partners and the public when ‘quick wins’ can be hard to achieve was a key challenge. This has led to the focus of the refreshed plan on developing an effective partnership communications and engagement plan, to provide a co-ordinated approach to maintaining the momentum and reach of messages and interventions to tackle obesity. This will build on the learning from the engagement with residents through the Great Weight Debate Merton.
- **The challenges of a co-ordinating an ambitious action plan** – the first Child Healthy Weight Action Plan focused on mapping and drawing together the whole breadth of work happening in Merton to tackle obesity. This led to an action plan that had a significant number of actions, with some being relatively minor. This created challenges in terms of the project management support needed to manage such a large number of actions. While necessary at the time to ensure that links were made, relationships between partners have now matured to the point where the proposed refreshed action plan can focus on a smaller number of ‘high impact’ actions.
- **Making the most of what other people do** – in delivering the first Child Healthy Weight Action Plan, actions were most successful when working with, or supported by, work being undertaken by others nationally and regionally. For example, building on the London Great Weight Debate to commission a Merton specific consultation, or developing a food poverty action plan with support from the GLA. With the challenge of limited resources, a key focus of the refreshed plan is to make the most of the opportunities, assets and levers available to us. Key opportunities include building on TFL’s breakthroughs on the restrictions of unhealthy advertising and learning from the work of other boroughs in delivering effective communications campaigns.

2.5.2 Based on the learning and work over the past 3 years as well as engagement with the Child Healthy Weight Steering Group, the draft theme areas for the CHWAP 2019-2022 refresh include:

1. **Making childhood obesity everyone’s business** – ensuring there is a joined up approach in Merton across partners to communicate with the public effectively, support shared action and make the most of available resources.
2. **Improving our food environment** – ensuring that the food environment of Merton supports families to be able to make healthier choices and eat well.
3. **Improving our physical environment** – ensuring that the physical environment of Merton as a place supports children and families to live healthily.

4. Supporting children, young people and their families - supporting schools and early years settings to help families live healthy lives, and ensuring that those children that need additional help are offered high quality and effective support.

2.5.3 The draft CHWAP has been shared with Children's Trust Board for feedback and comments. It has also been to the Patient Engagement Group (CCG group) as well going through a process for partner and stakeholder input.

2.5.4 The CHWAP will be considered for approval by the Health and Well-being Board in March 2019. The Child Healthy Weight Steering Group established in 2015 with a wide range of stakeholders will continue to operationally monitor and deliver the plan with reporting into Children's Trust Board and Health and Well-Being Board as part of HWS reporting.

2.6. **Outcome 4: Educational achievement gap in children eligible for pupil premium is reduced**

2.6.1 The Schools Standards report for academic year 2017/18 will be published in March 2019. The gap for disadvantaged pupils has narrowed in some indicators but it remains a priority to further decrease this gap in educational achievement. Where the gap has narrowed this has been achieved by focusing on improvement in schools, including the targeted and effective use of pupil premium. Overall 91% of Merton schools are judged to be good or better as at January 2019; this maintains the good performance by Merton schools with regard to Ofsted inspections and is a strong improvement from 81% in 2014. 91% is above the national average and just below the London average. All secondary schools are now judged at least good with 50% as outstanding; all special schools are also judged at least good.

2.6.2 In 2018 the gap between disadvantaged pupils and their peers narrowed at the end of KS2 with regard to progress and attainment in all three of the core subjects of reading, writing and mathematics.

2.6.3 2017 data for GCSE outcomes (the most recent data available) shows a gap of 12.9 between the average Attainment 8 score at GCSE for disadvantaged pupils (41.2) and all other pupils groups (54.1). This is higher than the London gap (9.8), and in line with the national gap (12.8).

2.7. **Outcome 5: The proportion of children ready for school is increased**

2.7.1 In the academic year of 2017 – 2018, 74% of all children in Merton provision achieved a Good Level of Development (GLD) at the end of the Early Years Foundation Stage. Within this cohort 63% of children eligible for Free School Meals (FSM) achieved a good level of development compared with 74% of all other pupils, showing a 11% gap between these two cohorts of children. Nationally, the gap is wider at 18 percentage points.

2.7.2 The gap in Merton is reducing year on year and overall the proportion of children eligible for FSM achieving a good level of development in early years has increased by 19 percentage points from 44% in 2014 to 63% in 2018, and is an improvement on the national average by 8%

2.7.3 The focus of work in settings and schools is on reducing the gap through targeted support, maximising funding opportunities for effective use of the pupil premium underpinned by evidenced based practice. 97.5% of all settings registered and inspected with Ofsted on the early years register delivering the EYFS are good or better.

2.7.4 Other activity supporting proportion of children ready for school include:

- The continued roll out of the free 2-year-old early education offer to disadvantaged groups; delivering free early education and childcare places to eligible 2 year olds in 'good' and 'outstanding' provision. 99% of 2 year olds took a place in 'good' or an outstanding provision (Q3)
- Successful joint bid for the Greater London Assembly Early Years Hub programme, working in partnership with a range of agencies in Wandsworth to develop and set up the Wandle Early Years Hub, with a focus on improving the quality of early years and childcare, increasing take up of places for vulnerable 2 year olds, improving staff skills, access and support for families with children with SEND
- Children's Centres have delivered 164 Early Learning Together courses for children aged 0 – 4 sessions focussing on child and parent interaction and embedding the importance of early child development through the programmes delivered in Centres, which are based on evidence and research. 94% of all parents completing the programmes stated an improved outcome at the end of the intervention
- Continued to improve and develop the continuous improvement, support and advisory programmes and training offer for early education providers, with an ongoing focus on preparing children for school and early identification of need
- Approximately 50 staff from a variety of Early Years roles, participated in a range of training events on the topic of Attention Autism developed by the Gina Davis Training Company
- 17 staff completed the Merton's Early Years College SEN level 3 SEND accredited course which aims to increase practitioner skills to facilitate access to early year education by children with additional needs
- Reviewed the Special Educational Needs Inclusion Fund and the Early Year Inclusion Support offer to settings and schools to further improve and develop the early identification of need and embed best practice to support children's outcomes.
- Trained 20 Early Years practitioners in Incredible Years Autism and Language delay, and delivered 3 programmes for up to 30 families
- Trained Family Support Staff in the Hope for Children programme, which aims to help professionals help children and families by:

- promoting children’s and young people’s health and development
 - building on children, young people and families’ strengths
 - helping children, young people and families overcome difficulties
 - using evidence-based approaches.
- Evidence of the effectiveness of this approach was recognised by the recent Ofsted visit and sited as a model of best practice within the work of the 0-5s Supporting Families Team
 - The Merton Early Years Partnership held a multi professional conference to consider and develop a shared outcomes framework for children under 5 across key stakeholders, supporting the aspiration for all families and schools to be ready for children starting school
 - Improved take up of the 2-year-old review by the Central London Community Health (CLCH) Health Visiting service, which supports early identification and support to children to ensure they are school ready. Latest published Q1, 2018/19 data for 2 year reviews shows take up was 77.8% compared to 46.5% in Q1, 2015/16.

3 HEALTH AND WELL-BEING STRATEGY REFRESH 2019 – 2024

The Health and Wellbeing Board

i. The Health and Wellbeing Board brings together key stakeholders to provide leadership for health. This includes shaping a health promoting environment (healthy place) as well as promoting good health and care services. Its work is influenced by the Joint Strategic Needs Assessment and an ongoing dialogue of what matters to people.

Value and ways of working

ii. Past experience suggests that the Health and Wellbeing Board is most effective when it focuses efforts on a few select priority areas, rather than a broader range of issues. Its success partly lies in the commitment of its members to promote shared values including social justice, prevention/ early intervention and a desire to learn and experiment, in their own organisations.

Refreshed Health and Wellbeing Strategy 2019-24

iii. The previous Health and Wellbeing Strategy, reported to this Panel, ran from 2015 to 2018. We are currently in the process of updating this strategy and involved in an engagement programme and close working with partners, stakeholders and the wider community and voluntary sectors.

Synergy with the Local Health and Care Plan

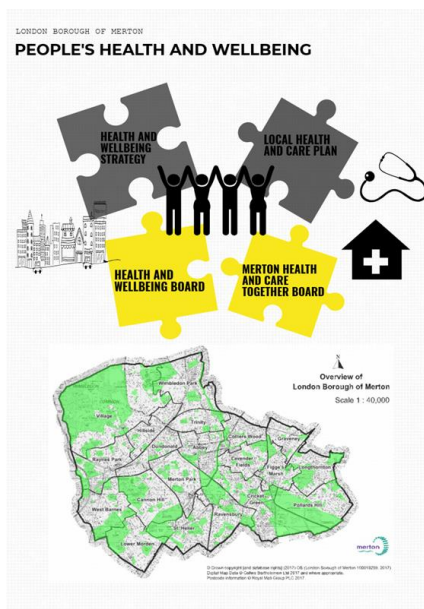
iv. Alongside development of the new Health and Wellbeing Strategy a Local Health and Care Plan is also being developed and both will influence the health and wellbeing of the Merton population. The three themes of the Health and Wellbeing Strategy, Start Well, Live

Well and Age Well – all with a focus on healthy place, are mirrored in the Local Health and Care Plan which focuses on health and care services and integration.

v. We are working closely with colleagues to coordinate the Local Health and Care Plan and the Health and Wellbeing Strategy to ensure they complement each other. See **Figure 1**.

Figure 1

- The Local Health and Care Plan (LHCP) is overseen by the Merton Health and Care Together (MHCT) Board.
- MHCT Board focuses on health and care services and integration and reports to the Health and Wellbeing Board (HWBB).
- The HWBB is the statutory council committee to provide overall vision, oversight and strategic direction for health and wellbeing in Merton, including the wider determinants of health.
- The refresh of the HWBB strategy covers the same themes as the LHCP – start well, live well, age well – but with the addition and focus on creating a healthy place.
- The intent is to explicitly align the two plans to make sure they complement each other.



NHS Long Term Plan

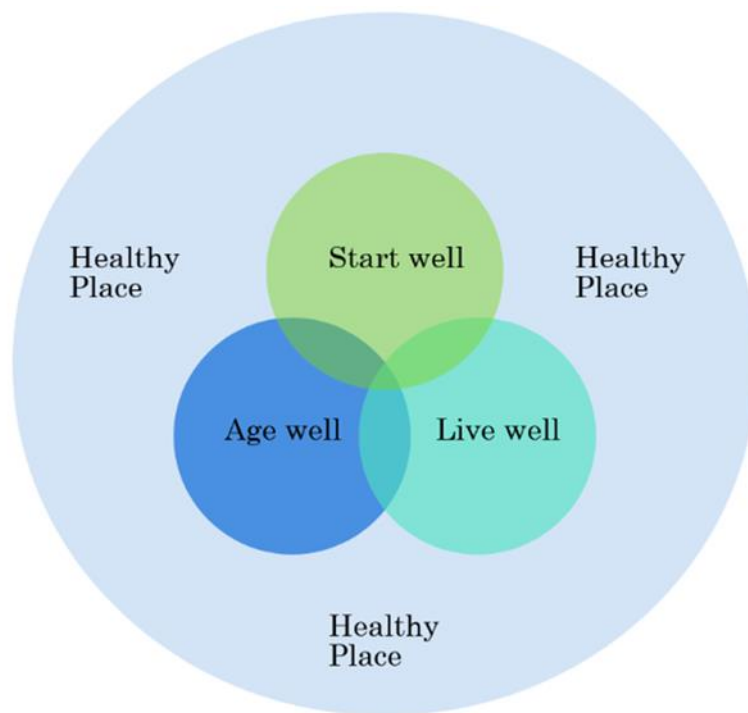
vi. The NHS 10 year plan is a recently published, ambitious and comprehensive plan which covers how the NHS will spend the £20.5 billion extra money it will receive by 2023. The plan includes action that will be taken on prevention, avoiding health inequalities and helping people live longer healthier lives. However the NHS alone cannot solve these challenges; action is needed across society, across sectors, at different levels and on the wider determinants of health in order to make progress. This is why both the Local Health and Care Plan and the Health and Wellbeing Strategy in Merton are important.

3.2 Summary of the Health and Wellbeing Strategy 2019-24 themes

vii. Merton Health and Wellbeing Board has agreed four overarching themes (see **Figure 2**) for the new Health and Wellbeing Strategy of:

- Start Well
- Live Well
- Age Well
- [in a] Healthy Place

Figure 2: Themes of the Health and Wellbeing Strategy 2019-24



- viii. Rather than being a separate theme, the Healthy Place theme is an integral part of the first three themes. Under each of the overarching themes there will be priority areas that will be tackled over the life course of the Health and Wellbeing Strategy.

What do we mean by 'healthy place'?

- ix. Healthy place can mean different things to different people. When we talk about healthy place, we mean the physical, social, cultural and economic factors that help us lead healthy lives by shaping the places we live, learn, work, and play. These factors also shape the choices we face, for example around the food we eat. It is using a 'healthy place' lens through which we will develop the actions against the priority areas in the refresh Health and Wellbeing Strategy.

