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Merton Council

Children and Young People

Overview and Scrutiny

Panel



Date: 22 June 2022

Time: 7.15 pm

Venue: Council chamber - Merton Civic Centre, London Road, Morden SM4 5DX

AGENDA

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Children and Young People Overview and Scrutiny Panel membership

Councillors:

Usaama Kaweesa (Chair)
Chessie Flack (Vice-Chair)
Michael Butcher
Caroline Charles
Jil Hall
Billy Hayes
Andrew Howard
Linda Kirby MBE
Samantha MacArthur
Dennis Pearce

Co-opted Representatives

Mansoor Ahmad, Parent Governor
Representative Secondary and Special
Sectors
Roz Cordner, Church of England Diocese
Becky Cruise, Parent Governor
Representative
Dr Oona Stannard, Catholic Diocese

Substitute Members:

Max Austin
Sheri-Ann Bhim
Jenifer Gould
Edith Macauley MBE
Robert Page

Note on declarations of interest

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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.

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Agenda Item 3

CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY PANEL 15 MARCH 2022

(7.15 pm - 9.35 pm)

PRESENT Councillors Councillor Sally Kenny (in the Chair),
Councillor Hayley Ormrod, Councillor Nick Draper,
Councillor Joan Henry, Councillor James Holmes,
Councillor Russell Makin, Councillor Dennis Pearce,
Mansoor Ahmad, Roz Cordner and Councillor Nigel Benbow

Stella Akintan (Scrutiny Officer), Elizabeth Fitzpatrick (Assistant Director for Education and Early Help), Karl Mittelstadt (Head of Policy, Performance and Partnerships) and Keith Shipman (Head of Education Inclusion)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Councillors; Ed Foley, Stan Anderson and Omar Bush. Councillor Nigel Benbow attended as a substitute.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interests

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

A panel member asked for the minute to contain a more substantial mention of the young inspector who had attended the last meeting to provide an update on the outcomes from their survey.

The minutes of the previous meeting were agreed as a true and accurate record.

4 APPRENTICESHIPS IN MERTON (Agenda Item 4)

The Head of Organisation Development gave an overview of the report and said the new strategy has been endorsed by the Corporate Management Team. Three positions have been approved and there is a dedicated resource in the Children Schools and Families Department helping care leavers and young people into apprenticeships. The challenges include the lack of awareness amongst staff and managers across the council about apprenticeships. Plans are in place to address this.

A panel member raised a concern about the amount of money sent back to government. The Head of Organisation Development agreed it is disappointing to return money. It will require a significant number of apprentices to reduce the money returned.

A panel member asked about measures to build links with local businesses and matching skills with young people, which would enable the council to use the government funding. The Head of Organisation Development said building relationships with businesses and schools, colleges and universities is the next step. There is an apprenticeship level policy.

A panel member said as many organisations require a degree - are we moving away from academic qualifications towards apprenticeship qualifications?

The Head of Organisation Development said some jobs need qualifications. Apprenticeships mirror the academic level required and include real work experience therefore young people do not need to go to college or university as well apprenticeships provide an equivalent qualification.

The Cabinet Member for Children and Education said she is deeply committed to apprenticeships, and this must be a collaboration amongst different departments across the council. They are not the full answer to youth employment and there many restrictions on how money can be used. Currently there is £111 million unspent across local authorities.

A panel member said there are limited apprenticeships available for manual roles. The Head of Organisation Development said there are limitations of what can be offered. There are some engineering roles, and a growing list of such roles on the Apprenticeship Society website. We can work towards meeting local need.

The Assistant Director of Education and Early Help said T levels offer opportunities in construction and less academic routes and some schools are providing them.

A panel member asked about the employment offer for disabled people how much employment is offered what is the success rate. The Head of Organisation Development said there is more to do to offer a wider range of opportunities for all. The Head of Education Inclusion said young people with disabilities have a range of opportunities, these are not all provided by the council. There is a focus on this area and aligning work in children and adult's services.

A panel member asked that officers refer to the recommendations from past task group reports regarding apprenticeships and report back to a future meeting.

RESOLVED

To circulate Task Group review on Routes into employment for vulnerable cohorts

5 UPDATE ON COVID 19 IN MERTON (Agenda Item 5)

The Senior Public Health Principal reported that we are in a transitional period with Covid, from 1 April there will be a number of changes. There is a general downward trend in infection rates. Vaccination is the main defence against Covid.

A panel member asked if Covid is leaving vulnerable people with months of illness even after the infection has gone away.

The Senior Public Health Principal reported that long Covid is a problem and , people who are vaccinated are less likely to suffer from long Covid. More research is needed to understand long Covid and how best to offer support to this group.

Resolved

The Chair thanked officers for the report.

6 SCHOOL STANDARDS REPORT (Agenda Item 6)

The Assistant Director of Education and Early Help gave an overview of the report and said it provides an overview of the academic year 2021. Performance information is reduced due to Covid, as assessments did not happen in the same way.

A panel member said it is a fantastic report with good news on progress despite the impact of Covid. It is well set out on what the challenges are and how they can be addressed.

A Panel Member asked if officers and cabinet member do their best to commit to encouraging schools to strive for the best and outstanding rating despite stricter criteria from Ofsted.

The Cabinet Member for Children and Education said she is proud of what has been achieved, and there is no complacency amongst schools and headteachers.

The Assistant Director of Education and Early Help said progress will come through Merton Education Partner Programme to challenge schools, to understand outstanding criteria . They are also bringing in Her Majesty's Inspectors to talk to headteachers.

A Panel member commended officers on a good report and asked what support is given to academies which are not rated as highly. The Assistant Director for Early

Help said there are good relationships and officers scrutinise the range of data available to them to inform any conversation or challenge that is required.

Resolved

Thanked all officers and particularly to the Head of Education Inclusion and the Assistant Director of Education and Early Help.

7 DEPARTMENTAL UPDATE REPORT (Agenda Item 7)

The Director of Children, Schools and Families introduced the report stating that the recent Ofsted focussed on the effectiveness of children's service and arrangements for children in care and effectiveness of leaders and managers.

Panel members asked about the negotiations for the Safety Valve programme and what options are being put in place if the council is not accepted on the pilot. The Assistant Director of Education and Early help said it remains to be seen what the final outcome will be, however as a result of the negotiations, it is expected that we will receive some money.

The Director of Children, Schools and Families said the DSG recovery plan is looking to find ways to rebalance the SEND system and in particular to bring the deficit associated with spend on the High Needs Block under control. Proposals include enabling more young people to attend local provision. There is an over reliance on out of borough provision. There are also plans to support schools to further develop their inclusive practice and to enable more children with an EHCP to attend in a mainstream setting.

The Cabinet member for Children and Education thanked the Panel for their support and challenge and said her priorities are:

- Youth employment
- Special education needs
- Support schools in forthcoming Ofsted inspections
- Recruitment fosters carers

8 PERFORMANCE MONITORING REPORT (Agenda Item 8)

The Head of Policy Improvement and Partnerships gave an overview of the report. The Chair thanked officers for the report.

9 TOPIC SUGGESTIONS FOR THE 2022-23 WORK PROGRAMME (Agenda Item 9)

The Panel agreed to send topic suggestions to the scrutiny officer.



Report to Childhood Immunisation Scrutiny on Section 7a Child Immunisation Programmes in Merton 2021-22

Report on Section 7a Immunisation Programmes in the London Borough of Merton.

Prepared by: London Immunisation Commissioning Team
Presented to: Merton Childhood Immunisations Scrutiny Committee

Classification: OFFICIAL

The NHS Commissioning Board (NHS CB) was established on 1st October 2012 as an executive non-departmental public body. Since 1st April 2019, the NHS Commissioning Board has used the name NHS England and Improvement for operational purposes.

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1 Aim

- The purpose of this paper is to provide an overview of Section 7a, childhood and seasonal influenza immunisation programmes in the London Borough of Merton for 2020/21. The paper covers the vaccine uptake and coverage for each programme along with an account of what NHS England and Improvement (NHSE&I) London Region are doing to improve uptake and coverage.
- Section 7a immunisation programmes are NHS 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 including the annual seasonal influenza vaccination.
 - COVID-19 Vaccination Programme.
- This paper focuses on those immunisation programmes provided for 0-5 years under the national Routine Childhood Immunisation Schedule.
- Members of the Family and People Services Policy and Scrutiny Committee are asked to note and support the work NHSE&I (London) and its partners such as UKSHA, the local authority and the ICSs 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, NHS England and Improvement (NHSE&I), through the regional S7a commissioning teams, is responsible for the routine commissioning of all NHS National Immunisation Programmes under the terms of the Section 7a agreement. In this capacity, NHS England and Improvement is accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake & coverage levels. NHS England and Improvement is also responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.
- The UK Health Security Agency (UKHSA) Health Protection Teams lead the response to outbreaks of vaccine preventable disease and provide expert advice to NHSE&I 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 UKHSA South West Health Protection Team.
- Integrated Care Systems (ICS's) have a duty of quality improvement, and this extends to primary medical care services delivered by GP practices, including delivery of childhood immunisation services.
- Across the UK, the main providers of adult and 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 and Richmond Community Healthcare (HRCH) are contracted by NHSE&I (London) to provide the school age immunisations and neonatal BCG vaccination.
- Immunisation data is captured on Child Health Information System (CHIS) for Merton as part of the SWL CHIS Hub (provided by Your Healthcare CIC). Data are uploaded into CHIS from GP practice records via a data linkage system provided by Health Intelligence. The CHIS provide quarterly and annual submissions to UKHSA for their publication of statistics on 0-5s childhood immunisation programmes. This is known as Cohort of Vaccination Evaluated Rapidly (COVER) and these are the official published statistics.
- Local Authority Public Health Teams (LAs) are responsible for providing independent scrutiny and challenge of and support to the arrangements of NHS England and Improvement, UKHSA and providers.
- Directors of Public Health across London also receive quarterly reports from the London Immunisation Partnership and updates via the Association of Directors of Public Health.