Themed workshops and community engagement

- x. As part of the engagement programme, Health and Wellbeing Board members are helping to lead four themed workshops to facilitate discussion around the tentative priorities for Start Well, Live Well, Age Well and Healthy Place. These priorities for each theme were selected based on the Joint Strategic Needs Assessment (JSNA), engagement to date and an ongoing dialogue of what matters to people (see **Figure 3 below**). The final workshop on Healthy Place will help us to decide what the priority actions for the Health and Wellbeing Strategy 2019-24.
- xi. In the workshops we discuss and reflect on what we think about the tentative priorities, with a particular focus on what a healthy place would look like to help people flourish. We would like to build on the ongoing work of the Health and Wellbeing Board in this area and its commitment to fairness, promoting early action and reducing inequalities.

- xii. There are opportunities in the workshops to help us further explore people’s interests, motivations and values regarding the Start Well, Live Well and Age Well themes. For example, at the Start Well workshop values which emerged as being important to people included reducing inequalities, the importance of freedom and the right to play and the importance of family and relationships. At the Live Well workshop values emerging were empowering people, collaboration and social responsibility.
- xiii. The workshops will allow us to reflect on where the Health and Wellbeing Board will add most value through its role in bringing the people of Merton together to work towards a shared vision of health and wellbeing. There is an opportunity in the Strategy refresh to build on current work, for example continuing to promote ‘health in all policies’ and ‘Think Family’ as tools to create the conditions in Merton that help people lead healthy lives, as well as to explore new areas the Board may wish to focus on, for example using the social value act to promote local skills and employment, or exploring housing and health.
- xiv. Insights from the Start Well and Live Well workshops suggest that the tentative priority areas under the main themes are in the right direction and provide us with new ideas related to the healthy place focus, such as: encouraging businesses and workplaces to be breastfeeding friendly spaces; creating a healthy urban environment around schools; exploring the child friendly cities framework; creating spaces that encourage social connection; and empowering communities to take action. Additional ideas relating to the healthy place theme include air quality, active travel and the circular economy. The Age Well workshop is taking place on 31st January.
- xv. To see write ups of the Start Well and Live Well workshops please see **Appendices 2 and 3**.

Figure 3: Initial priorities identified to date by theme

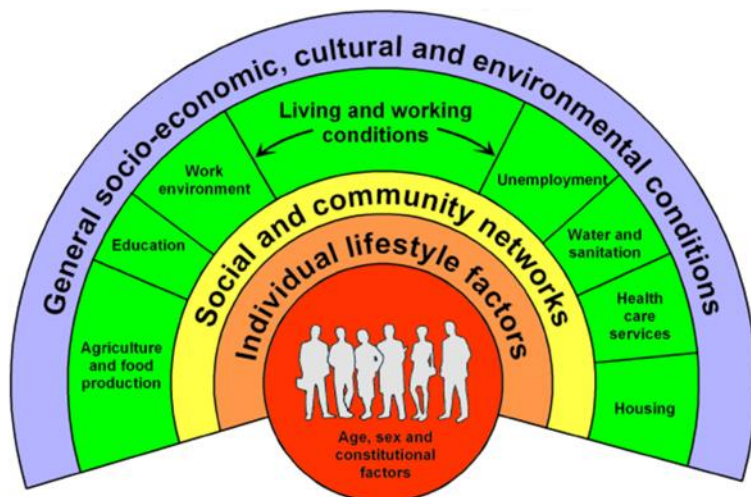
THEME	PRIORITY AREA TO TACKLE	VISION
Start Well	A good start in life	Every child and young person has a fair opportunity to have a good start in life through learning, playing, socialising, feeling safe and growing up healthy
	Mental health and wellbeing	Every child and young person has a fair opportunity to be

		listened to, feel valued and to be supported with their mental health and wellbeing
	Childhood obesity	Every child and young person has a fair opportunity to be a healthy weight by taking into account the multiple and interacting factors in their environment that contribute to the issue of childhood obesity
Live Well	Diabetes	Exploring how we can change factors in our environment, such as advertising of unhealthy food and drink and community food growing opportunities, to help create healthy places that make the healthy choice the easy and preferable choice
	Stress and resilience	Exploring how influencing factors in our environment, such as access to green space and active travel can help improve people's mental health and wellbeing
	Healthy workplace	Exploring how workplaces can help improve health and wellbeing of their staff and communities
Age Well	Social connectedness	TBC (workshop 31 st Jan)
	Active ageing	TBC
	Dementia	TBC

The refresh process

- xvi. Although governance of the Health and Wellbeing Strategy sits with the Health and Wellbeing Board, the refresh process involves all thematic partnerships; Children's Trust Board; Safer and Stronger Partnership; and the Sustainable Communities and Transport Partnership, all of whom influence the wider determinants of health (see **Figure 4**).

Figure 4: The wider determinants of health



Source: Dahlgren and Whitehead, 1991

Past Health and Wellbeing Board achievements

- xvii. Whilst we are in the process of refreshing the Health and Wellbeing Strategy we are not yet in a position to produce an annual report but members can see [here](#) for a detailed summary of recent achievements relating to the Health and Wellbeing Board's work

4 NEXT STEPS

- 4.1. The programme of workshops is due to continue with the January workshop on Age Well and the final workshop on Healthy Place on 12th February in which several Health and Wellbeing Board members are participating.
- 4.2. The findings of the engagement programme will help to further inform the emerging priorities. Draft priorities and early actions for the new Merton Health and Wellbeing Strategy will be reported to the Health and Wellbeing Board in March and a draft full Strategy then developed for June. We will continue to work closely with the Local Health and Care Plan throughout.

5 ALTERNATIVE OPTIONS

- 4.1 None.

6 CONSULTATION UNDERTAKEN OR PROPOSED

- 6.1. The consultation programme is as set out in the report.

7 TIMETABLE

- 7.1. The Health and Wellbeing Strategy is from 2015/16 to 2017/18. Progress against delivery is monitored by the Children's Trust Board throughout the year and the Health and Wellbeing Board receive an annual report
- 7.2. Key dates are outlined below. Note these are not comprehensive and additional updates will be taken to other Boards where appropriate.

Date	Meeting	Purpose
February		
5 February	Merton Partnership Exec Board meeting	HWB report for discussion / input
12 February	Health Scrutiny Panel	HWS report for discussion / input from Scrutiny
12 February	Final workshop to bring together all themes / Healthy Place	Final engagement workshop – returning to all themes in a Healthy Place
February	HWS on-line survey closes	Final analysis of full engagement takes place
March		
26 March	Health and Wellbeing Board	Draft HWS to be discussed
June		
25 June TBC	Health and Wellbeing Board	Final HWS for sign off
July	Cabinet	HWB sign off

8 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

8.1. None for the purposes of this report.

9 LEGAL AND STATUTORY IMPLICATIONS

9.1. It is a statutory duty for the Health and Wellbeing Board to produce a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment.

10 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

10.1. The delivery of the Health and Well-being Strategy will contribute to reducing health inequalities in the borough.

11 CRIME AND DISORDER IMPLICATIONS

11.1. N/A

12 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

12.1. N/A

13 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- Appendix 1: Health and Wellbeing Strategy Priority 1: Best Start in Life – Outcome indicators dashboard 2018
- Appendix 2: Links to Start Well and Live Well surveys

Start Well survey link: <https://www.surveymonkey.co.uk/r/D9TZRBG>

Live Well survey link: <https://www.surveymonkey.co.uk/r/HMN7P72>

14 BACKGROUND PAPERS

- 14.1. Merton Health and Wellbeing Strategy 2015/16 – 2017/18

This page is intentionally left blank

Theme 1: Best Start in Life: early years development and strong educational achievement					
Outcome Indicator	Baseline	Current	Target	RAG rating	Commentary
Immunisation - MMR2 at 5 years	72.2% 2013/14	80.4% (2014/15) 80% (2015/16) 80.4% (2016/17) 66.7% (2017/18)*	87.6% (2018) National target 95%	R	MMR2 has increased from 72.2% baseline in 2013/14 to 80.4% in 2016/17. Performance has been maintained from 2015/16 to 2016/17. However data for 2017/18 shows a decline in uptake to 66.7%. <i>*Local Authority (LA) COVER data in London has been provided by four newly-established Child Health Information Service (CHIS) hubs and as such reflect a system in transition. Changes in Local Authority coverage in the London region should be interpreted with caution. This includes the 17/18 Merton data.</i> The 2018 target of reaching 87.6% has not been met. See separate NHS paper on immunisations
Integrated CAMHS pathways in place, reduced waiting times from referral	Baseline wait times >10 weeks No CAMHS Strategy	CAMH Strategy and Transformation Plans in place. Average wait time for local Tier 3 service: < 8 weeks (Apr – Dec 18 YTD) – local target 8 weeks Average waiting time for local	Integrated CAMHS pathways embedded and average waiting times from referral < 5 weeks	G	The Single Point of Access continues to have a positive impact on wait times locally.

		<p>CAMHS services (assessment to treatment) is 3.8 weeks (Apr-Dec 2018)</p> <p>At Q2 (July – Sept 2018), the average wait -Referral to Triage was 24hrs and the average Triage to Assessment time was 14 days</p>			
		<p>SWL centralised neurodevelopmental service average wait time:8-12 weeks (Q2 2018/19)</p>		R	<p>Demand on centralised neurodevelopmental assessment service continues to grow mainly due to increasing referrals for Autism Spectrum Disorder (ASD) assessments reflecting a growing child population. SWL CCG commissioners are working to find a solution to the ongoing challenge of the increasing level of demand (see paper for details).</p>
<p>Excess weight (overweight and obesity) in 10-11 year olds</p>	<p>36.4% 2013/14</p>	<p>34.7% (2015/16)</p> <p>34.4% (2016/17)</p> <p>35.6% (2017/18)</p>	<p>35.7%</p>		<p>Excess weight refers to those that are obese and overweight. Excess weight in 10-11 year olds in Merton has been lower than the London average for the last 7 years, and there are signs that the trend in excess weight is beginning to decrease.</p> <p>The target set reflected the aim to halt and then begin to reduce this upward trend. Data for 2016/17 shows a reduction in excess weight at age 10/11 years since 2013/14 and has met the H&W target. However, there is a gain of 12.9% between level of excess at age 4-5 years (21.5%) and 10-11</p>

					years (34.4%)
Gap between % of 10-11 year olds with obesity weight between east and west Merton	6.2% 2010/11- 2012/13	9.2% gap 2012/13-2014/15 11% 2014/15- 2016/17 Trend in the gap between east and west Merton is increasing (24% in east compared to the 13% in west) at age 10-11 years	2015/16 – 17/18 9.2% 2016/17 – 18/19 8% New target proposed as part of London's Best Council	R	There is a higher rate of obesity in the east of the Borough than the west which does also link to deprivation. This is measured using data aggregated over 3 years. Trend over time show levels of excess weight are reducing in the west of the borough and increasing in the east and hence the gap is increasing. London's Best Council new target: To halt the widening gap in childhood obesity between east and west Merton by 2018 and then reduce this gap by 2020, by improving in the east of the borough (levelling up). Child healthy weight action plan includes focus on whole systems preventative approach, with population wide approaches, but targeted in the east of the borough.
Gap in % children achieving 5 GCSE's A-C including English & Maths between pupil premium children and children not eligible for pupil premium	24% (2012/13)	2014/15 - 23%	20%		2017 data for GCSE outcomes (the most recent data available) shows a gap of 10.312.9 between the average Attainment 8 score at GCSE for disadvantaged pupils (41.245.1) achieving Attainment 8 average score at GCSE and all other pupils groups (54.155.4). This is higher than the London gap (9.80), but lower and in line with the than national gap(12.83). This measure has now changed from grades to attainment scores nationally. Therefore this indicator has not been RAG rated as target is based on old indicator. Attainment data for 2017/18 will be

Commented [HA1]: Checking with Elizabeth Fitzpatrick regarding typos as not clear what this should actually say

					published in the Schools Standards Report in March 2019.
Gap between % of pupils in receipt of Free School Meals and their peers achieving a good level of development in early years	15% (2012-13)	2017/18 - 11%	A target was not set because nationally the indicator was due to change.		The Gap between % of pupils in receipt of Free School Meals and their peers achieving a good level of development in early years has reduced between baseline and 2017/18. Whilst the gap looks like it has narrowed by 4%, the attainment is much higher for this cohort of children than before. The measure has not changed, contrary to what was expected and a target had not been set.

Committee: Children and Young Peoples Scrutiny Group

Date: 13th February 2019

Wards: ALL

Subject: Routes to employment for vulnerable cohorts – further report on outstanding matters

Lead officer: Director for Environment and Regeneration, Chris Lee

Lead member: Councillor Martin Whelton, Cabinet Member for Environmental Sustainability and Regeneration.

Contact officer: Sara Williams, futureMerton, Programme Manager for Business and Economy

Recommendations:

- A. The Panel note the updates on outstanding matters of the Children and Young Peoples (CYP) Scrutiny Panel's Action Plan: vulnerable cohorts into employment task group recommendations report presented 27th June 2018.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to respond to the CYP expression of interest for a further report back to the CYP Scrutiny Panel:

1.1.1 Receiving information on the work currently being undertaken by Coram with Looked After Children and Care Leavers and seeing the resulting strategy; and

1.1.2 Request that the data should be provided to the Panel in six months on the number of apprenticeships by Directorate fulfilled by those within the target groups. Of these how many have started, stayed and left should be stated.

1.1.3 Members requested that an appropriate representative from the HR team attend the meeting to explain these statistics.

1.2 The Panel minutes of the June 2018 meeting also noted how impressed they are with the opportunities being provided for vulnerable young people in Merton and the success these are having. This has been strengthened by the "Towards Employment Pilot" being delivered by the My Futures team. An update on the schemes successes has been included in this report under 3.6.

2 DETAILS

2.1. At their meeting on 21st October 2015, the Children and Young People Overview and Scrutiny Panel decided to dedicate a task group activity to look at the support provided for vulnerable cohorts. Initially, the Panel took a broad approach considering:

- The housing and health offer for care leavers and looked after children to prevent homelessness and unemployment; and

- Educational attainment for disabled children and young people.
- 2.2. However, following the initial research, the Panel determined that the task group should focus more specifically on the support provided for vulnerable cohorts to progress into employment. By vulnerable cohorts the Panel agreed that this should specifically mean children and young people in care/care leavers and/or those with Special Educational Needs and Disabilities (SEND). The report and recommendations resulting from the task group review were presented on 20th March 2017.
- 2.3 The response and action plan were then presented back to the Panel on 10th January 2018 and the Panel further updated on 27th June 2018. The Panel requested a review six months into the action plan as some of the recommendations were only part met (See Appendix A - Routes to employment for vulnerable cohorts Actions – 6 month update June 2018). This report provides an update on those outstanding actions.

3 BACKGROUND

- 3.1. The Panel set out seven recommendations around supporting the vulnerable groups agreeing that this should specifically mean children and young people in care/care leavers and/or those with Special Educational Needs and Disabilities (SEND).
- 3.2. Many of the actions focus on Merton as the employer as well as Merton's ability to support residents through local procurement contracts. Partner's support is recognised through the Sustainable Communities and Transport Partnership, in particular the partnership work carried out through the Economic Wellbeing Group (EWG).
- 3.3. Merton reviews opportunities to up skill and generate jobs for local people through major procurement contracts on a case-by-case basis, given that not all contracts lend themselves to providing these types of opportunities. For example, we will be seeking the use of local labour supply and/or apprenticeships when we go out to tender for our Highways contract later this year. We will also seek such opportunities when going out to tender through the Council's newly formed, wholly owned, Housing Company. Some examples of case-by-case work undertaken are included in the June 2018 update under Appendix A - Routes to employment for vulnerable cohorts Actions – 6 month update June 2018) (Recommendation 2) and an update on the Towards Employment Pilot under 3.6 below. .
- 3.4 **Recommendation 4** - *We recommend how to engage target groups and demonstrate the Council's commitment to their employment be explored. This might be included in the Looked After Children/Care Leavers Pledge.*
- 3.4.1 At the 27th June meeting, the Panel were advised that Coram have been commissioned to engage our LAC and Care Leavers and that the outcomes from the engagement were to inform the LAC and Care Leavers' Strategies. The Panel requested feedback on the Coram survey. From the survey 44% of care leavers responded. Of which 2/3 were between 18-20 and 62% BME. 13% identified themselves as NEET with a further 22% stating that they mainly

stayed at home during the day. This indicates a sense of detachment from the opportunities that are available to young people not in the care system and the impact of not being engaged in employment, education, training (EET) over a long time period. Indeed our current NEET figures for care leavers are 56%.

3.5 The Panel also requested details around support provided to the vulnerable groups through Merton HR, and in particular requested that the data should be provided to the Panel in six months on the number of apprenticeships by Directorate fulfilled by those within the target groups. Of these how many have started, stayed and left should be stated.

3.5.1 HR advise that since the last review, they have provided support to vulnerable young persons in interviewing skills and techniques and closing date deadlines have been extended to enable the young people to apply.

3.5.2 With regards to work experience, the Council offered 30 placements. Only 15 placements were taken up by young people. The feedback from participants was quite positive with 90% of respondents stating that they found the work experience enriching and would recommend to their peer group. HR are unable to identify if any of the young people were LAC or SEND supported. They did ask the Schools if there were any reasonable adjustments or additional support needed. Work experience was a valuable experience for the students, who at the end of their time with the council were given a certificate of achievement for completion of their time with Merton. After discussions with CSF it was felt that not only should the council advertise the existing programme to schools but also consider extending to some of our vulnerable young people in the summer break (July – August) where they are more prone to incidents in the streets. The above approach would mean that there are two schemes as the schools would not participate in a scheme during the school holidays. HR intend to continue to work closely with CSF.

3.5.3 There has been a significant improvement in the number of apprenticeships in the organisation. There are currently 29 admin roles occupied by agency workers. HR is seeking to convert these posts possibly to apprenticeships. The take-up of apprenticeships has increased as the apprenticeship standards have fully developed, for example, apprenticeships in social work and leadership and management.

3.5.4 Apprenticeship numbers

Jan-19	In Progress	*Pending	Total
Non Schools	38	71	109
Schools	20	19	39
Total	58	90	148

*The pending is apprenticeships to start in the next month

- 3.5.5 HR need to ensure that all apprentices have an end of apprenticeship meeting – This is not part of the current process as lead by line managers. Not all staff take part in exit interviews.
- 3.6 Officers in CSF have also been identifying opportunities for young people through our own supply chain and local businesses who are seeking to recruit. The “Towards Employment” Pilot was introduced in August 2018 to create a pathway model through which Merton’s young people, who are at significant risk of economic exclusion, are able to access work experience opportunities. This is in recognition of the sustained value this can add to their long term overall wellbeing by increasing their employability. The Pilot’s objectives aligns with the CYP Scrutiny Panel Review’s Recommendation 2 and so has been included in the report to update members on the success achieved between August 2018 and January 2019.
- 3.6.1 CSF Commissioning team were encouraged to bid for a sum of s.106 funds from an agreement that required the £32.8k to be spend on “local skills training”. Initially the programme was to support residents aged 16-25 with a focus on vulnerable young people (care leavers, those on the risk register and those known to the Youth Offending Team). However, through support and cooperation this has meant other residents are able to receive employment both in and within adjoining boroughs, particularly Croydon.
- 3.6.2 A proportion of the funding supported the recruitment of a p/t (2 days per week) Youth Employability and Employer Engagement Officer, (YEEE officer), who was recruited to coordinate the engagement with young people to support them with training, work experience and employment.
- 3.6.3 The funding is also used to pay accredited training courses in CSCS, vouchers for young people whilst at work or training to encourage engagement and tools/equipment to support their route to employment.
- 3.6.4 CSF Commissioning team have sought out work opportunities from supply chain contractors and local businesses. The YEEE and the lead officer, Commissioning Manager Alternative Provision, engage with officers internally to understand projects about to be procured and approach suppliers such as Veolia and ID Verde for opportunities around work experience, apprenticeships and other employment. While supply chain businesses are supporting future opportunities, the majority of opportunities accessed have been with businesses outside of our supply chain.
- 3.6.5 The achieved outcomes since August 2018:
- 103 YP have been referred predominately male who make up just over 90%, (93YP).
 - 58 of those referred reside in Merton and therefore this figure excludes Merton care leavers who reside in neighbouring boroughs.
 - 28%, (16YP), of the 58 Merton residents are care leavers,
 - 45% of the 58 Merton residents, (26YP), are or were known to YOT
 - 12%, (7YP), are both care leavers and known to YOT

- 64%, (37YP), failed to achieve a pass in English or maths by the end of compulsory education. Some did not achieve any qualifications.
- 33 job outcomes have been achieved
- 3 apprenticeships started
- 8 employers engaged with, (three of whom are supply chain contractors),
- 33 YP have received job offers
- 3 have started apprenticeships
- 10 have achieved nationally recognised sector specific certification
- 5 due to engage in 15 day training course followed by interview for guaranteed seasonable work – opportunity unique to Merton residents.
- An estimated ¹£321k ROI

3.6.6 The additional benefits perceived:

- Reduction in anti-social behaviour/crime in the borough - 22 YOT, at least 7 known to be of significant risk to community
- Reduction in Universal Credit claims
- Reduction in the risk of physical and mental wellbeing.
- That the YP on the scheme have improved work outcomes.

3.6.7 While priority is given to Merton's young people with vulnerable characteristics, opportunities are also shared with Merton's partners increasing the accessing routes of our young people. Referring partners include South Thames College, Mitcham JCP, DWP, R2S, The Training and Recruitment Partnership (TRP), Tooting and Mitcham Football, Moat Housing Association as well as the NHS and Merton based homeless and independent living hostel. In addition, internal departments such as social care, YOT and My Futures also refer.

3.6.8 All of the young people referred are supported throughout their placement and, where necessary, for the first two months of employment. In circumstances where a young person has an allocated keyworker, My Futures co-ordinate the support delivered. My Futures will deliver the support in circumstances where the young person does not have an allocated keyworker.

3.6.8 The officers time to support programme so far:

- YEEE officer 2 days a week fully funded from s.106
- Commissioning Manager Alternative Provision (minimum of 3 days per week donated by CSF Commissioning team),
- My Futures staff also triage and provide support for residents who do not meet their services criteria. Alongside, the My Futures team assesses the young people's opportunity readiness and ensures support throughout the placement. The employer also receives support and clear lines of communication are established.
- Programme Manager for Business and Economy from Future Merton
- Town Centre Business Support Officer from Future Merton funded from Neighbourhood CIL

¹ The ROI is based on salaries achieved at 20 hours per week; many are doing more than 20 hours so likely to be more than that quoted.

- 3.6.9 The companies providing the employment are:
- Veolia
 - UPS (temporary contracts)
 - Surrey Envelopes,
 - LillyWhite Construction (through the Neighbourhood CIL funded town centre programme)
 - Idverde,
 - Bestways,
 - Coombe Accident Repair.
 - An unnamed Merton employer requested help to fill 11 apprenticeship places.

3.7 My Futures are currently working with HR to increase our employability offer to our YP.

3.7.1 Merton council hosting a term-time only work placement programme for young adults with EHCP, similar to the graduate rotation programme. There is funding available to resource the staff needed to support this programme and a clear evidence base for the cost savings this would immediately generate. Placements in work environment are limited to a maximum of two hours in morning and two hours in afternoon.

3.7.2 Increasing our work experience offer to include any young resident up to the age of 25, (those that are NEET, those that are economically inactive and those currently at university). There is targeted promotion to cover summer holidays and cyclical spikes in youth inactivity.

3.7.3 During the recruitment process, identifying suitable positions that would enable either a work trial prior to application deadline and/or guaranteed interviews for YP who meet the minimum criteria and who have characteristics that make them a priority i.e. care leavers. Facilities Management, Planning and Enforcement are already doing this.

3.7.4 HR providing mock interview experience for the YP who meet our priority groups when they are shortlisted for internal and external jobs.

3.7.5 Officers encouraging departments to 'adopt' a school. The department commits to providing periodic sector specific information advice and guidance, hosting pupils, providing work experience placements etc.

3.8 All of the above can be capped to minimise impact on our workforce and can prioritise our care leavers, those known to YOT, those with EHCPs etc.

4 ALTERNATIVE OPTIONS

No alternative options offered at this stage.

5 CONSULTATION UNDERTAKEN OR PROPOSED

- 5.1 The actions were discussed between officers in human resources, Looked After Children Permanency and Placements, Education Inclusion, Joint Commissioning and Partnerships, Commercial Services, futureMerton and Public Health.
- 5.2 The EWG was consulted during the Scrutiny Review and since then have been kept updated on proposed recommendations. All employment/skills programmes offered by partners on the EWG are listed in the EWG Indicator Set, which identifies any support available as routes to employment for the vulnerable clients concerned. The group continues to play an active role in lobbying for residents and businesses any opportunities as routes to employment through the council's supply chain contracts.
- 5.3 The EWG Chairs have worked closely with Merton's Procurement Team and the council has implemented a Social Value Toolkit to provide guidance for officers undertaking procurement contracts. The Toolkit, policy and guidance document for suppliers (to be issued with contracting opportunities) has now been published on the Council's intranet. (See Recommendation 2)

6 TIMETABLE

The Action Plan was presented in January 2018 and the Panel requested an update in June 2018 and a further update after 6 months for the outstanding matters.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 7.1 The proposals were made in the main with the expectation that the actions can be implemented using existing resources. However, there are financial implications to implement Recommendations 2, 5 and 6.
- 7.2 The Panel should note that the cost to cover salaries (circa £14k per apprentice) and any necessary financial support for the target groups is required to meet Recommendations 2 and 5.
- 7.3 Any changes to the way in which we procure which has a cost implication to the Council (as suggested under Recommendation 6) will need to go to Procurement Board for approval prior to being considered by any other panel / forum.
- 7.4 The funding for the Towards Employment Pilot will cease soon and officers are seeking opportunities to continue the scheme due to its success.

8 LEGAL AND STATUTORY IMPLICATIONS

- 8.1 The council has extensive legal duties with regard to LAC and care leavers.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 9.1 Supporting these vulnerable groups into employment is in line with the Council Human Rights, Equalities and community cohesion requirements. The Council acts as the corporate parent for looked after children and care leavers and as

such has a responsibility to provide parental guidance in seeking and obtaining employment.