3 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 2020 to 31st March 2021, 1st April 2020 – 30th June 2021. 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. It is an important point to note COVER data are published 6-18 months later and short-term planning is used to address the improvement of uptake, utilising local data sources and IT systems.
- 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.

3.1 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&I to compile and report London's quarterly and annual submissions to UKSA 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.
- CHIS Hubs are commissioned to check and refresh the COVER reports before final submission to UKHSA.
- CHIS Hubs are also commissioned to ensure the denominator is as up to date as possible, with the children currently resident in London by routinely undertaking

'movers in and movers out' reports and other activities. This data set also includes children who are not registered with a GP but are resident in London.

3.2 Role of Data Linkage Systems

- Immunisation data is extracted from London's general practices' IT systems and uploaded onto the CHIS systems. This is currently undertaken by data linkage systems interfacing between GP IT systems and CHIS systems.
- 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 are in place between each general practice and CHIS.
- NHS (London) Immunisation Commissioning Team supports both GP practices and CHIS hubs in the submission of the most accurate data possible for the purposes of COVER data and GP payments.

3.3 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 are responsible for preparing the data for extraction every month.
- GP Practices are responsible for immunising patients, maintaining patient records, call recall for all patients and an evergreen offer.

4 Headlines for London

- Historically and currently, London performs lower than national (England) averages across all the immunisation programmes.
- The COVID-19 pandemic in 2020 onwards impacted upon the delivery of Section 7a immunisation programmes, pausing some programmes and reducing delivery on others due to non-pharmaceutical interventions, re-deployment of workforce onto COVID-19 pandemic and the introduction of the COVID-19 vaccination programmes.
- Recent changes to health service policy have resulted in both the dissolution of Public Health England in September 2021 and the formation of ICBs from July 2022. Governance processes are still evolving, and system partnerships working across ICB's key moving forward. NHSE/I remain the commissioning organisation responsible and accountable for these programmes until delegated commissioning in April 2024.
- The London Immunisation Partnership Board paused in 2020 but has recently re-launched and is a pan-London multi-organisation/multi-stakeholder assurance group with oversight for the NHS Immunisation programmes. All partner organisations are committed to ensuring that the London population is protected from vaccine preventable diseases and are working to increase equity in access to vaccination services and to reduce health inequalities in relation to immunisations.
- London faces challenges in attaining high uptake and coverage of vaccinations due to high population mobility, increasing population, increasing fiscal pressures and demands on health services and a decreasing vaccinating workforce.
- From 1 April 2021, the GP contract agreement has been updated to include new standards for vaccination and immunisation services

- The provision of vaccination and immunisation services has become an essential service for all routine NHS-funded vaccinations with two exceptions: childhood & adult seasonal influenza and COVID-19 vaccination
- Five core GP contractual standards will be introduced to underpin the delivery of immunisation services:
 - A named lead for vaccination service.
 - Provision of sufficient convenient appointments.
 - Standards for call/recall programmes and opportunistic vaccination offers.
 - Participation in national agreed catch-up campaigns.
 - Standards for record keeping and reporting.
- A single item of service fee will be fully implemented for all doses delivered in vaccination programmes funded through the GMS contract
- The Childhood Immunisation Target DES was retired on 31 March 2021 and a new vaccination and immunisation domain in the Quality and Outcomes Framework (QOF) introduced for 2021/22 with payment thresholds of 90-95% uptake for indicators in primary immunisations, MMR, pre-school immunisations and shingles.

5 Routine Childhood Immunisation Programme (0-5 years)

- The routine childhood immunisation programme protects against:
 - Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenzae 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 2nd dose of MMR and preschool booster (which is the fourth dose of the diphtheria/tetanus/pertussis/polio course).

6 Merton and the challenges

- Merton is affected by the same challenges that face the London region as a whole. London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons for the low coverage include:
 - Complexities in data cleansing and data collection
 - London's high population mobility which affects data collection and accuracy.
 - Coding discrepancies in general practice (including missing data for patients vaccinated abroad or elsewhere).
 - Inconsistent patient invite/reminder (call-recall) systems across London
 - Declining vaccinating workforce.

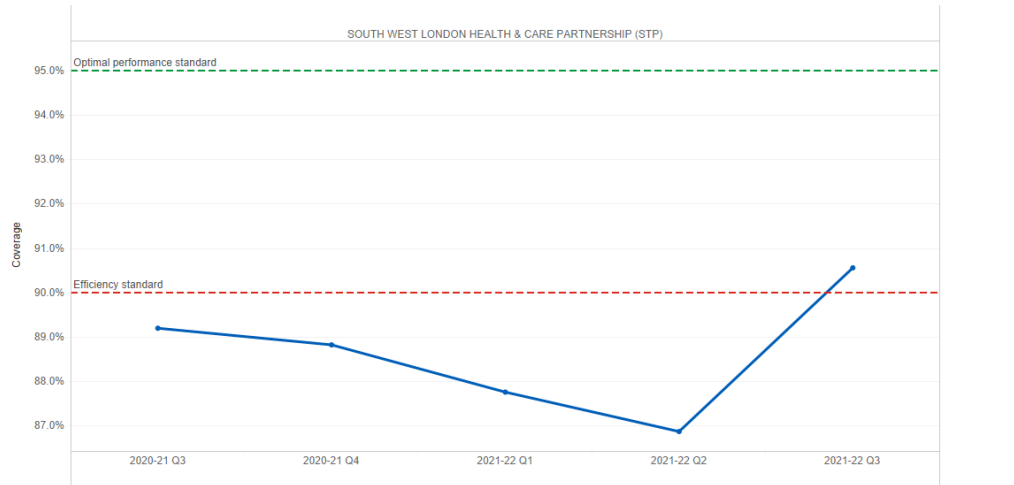
- Decreasing and ageing GP workforce dealing with increasing work priorities and patient lists, resulting in shortages of vaccinators and appointments.
- Difficulties accessing appointments.
- Large numbers of underserved populations whom are associated with lower uptake of vaccinations than the wider population (i.e. delayed vaccinations).
- Growing vaccine hesitancy (i.e. confidence in vaccine, lack of convenience and complacency).

6.1 Merton's uptake and coverage rates

- 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.
- 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 to stop a disease spreading in the population).
- For immunisations, uptake is usually compared with geographical neighbours as immunisation uptake is affected by service provision and neighbouring boroughs in SWL historically have similar general practice provision and thereby provide a better comparison than statistical neighbours.
- The tables below illustrate the comparison of Merton to the South West ICS area, the London regions and England using quarterly COVER statistics for the uptake of the main COVER indicators for uptake. These are:
 - The primaries (i.e. completed three doses of DTaP/IPV/Hib/HepB) are used to indicate completion of age one immunisations.
 - PCV and Hib/MenC boosters and first dose of MMR for immunisations by age 2.
 - Preschool booster and second dose of MMR for age 5.
- Quarterly rates vary considerably more than annual rates but are used here so that Quarter 3 data from 2021/22 (the latest available data) could be included.
- The graphs below compare Merton to other South West London boroughs, SWL ICS, London and England. The quarterly COVER data for the two last vaccinations for the 0-5s Routine Childhood Schedule can be used as indicators of completed vaccinations (coverage).

SWL ICS Area 12m Primary Course Q3 2020 - 2021

12m DTaP/IPV/Hib3 coverage time series:

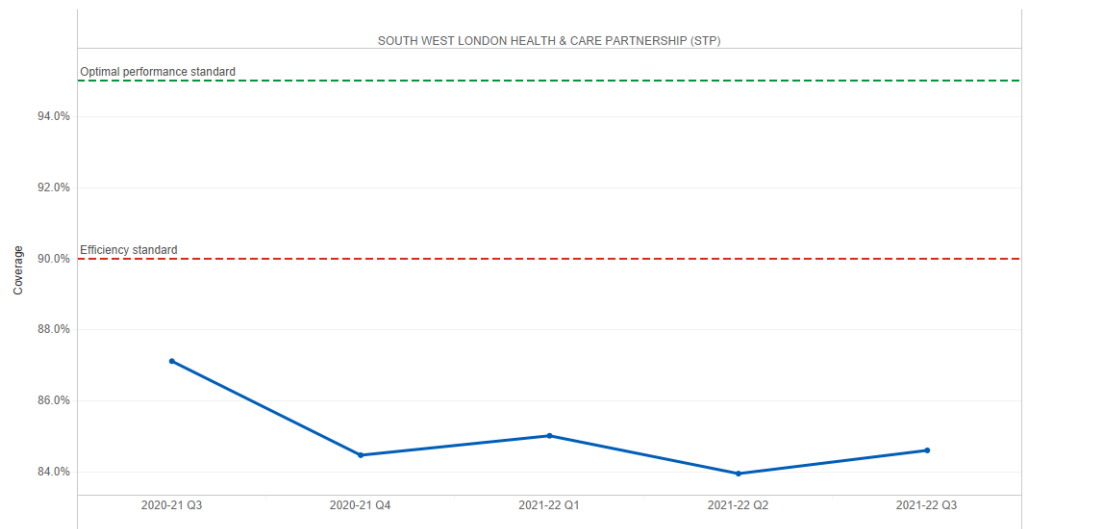


	2020-21 Q3			2020-21 Q4			2021-22 Q1			2021-22 Q2			2021-22 Q3		
	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage
England	148,715	136,109	91.5%	144,864	132,728	91.6%	146,059	133,600	91.5%	151,502	138,270	91.3%	145,098	133,536	92.0%
Region	31,890	27,476	86.2%	29,988	25,809	86.1%	30,244	25,830	85.4%	31,278	26,689	85.3%	29,718	25,905	87.2%
STP	7,640	6,815	89.2%	7,339	6,519	88.8%	7,338	6,440	87.8%	7,527	6,539	86.9%	7,311	6,621	90.6%
LONDON BOROUGH OF CR...	1,253	1,065	85.0%	1,275	1,077	84.5%	1,227	1,022	83.3%	1,252	1,088	86.9%	1,203	1,051	87.4%
LONDON BOROUGH OF ME...	610	545	89.3%	591	543	91.9%	630	551	87.5%	614	540	87.9%	580	531	91.6%
LONDON BOROUGH OF RI...	528	475	90.0%	521	483	92.7%	498	430	86.3%	486	428	88.1%	493	432	87.6%
LONDON BOROUGH OF SU...	607	572	94.2%	510	459	90.0%	555	515	92.8%	553	508	91.9%	470	426	90.6%
LONDON BOROUGH OF WA...	1,174	1,058	90.1%	1,065	930	87.3%	1,005	881	87.7%	1,062	943	88.8%	1,061	967	91.1%
ROYAL BOROUGH OF KING...	511	458	89.6%	456	416	91.2%	539	488	90.5%	487	450	92.4%	473	433	91.5%

For the 12 month primary course of immunisations (Q3 2021-22) Merton, has achieved higher coverage than the ICS and London Region, coming close to the England coverage of 92%.