10 CRIME AND DISORDER IMPLICATIONS

10.1 Reducing unemployment can lead to the reduction in crime.

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

11.1 None.

12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

12.1 Appendix 1 - CYPOS Panel's Action plan: vulnerable cohorts into employment – June 2018

12.2 Appendix 2 – Towards Employment Case Study

13 BACKGROUND PAPERS

13.1 CYPOS Panel's Corporate Parenting Report found [here](#)

13.2 CYPOS Panel's monitoring of the recommendations made by the task group on routes into employment for vulnerable young people which you can view [here](#) (February 2017)

13.3 CYPOS Panel's Action plan: vulnerable cohorts into employment task group recommendations report found [here](#) (January 2018)

13.4 CYPOS Panel Action Plan: vulnerable cohorts into employment task group recommendations report found [here](#) (June 2018)

Routes to employment for vulnerable cohorts Actions – 6 month update June 2018

Recommendation 1	Actions - Pathways	Leads	Status – June 2018
<p>Recommendation 1 We recommend exploration of how to audit, keep updated and make accessible (to residents and all those working with vulnerable cohorts) information on current provision to support progression into employment.</p>	<p>Merton web pages – Apprenticeship vacancies on recruitment pages A newly created “Young Merton” webpage which updates on events and shares any known apprenticeship vacancies. A further page awaiting IT sign off will provide links and information to local jobs and routes to employment via employment programmes, linking to local employers and training providers.</p> <p>¹EWG - Alerts for any internal apprenticeship vacancies are shared with the EWG partners via email to circulate to their clients.</p> <p>A list of programmes/services being delivered by EWG partners and the anticipated outcomes is shared amongst partners.</p> <p>HR - Alongside HR have an arrangement to liaise with social/key workers and prioritise any vulnerable young person’s application for interview plus offer support around the recruitment process.</p>	<p>HR My Futures futureMerton EWG</p>	<p>The social media pages for My Futures have just been signed off and are being set up by IT.</p> <p>Monthly meeting of key works supporting NEET young people identifies cohorts and sets up bespoke provision to meet their needs.</p> <p>Alerts for internal apprenticeships are being circulated amongst the EWG partners as vacancies for roles become available</p> <p>Services are listed for EWG members in a shared Indicator Set managed through futureMerton.</p> <p>HR continues to liaise with social/key workers on apprenticeship opportunities as they arise.</p>

¹ Economic Well Being Group

Routes to employment for vulnerable cohorts Actions – 6 month update June 2018

	Provide numbers of <ul style="list-style-type: none"> work experience placements apprentices by directorate. Sub-set data: <ul style="list-style-type: none"> LAC supported and SEND supported. 	HR My Futures	The Council has launched a work experience programme and its aim is to offer 30 placements to LAC, schools and residents who live in the borough but attend school elsewhere. HR will evaluate scheme in August 2018 and consider a programme with young people.
Recommendation 2	Actions - Pathways	Lead	Status
<p>We recommend that in order to better support target groups², work taster/work experiences be provided. This should include extending the work of the Merton Employment Team in offering work taster/work experiences through the Council's contractors and other service providers (with exploration of how to build this as a requirement into standard contract terms and conditions). How these work taster/work experience opportunities are best delivered should be explored including consideration of the Traineeship framework, the <i>Work Experience Quality Standard</i>, the emerging Apprenticeship Strategy and the provision of a mentor to support each participant.</p>	HR - Proposals for a work experience programme have been prepared and will go to the Workforce Strategy Board for agreement on 22 nd January 2018.	WSB	Part met - See comments under Recommendation 1
	Procurement – Encourage contractors to replicate opportunities for work placements (Driven through the Social Value Act). -	Commercial Services	³ Part met A draft Social Value Toolkit has been circulated to Departmental Operational Procurement Groups and the Procurement Board for Comment. Comments received are now being incorporated into the final draft that will then be circulated to MVSC and the Economic Wellbeing Group for further comment in due course. The Toolkit has been created to support commissioners and procurers, along with potential providers of services to Merton Council, with embedding the principles of Social Value into the commissioning and procurement process. It has been created to inspire new thinking that will help to establish what is right for the service in the process of delivering Social Value as part of commissioning and procurement.

² The Panel agreed that target groups should specifically mean children and young people in care/care leavers and/or those with Special Educational Needs and Disabilities (SEND)

Routes to employment for vulnerable cohorts Actions – 6 month update June 2018

<p>Page 59</p>		<p>It must however be appropriate and proportionate to the particular service being tendered.</p> <p>Merton reviews opportunities to up-skill and generate jobs for local people through major procurement contracts on a case-by-case basis, given that not all contracts lend themselves to providing these types of opportunities. For example, we will be seeking the use of local labour supply and/or apprenticeships when we go out to tender for our Highways contract later this year. We will also seek such opportunities when going out to tender through the Council’s newly formed, wholly owned, Housing Company.</p> <p>It should be noted however that there is an added complexity when it comes to facilitating work experience and apprenticeships for vulnerable young adults. For example, there is a need (or at very least a perceived need) to carry out a DBS check on anyone that would be working with vulnerable young people. This is not always practicable for third party organisations and as such, limits the number of organisations willing to assist the Council with this particular objective.</p> <p>Note also the following contracts that have been established:</p> <ol style="list-style-type: none"> 1. CSF Commissioning team in collaboration with futureMerton has secured mechanical engineering work experience placements for a maximum of 4 YP at a time with Veolia at their Croydon and Merton workshops. The first cohort completed in May. All four YP were known to YOT. One was successfully supported by Veolia to apply for a 3 year
----------------	--	--

³ Commercial Services will not be able to keep a record of where this has been successful and where it has not.

Routes to employment for vulnerable cohorts Actions – 6 month update June 2018

<p>Page 60</p>			<p>apprenticeship, one was considered academically unsuitable for an apprenticeship but suitable for a post in the parts department which Veolia are creating specifically for him. The second cohort are 3 weeks into their 6 week placement. So far, 6 young people with vulnerable characteristics have benefitted from this project. Two of who applied for the opportunity while in youth detention centre. Veolia has committed to a rolling programme of placements.</p> <ol style="list-style-type: none"> <li data-bbox="1413 539 2163 1177">2. CSF Commissioning team in collaboration with Future Merton has developed a pathway by which our young people aged 16 – 17 can obtain their Health, Safety and Environment, (HSE), certificate and sit the CSCS test, (A CSCS card is required for all personnel working on a construction site), with Merton QA alternative education provider has years of experience working with our disengaged YP. 8 Young men with vulnerable characteristics formed first cohort. Those who successfully obtain a CSCS card are then matched to suitable paid work experience placements sourced by futureMerton with commissioned contractors. In recognition of the lack of accredited courses and work related opportunities available in construction to this cohort, and following representation from CSF, the Construction Industry Training Board, (CITB), has made a national exception and awarded test centre status to a Merton approved provider. <li data-bbox="1413 1217 2163 1417">3. CSF Commissioning team in collaboration with futureMerton has engaged the support of Subway Sandwich shop. Interested candidates put forward by the Council will take part in a 5 day trial during which they will receive £10 per day expenses. All suitable candidates will be offered PT or FT position in one of
----------------	--	--	---

Routes to employment for vulnerable cohorts Actions – 6 month update June 2018

Page 61			<p>8 locations including Morden. To date, 3 CVs have been put forward and trials are being arranged.</p> <p>4. CSF Commissioning team in collaboration with futureMerton are in negotiation with UPS to provide work experience placements during which candidates will be trained to fulfil driver's mate position. UPS have committed to sourcing their seasonable driver's mates, (3 month paid contracts commencing in September 2018), from candidates successfully complete training over summer. Candidates will be paid £10 - £15 a day expenses over summer during training.</p> <p>5. CSF Commissioning team in collaboration with futureMerton has successful secured commitment from Go Ahead bus company, (based in Collier Wood), to offer 2 work experience placements in September working as mechanical engineers. If candidates prove willing, Go Ahead have committed to develop apprenticeship opportunities based on candidates ability. Go Ahead have committed to provide this opportunity on an annual basis if pilot is successful.</p> <p>6. CSF Commissioning team in collaboration with futureMerton are in the process of recruiting an Employer Engagement officer for 2 days a week to secure and manage additional placements. Post will be funded from s.106 funding until February 2019.</p>
	Recommendations 3	Actions- Pathways	Lead
To reflect that the aim of improving routes into employment for vulnerable	futureMerton -	All officers working with	Met

Routes to employment for vulnerable cohorts Actions – 6 month update June 2018

<p>cohorts requires the involvement of teams across the Council (including HR, Children Schools and Families and futureMerton. We recommend that the Economic Wellbeing Group continue and be supported to be the main focus for reducing unemployment and increasing economic wellbeing in Merton. Attendance at the Economic Wellbeing Group for all appropriate departments, divisions and teams should be reinforced by making this a key performance indicator (KPI).</p>	<p>All representatives are receiving minutes of the EWG meetings via email and through the Merton Partnership web pages.</p> <p>The EWG will continue as a sub-group of the Sustainable Communities and Transport thematic. Officers are invited to attend and will be alerted to agenda items pertinent to their service area.</p>	vulnerable young people.	
Recommendation 4	Actions - Pathways	Lead	Status
<p>We recommend how to engage target groups and demonstrate the Council's commitment to their employment be explored. This might be included in the Looked After Children/Care Leavers Pledge.</p>	<p>Coram have been commissioned to engage our LAC and Care Leavers. Outcomes to inform LAC and Care Leavers' Strategies.</p> <p>HR – ⁴WSB to monitor current progress of DMT's in creating apprenticeships roles and further explore opportunities to remodel the Councils recruitment methods with the aim of supporting more apprenticeships and give consideration to ways of supporting vulnerable young people.</p>	14+ Team	Report back to Scrutiny
		WSB	Workforce Strategy Group is actively monitoring apprenticeships and using Senior leadership Meetings and DMTs to promote a wider take up. Please also see table inserted below for breakdown of apprentices by directorate.
Recommendation 5	Actions-Pathways	Lead	Status
<p>We recommend that Merton Council actively supports the target groups through traineeships and apprenticeship opportunities</p>	<p>HR - WSB to review the opportunities available to vulnerable young people and review the take up of the work experience placements</p>	WSB	Workforce Strategy Group is actively monitoring apprenticeships and using Senior leadership Meetings and DMTs to promote a wider take up.

⁴ Workforce Strategy Board

Routes to employment for vulnerable cohorts Actions – 6 month update June 2018

that are advertised by the Council. It is proposed that a percentage of appropriate opportunities for our target groups is embedded in the Council's Apprenticeship Strategy and reflected in Merton's contribution to the public sector apprenticeship targets.	and apprenticeships taking into account Recommendation 4.		Please also see comments under Recommendation 1 above.
Recommendation 6	Actions-Pathways	Lead	Status
As recommended in previous task groups ⁵ , the Council should build a requirement for its contractors and other service providers to offer apprenticeships for Merton residents in its standard contract terms and conditions. How to promote apprenticeships to the target groups should be explored including use of <i>London Ambitions</i> .	<p>Procurement Board – The Social Value Act will be used in all relevant procurements to encourage contractors to support apprenticeships for local residents.⁶</p> <p>HR Any opportunities that are made by contractors will also be advertised on the Merton website by using a link to the contractors webpage.</p>	<p>Procurement Board</p> <p>HR</p>	<p>Please see comments under Recommendation 2 above.</p> <p>Adverts will be managed as opportunities arise – no requests received to date.</p>
Recommendation 7	Actions – Pathways	Lead	Status
We recommend that the Children and Young People Overview and Scrutiny Panel continue to receive data annually on the number of apprenticeships achieved through the Council. This is to demonstrate impact but also to inform practice in the future	<p>Provide numbers of:</p> <ul style="list-style-type: none"> • apprenticeship achieved completed • Destinations of apprentices <p>Sub-set of date for target groups including:</p> <ul style="list-style-type: none"> • No of LAC/Care Leavers supported • No of SEND and vulnerable adults supported. 	<p>HR</p> <p>My Futures</p>	<p>Will be reported annually from March 2018. This will need further analysis – will be reported back to Scrutiny. .</p>

⁵ Adult Skills and Employability 2013, Recommendation 3 ([here](#)) and Post 16 Career Pathways 2012 ([here](#))

⁶ Commercial Services will not be able to keep a record of where this has been successful and where it has not.

Routes to employment for vulnerable cohorts Actions – 6 month update June 2018

provision of apprenticeships. Reporting should include the number of apprenticeships achieved, completed and the destinations of those achieving apprenticeships directly through the Council (and in the future it's contractors/service providers) Subset data on those from our target groups undertaking apprenticeships should also be provided.

Breakdown of all apprentices by directorate as of 30th May 2018:

May-18	In Progress New Apprentices	In Progress Existing staff	Pending	Total Including Pending
C&H	2	5	10	17
CS	9	5	16	30
CSF	1	4	1	6
E&R	0	1	2	3
Non Schools	12	15	29	56
Schools	0	5	18	23

Routes to employment for vulnerable cohorts Actions – 6 month update June 2018

Total	12	20	47	79
--------------	-----------	-----------	-----------	-----------

This page is intentionally left blank

Case Study:

Aged 15 and approximately a year after his case was opened to social care, John officially came to the attention of the Youth Justice Service, (YJT), for the offence of possession with the intent to supply Class-A drugs. He was associating with high level offenders and was arrested for activity of sufficient concern to warrant referral to the Youth Offending Management Team, (YOMP) as the level of risk posed to the wider community was assessed as high. John¹ began receiving interventions around his offending, substance misuse and concern around potential gang associations.

Due to a combination of factors which included very poor attendance, John did not realise his academic potential at school. Targeted services helped him secure a College place. He struggled to complete the first year but managed to pass his L2 engineering course before being excluded due to his disengagement, arrest for possession with the intent to supply and joy riding that resulted in him running over a teacher.

John became NEET at 17, at 18 he was referred to the serious organised crime (SOC) project, due to the significant risk of involvement in county lines activity. His mentor directed him to attend a work placement induction session with Veolia, as part of our Towards Employment Pilot for which he would receive £20 a day in vouchers.

John not only attended work placements but excelled. Veolia supported him to successfully apply for a 3 year apprenticeship with them, lowering the qualification bar nationally so that he could. We asked John what the placement meant to him.

He says it has given him:

'Belief in the future he wants. A car, a home that is safe for his family'

He also wanted us to stress that if he wasn't doing the placement then

"100% I would be doing bad things, 100%"

In fact, John has referred friends to us with similar histories who he has encouraged to 'do better than they are doing now'. YP at significant risk of failing to achieve economic wellbeing are activity supporting and encourage each other into positive EET activity.

Commissioning Manager Alternative Education and RPA said:

So far we have approximately 30 job outcomes and three apprenticeship starts as well as increased qualifications and work experience. Measurable decrease in risk to wider community as some of those supported and now positively occupied were in top 10 on our gang matrix. Several care leavers supported in to work – albeit temporary with the option to extend.

¹ Not the Young Person's name

This page is intentionally left blank

Committee: Children and Young People Overview and Scrutiny Panel

Date: 13 February 2019

Wards: All

Subject: Impact of Universal Credit on Merton Residents

Lead officer: Caroline Holland

Lead member: Councillor Kelly Braund

Contact officer: David Keppler

Recommendations:

-
1. For Healthier Communities and Older People Overview and Scrutiny Panel to note the contents of the report and advise of any further information required
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. To provide Children and Young People Overview and Scrutiny Panel an update on the roll out of Universal Credit in Merton and the potential number of residents affected by Universal Credit.
- 1.2. The Panel needs to note how Universal Credit works in Merton and how the roll out is progressing so that it can help identify the effect Universal Credit may have on children in households that claim Universal Credit or on the older cohort who might be claimants.

2 DETAILS

- 2.1. Universal Credit is a Department of Work and Pension (DWP) administered benefit. The local authority do not administer this benefit and are reliant on the DWP and local Job Centres for information and statistics relating to the benefit.
- 2.2. The implementation of Universal Credit was always planned to be a phased and controlled roll out that only affected new claims to the benefits that were replaced by Universal Credit. The initial phase was for single claimants only, then families and households and then at a later stage the transfer of all other claimants that had not transitioned to Universal Credit.
- 2.3. Universal Credit is only for working age claimants and pensioners are not affected by the change.
- 2.4. Universal Credit has to be claimed on line and every claimant requires an online account.
- 2.5. Initially Universal Credit was to be paid direct to the claimant including the rent element of Universal Credit. Early pilots saw an increase in rent arrears and alternative measures were put in place so that the rent element could be paid direct to the landlord.
- 2.6. Universal Credit was implemented across Merton for single claimants only in January 2016. These claimants had no rent liability and were classified as the simplest types of claims to move on to Universal Credit.

- 2.7. In November 2015 Sutton Council commenced a pilot with the Sutton Job Centre for Universal Credit full service which was for families and household with children and included the rent element which meant that these claimants would cease claiming assistance for their rent from housing benefit.
- 2.8. This pilot was rolled out slowly with selected post codes only and a very small number of claims and with daily communication between the council, Job Centre and DWP.
- 2.9. In February 2016 the pilot was extended to all post codes covered by the Sutton Job Centre. Without anyone from the Job Centre or DWP advising the council this pilot affected all Merton residents living in SM4.
- 2.10. In effect all residents in SM4 making a new claim had to claim Universal Credit from February 2016 and could no longer claim housing benefit for assistance with their rent.
- 2.11. Initially there was a lot of confusion for Merton residents who thought that they had a choice whether to claim Universal Credit or housing benefit and we had many residents tell us that they did not want to claim Universal Credit.
- 2.12. We saw examples of where claimants had to wait 9 to 10 weeks for their Universal Credit to be paid.
- 2.13. Universal Credit was not paid for the first week of the claim, so in effect the claimant would not receive any help with their rent for the first week whereas under the housing benefit regulations assistance with the rent is paid from the following Monday from when the claim was made or in the first week of a new tenancy the Monday of that week.
- 2.14. This rule was changed and from 13 February 2018 Universal Credit has been payable from day one of the claim rectifying the issue of claimants not being paid for the first week of a claim. This change also results in the average payment being made after 5 weeks reduced from 6 weeks
- 2.15. The council were required to put in place a Universal Credit Support Framework to help and assist residents claim Universal Credit, maintain their on line account and help with budgetary management.
- 2.16. A multi agency approach was adopted for this framework with support being provided to residents by individual council support workers, the council's welfare benefits team, Libraries staff and the CAB.
- 2.17. Access to computers and assistance with on line applications was available at Merton Libraries
- 2.18. The CAB provided a budgetary advice service on a referral basis.
- 2.19. Individual council officers and the welfare benefits team help residents with claiming Universal Credit and maintaining their claims.
- 2.20. The DWP provide the council with funding based on the number of residents assisted.
- 2.21. In addition to this the council can pay Discretionary Housing Payments to claimants in receipt of Universal Credit. This payments help claimants who

have financial difficulties such as they are affected by the benefit cap, the under occupation charge (bedroom tax). To qualify the claimant has to be in receipt of Universal Credit.

- 2.22. From 1 April 2018 every claimant in receipt of housing benefit who moves onto Universal Credit will be entitled to have their rent paid for two weeks during the wait for their first payment; that payment is always non recoverable (even if the claimant is later not entitled to Universal Credit).
- 2.23. On 6 December 2017 Mitcham Job Centre went live with full service and claims for families and households and includes assistance with their rent.
- 2.24. Throughout the summer of 2018 the remainder of Job Centres that cover Merton addresses went live with Universal Credit and by October 2018 all post codes in Merton had been converted to Universal Credit.
- 2.25. As at the end of December 2018 the following information has been provided by the Mitcham and Kingston Job Centres regarding the number of Merton residents in receipt of Universal Credit.

Post Code	Number of residents on universal credit
SW20	396
CR4	2,842
SM4	1,869
SW19	316
Total	5,423

- 2.26. The Job Centres have been unable to provide a profile of the households as requested for this report.
- 2.27. Merton residents that make a new claim of DWP benefit or have significant change of circumstances will be assessed for Universal Credit, so the numbers will continue to increase.
- 2.28. At some stage the DWP will then transfer the remainder of residents in receipt of a DWP benefit over to Universal Credit. The latest information is that this will commence in 2021 and conclude in 2023. There is no indication yet where Merton residents will be transferred.
As at December 2018 there are 11,124 Merton residents or households in receipt of housing benefit. Of these 7,333 are of working age and could potentially transfer to Universal Credit.
- 2.29. However, there are some types of circumstances for working age claimants where they will not be transferred to Universal Credit for help with the rent but they will continue to claim housing benefit. These types of claims are:
 - Where the property is classified as supportive exempt accommodation, this is where the claimant receives counselling and support from the landlord or from an external provider arranged by the landlord

- Where the claimant has more than two children in the household, these claims were initially assessed for Universal Credit but from April 2017 they had to claim housing benefit. However, this is changing from 1 February 2019 and claims will in future be for Universal Credit.
 - Claimants in temporary accommodation will have to claim their housing costs through housing benefit.
- 2.30. Due to these three exceptions it is not possible to give an accurate estimate of how many Merton residents or households will eventually transfer to Universal Credit.
- 2.31. The Kingston Job Centre have provided the information in the table below:

Named Benefit	Total
Universal Credit	316
ESA	573
Jobseekers Allowance	254
Income Support	187
Total number of Merton residents (sw19) at Kingston JCP	1330

- 2.32. This would give a potential maximum of the number of residents or households that could eventually transfer to Universal Credit within the area administered by Kingston Job Centre. However, as mentioned above due to the exceptions some will not transfer.
- 2.33. The emergency payment has to be paid back but the claimant has 12 months to repay this.

3 ALTERNATIVE OPTIONS

- 3.1. None for the purpose of this report

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. None for the purpose of this report

5 TIMETABLE

- 5.1. The timeframe for the transfer of all remaining cases from housing benefit to Universal Credit is unknown but the DWP have indicated it will take place between 2021 and 2023.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. None for the purpose of this report

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1. None for the purpose of this report

- 8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**
- 8.1. None for the purpose of this report
- 9 CRIME AND DISORDER IMPLICATIONS**
- 9.1. None for the purpose of this report
- 10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**
- 10.1. None for the purpose of this report
- 11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**
-
- 12 BACKGROUND PAPERS**
- 12.1.

This page is intentionally left blank

Committee: Children and Young People Overview and Scrutiny Panel

Date: 13th February 2019

Wards: All wards

Subject: Survey work with parents/carers involved in the EHCP process

Lead officer: Rachael Wardell, Director of Children Schools and Families

Lead members: Cllr Kelly Braund, Cabinet Member for Children Services

Cllr Caroline Cooper-Marbiah, Cabinet Member for Education

Contact officer: Karla Finikin, Head of Special Educational Needs and Disabilities Integrated Service

Recommendations:

A. Members of the panel to discuss and comment on the contents of the report.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The report provides members of the panel with information on the ways in which parents/carers provide feedback and recommendations to the Local Authority regarding the Education, Health and Care needs assessment the Final Plan and the Annual Review process.

2 DETAILS

2.1. Merton SENDIS currently maintains 1768 Education, Health and Care Plans and is in the process of undertaking 134 new Education, Health and Care needs assessments as of the 29th January 2019. There are 13 full time equivalent staffing within the SEN team. There are three staff undertaking new assessments, six staff working 0-14years and four staff working with pupils aged 15-25years. The average caseload for staff within the casework teams is 176 pupils per staff member.

The views of parents and carers are gained in multiple ways. As part of the continuous improvement agenda within SENDIS we have parental and carer representation on the following:

- SEND Implementation Focus Groups x 7
- Kids First SEND Implementation Group
- Patient Engagement Group (CCG)
- Merton Information Advice and Support Steering Group

- Transport Assistance Working Group
- EHCP Quality Assurance Working Group
- Autism Strategy Steering Group
- Preparation for Adulthood Board

2.2. In addition to seeking the views of parents/carers from the above groups, the Head of SENDIS attends regular sessions with Kids First Parent Forum to answer specific questions raised by parents and to hear feedback on areas for development across the SEN process. Although Merton has low Tribunal rates (four Tribunals lodged with the Tier 1 Tribunal in 2018 academic year), we take the lessons learnt from this to amend our practice.

2.3. Positive feedback from parent/carers included that Merton SEND was reported to be accessible and available to parents if they had questions or concerns pre or post EHCP process. Specific case officers were supportive and explained the EHC needs assessment and Annual Review processes well, and were knowledgeable regarding local resources available to parents. There was evidence of collaborative working during the EHC needs assessment including health and education professionals. The referral process was clear and the decision about whether the LA would take an EHC needs assessment were made in a timely manner. There is also evidence of clear communication between allocated workers within SEN and parent's/carers

2.4. The areas for development include the timeliness of undertaking an EHC needs assessment and issuing a Final Plan within the 20-week timescale, which is currently at 56%. The capacity of partner agencies to meet their 6-week deadline for providing professional advice is impacting on the timescales which parents are understandably concerned about. This is particularly in relation to Speech and Language Therapy (SALT) and Occupational Therapy (OT). There is an active recruitment drive to employ qualified SALT and OT to meet the demand for assessment and provision delivery. Parents/Carers have understood the delays and some have chosen to wait to receive the professional advice rather than issuing a plan within 20 weeks that does not clearly outline the necessary outcomes and provision.

Parents reported that there was variable advice from Social Care and Health colleagues and identified the need for outcomes training as part of workforce development, particularly in relation to specificity of provision and Preparing for Adulthood (PfA) outcomes. Some Social Care and Health teams require additional training and support in understanding their role in co-producing EHCP's and in providing clear outcomes and provision for their relevant sections of the Plan.

2.5. Parents/carers stated that the S.19 principle "supporting and involving children and young people" required further development. Children and young people should be contributing at the point of referral for an EHC needs assessment and during the assessment process and any subsequent

reviews of the plan. Contribution from parents is stronger than contribution from young people at this time.

2.6. Parents/Carers expressed some concerns about the Annual Review process and stated they would like to support the development of Annual Review Guidance and a review of the current Merton Annual Review documentation to ensure that schools and parents/carers understand the purpose of the meeting and the statutory timescales for the Annual Review. Parents/Carers would like to see further embedding of the person-centred approach to Annual Reviews. The EHCP Quality Assurance group which is being established and will include parental/carer representation, will undertake this development work in the coming term.

2.7. A few parents identified the need for a Q&A handout and guidance for parents regarding the EHCP process. Initial work has already begun on this and will be published on the Local Offer. Identification from parents/carers of need for training in relation to the EHCP processes.