SWL ICS Area 24m Hib/MenC Q3 2021-22 uptake

24m Hib/MenC coverage time series:



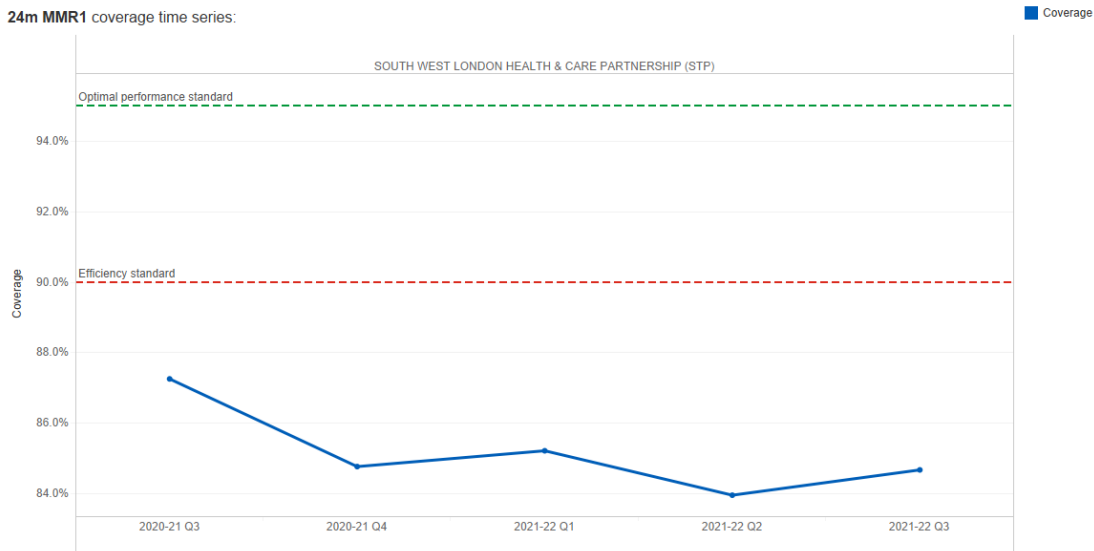
Data table

	2020-21 Q3			2020-21 Q4			2021-22 Q1			2021-22 Q2			2021-22 Q3		
	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage
England	155,694	140,667	90.3%	148,190	132,130	89.2%	153,721	137,092	89.2%	160,838	143,136	89.0%	153,378	136,709	89.1%
Region	32,651	27,130	83.1%	30,493	24,611	80.7%	31,719	25,238	79.6%	32,613	25,923	79.5%	31,758	25,532	80.4%
STP	8,045	7,009	87.1%	7,500	6,336	84.5%	7,660	6,513	85.0%	7,813	6,560	84.0%	7,800	6,600	84.6%
LONDON BOROUGH OF CR...	1,260	1,047	83.1%	1,212	957	79.0%	1,231	995	80.8%	1,294	1,041	80.4%	1,261	1,005	79.7%
LONDON BOROUGH OF ME...	632	545	86.2%	596	508	85.2%	604	510	84.4%	641	527	82.2%	612	504	82.4%
LONDON BOROUGH OF RI...	553	483	87.3%	557	480	86.2%	562	475	84.5%	541	442	81.7%	521	439	84.3%
LONDON BOROUGH OF SU...	582	527	90.5%	568	511	90.0%	609	541	88.8%	570	498	87.4%	605	533	88.1%
LONDON BOROUGH OF WA...	1,172	1,004	85.7%	1,048	888	84.7%	1,062	890	83.8%	1,018	842	82.7%	1,074	901	83.9%
ROYAL BOROUGH OF KING...	558	486	87.1%	541	473	87.4%	545	469	86.1%	542	483	89.1%	511	430	84.1%

The 24 month Hib/MenC (Q3 2021-22) coverage in Merton has the lowest coverage in SWL boroughs and is lower than England, however surpasses the Region.

SWL ICS Area 24m (post 1 year) MMR 1 Uptake Q3 2020-21

24m MMR1 coverage time series:



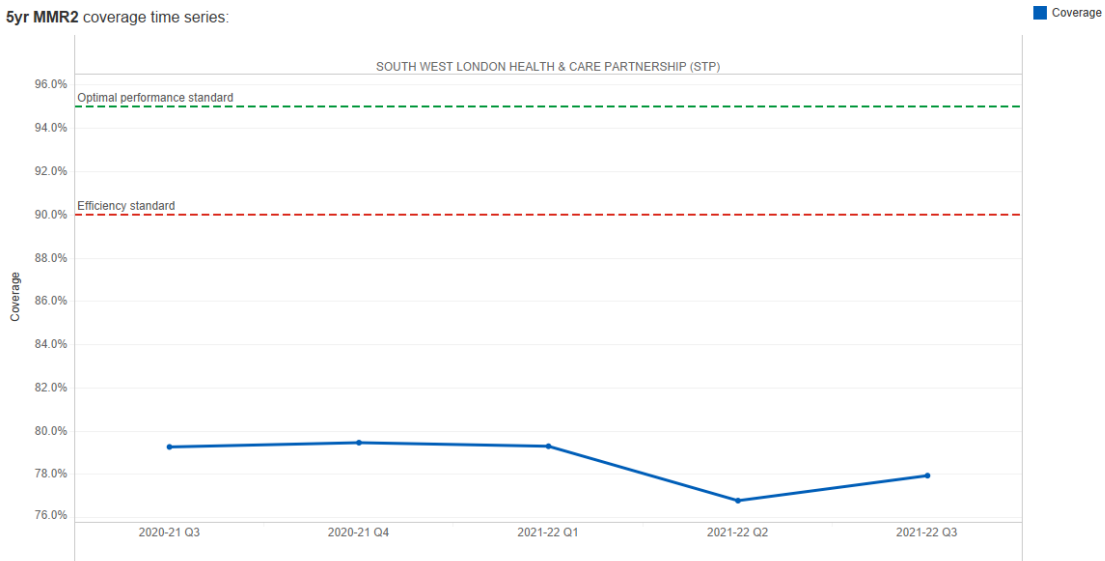
Data table

	2020-21 Q3			2020-21 Q4			2021-22 Q1			2021-22 Q2			2021-22 Q3		
	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage
England	155,694	140,563	90.3%	148,863	132,925	89.3%	153,721	136,816	89.0%	160,838	142,552	88.6%	153,378	136,355	88.9%
Region	32,651	27,100	83.0%	30,493	24,627	80.8%	31,719	25,067	79.0%	32,613	25,522	78.3%	31,758	25,204	79.4%
STP	8,045	7,020	87.3%	7,500	6,358	84.8%	7,660	6,528	85.2%	7,813	6,560	84.0%	7,800	6,605	84.7%
LONDON BOROUGH OF CR...	1,260	1,035	82.1%	1,212	961	79.3%	1,231	989	80.3%	1,294	1,038	80.2%	1,261	1,005	79.7%
LONDON BOROUGH OF ME...	632	545	86.2%	596	506	84.9%	604	511	84.6%	641	532	83.0%	612	500	81.7%
LONDON BOROUGH OF RL...	553	485	87.7%	557	479	86.0%	562	471	83.8%	541	433	80.0%	521	442	84.8%
LONDON BOROUGH OF SU...	582	527	90.5%	568	507	89.3%	609	541	88.8%	570	498	87.4%	605	528	87.3%
LONDON BOROUGH OF WA...	1,172	1,012	86.3%	1,048	897	85.6%	1,062	891	83.9%	1,018	843	82.8%	1,074	899	83.7%
ROYAL BOROUGH OF KING...	558	487	87.3%	541	468	86.5%	545	471	86.4%	542	483	89.1%	511	434	84.9%

MMR 1 (Q3 2021-22) in Merton has the second lowest coverage compared to other SWL boroughs and is lower than England, however surpasses the Region.

SWL ICS Area 5yr (given between 3yr4m and 5yr) MMR 2 Uptake Q3 2020-21

5yr MMR2 coverage time series:



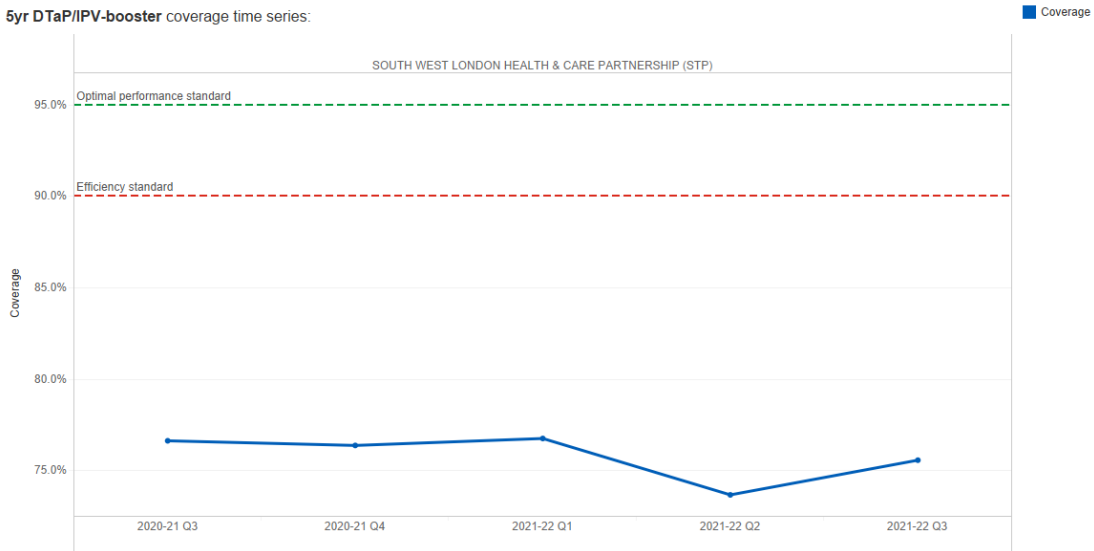
Data table

	2020-21 Q3			2020-21 Q4			2021-22 Q1			2021-22 Q2			2021-22 Q3		
	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage
England	171,664	148,891	86.7%	167,046	144,370	86.4%	171,806	148,246	86.3%	178,424	152,494	85.5%	169,957	145,363	85.5%
Region	35,154	26,450	75.2%	33,093	24,871	75.2%	34,577	25,760	74.5%	35,573	26,099	73.4%	33,962	25,344	74.6%
STP	9,093	7,208	79.3%	8,445	6,711	79.5%	8,962	7,107	79.3%	9,055	6,953	76.8%	8,768	6,834	77.9%
LONDON BOROUGH OF CR..	1,367	958	70.1%	1,266	892	70.5%	1,407	1,006	71.5%	1,410	1,032	73.2%	1,324	963	72.7%
LONDON BOROUGH OF ME..	708	528	74.6%	656	487	74.2%	679	509	75.0%	706	513	72.7%	661	483	73.1%
LONDON BOROUGH OF RL..	715	527	73.7%	687	526	76.6%	731	552	75.5%	692	533	77.0%	686	497	72.4%
LONDON BOROUGH OF SU..	670	551	82.2%	624	514	82.4%	670	562	83.9%	719	580	80.7%	684	524	76.6%
LONDON BOROUGH OF WA..	1,184	931	78.6%	1,073	848	79.0%	1,167	906	77.6%	1,146	893	77.9%	1,101	864	78.5%
ROYAL BOROUGH OF KING..	666	520	78.1%	617	480	77.8%	600	452	75.3%	627	483	77.0%	614	488	79.5%

MMR 2 (Q3 2021-22) in Merton to MMR 1 compared to other boroughs, the region and England. There is a drop off between age 2 and again by age 5 which indicates improvements needed to the system ability to call/recall and track children.

SWL ICS Area Pre School Booster (5yr DTaP/IPV Booster) Uptake Q3 2020-21

5yr DTaP/IPV-booster coverage time series:



Data table

	2020-21 Q3			2020-21 Q4			2021-22 Q1			2021-22 Q2			2021-22 Q3		
	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage
England	171,664	146,591	85.4%	167,046	142,086	85.1%	171,806	145,640	84.8%	178,424	149,959	84.0%	169,957	143,026	84.2%
Region	35,154	25,527	72.6%	33,093	24,054	72.7%	34,577	25,012	72.3%	35,573	25,159	70.7%	33,962	24,588	72.4%
STP	9,093	6,968	76.6%	8,445	6,450	76.4%	8,962	6,879	76.8%	9,055	6,671	73.7%	8,768	6,626	75.6%
LONDON BOROUGH OF CR..	1,367	941	68.8%	1,266	870	68.7%	1,407	983	69.9%	1,410	1,000	70.9%	1,324	953	72.0%
LONDON BOROUGH OF ME..	708	507	71.6%	656	465	70.9%	679	494	72.8%	706	490	69.4%	661	469	71.0%
LONDON BOROUGH OF RL..	715	502	70.2%	687	494	71.9%	731	520	71.1%	692	504	72.8%	686	480	70.0%
LONDON BOROUGH OF SU..	670	544	81.2%	624	500	80.1%	670	549	81.9%	719	573	79.7%	684	514	75.1%
LONDON BOROUGH OF WA..	1,184	810	68.4%	1,073	712	66.4%	1,167	787	67.4%	1,146	756	66.0%	1,101	756	68.7%
ROYAL BOROUGH OF KING..	666	506	76.0%	617	470	76.2%	600	440	73.3%	627	467	74.5%	614	476	77.5%

We see a similar pattern in the pre-school booster to MMR 2 with lower coverage than the region, England and second lowest coverage compared to other SWL boroughs.

Source: UKHSA, 2022

- Where uptake of vaccinations are 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 drop off is clearly seen here, and work is underway across London to improve call/recall systems.
- Provision of vaccinations dropped in 20/21. This is understandable given the changes general practice had to undergo and the government messaging for people to stay at home. This shows the initial and sustained impact that COVID-19 has on the uptake of vaccinations. Uptake rates may change over the course of the next few months, particularly as a survey of all practices by NHSE&I showed that practices have adapted their services over the last year to deliver vaccinations as safely as possible. A number of public campaigns have been run to encourage parents to come forward for vaccinations. The effects of COVID-19 are apparent nationally, impacting all routine vaccinations.

6.2 What are we doing to increase uptake immunisations in Merton?

- Merton has a diverse population and we have seen an increase in patients wanting to follow foreign immunisation schedules. For example, Wide Way Medical Centre have a large Polish population who want to follow the polish schedule. The practice have begun engagement work with the community, including engagement support from their polish staff members. In all practices discussions are always offered with clinicians and there have been webinars and outreach to local groups in the past.
- Many practices work towards the improvement in childhood immunisation uptake differently. Merton has Hub access, providing additional clinics which patients can be booked into, which differs from many other boroughs. Practices can view and book appointments via Find A from their Emis appointment screen, Vision Practices can book appointments by calling the Merton Health Admin Line on 020 3642 9850.
- A national Immunisation Strategy is being scoped. In addition, NHSE/I Immunisation Regional Team are actively working on short, medium- and longer-term Improvement Plans (as part of a London regional Immunisation Strategy that address uptake rates for childhood immunisations (0-5-year olds). NHSE/I facilitated a Vaccine Challenge Day on the 14th June where representatives for all stakeholders across the health system were present. This was the first engagement point of an ongoing collaborative effort to develop the London Regional Immunisation Strategy with actions for regional and local systems. Local systems will be asked to ensure this is reflective of their health population needs.

- NHSE/I facilitate a pan London Immunisation Board and collaboratively work with ICS level Immunisation Boards as part of the overall governance structure for the region for all Section 7a immunisation programmes. These are strategic level boards and all borough level immunisation boards will continue to focus on operational improvement.
- We are moving to a collaborative model to improve immunisation uptake in London. The strategic direction provided by Immunisation Board at ICS level and Partnership working at a local level to improve uptake
- Immunisation boards will consider the following themes:
 - Increased involvement of health visitors, school nurses and others
 - Workforce capacity and education/training
 - Routes to vaccination
 - Better data
- NHSE/I London Immunisation Team have funded 16 full time immunisation coordinators across London – roughly one for every 2 London boroughs. These coordinators work with practices to support the delivery of vaccination programmes including:
 - Establishing or embedding call/recall.
 - Improving data flows.
 - Sharing best practice.
- Practices have raised concerns about new QOF targets being unattainable, however these have been set in line with the WHO 95% uptake target. This is in place to ensure herd immunity is achieved, protecting the population from vaccine preventable diseases. The GP Contract reflects this change.
- A new Text Reminder Service was launched in July 2021 in London – this is run by the CHIS who have 98% of parent phone numbers:
 - Text parents two weeks before primary immunisations are due
 - Text parents a month after primary immunisations are due if not given
- There has been a large amount of engagement work for the COVID-19 vaccines undertaken in the last year by a wide variety of healthcare and community partners. We will continue to build on this for other vaccination programmes. This will involve close collaborative working with partners at local level to work with communities who have lower vaccine uptake.

7 Seasonal 'flu Vaccination

Vaccination Uptake rates

- The [national influenza \(flu\) immunisation programme for 2021/22](#) set high and stretching ambitions, reflecting the importance of protecting those most vulnerable in society against flu during the winter months, and in light of Covid-19 circulating and the anticipated pressure on the NHS and social care
- The London Flu Plan reflected these ambitions however it was noted that the expanded programme presented a huge challenge for the region, alongside delivery of a demanding Covid-19 vaccination programme and circulating Covid-19 infection. As a result, the target for London was to at least exceed 2020/21 regional levels

- Delivery of the Plan was guided by the World Health Organisation’s vaccine uptake framework for understanding barriers and facilitators of vaccine uptake and the three drivers:
 - **Convenience** - how easy it is to access vaccination
 - **Complacency** - awareness of the vaccine, the need for the vaccine or its benefits, or whether the vaccine is relevant to them
 - **Confidence** - relates to trust in the vaccine, healthcare services and policy makers
- Nationally, there was a target of 70% flu vaccine uptake for 2-3-year-olds, and at least 70% for school-aged children from reception age to school year 11
- Table 1 illustrates the uptake in South West London for the 2-3-year-old age cohort compared to the London average for the years 2019/20 to 2021/22
- In 2021/22 all Boroughs in SW London performed better than the regional average of **40.9%** for 2-year olds and **42.3%** for 3-year olds apart from Croydon which was slightly below at **41.7%** for 3-year-old uptake; Merton had the 2nd lowest uptake in SWL for both age cohorts
- In 2020/21 we saw a healthy increase in the uptake for this age cohort from the previous year, with a lower uptake this last season
- National uptake was also much lower this season with an England average of **48.7%** for 2-year-olds and **51.4%** for 3-year-olds; a drop of 7% across both cohorts from the previous season. London had a lower decrease of approximately 5%.