2.8. In line with parental/carer feedback it has been agreed that the LA needs to implement a consistent and robust process for gathering the views of parents/carers and young people going through the assessment process and at annual reviews. The LA commenced using the Personal Outcomes Evaluation Tool in January 2019. POET has been designed to capture the views of children and young people, parents/carers and practitioners so that results can be triangulated to establish the key process conditions associated with positive outcomes. Testing has already demonstrated that POET has the potential to provide a straightforward and powerful way of finding out about the experience of obtaining an EHCP and in some cases a personal budget and related outcomes.

The Children and Young People's POET has been developed by In Control and the Centre for Disability Research at Lancaster University with funding from the Department for Education (DfE). Children and young people, parents/carers and practitioners from six local authority areas volunteered to work on the development of the tool. Please find included in this report the POET parent/carer questionnaire.

2.9. Parents were surveyed as part of the Higher Needs Funding Review and were concerned about the amount of local specialist provision which resulted in pupils accessing schools out of Borough. Perseid school has recently been expanded and a successful capital bid will mean that the LA will be expanding Cricket Green School in addition to adding numbers to the Additionally Resourced Provisions in local schools.

2.10. In response to the feedback from parents that the LA has received over the last year a number of actions have been taken which include:

- Training programme implemented for SCO's regarding annual review processes and requirements
- The Designated Medical Officer has developed a standardised template for professional advice from paediatricians to improve health input to EHCP's

- Established working group with SENCO's to develop outcome tracking tool
- Introduction of the Personal Outcomes Evaluation Tool to ensure regular views are sought from parents/carers/young people and professionals.
- Established regular working group to review Parent/Carer involvement
- Parent/carer membership of the Preparation for Adulthood Board
- Capital bid for expansion of local provisions. Including expansion of Cricket Green and a new Additionally resourced provision

- 2.11. Future developments directly resulting from parental feedback include the review of EHC documentation (referral, EHC Needs assessment, EHC Plan and Annual Review documentation) as part of the implementation of the EHC Hub. In addition a training program will be developed and delivered to health and social care colleagues to ensure compliance with statutory requirements and to ensure that the provision outlined in the professional advice are clear and specific.

The LA will work with schools on a robust planned phase transfer process for nursery to reception, primary to secondary and post 16+ to ensure that all pupils have a named placement by the Feb 15/31 March deadline. The timetable will be communicated to the parent carer forum and circulated to all parent/s/carers and young people in phase transfer cohorts in October/November 2019 to ensure that the LA has parental and young person preferences by December 2019 for consultation.

3 ALTERNATIVE OPTIONS

- 3.1. No specific implications for this report

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. No specific implications for this report.

5 TIMETABLE

- 5.1. No specific implications for this report.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. None

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1. None

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1. None

9 CRIME AND DISORDER IMPLICATIONS

- 9.1. None

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None

**11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE
PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

ANNEXE – POET SURVEY

12 BACKGROUND PAPERS

12.1. None

This page is intentionally left blank



Survey for parents of children and young people who have additional support.

A survey about you, your child,
and the support they get.

Who is the survey for?

It's for all children and young people who have additional support and may have an Education Health and Care Plan (also known as an EHCP).

What's an Education Health and Care Plan?

It's the plan that describes what is important to a child or young person, their needs, and says what support they should get.

Who's asking?

The survey is being carried out with a charity called ['In Control'](#)

Why do you want to know?

We want to know how the process of getting support worked for you and what difference it has made to your child, so we can help improve things for others who need support.

Who will read my answers?

Your local authority, school or health service may get a copy of your answers, but they will not know who wrote them. We will also read your answers. People who read your answers will not know who wrote them. We may also make the answers available through a public archive.

What are you going to do with my answers?

We will use them to help improve the way people get support where you live and across the country. The answers will also be used to write reports that will be made public.

Do I have to answer the questions on my own?

No; you can ask someone you trust to help you complete the survey.

Do I have to answer the questions?

No; if you do not want to take part then that is absolutely fine. You can also choose to answer some or all of the questions. If you do answer them we will only use them in the way we have described.

Questions about your child and the support they get

1. Name of your Local Authority:

2. Your child's age:

3. Are they:

Male Female Prefer not to say

4. What is the main reason your child needs support? Please tick all that apply to you

Speech, language and communication needs Social, emotional and mental health difficulties

Cognitive or learning disability Sensory (hearing, sight) or physical disability

Autism (including Asperger's syndrome) Don't know

Other

5. Place of education, work or training that your child attends

- | | | | |
|---------------------|--------------------------|---|--------------------------|
| Pre-school | <input type="checkbox"/> | Special school | <input type="checkbox"/> |
| Mainstream school | <input type="checkbox"/> | Home schooled | <input type="checkbox"/> |
| College: mainstream | <input type="checkbox"/> | College: special needs | <input type="checkbox"/> |
| University | <input type="checkbox"/> | Apprenticeship/internship
/work based training | <input type="checkbox"/> |
| Paid work | <input type="checkbox"/> | None of these | <input type="checkbox"/> |

6. What additional paid support does your child get:

Please tick all that apply to you

- | | | | |
|-----------------------------------|--------------------------|--|--------------------------|
| Education health care plan (EHCP) | <input type="checkbox"/> | Special Education Need support (SEN support) | <input type="checkbox"/> |
| Personal Budget | <input type="checkbox"/> | Transport | <input type="checkbox"/> |
| Social care | <input type="checkbox"/> | None of these | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> | | |

7. How long has your child's support been in place for:

	Less than 6 months	Between 6 and 12 months	Between 1 and 3 years	More than 3 years	N/A
Their Special Educational Needs (SEN):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Their Education, Health and Care Plan (EHCP):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Their Personal Budget;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions about your experience of the help and support your child receives

8. Over the past year, what do you think about these areas of the help and support that your child gets:

	Poor	OK	Good	Don't know
Having choice and control about their support: I can change the support my child gets if I need to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having the right help and support to meet their needs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioners who help and support them work well together:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of their support: my child is supported as an individual with dignity and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility of help and support as my child's needs change:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions about the impact that the help and support your child gets has had

9. Over the past year, how well has the support your child gets helped them:

	Poor	OK	Good	Don't know
Take part in school, learning, work or training: They do the best they can at school, college or work...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel happy with their quality of life: They are happy and enjoy life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop independence and the skills to be ready for the next steps of their future:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be as fit and healthy as they can be:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be part of the local community: They do things they enjoy in their local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy relationships with family and friends: They enjoy time with family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions about your child's personal budget

10. Does your child have a personal budget?

If your answer is NO:
please skip to question 18

Yes



No



11. Could you decide how the money in the personal budget spent?

Yes Partially No







12. When the support was planned, did you know the amount of money allocated to the personal budget?

Yes



No



13. Did you know how you could and couldn't use the personal budget?

Yes



No



14. What type of personal budget does your child have?

Please tick all that apply

Education

Health

Social care



Transport

Other

15. What is your child's personal budget used for?

- | | | | |
|---|--------------------------|---|--------------------------|
| Community based social activities: local sports leisure facilities, clubs and youth groups | <input type="checkbox"/> | After school clubs: including play schemes and holiday clubs | <input type="checkbox"/> |
| Personal assistant - 1 to 1 support from a paid carer | <input type="checkbox"/> | Family time: spending time together as a family | <input type="checkbox"/> |
| Break from caring: support that enables the family carer to have a rest or to do things other than care | <input type="checkbox"/> | Specialist service: Groups, activities or services specifically for children with disabilities. | <input type="checkbox"/> |
| Equipment: Such as specialist sensory communication or clothing, aids and adaptations | <input type="checkbox"/> | Transport: | <input type="checkbox"/> |

16. Do you know what goals your child is trying to achieve with the support they get?

- | | | |
|--|--|---|
| Yes
 | | No
 |
| <input type="checkbox"/> | | <input type="checkbox"/> |

17. How is your child's personal budget held?

- | | | | |
|---|--------------------------|------------------------------------|--------------------------|
| You as the parent / family member/carer holds the money | <input type="checkbox"/> | The school/college holds the money | <input type="checkbox"/> |
| A local family/parent led organisation holds the money | <input type="checkbox"/> | A service provider holds the money | <input type="checkbox"/> |
| The local authority holds the money | <input type="checkbox"/> | Don't know | <input type="checkbox"/> |

18. Would you like to say anything else about your experience of the support your child has received?

Thank you for answering these questions. Unfortunately we are unable to respond to individual issues. If you would like to raise an issue that requires action, please do so with the person or organisation who gave you this questionnaire.

In Control Partnerships
Carillon House
Chapel Lane
Wythall
Birmingham
B47 6JX
Tel: 01564 82 1650
www.in-control.org.uk
© In Control 2018

Committee: Children and Young People Overview and Scrutiny Panel

Date: 13th February 2019

Wards: All wards

Subject: Departmental Update Report November 2018

Lead officer: Rachael Wardell, Director of Children Schools and Families

Lead members: Cllr Kelly Braund, Cabinet Member for Children Services

Cllr Caroline Cooper-Marbiah, Cabinet Member for Education

Contact officer: Sharon Buckby, Interim Head of Service for Policy, Planning and Performance

Recommendations:

A. Members of the panel to discuss and comment on the contents of the report.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The report provides members of the panel with information on key developments not covered elsewhere on the agenda and affecting the Children, Schools and Families Department since the panel's last meeting in November 2018. It focusses on those aspects of particular relevance to the department and those where the Panel expressed an interest in receiving regular updates.

2 DETAILS

2.1. **Ofsted notified Merton on the 9th January 2019 of their intent to** undertake a 'Focused Visit' to assess the effectiveness of children's social care with a focus on the MASH, First Response, Plans and Planning. Activity for the Focused Visit was split over two phases. Phase one provides the opportunity to analyse our strategies, processes, procedures and the effectiveness of auditing through a desk analysis of documents we supply. Phase two is an on-site visit, with two inspectors spending two days with the service teams so that they can fully understand how effective our social work practice and multiagency safeguarding is. The visit took place on 16 and 17 January. Unlike in a full inspection, the visit outcome is not a report incorporating judgements. However, following the visit, Ofsted publishes a letter outlining how effective they think we are in those areas considered during their time with us. The outcome letter is published on or around the 8th February and after publication it can be found here: <https://reports.ofsted.gov.uk/provider/44/315> We will table the report at the

13th February Scrutiny Panel. Ofsted will return for the Annual Engagement Meeting in the first week of March 2019.

- 2.2. **Other inspection activity.** CSF anticipates both YOT and SEND inspections in the near future. Regular work is under way in both areas to maintain and improve our services and multi-agency partnership arrangements. The Youth Crime Prevention Partnership Executive Board is holding a Visioning Event on 25 February to further develop the Youth Justice Team's business plan. Monthly integrated commissioning meetings are used to progress the health, education and social care partnership around SEND, and both areas are monitored at a monthly Continuous Improvement Board.
- 2.3. **Harris Academy Wimbledon and secondary school admissions.** The handover of the High Path site (excluding the Elim land) has now passed to the ESFA to commence demolition works, with arrangements in place for Elim to make a temporary move in March to enable the contractor's programme to complete the permanent school for September 2020.
- 2.4. Applications for admission to secondary school in September 2019 closed on 31 October 2018, with a subsequent closing date of 11 December 2018 for those applications classified as 'late for good reason'. 1 March 2019 is 'offer day'. Online applicants for a secondary school place will be able to view the outcome of their application online from the evening of this day. Paper applications will receive a postal response.
- 2.5. **Special Education Provision** In addition to the works now under way to expand Cricket Green, outline proposals for the creation of additional places for children with special educational needs have been included in the capital programme for coming years, including a secondary school autism unit, primary SEMH provision, a primary ASD base, a secondary SEMH / medical PRU and new ASD provision. One of the proposals is to provide a 24 place ASD base at Stanford Primary School through adaptation of their surplus accommodation and the school has recently commenced a consultation as required for Academy schools.
- 2.6. **Contextual Safeguarding:** As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.
- 2.7. Merton has been invited to join three other London boroughs and a further five authorities across England and Wales in the implementation of a

Contextual Safeguarding framework. The Programme will involve the time and input from a dedicated researcher from Bedfordshire University to support a bespoke intervention plan and pilot process, to engage in ongoing learning forums and acting as a point of contact for other boroughs in England who are interested in implementing a Contextual Safeguarding framework.

- 2.8. Merton has also been successful in a bid to the Home Office Early Intervention Youth Fund, launched as part of the Serious Violence Strategy. Merton's Participation Team will be recruiting a Responsive Community Engagement Team (ReCET), that will be co-located in the Adolescent and Family Service, delivering participation based activities with young people at risk of crime and community sites affected and/or able to provide sustainable diversionary activities. The funding also creates a Contextual Engagement Management post that will monitor referrals and evaluations, provide safeguarding oversight and group supervision in addition to supporting Merton's implementation of the Contextual Safeguarding framework.
- 2.9. **Prevent** This is included as a standing item in the Departmental Update following the CYP Scrutiny Meeting in January 2019. There is nothing new to report this month.
- 2.10. **Family Drug and Alcohol Court** The Pan London FDAC Partnership has concluded its first year with interventions delivered to 58 families and 97 children. Of these, 31 cases have completed the interventions with final recommendations from FDAC that 52% of children should remain with their families. Merton made 5 referrals of which 1 case was pre-birth, 3 pre-proceedings and 1 case in proceedings and the majority of parents are using both alcohol and drugs. These cases have yet to finish their interventions. All boroughs will be notifying Merton in July 2019 of their intentions to stay or leave the Partnership following the end of the mandatory two -year term.
- 2.11. **Multi-systemic Therapy Social Impact Bond** The Pan London Care Impact Partnership has concluded its first year with Merton providing above the 16 minimum referral numbers, finalising at 19. Of these cases 10 have concluded their interventions with 9 children staying out of care. There are currently 8 boroughs within the Partnership with Barking and Dagenham and Kingston and Richmond (AFC) joining in October 2018 and January 2019. A further 5 boroughs have expressed an interest in joining the Partnership however this is currently under review.
- 2.12. The Annual Staff Conference took place on the 23rd and 24th January 2019. The purpose of the Conference was to enable direct engagement between staff and the Leader of the Council, the Chief Executive, Corporate Directors and external leaders from our partner organisations including the CCG, Fire Service and Love Wimbledon. Speakers were able to present key achievements against priorities for each Division over 2018/19, alongside the main corporate focus for the last two years and reintroducing the new Target Operating Model and the new objectives of Resilient Merton; Collaborative Merton; SMART Merton; Ambitious Merton. CSF staff delivered workshops on Ambitious Merton, with a view to asking colleagues

from the across the council what they believed were the challenges faced by young people in Merton and to identify the solutions to those challenges.

2.13. Ofsted School Inspections: During week commencing 24th January Raynes Park had an unannounced Section 5 Inspection. It was triggered by pupil mobility in academic year 2016-17. The report will be with the school during the first week of February and approx. 19 days after the inspection will be published

2.14. Ofsted has launched a consultation on the new inspection framework for Early Years, Schools and Colleges. We have arranged for Ofsted to brief our Head Teachers in their scheduled meetings and we are also offering further sessions to assist schools in responding to the detail of the proposals.

3 ALTERNATIVE OPTIONS

3.1. No specific implications for this report

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. No specific implications for this report.

5 TIMETABLE

5.1. No specific implications for this report.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. None

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. None

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. None

9 CRIME AND DISORDER IMPLICATIONS

9.1. None

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

12 BACKGROUND PAPERS

12.1. None

Committee: Children and Young People Overview and Scrutiny

Date: 13th February 2019

Wards: All wards

Subject: Performance Report December 2018

Lead officer: Rachael Wardell, Director of Children Schools and Families
Lead members: Cllr Kelly Braund, Cabinet Member for Children Services
Cllr Caroline Cooper-Marbiah, Cabinet Member for Education
Contact officer: Sharon Buckby, Interim Head of Service for Policy, Planning and Performance

Recommendations:

- A. Members of the panel note the contents of the performance report and discuss current performance and the changes proposed to the scrutiny performance framework by the panel's performance leads
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The report provides members of the panel with performance information to the end of November 2018 along with quarterly performance measures where available.

2 DETAILS

- 2.1. Work continues with re-establishing performance reporting following implementation of Mosaic. The performance report attached demonstrates further progress made in this regard. As such we have refreshed the figures accordingly. The areas that demonstrate change due to a recalibration include
- Assessments, where we have been under-reporting the timeliness of assessments. We reported 82% for November 2018, after a recalibration we can see that the assessments completed on time has been steadily rising, and we are now reporting 86% in time. Whilst not yet at our target it is steadily moving in the right direction.
 - 'NEET' data, we have amended accordingly. Please note we do not have a target for young people who are 'NEET' in Merton. We strive to ensure all young people have suitable education or training. As such the 'target' has been removed.
 - Nos17 and 18: We have reviewed how we collate data as the system is not reporting accurately. Additionally, there is a systems workflow issue that prevents multiple teams recording. Both issues are being addressed.

2.2. Performance indicators where the service is currently under-performing are:

- No.11. The percentage of children that became subject to a child protection plan for the second or subsequent time is now above the national average and significantly above the London average and the Merton acceptable range of variation. Given the monthly increase, the head of QA is undertaking a case review to better understand the underlying issues.
- No 3: Whilst we have a target of 55% for completion of ECHP in time, we were performing at a better rate in previous months, but have dipped over December. The primary reason for this is that therapists are commissioned on term time contracts, as such there is delay in the collation of assessments to formulate the EHC plans. Our expectation is that with the introduction of the portal the issue of timeliness will be addressed and more ambitious targets can be set.

2.3. Movement from November 2018:

- Our timeliness to ICPC has improved and we are now performing at the Merton target level and above national and London averages
- Nos.4 and 5: In November we reported an increase in the number (and rate per 10,000) of children with a child protection plan. The context for this change was two large families entering the system in October 2018 and the number / rate has reverted to a lower level as anticipated.

2.4. New information supplied:

- Nos. 7,15, Caseloads. Please note for Child Protection caseloads, social workers hold both child protection and CIN. Current average caseloads per social worker for child protection is 6, with the remaining children being supported by a CIN Plan.
- No. 1 CASA data.

2.5. There are a range of performance indicators where we are currently performing particularly well, but of significant note are:

- No. 9. After a dip in performance over September to November we are reporting 98% of child protection reviews completed on time
- Nos. 19 and 20. Our stability measures continue to remain strong.
- No. 39. Our % of agency social workers continues to decrease.

2.6. One area which remains a challenge to report on is:

- No 6: Number of family groups subject to child protection plans – this is not currently captured within Mosaic, but is due to be incorporated early in 2019 with the introduction of group working upgrades within

the system. At this point, reports will be developed to enable reporting through Mosaic

3 ALTERNATIVE OPTIONS

3.5. No specific implications for this report

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.5. No specific implications for this report

5 TIMETABLE

5.5. No specific implications for this report

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.5. No specific implications for this report

7 LEGAL AND STATUTORY IMPLICATIONS

7.5. No specific implications for this report

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.5. No specific implications for this report

9 CRIME AND DISORDER IMPLICATIONS

9.5. No specific implications for this report

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.5. No specific implications for this report

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- Appendix 1: Performance report

12 BACKGROUND PAPERS

12.5. None

This page is intentionally left blank

Children and Young People Overview and Scrutiny Panel - Performance Index 2018/19



No.	Performance Indicators	Frequency	Target 2018/19	Benchmarking and trend				BRAG rating	Merton 2018/19 performance											Notes
				Merton 2017/18	Merton 2016/17	England	London		Apr-18	May-18	Jun-18 / Q1	Jul-18	Aug-18	Sep-18 / Q2	Oct-18	Nov-18	Dec-18 / Q3	Jan-19	Feb-19	
Assessments																				
1	Number of Common and Shared Assessments undertaken (CASAs)	Quarterly	Not a target measure	171	422	No benchmarking available	No benchmarking available	Not a target measure			87			142			202			Quarterly (Time lag in collating CASAs from partner agencies) YTD
2	% of Single Assessments authorised within the statutory 45 days	Monthly	93%	89%	91%	83% (2016/17)	82% (2016/17)	Red	91%	84%	83%	83%	86%	86%	86%	86%	86%			Year to Date (Of started YTD, no. in 45 days)
3	% of Education, Health and Care plans issued within statutory 20 week timescale (new, including exceptions)	Monthly	55%	34% (Jan 2018)	19% (Jan 2017)	61.3% (Jan 2018)	52.4% (Jan 2018)	Green			63%			60%			55%			Year to Date
Child protection																				
4	Child Protection Plans rate per 10,000	Monthly	Not a target measure	41.7	27.2	43.3 (2016/17)	39.1 (2016/17)	Not a target measure	41.9	39.6	37.4	34.9	37.7	37.9	40.2	40.4	40.2			Monthly - as at the end of the month
5	Number of children subject of a Child Protection Plan	Monthly	Not a target measure	196	197	No relevant benchmarking available	No relevant benchmarking available	Not a target measure	197	186	176	164	177	178	189	190	189			Monthly - as at the end of the month
6	Number of family groups subject of Child protection plans	Monthly	Not a target measure	n/a	n/a	No relevant benchmarking available	No relevant benchmarking available	Not a target measure	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a			Monthly - as at the end of the month
7	Average caseload of workers for Children subject of a Child Protection Plan (New)	Monthly	New	New	New	No relevant benchmarking available	No relevant benchmarking available		New	New	New	New	New	New	New	New	15			Monthly - as at the end of the month (30 SW have 446 open cases of)
8	% of quorate attendance at child protection conferences	Quarterly	95%	n/a	89%	No relevant benchmarking available	No relevant benchmarking available	Green			99%			96%			92%			Quarterly
9	% of reviews completed within timescale for Children with Child Protection Plans	Monthly	96%	n/a	99%	92% (2016/17)	96% (2016/17)	Green	96%	96%	93%	96%	96%	91%	89%	90%	98%			Monthly - as at the end of the month
10	% of Children subject of a CP Plan who had a CP visit within timescales in the month	Monthly	Not a target measure	n/a	94%	No relevant benchmarking available	No relevant benchmarking available	Not a target measure	77%	85%	90%	92%	92%	79%	73%	81%	86%			Monthly - as at the end of the month
11	% of Children that became the subject of a Child Protection Plan in the second or subsequent time	Monthly	16%	13%	13%	19% (2016/17)	15% (2016/17)	Red	29%	24%	19%	20%	18%	17%	18%	19%	21%			Year To Date (NI 65)
Looked After Children																				
12	Looked After Children rate per 10,000	Monthly	Not a target measure		34	62 (2016-17)	50 (2016-17)	Not a target measure	33.6	34.0	33.4	34.7	34.5	34.7	34.0	34.0	34.7			End of the month snapshot
13	Number of Looked After Children	Monthly	Not a target measure		158	72670 (2016-17)	9910 (2016-17)	Not a target measure	158	160	157	163	162	163	160	160	163			End of the month snapshot
14	Number of UASC children and young people (PROPOSED)	Monthly	Not a target measure	New	New	No relevant benchmarking available	No relevant benchmarking available	Not a target measure	25	27	27	30	30	28	30	30	30			Monthly - as at the end of the month
15	Average caseload of workers for Looked After Children (New)	Monthly	New	New	New	No relevant benchmarking available	No relevant benchmarking available		New	New	New	New	New	New	New	New	12			Monthly - as at the end of the month (7 SW have 84 open cases of which 81 are IAC)
16	Average number of weeks taken to complete Care proceedings against a national target of 26 weeks	Quarterly	26 weeks	31 weeks	25 weeks	31	No relevant benchmarking available				32 weeks			n/a			n/a			Quarterly
17	% of Looked After Children cases which were reviewed within required timescales	Monthly	96%	88%	97%	Not published	Not published		100%	100%	100%	100%	96%	100%	86%	88%	100%			Monthly - as at the end of the month
18	% of Looked After Children participating in their reviews in month	Monthly	Not a target measure	99%	99%	No relevant benchmarking available	No relevant benchmarking available	Not a target measure	100%	100%	100%	100%	100%	100%	75%	92%	75%			Year to Date
19	Stability of placements of Looked After Children - number of moves (3 moves or more in the year)	Quarterly	11%	17%	16%	10% (2016/17)	12% (2016/17)	Green			1%			2%			2%			Year To Date (NI 62)
20	Stability of placements of Looked After Children - length of placement (in care 2.5years, placement 2 years)	Quarterly	65%	69%	71%	70% (2016/17)	69% (2016/17)	Green			68%			66%			73%			End of the month snapshot (NI 63)
21	% of Looked After Children placed with agency foster carers	Quarterly	40%	n/a	44%	No relevant benchmarking available	No relevant benchmarking available	Amber			38%			40%			46%			Quarterly
22	Number of in-house foster carers recruited	Quarterly	15	11	15	No relevant benchmarking available	No relevant benchmarking available	Amber			3			5			13			Year to Date