Table 1
Uptake of seasonal flu vaccination for 2-3-year-olds (combined) for South West London and London for Winters 2019/20 – 2021/22

	2019/20			2020/21			2021/22		
	Patients registered	Number vaccinated	Percentage vaccine uptake	Patients registered	Number vaccinated	Percentage vaccine uptake	Patients registered	Number vaccinated	Percentage vaccine uptake
Croydon	9,974	4,116	41.3	10,061	4,440	44.1	9,974	4,116	41.3
Kingston Upon Thames	4,217	2,371	56.2	4,437	2,741	61.8	4,331	2,442	56.4
Merton	4,679	2,236	47.8	4,314	2,380	55.2	4,645	2,235	48.1
Richmond Upon Thames	4,220	2,372	56.2	4,681	2,824	60.3	3,899	2,218	56.9
Sutton	4,844	2,539	52.4	4,745	2,756	58.1	4,764	2,469	51.8
Wandsworth	7,895	4,154	52.6	6,768	3,684	54.4	8,007	4,187	52.3
London	219, 591	91,355	41.6	226,020	105,357	46.6	219,378	91,246	41.6

Data source: UKHSA ImmForm portal, accessed 25/05/2021; provisional monthly data

School-aged children

It should be noted when reviewing previous years' data for this cohort, this cannot be directly comparable because in 2021/22 an additional four school year groups were offered the vaccine.

- In the annual flu letter issued on 22nd April national uptake was at **51.5%** for all children in Reception to Year 11, this is a decrease from **61.7%** in the previous year (extracted from provisional monthly data provided by UKHSA, ImmForm portal)
- National uptake in primary school age (Reception – Year 6) was higher than for secondary school (Year 7 – Year 11) at **57.2%** and **43.3%** respectively
- For SWL the monthly provisional data at end of January 2022 showed an average uptake of **50.6%**; Merton had an average of **51.4%** across all school years that were eligible; the London average was **44.7%**.
- Uptake in the previous year 2020/21 in London was **51.3%**.

Table 2
Uptake of seasonal flu vaccination for school years Reception to Year 11 for South West London and it's Boroughs for Winter 2021/22

Borough	Total no. of eligible children in the LA geography	Total no. of children vaccinated	Percentage uptake
Croydon	53,888	18,122	33.6%
Kingston Upon Thames	26,563	16,236	61.1%
Merton	28,529	14,660	51.4%
Richmond Upon Thames	31,765	21,199	66.7%
Sutton	35,566	19,418	54.6%
Wandsworth	36,603	18,147	49.6%
South West London	212,914	107,782	50.6%
London	1,199,729	536,152	44.7%

Data source: UKHSA ImmForm portal, accessed 25/05/2021; January 2021/22 data; provisional monthly data

What were some of the specific challenges for childhood flu vaccination?

2-3-year-olds - this was the only cohort that did not have offer of COVID-19 vaccination alongside delivery of flu vaccination, however the pressure on practices to deliver COVID-19 vaccination to other cohorts, inadvertently impacted on uptake. The low circulation of influenza, and perceived reduction in risk also contributed to a lower uptake. In addition, there was the ongoing impact of COVID-19 infection throughout the season, causing illness and disruption for families.

School age children – this was affected by COVID-19 vaccination delivery to 12-15-year olds which was announced with little notice for services to mobilise and clashed with the delivery of an expanded flu programme. COVID-19 vaccination delivery was prioritised over the flu programme by stakeholders, schools and by parents. There was also the ongoing pressure of COVID-19 in schools and procedures in place resulted in many pupils being absent on day of delivery of the flu vaccine. There was very late notice of the inclusion of Year 8-11 to the programme, this resulted in funding not being released to providers until nearly the start of the season, so they were unable to recruit extra staff/increase capacity and undertake planning in

a timely way. There were also many non-returned consent forms and difficulty obtaining student lists from schools. Antivax activity due to COVID-19 vaccination affected several schools that refused flu delivery on this basis, where they had previously supported the flu programme. A late call/recall was implemented ten days before the end of the programme.

What solutions/interventions were put in place to try and overcome some of the challenges:

2-3-year-olds - two call/recalls for this cohort were completed by the National team – one in October and one towards the end of the season in January. Communications were sent out widely to try and increase uptake when it was apparent that performance was lower than last year and there were targeted actions by ICS and CCG colleagues to try and boost performance.

School age children – roll out of eConsent by providers to improve consent process; offer of LAIV alternative; catch up clinics with IM alternative offered throughout the programme by providers; leveraging support from the Local Authorities for schools which did not consent to the programme or were worried about the pressures caused by COVID-19.

Recommendations for next season include:

- All practices to complete an effective local call/recall for the 2-3-year-old cohort
- Early call/recall for the school age programme to tie in with awareness at start of the programme, and clear planning by national team as to when, how and what form this will take so providers are aware and can plan around this
- Additional planning around the offer of LAIV alternative and routes it can be offered, making sure that parents are aware of the offer and choice that they have
- Analyse poorest performing practices in each CCG and target them proactively to support them to increase their uptake
- Explore gap in inequalities and uptake seen in this cohort.

There is evidence to suggest that practices who are well prepared and have high uptake in their first couple of weeks continue to have good uptake throughout the season. The focus therefore in learning from previous seasons has been on practices being prepared and undertaking advanced planning, particularly around identifying eligible cohorts, and estimating demand and supply, including considering extra staff capacity for opportunistic vaccinations.

System colleagues have been keen to adopt learning from the Covid-19 vaccination programme and to look for opportunities to ensure ease of access and to reach those who might not readily come forward to access healthcare services. There has been more detailed work undertaken on understanding where this is lower uptake by ethnicity and deprivation with a Health Inequalities group meeting regularly to review the position and discuss best practice initiatives being taken forward by providers and by ICSs.

There is evidence to suggest that flu vaccinations are considered optional or preventative and are not seen as integral to an individual's care pathway or health maintenance. Considering this, we continue to change the narrative around flu vaccinations for all eligible cohorts.

NHSEI has worked with London CCGs to monitor uptake throughout the past season, with key ICS Leads coming together at the London Flu Delivery Group on a weekly basis to discuss initiatives and interventions. The NHSEI Communications Team worked with local and national charities to spread messages, as well as utilising digital media to promote flu vaccination, sending tweets and Instagram messages throughout the flu season.

The regional flu immunisation plan is currently being drafted and System colleagues are working with Borough leads and key partners to ensure that local plans are being formulated to ensure effective planning and preparedness ahead of next flu season.

Contacts

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Committee: Children and Young People Scrutiny Panel

Date: 22 June 2022

Wards: All

Subject: Departmental Update

Lead officer: Jane McSherry, Director of Children, Schools and Families

Lead member(s): Cllr Brenda Fraser, Cabinet Member Children's Services, and Cllr Sally Kenny, Cabinet Member Education and Lifelong Learning

Contact officer: Farah Ikram - Interim Head of Performance, Improvement and Partnerships

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 affecting the Children, Schools and Families Department, and not covered elsewhere on the agenda. It focuses on those aspects of particular relevance to the department.

2 CHILDREN, SCHOOLS & FAMILIES

2.1 It has been a busy few months for the department, with a number of positive outcomes and achievements, starting with the recent Ofsted inspection of the Council's Children's Services, which was judged as outstanding.

2.2 The Inspection of Local Authority Children's Services (ILACS) framework, published in 2017 and updated in 2021, focuses on:

- the effectiveness of LA services and arrangements to help and protect children;
- the experiences and progress of children in care wherever they live, including those children who return home;
- the arrangements for permanence for children who are looked after, including adoption and the experiences and progress of care leavers.

2.3 In addition, the framework evaluates the effectiveness of leaders and managers; the impact they have on the lives of children and young people, and the quality of professional practice.

2.4 The judgements for the three areas are as follows:

- 1) The impact of leaders on social work practice with children and families
Outstanding;
- 2) The experiences and progress of children who need help and protection -
Good;
- 3) The experiences and progress of children in care and care leavers –
Outstanding;
- 4) Overall effectiveness - Outstanding.

2.5 The inspection highlighted the timeliness of support and response at the front door, our Children & Families Hub, and our partnership approach, which was assessed to be strong and respectful. Inspectors commented that they saw evidence of creative, thoughtful and innovative direct work by practitioners delivering child-centred interventions - evidencing a positive impact on children. They also commented on the exceptional nature of support and care for our care experienced children and those with complex needs. This included the work across the corporate parenting service and the close work of our Virtual School, and colleagues across education services.

2.6 This is an incredibly proud moment for the Children, Schools and Families Directorate and the Council as a whole, with acknowledgement from Ofsted of the continuation of good work and progress since the previous inspection in 2017, and in light of the challenges arising from the pandemic.

2.7 Inspectors identified two areas for improvement:

1. The quality of work with some children by out-of-hours staff when children need to come into care;
2. A flexible needs-led housing offer when young people leave care.

2.8 We are working with a neighbouring Local Authority that hosts the out of hours service to identify the improvements required. The second improvement area forms part of a detailed piece of work being undertaken for our care experienced young people, as we explore a wider council offer and work closely with colleagues in the housing department.

2.9 The OFSTED report is attached as **appendix one**.

3 EDUCATION

Summary of recent developments in national policy

3.1 Government White Paper ‘*Opportunity for all Strong schools with great teachers for your child*’

The White Paper sets out proposed reforms to the education system, focussed on providing an excellent teacher for every child, delivering high standards of curriculum, behaviour and attendance, targeted support for every child that needs it and a stronger and fairer school system.