No.	Performance Indicators	Frequency	Target 2018/19	Benchmarking and trend				BRAG rating	Merton 2018/19 performance											Notes	
				Merton 2017/18	Merton 2016/17	England	London		Apr-18	May-18	Jun-18 / Q1	Jul-18	Aug-18	Sep-18 / Q2	Oct-18	Nov-18	Dec-18 / Q3	Jan-19	Feb-19		Mar-19 / Q4
23	Number of Looked After Children who were adopted and agency Special Guardianship Orders granted	Monthly	Not a target measure	12	17	No relevant benchmarking available	No relevant benchmarking available	Not a target measure	0	0	5	6	6	6	6	7	8				Year to Date
Childrens Centres and Schools																					
24	% outcome of all Children Centre Ofsted inspections good or outstanding (overall effectiveness)	Quarterly	100%	100%	100%	66% (31 August 2015)	72% (31 August 2015)	Green			100%			100%			100%				Year to Date. National and London Comparitors as at 31/08/2015.
25	% of total 0-5 year estimated Census 2011 population from areas of deprivation (IDACI 30%) whose families have accessed children's centre services	Quarterly	Not a target measure	58%	68%	89% (31 March 2017)	93% (31 March 2017)	Not a target measure			22% (1057/4785)			35% (1690/4785)			47%				Year to Date Cumulates (Target 19% per quarter)
26	% outcome of School Ofsted inspections good or outstanding (overall effectiveness)	Quarterly	91%	93%	91%	89% (31 August 2017)	94% (31 August 2017)	Green			91%			91%			91%				Year to Date. National and London Comparitors as at 31/08/2017.
27	Number of Primary permanent exclusions (Number YTD Academic year)	Monthly	Not a target measure	1 (AY 2016/17)	0 (AY 2015/16)	1145 (AY 2015/16)	105(A Y 2015/16)	Not a target measure	0	1	1	1	1	0	0	0	0				August End of Acad. Yr. YTD (August data interim until November). September start of the new Acad. Yr.
28	Number of Secondary permanent exclusions (Number YTD Academic year)	Monthly	Not a target measure	19 (AY 2016/17)	17 (AY 2015/16)	5445 (AY 2015/16)	805(A Y 2015/16)	Not a target measure	5	6	6	7	7	0	0	0	0				August End of Acad. Yr. YTD. September start of the new Acad. Yr.
29	Secondary persistent absenteeism (10% or more sessions missed)	Annual	Not a target measure	8.4% (AY 2016/17)	12% (AY 2015/16)	13.1% (AY 2015/16)	11.7% (AY 2015/16)	Not a target measure													Annual Measure 6 half-terms DfE Published SFR maintained and academies
30	% of Reception year surplus places	Annual	Range	7.7% (AY 2016/17)	3.5 (AY 2015/16)	No relevant benchmarking available	No relevant benchmarking available														Annual measure
31	% of Secondary school (Year 7) surplus places	Annual	Range	9.6% (AY 2016/17)	6.5% (AY 2015/16)	No relevant benchmarking available	No relevant benchmarking available														Annual measure
Young People and Services																					
32	Youth service participation rate	Annual	1800	1,967	N RTP	No relevant benchmarking available	No relevant benchmarking available														Annual Measure
33	% of CYP (16 - 17 year olds) not in education, employment or training (NEET)	Monthly	Not a target measure	1.6% (Q4)	1.5% (Q4)	2.8%	No relevant benchmarking available	Green	1.5%	1.5%	1.4%	1.4%	1.4%	1.2%	1.4%	1.6%	1.6%				Monthly (totals are adjusted) - reported a month in arrears
34	% of CYP (16 - 17 year olds) education, employment or training status 'not known'	Monthly	Not a target measure	0.9% (Q4)	1.5% (Q4)	3.2%	No relevant benchmarking available		1.6%	1.4%	1.4%	1.7%	1.7%	15.4%	6.5%	1.8%	1.0%				Monthly (totals are adjusted) - reported a month in arrears
35	Number of First Time Entrants (FTEs) to the Youth Justice System aged 10-17	Monthly	50	54	63	326.90 rate per 100,000 (2016)	405.50 rate per 100,000 (2016)	Green			12			21			28				Year to Date
36	Rate of proven re-offending by young people in the youth justice system	Quarterly	Not a target measure	0.50	0.55	1.04(2013)	1.10(2013)	Not a target measure			Binary rate 24% Reoffences: 0.97 (whole cohort)			Binary Rate: 65.4% Reoffences: 2.42 (whole cohort)			Binary Rate: 47.8% Reoffences: 3.30 (whole cohort)				Quarterly (NI 19)
37	TF: Number of Families engaged for Expanded Programme	Quarterly	Not a target measure	320	320	No relevant benchmarking available	No relevant benchmarking available	Not a target measure			1001			1096			1223				Quarterly
38	% of commissioned services for which quarterly monitoring was completed	Quarterly	100%	100%	100%	No relevant benchmarking available	No relevant benchmarking available	Green			100%			100%			100%				Quarterly (Time lag in collating from partner agencies)
39	% agency social workers (New)	Quarterly	New	23.1%	25.7%	15.8% (2017)	26.5% (2017)	Green			17%			17%			14%				Quarterly (Aligned with HR reporting)

Children and Young People Work Programme 2018/19



This table sets out the Children and Young People Overview and Scrutiny Panel work programme for 2018/19; the items listed were agreed by the Panel at its meeting on 27 June 2018. This work programme will be considered at every meeting of the Panel to enable it to respond to issues of concern and incorporate reviews or to comment on pre-decision items ahead of their consideration by Cabinet/Council.

The work programme table shows items on a meeting-by-meeting basis, identifying the issue under review, the nature of the scrutiny (pre-decision, policy development, issue specific, performance monitoring, partnership related) and the intended outcomes.

Chair: Cllr Sally Kenny

Vice-chair: Cllr Edward Gretton

Scrutiny Support

For further information on the work programme of the Children and Young People Scrutiny Panel please contact: -

Lisa Jewell, Democratic Services Officer

Tel: 020 8545 3356; Email: lisa.jewell@merton.gov.uk

For more information about overview and scrutiny at LB Merton, please visit www.merton.gov.uk/scrutiny

Meeting date: 27 June 2018 (*Deadline for papers: 12pm 19 June 2018*) - Theme: setting the work programme **COMPLETE**

Scrutiny category	Item/issue	How	Lead member and/or lead officer	Intended outcomes
Holding the executive to account	Cabinet Member priorities	Verbal update	Cabinet Member for Education; Cabinet Member for Children's Services	To understand current priorities and consider these in relation to Panel work programme.
Holding the executive to account	Children, schools and families glossary	Glossary of commonly used acronyms	Mark Gwynne, Head of Policy, Planning and Performance	A resource for Panel members.
Performance management	Education, Health and Care Plans	Written report	Jane McSherry, Assistant Director of Education	To increase understand and performance monitoring of EHCPs
Holding the executive to account	Departmental update report	Written report	Director of Children, Schools and Families	Update report
Scrutiny reviews	Routes into employment for vulnerable cohorts scrutiny task group–action plan review	Written report	Managers from Future Merton, HR and CSF	To monitor implementation of the task group's recommendations
Scrutiny reviews	User voice	Written report	Annette Wiles, Scrutiny Officer	To consider how to involve children and young people in scrutiny
Performance management	Performance monitoring	Basket of indicators	Mark Gwynne, Head of Policy, Planning and Performance	To highlight items of concern
Setting the work programme	Work programme 2018/19	Written report	Annette Wiles, Scrutiny Officer	To agree the work programme and select a subject for task group review.

Meeting date: 9 October 2018 (*Deadline for papers: 12pm 1 October 2018*)

COMPLETE

Scrutiny category	Item/issue	How	Lead member and/or lead officer	Intended outcomes
Standing items	1.Cabinet Member priorities; 2.Departmental update report; 3.Performance monitoring	1.Verbal update 2.Written report 3.Basket of indicators	1. Cabinet Member for Education & Cabinet Member for Children’s Services; 2. & 3. Director of Children, Schools and Families	To understand current priorities, policy development and performance indicators and consider these in relation to Panel work programme.
Holding the executive to account	Regional Adoption Agency	Written report	Paul Angeli, Assistant Director, Children’s Services	Pre-decision scrutiny - opportunity to comment prior to Cabinet decision
Holding the executive to account	Children and Young People Plan	Written report	Rachael Wardell, Director of Children, Schools and Families	Pre-decision scrutiny – opportunity to input to development of Plan
Holding the executive to account	Children and families voice framework	Annual report	Rachael Wardell, Director of Children, Schools and Families	To provide comments on annual report
Scrutiny reviews	Care leaver accommodation reference to Cabinet	Written report	Director of Children, Schools and Families; Head of Housing Needs	To monitor Cabinet’s progress on the reference
Scrutiny reviews	children’s mental health scrutiny task group	Written report	Stella Akintan, Scrutiny Officer	To agree scope and terms of reference
Setting the work programme	Work programme 2018/19	Written report	Annette Wiles, Scrutiny Officer	To review the work programme and agree any changes

Meeting date: 7 November 2018 (*Deadline for papers: 12pm 30 October 2018*) **COMPLETE**

Scrutiny category	Item/issue	How	Lead member and/or lead officer	Intended outcomes
Standing items	1.Cabinet Member priorities; 2.Departmental update report; 3.Performance monitoring	1.Verbal update 2.Written report 3.Basket of indicators	1. Cabinet Member for Education; Cabinet Member for Children's Services; 2.& 3. Director of Children, Schools and Families	To understand current priorities, policy development and performance indicators and consider these in relation to Panel work programme.
Budget scrutiny	Budget/business plan scrutiny (round 1)	Written report	Caroline Holland, Director of Corporate Services	To discuss and refer any comments to the O&S Commission
Holding the executive to account	Merton Safeguarding Children Board	Annual report	Paul Angeli, Assistant Director Children's' Social Care and Youth Inclusion	To provide comments on annual report
Holding the executive to account	School admissions	Report	Tom Proctor, Service Management Contracts and Schools	Data on school admissions in Merton and the resulting spare capacity in the system.
Scrutiny reviews	Care leaver accommodation reference to Cabinet	Written report	Director of Children, Schools and Families; Head of Housing Needs	To monitor Cabinet's progress on the reference
Scrutiny reviews	Children's mental health scrutiny task group	Written report	Stella Akintan, Scrutiny Officer	To agree scope and terms of reference
Setting the work programme	Work programme 2018/19	Written report	Annette Wiles, Scrutiny Officer	To review the work programme and agree any changes

Meeting date: 16 January 2019 (**Deadline for papers: 12pm 8 January 2019**)

Scrutiny category	Item/issue	How	Lead member and/or lead officer	Intended outcomes
Standing items	1.Cabinet Member priorities; 2.Departmental update report; 3.Performance monitoring	1.Verbal update 2.Written report 3.Basket of indicators	Cabinet Member for Education; Cabinet Member for Children's Services; Director of Children, Schools and Families	To understand current priorities, policy development and performance indicators and consider these in relation to Panel work programme.
Budget scrutiny	Budget/business plan scrutiny (round 2)	Written report	Caroline Holland, Director of Corporate Services	To discuss and make recommendations to forward to Cabinet
Holding the executive to account	Harris Wimbledon update	Written report	Director of Children, Schools and Families; Sir Daniel Moynihan, CEO of the Harris Group,	To monitor progress with delivery of new school
Holding the executive to account	Corporate Parenting	Annual report	Paul Angeli, Assistant Director Children's' Social Care and Youth Inclusion	To provide comments on annual report
Scrutiny reviews	Prevent task group – action plan review	Written report	Stella Akintan, Scrutiny Officer	To monitor implementation of the task group's recommendations
Setting the work programme	Work programme 2018/19	Written report	Lisa Jewell, Democratic Services Officer	To review the work programme and agree any changes

Meeting date: 13 February 2018 (*Deadline for papers: 12pm 5 February 2019*)

Scrutiny category	Item/issue	How	Lead member and/or lead officer	Intended outcomes
Standing items	1.Cabinet Member priorities; 2.Departmental update report; 3.Performance monitoring	1.Verbal update 2.Written report 3.Basket of indicators	1. Cabinet Member for Education; Cabinet Member for Children's Services; 2. & 3. Director of Children, Schools and Families	To understand current priorities, policy development and performance indicators and consider these in relation to Panel work programme.
Health scrutiny	Health and wellbeing strategies for children and families	Written report	Dagmar Zeuner, Director of Public Health Plus NHS partners	Pre-decision scrutiny - to input into review of Health & Wellbeing Strategy
Health scrutiny	Immunisation Update	Written report	NHS England	Scrutiny of latest data
Holding the executive to account	Universal Credit	Written report	David Keppler, Head of Revenues and Benefits	Information on number of families affected in Merton
Holding the executive to account	Education, Health and Care Plans	Written report	Karla Finikin, Head of SEND Integrated Service	To provide information resulting from the survey work with parents
Scrutiny reviews	Routes into employment for vulnerable cohorts scrutiny task group–action plan review	Written report	Managers from Future Merton, HR and CSF	To monitor implementation of the task group's recommendations
Scrutiny reviews	Prevent task group – action plan review	Written report	Stella Akintan, Scrutiny Officer	To monitor implementation of the task group's recommendations
Setting the work programme	Work programme 2018/19	Written report	Lisa Jewell, Democratic Services Officer	To review the work programme and agree any changes

Meeting date: 13 March 2019 (*Deadline for papers: 12pm 5 March 2019*)

Scrutiny category	Item/issue	How	Lead member and/or lead officer	Intended outcomes
Standing items	1.Cabinet Member priorities; 2.Departmental update report; 3.Performance monitoring	1.Verbal update 2.Written report 3.Basket of indicators	1. Cabinet Member for Education; Cabinet Member for Children's Services; 2. & 3. Director of Children, Schools and Families	To understand current priorities, policy development and performance indicators and consider these in relation to Panel work programme.
Holding the executive to account	Schools Annual Report	Written report	Rachael Wardell, Director of Children, Schools and Families	To scrutinise attainment information
Scrutiny reviews	Care leaver accommodation reference to Cabinet	Written report	Director of Children, Schools and Families; Head of Housing Needs	To monitor Cabinet's progress on the reference
Scrutiny reviews	Education, Health and Care Plans: a cohort case study	Written report	Rachael Wardell, Director of Children, Schools and Families	To consider proposal for Panel to track an anonymised cohort to identify how their needs are met
Setting the work programme	Work programme 2018/19 and topic suggestions for 2019/20	Written report	Lisa Jewell, Democratic Services Officer	To review the work programme and agree any changes

Panel will visit Key Stage 5 provision in the Borough prior to the meeting

This page is intentionally left blank