3.2 In addition, the White Paper aims to deliver a fully trust-led system by 2030, with a single, regulatory approach to harness the expertise already in the system and establish new trusts, including trusts established by local authorities.

3.3 Ofsted will continue to assure the quality of schools and strong trusts will be solely accountable for school improvement. The Schools’ Bill was published on 12th May 2022, and follows the plans set out in the Schools White Paper.

3.4 The Council will consider how the proposals contained within the White Paper and the Schools’ Bill need to be addressed in Merton and work in partnership with local schools and academies to ensure that the education offer remains as strong as possible for all Merton pupils.

3.5 Government Green Paper ‘*SEND Review: Right support, right place, right time*’

This Green Paper is a consultation on the special educational needs and disabilities (SEND) and alternative provision system in England. The consultation sets out proposed reforms to the SEND and alternative provision (AP) system and is part of the Government’s *Levelling Up* mission.

3.6 The review describes a “*vicious cycle of late intervention, low confidence and inefficient resource allocation.*” As a result, Educational Health and Care Plans (EHCPs) and, in some cases, specialist provision, are often seen as the only means of guaranteeing the right and appropriate support. Financial resource and workforce capacity is pulled to the specialist end of the system.

3.7 The Government’s ambition is to turn this vicious cycle into a virtuous one in which the vast majority of children and young people should be able to access the support they need to thrive in their local mainstream setting without the need for an EHCP or a placement in special or alternative provision (AP).

3.8 The consultation makes proposals to address three key challenges:

- poor outcomes for children and young people with SEN or in alternative provision;
- navigating the SEND system and alternative provision is not a positive experience for children, young people, and their families; and
- despite unprecedented investment, the system is not delivering value for money for children, young people and families.

3.9 The proposals include an additional £1 billion in 2022 – 2023 to support those with the most complex needs and an investment of £2.6 billion (over three years) to deliver new places and improve existing provision for children and young people with SEND.

3.10 The consultation proposes that system roles and accountability are clarified and includes: new funding agreements between local government and the DfE; a new inclusion dashboard for 0 – 25; and an updated Local Area SEND Inspection Framework. Funding reform will be delivered through the introduction of a new national framework of banding and price tariffs for funding.

3.11 The Council is preparing a response to the consultation, which ends in July.

Summary of recent developments in Merton

Supporting Schools - *School Admissions*

3.12 This academic year, and particularly since January, we have seen a significant increase in in-year admissions applications for our schools, and it is now significantly above pre-Covid pandemic levels. From 1st September 2021- 31st May 2022, 1532 applications were received. This included 786 children from abroad, of which 101 were from Ukraine, 104 from Hong Kong and 8 from Afghanistan. 95% of children from Ukraine were placed in our schools within 15 school days of arrival.

Supporting Schools - *School Attendance*

3.13 The DfE has published new guidelines to support School Attendance. These guidelines clarify the roles of parents, schools, agencies and the local authority.

3.14 Both nationally and locally, school attendance dropped significantly during the pandemic and there is a larger number of children for whom regular school attendance is difficult. The guidance notes the link between poor attendance and academic under-achievement, as well as wider safeguarding risks.

3.15 There are a number of new initiatives in the new guidance that the local authority will need to address, including:

- The Local Authority will need to set up a school attendance team, to provide advice and support to all schools locally.
- The guidance applies to all types of schools (including academies and independent schools) and expects that the Local Authority will have termly meeting with all schools to review their attendance cases and processes.
- The DfE has developed a new category of Severe Absence (below 50%), where it expects a family plan to be in place and potentially social care involvement.

3.16 We are undertaking an audit and have developed an action plan to assess our current position and alignment to this model and what more needs to be done. Currently, there are no plans by central government to provide additional resource to support the implementation of the guidance. The new model is expected to be in place by Autumn 2023.

3.17 Merton's school attendance pre-pandemic was above the England and London averages. During the pandemic we have been consistently 1% above national averages. However, these averages have been significantly below pre-pandemic levels. The Local Authorities Children Missing Education (CME) processes, which are part of this guidance were inspected in the recent Ofsted inspection and were assessed as robust.

Supporting Schools - *School Inspections*

3.18 Since the last panel meeting in March, there have been three further inspections by Ofsted: Pelham Primary School, Rutlish School and West Wimbledon Primary School. Pelham retained its *Good* judgement: the reports for Rutlish and West Wimbledon are yet to be published. In addition, the reports following inspection have been published for William Morris Primary, which also retained its *Good* judgement, and St Mary's Catholic Primary which was judged to be *Good*.

Supporting Schools – *Disproportionality*

3.19 The Black Lives Matter and Equalities Forum has continued to meet, and to steer the work of schools within the scope of the Merton schools' 'Strategy to address racism and racial inequality (2021/22)'.

3.20 This area is a priority for the work of Children Schools and Families and officers are keen to work with all partners to continue to develop this work.

3.21 We have a Teaching and Learning Adviser for Equalities, who will support the Council in achieving its targets for improving the educational outcomes for underachieving groups of pupils, particularly disadvantaged pupils, those with English as an Additional Language; Black, Asian, and Minority Ethnic groups and new arrivals to the UK.

3.22 Attain (the Merton schools and local authority partnership), which represents schools in Merton, has also identified the importance of addressing racial equality for our young people. The Partnership has made it a priority for their work and is directing funding towards activities that support this work.

3.23 Examples of recent work include:

- Equalities and Diversity Network for school staff, and EAL network for school staff each term.
- Work with identified schools to raise achievement of pupil groups through providing management advice, coaching, training, and feedback.
- A conference for Merton secondary phase pupils, hearing Pupil Voice and working with secondary school communities.
- Equaliteach sessions for school leaders and governors.
- Black Curriculum workshops for teachers with a focus on leadership; establishing a racially literate culture and community; decolonising the curriculum, and pedagogy; embedding black history and intersectional empathy and inclusion.
- The Black Curriculum Ambassadors Programme.
- Recruitment Workshops - (Professor Paul Miller).

- Integrity Coaching - Race, Identity and Leadership Programme (Attain funded).
- Links with 'Merton Race Equality Network' (REN), members through ongoing communication and the mutual sharing of information useful to school staff.

3.24 The second annual Merton Race Equality in Education conference will be taking place on the 1st July 2022, and we would very much welcome councillors' attendance.

Support for children in early years

3.25 As has been seen nationally, Merton has seen a recent increase in the needs of young children- partly due to the impact of the pandemic, as well as restricted access to a range of face-to-face services. This has resulted in a greater proportion of children who are not within their expected developmental range and require additional support with, for example, speech and language and social communication. This is despite the Government prioritising the attendance of children in Nursery and at Reception during lockdowns at school and in private, voluntary and independent (PVI) settings.

3.26 In accordance with government guidance, we returned to a full delivery model in our Children's Centres in the autumn term of 2021. Our services include:

- Early Learning Together programmes for parents with their children;
- Evidence based parenting programmes;
- Targeted services for families with children with SEND;
- Family Information Service Hubs (FISH) providing advice and signposting parents to a range of services; and
- Outreach to families eligible for 2-year-old funding.

3.27 These services are well delivered and there is good take up. Feedback from parents has been positive.

3.28 The take-up of the funded entitlement of 2,3 and 4-year-old places (the attendance of pre-school children at a Private, Voluntary and Independent (PVI), childminder or nursery class), has not yet fully returned to pre-pandemic levels. However, available benchmarking data for two-year-old places shows that Merton is ranked in the top three out of 11 statistical neighbours, with 64% of eligible two-year-olds taking up funded places.

3.29 Actions and next steps to address the levels of need among our children and families are summarised as follows:

- To continue to assertively target and promote the offer of 2-year-old places to families to maximise take up;
- To work with our PVIs and schools to promote the importance of 3- and 4-year-old children's attendance at a setting;

- To offer an increased number of open access garden sessions in our Children’s Centres, which are located in our most deprived areas;
- To continue to deliver our face to face and remote professional development for staff in nurseries and PVI’s, strengthening our partnership with them and their confidence and skills to meet the needs of all children;
- To reshape our Children’s Centre offer in light of the national Family Hub framework, working within our communities and with our partners to further strengthen and broaden our family offer;
- To review our data analysis to ascertain how it can best inform the development of service design and delivery, and the targeting of services for the LA and our partners.

Supporting vulnerable Children and with Special Educational Needs and/or Disabilities

3.30 In the calendar year to date we have received 133 requests for an Education Health and Care Needs Assessment (EHCNA). The Council has agreed to undertake 97 EHCNA’s and agreed to issue 57 EHCPs.

3.31 The year-to-date timeliness (20 weeks for EHCNA) continues to improve - in total, the proportion of EHCPs excluding exception cases being issued within 20 weeks, is currently 81% (which is above the latest published national average of 59.9%).

Safety Valve

3.32 Merton is part of a ‘Safety Valve’ process which is a DfE Dedicated Schools Grant (DSG) high deficit intervention. The DSG is the money the council receives to pass on to schools, and to meet the needs of those with special educational needs and disabilities, including through the High Needs Block (HNB) within the DSG. The Merton DSG has been running at a deficit for several years and had a cumulative deficit of circa £37m as at March 2022. Total DSG for 2021/22 was £185m and HNB £38m.

3.33 Seventeen such Safety Valve interventions have been agreed so far, and a further 84 local authorities are in a lower tier, ‘Better Value’ process. The Safety Valve process requires local authorities to work with partners to produce a plan to re-balance the local SEND system and, thereby, re-balance the DSG. In recognition of the scale of the challenge, an agreement comes with funding from the DfE to address the deficit.

3.34 Discussions with DfE were conducted over several months culminating in the final submission in December 2021, and the agreement was completed between the DfE and the council in March 2022. Work on the plan to address the deficit built on work which started some years ago, when the deficit situation was first identified, and commenced before final agreement was reached as it was recognised that the steps set out were necessary with or without DfE support.

3.35 Merton's Safety Valve Agreement commits Merton to reducing the forecast cumulative DSG deficit from £37.5m (2021/22) to £28m by the end of 2026/27. In return the DfE will provide deficit funding of £28m paid in instalments. The first instalment of £11.6m was paid in March 2022. Further instalments of £3.5m will be paid for each of the subsequent years subject to satisfactory performance against nine conditions with a final instalment of £3.2m in 2026/27.

3.36 The nine conditions against which performance will be measured are:

- Support Mainstream Schools to adopt inclusive practice to enable more children and young people to remain in mainstream settings where appropriate. Develop a graduated response which sets clear guidance on support that should be available in mainstream settings.
- Strengthen the SEN Support offer available in mainstream schools to reduce escalation of children and young people's needs and manage demands for EHCP's. This should include targeted investment on early intervention.
- Strengthen the professional networks across mainstream settings to promote learning and confidence in meeting children and young people's needs, including articulating school level inclusion standards.
- Develop Merton's sufficiency strategy to ensure that current specialist provision is being used most effectively, including working closely with school leaders to optimise availability of provision. Expand specialist provision within the LA appropriately in order to meet the needs of children and young people within the authority.
- Secure collaboration and financial commitment from partner agencies where appropriate, in particular ensuring health partners make adequate contributions to provision.
- Develop and implement a clear planning and decision-making process for placements, in line with the sufficiency strategy.
- Strengthen oversight and contracting with independent and non-maintained schools to ensure value for money, including reviewing expensive placements.
- Strengthen the EHCP annual review process in order that EHCPs can be stepped down where children and young people's needs have been met appropriately.
- Review and develop a clear SEND financial strategy that ensures case level decision making is strategic and appropriate.

3.37 Action taken as part of the Safety Valve intervention has included the recruitment of additional staff to increase capacity:

- Seven additional Education Health and Care Co-ordinators have been successfully recruited, and they will commence their roles soon. The focus of the additional staff will be to continue to improve the quality of EHCPs, their

timeliness, and the appropriate amending of plans following an annual review.

- Other roles are also being recruited to, including permanent commissioners; SEND advisers to provide further support to schools and a lead for our Additionally Resourced Provisions - with a specialism in Autistic Spectrum Condition.

3.38 We are only two months into the five-year plan, but good progress has been made.

3.39 The work being undertaken as part of the Safety Valve intervention places the Council in a strong position to implement the proposals of the SEND Green Paper.

Additional SEND provision

3.40 As a key part of the Safety Valve strategy, additional SEND places are being progressed for this September at Melrose School (Whatley Avenue), and through Additional Resourced Provision at Cranmer, Hatfeild and West Wimbledon Primary Schools. This is in addition to the additional Medical Needs provision at Lavender London Road.

3.41 In the case of Hatfeild and West Wimbledon it is expansion of existing provision, and in the case of Cranmer, it is new provision for children with Communication Needs including Autism. For Cranmer a statutory proposal was published on 12 May 2022 and expired on 9 June 2022, enabling the Director of Children, Schools and Families to make the key decision.

3.42 In late March, the council submitted a bid for additional capital funding for further SEND expansion. At the time of writing, we are still awaiting the outcome.

4. CHILDREN'S SOCIAL CARE

Summary of recent developments in national policy

4.1 In March 2021, the Government commissioned Josh MacAlister, founder of national charity Frontline - to lead an **independent review** into the children's social care system.

4.2 The final report of the review - published on May 22nd makes a number of recommendations, including an increased focus on family help; more support to keep children with their families wherever possible; and making sure children in care and care leavers are well supported with loving homes and lifelong relationships. The review also recognises that councils are best placed to deliver services for local families.

4.3 In response to the report's recommendations the Government will be prioritising initial measures around the three key areas identified and plans to publish an implementation strategy on children's social care in autumn 2022. The Department's leadership team will continue to engage with the DfE, regional

government representatives and local partners to ascertain the implications of the review and opportunities to help further strengthen its social care offer.

Independent review into the deaths of Arthur Labinjo-Hughes and Star Hobson

4.4 On 26th May 2022, the government published an **independent review** carried out by the National Child Safeguarding Practice Review panel, into the murders of Arthur Labinjo-Hughes, 6, and Star Hobson, 16-months.

4.5 The review identified learning in relation to the cases around the quality of investigations carried out by Police and Social Workers when concerns were raised by wider family members about physical abuse.

4.6 The review has made recommendations principally around improving structures to enable better multi-agency working with police, health and social work to investigate allegations of serious harm to children.

4.7 The department will be reviewing the findings and outcomes of the review in liaison with partners to further reflect upon current practices and processes.

Summary of recent developments in Merton

Practice Week 9th – 13th May

4.8 Celebration of Practice Week is an event held twice a year to celebrate the work of individuals and teams across Children, Schools and Families. The week comprises a suite of training and workshop events, dedicated speakers and stories from staff, parents, carers and young people. It gives an opportunity for everyone to hear of what is happening and to support in the celebration of our work. It also enables open, reflective and further learning opportunities to help continue our improvement journey. The weeks leading up to and following Practice Week enable senior leaders to attend and observe various areas of practice across the department, and feed back to staff and managers. A whole departmental management collaborative audit cycle is held to ensure quality assurance activity.

4.9 Our most recent celebration week focused on the theme of 'The Journey of the Foster Carer'. Numerous events and presentations took place across the week, which brought together, staff, practitioners, key partners and stakeholders and provided them with the opportunity to hear directly from foster carers, young people and adoptive parents. We heard many inspiring stories from our social work services, family wellbeing service, legal department, SEND, virtual school, educational psychology and in-house CAMHS. The next Practice Week is scheduled to take place in November.

Social Workers within School (SWIS) programme

4.10 In 2020, the council secured funding to deliver the Social Workers in Schools (SWIS) – a two-year pilot programme, which sees social workers placed directly in six secondary schools across the borough, with the aim of working in partnership with schools, young people and families in order to seek better outcomes.

4.11 On 13th May, Secretary of State for Education, Nadhim Zahawi paid a visit to the Morden Harris Academy- one of the schools participating in the programme to hear first- hand about the outcomes and impact of the programme. The Minister met with social care and school staff, as well as students from schools across the borough, with representatives from Rutlish, Ursuline and Melrose, as well as the three Harris Academy schools in Merton, Morden and Wimbledon providing further insight to how the programme had helped improve overall attendance and outcomes for children and families.

4.12 The Government has announced further continued funding for the SWIS programme in 2022/23; the details of this are being reviewed and will be progressed accordingly.

Foster Carers

4.13 Becoming a Foster Carer is a life changing decision. It changes the lives of foster children and their foster families. Nationally, 13% of foster carers leave the profession each year and the number of children and young people needing foster placements is increasing. There is a national shortage of foster carers and every twenty minutes a child comes into care.

4.14 Merton's strong fostering community remains one of Merton's strengths. To further enhance this, we have invested in the 'Mockingbird Project,' an evidence-based programme that organises foster carers into cluster groups to create strong support links between those carers through creating an extended family community with 6-10 other foster households.

4.15 We launched our first Constellation (a group of 6-10 fostering households supported by a Hub Home Carer who acts as a facilitator and support) in June 2021. This 'village' of carers provide children the experience of growing up in a community with that community providing carers the support they need to care for the children.

4.16 The Mockingbird model will improve stability for our children, reduce the need for children to move away from Merton and strive to keep brothers and sisters closer together. It is our aim to expand the model with more constellations building on learning from this first one.

4.17 In Merton our Fostering Recruitment Team works hard to meet the demands of a challenging market. A revised communication plan (April 2022 to March 2023) has been developed to ensure a considered approach to advertising and attracting residents within our community and surrounding areas to join our fostering family. Together with innovative approaches such as the Mockingbird Programme, we continue to work to improve our foster carer numbers to ensure our children get the best opportunities to be cared for within and close to the Borough.

4.18 Merton places a large proportion of children with in-house foster carers. In the last quarter (Jan-March 2022), 67% of our children were placed with in-house carers This is an increase from Q1. In the 2022 inspection, Ofsted recognised the work undertaken to continue to recruit and retain our carers.

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Inspection of Merton local authority children's services

Inspection dates: 28 February to 4 March 2022

Lead inspector: Brenda McLaughlin, Her Majesty's Inspector

Judgement	Grade
The impact of leaders on social work practice with children and families	Outstanding
The experiences and progress of children who need help and protection	Good
The experiences and progress of children in care and care leavers	Outstanding
Overall effectiveness	Outstanding

Children in the London Borough of Merton benefit from good and outstanding services. Highly aspirational and committed senior managers and political leaders place children and their families at the centre of their decision-making. Leaders have strengthened and built on the impressive work of the previous inspection in 2017. There is evidence of continuous thoughtful and creative innovative work that has enhanced the quality of social work practice across all teams. A critical aspect of mitigating the impact of the COVID-19 pandemic has been that of effective proactive action, working together with key partners to keep children safe and to support all staff in their work with children and families.

Strong and respectful safeguarding partnerships act to protect children from harm. Excellent services are delivered by skilled, experienced social workers and other frontline practitioners to provide sensitive and innovative child-centred interventions. These are making a positive difference to enrich the daily lived experiences of children, while making them safer.

Children in care and young people leaving care, including those with complex needs, are provided with exceptional care and support. Decisive action is taken to protect them from harm when required. Dedicated, experienced staff and carers are highly

ambitious for children and work very well together to ensure that children remain safe and achieve in life.

What needs to improve?

- The quality of work with some children by out-of-hours staff when children need to come into care.
- A flexible needs-led housing offer when young people leave care.

The experiences and progress of children who need help and protection: good

1. Children and their families benefit from responsive well-coordinated universal and targeted early help services, helping to reduce harm. A recently updated coherent multi-agency strategy underpins the delivery of these services. This supports a system-wide relationship-based professional practice approach that is aligned to the social work model. Skilled and specifically trained early help practitioners use a variety of tools to build relationships with children and help them to express their wishes and concerns.
2. Good-quality assessments are overseen by experienced early help managers and a 'team around the family' approach ensures that most children and their families can quickly access the appropriate level of help. This is making a real difference to their day-to-day lives, as it prevents risks escalating. Actions by managers to improve performance monitoring, as well as audit programmes, are positive developments across early help teams. Professionals welcome the support given to improve the mental health and well-being of children, such as the provision of free counselling for children and young people in schools.
3. When children's needs increase, or concerns for their safety and well-being escalate, timely and decisive action is taken to secure access to statutory services. Effective systems to triage referrals ensure that thresholds between early help and Merton's integrated children and families hub are well understood. The co-location with children's social workers of many other professionals, for example the contextual safeguarding specialist, the early help coordinators and police and health colleagues, enables highly effective collaboration and timely information-sharing, leading to appropriate and timely interventions. School leaders reported to inspectors that they feel exceptionally well supported by the local authority children's hub when seeking strategies to safeguard their learners.
4. A daily multi-agency morning meeting held in the hub shares information speedily about children at risk of harm. Management directions are clearly recorded; risks and strengths are appropriately identified, carefully analysed and consistently informed by relevant previous history. Work transfers quickly to the assessment and intervention teams, depending on the level of risk and need. Consent to share information is well established. Rigorous management oversight of this work ensures that children's experiences are central to timely decisions about the steps needed to help and protect them from harm.

5. Child protection strategy meetings include key agencies involved with the child and are used constructively to share information. Such meetings are well recorded and management decisions are clear about next steps required.
6. Assessments using Merton's strengths-based social work model identify the impact of parental mental illness, domestic abuse, substance misuse and the neglect of children. Thoughtful and sensitive work with children during the assessment is supporting them to cope with and navigate entrenched parental difficulties. Trauma-informed therapeutic practice that assists professional thinking and approaches through systemic reflection and evaluation is augmented effectively by good-quality management direction and specialist consultants. Exceptional examples were seen of social workers sensitively using bespoke direct work tools to evaluate the impact of parental vulnerabilities, while keeping a clear focus on children's need to remain safe. Social workers act to routinely involve fathers in assessments and plans. Care is taken to understand parental and family histories, cultural heritage and each child's unique and diverse needs.
7. Although now reducing, a substantial increase in the numbers of children on child protection plans during the pandemic created additional pressures on staff, but this has been managed well. Action by senior leaders to increase capacity ensures that children are seen at home and in school. Most children's plans are reviewed regularly and reflect children's updated needs and changes in their circumstances. However, for a very small number of children, progress has been too slow and they have remained at home too long. Some enter care in an emergency, often out of hours, and are not taken to foster carers by social care staff.
8. Visits to children are purposeful and workers take the time to get to know children well. Sophisticated bespoke direct work tools, developed by practitioners, are helping children with complex needs, including vulnerable adolescents, to manage their behaviours and express their views. Exemplary examples of effective direct work with children are reducing risk. Children's voices are listened to, acted upon and used to inform plans and planning. However, an increase in staff turnover means that a small number of families experience too many changes of social workers, leading to some inconsistency and delay in progressing work.
9. Child protection conferences are mostly timely. Multi-agency core groups are held regularly and are used effectively to review and update child protection plans. They explore risks through regular information-sharing, clear write-ups on progress to plans and setting further objectives to help keep children safe. However, the quality of child in need and child protection plans is not consistently good. A minority of these plans lack clarity about risks, desired outcomes or timescales.
10. Edge-of-care services have recently been reconfigured and strengthened. They include effective family group conferences that help children remain safely with their parents or to access help and support from family and other professionals. The team has evolved as part of an organisational restructure to include

purposeful crisis intervention family network meetings. Both of these approaches are empowering families and helping to safely divert children from care. Letters before proceedings to parents set out what needs to change in plain language, helping them to realise the gravity of the situation and what is required to prevent their children entering care. Leaders recognise that more work is needed to strengthen senior management oversight of this work.

11. Work with vulnerable adolescents and those at risk of exploitation is helping to keep them safer. Emerging risks to young people are identified early using screening tools. Effective multi-agency arrangements ensure that there is swift identification of children at risk. Evidence of individualised skilful direct work is helping children understand risks posed to them, helping them develop strategies to exit harmful situations. Established professional partnerships and good management support strengthen the response to risk across communities and are helping practitioners engage young people in danger of extra-familial sexual and criminal exploitation. While contextual risks remain very real for young people, there is evidence of professionals persistently making an impact with their work.
12. Disabled children receive good support from their social workers. Social workers work inclusively with children, all family members and carers to identify the right level of support and service to meet complex health and disability needs.
13. The number of children electively home educated in Merton has increased. Active oversight of the quality and suitability of children's home education provision, as well as the impact this is having on their educational progress, rapidly identifies children into suitable education provision. Leaders have used information about this cohort of children to further develop highly specialised education provision.
14. Partnership working between professionals in multidisciplinary teams is successful in supporting children who are missing from education.
15. Management oversight of frontline practice is strong and this supports robust practice in most teams. Leaders are working to ensure that the quality and frequency of supervision are consistent across all services.

The experiences and progress of children in care and care leavers: outstanding

16. Children in care and young people leaving care in Merton receive outstanding care and support. Teams of highly committed, ambitious and determined professionals work extremely well together to help children to remain safe and achieve in life. The local authority is dedicated to pursuing timely permanence for all children if they cannot live safely with their birth families.
17. Children in care are supported by workers who know them well. Significant effort is made to engage with all children, including those with additional needs. Case recording is clear and up to date, and the voice of the child is consistently evidenced. Highly skilled, well-trained practitioners use a wide range of tools in

their direct work with children. They understand their histories and identities. They visit them regularly, understand their needs and build relationships of trust.

18. Professionals work quickly to assess risk and plan next steps when children become looked after in unplanned or emergency situations. Adroit planning ensures timely support for newly arrived unaccompanied asylum-seeking children. Professionals are mindful of the impact of trauma and act quickly to support children's emotional well-being.
19. Access to tailored mental health support from the co-located child and adolescent mental health services (CAMHS) and by skilled social workers, alongside effective support for carers, is building children's resilience and preventing placement breakdown. Specialist placements are carefully selected for disabled children that can support their emotional, educational and therapeutic needs. Planning for transitions begins early and appropriately involves adult services.
20. Effective work by the independent reviewing officers brings additional independent rigour. They complete visits and monitor progress between reviews so that children's plans progress without delay. Care plans and reviews are sensitively written and reflect children's views and those of their parents and carers. These records help children understand their histories and why they are looked after. Children's participation and inclusion are prioritised and access to advocacy or mentoring are real strengths in Merton.
21. A vibrant Young Inspectors team and an active Children in Care Council ensure that children's views influence decisions by elected members and senior officers. Corporate parenting is a priority across the council. When young people do not feel happy about services, they are actively supported to access advocacy services to challenge decision-making.
22. Children in care who go missing are consistently offered independent return home interviews. These interviews inform strategy meetings and a regular 'missing panel', helping professionals plan interventions to reduce risk. Multi-agency safety plans help to safeguard children in care who are at risk of exploitation.
23. The work of the virtual school team is excellent. Strong strategic leadership and management oversight by the virtual school headteacher mean that outcomes for children looked after are consistently good. Innovative approaches that enable children to reach their full potential start from a very young age, and continue throughout their school time and beyond. Virtual schoolteachers know children well, tracking their progress and swiftly intervening when necessary. As a result, outcomes for most children improve when they enter care. Attendance at school or college for children in care is high. Support for children placed outside the local authority area is as strong as it is for those within the borough. Staff work very closely with designated teachers and school leaders. Pupil premium funding supports individual tuition where children are not making expected progress. Personal education plans are highly effective, and targets are precise and helpful for children.

24. Permanence planning and stability for children in care are effective. Parallel planning for those children unable to live safely with their parents is progressed speedily. Foster carers, adopters and practitioners work together to ensure that children will understand their journeys through care. Life-story work is a high priority for all children, with practice strengthened through recent training.
25. Permanent foster placements are carefully selected, ratified and celebrated. This helps children to feel secure in their long-term homes. The local authority is working proactively with external organisations to continue to improve the sufficiency of foster homes available, particularly for adolescents.
26. Most children in care and care leavers live in safe, stable, good-quality homes that meet their needs. Where it is appropriate, they live with their brothers and sisters, extended family or carers, who provide them with emotional warmth and stability. Good use is made of family group conferences and special guardians, enabling all children to live with family members where it is assessed as suitable and safe for them to do so.
27. Family finding through regional adoption agency arrangements supports timely placements for children. Child permanence reports have a real depth of information, including genograms and health information. Prospective adopter reports are comprehensive, helping ensure the right match for children. Adopters reported that they are positive about the adoption process. They feel well supported pre- and post-adoption and know how to access support.
28. The decision to increase the number of personal advisers (PAs) is a positive development. Enthusiastic, dedicated staff stay in touch with most care leavers and support them to live in safe and suitable accommodation.
29. Care leavers, including those with complex disabilities and mental health issues, receive very good targeted support to meet their accommodation, health and care requirements. Transition planning to adult services is highly effective, supported by collaborative partnership working. Leaders are increasing personal adviser provision for disabled care leavers. Managers and PAs work tenaciously and diligently to advocate on behalf of care leavers to ensure that they receive the best support to move safely towards independence.
30. Pathway plans are comprehensive, address young people's needs and are reviewed regularly, in line with statutory requirements. Placement decisions are person-centred. 'Staying put' arrangements are used particularly well for care leavers. The local offer for care leavers has been updated since the previous inspection. It is explained well in a format that is co-produced with care leavers.
31. Most care leavers remain in education, employment or training. Leaders provide strong support for university progression. They are strengthening support for alternative pathways, with work experience placements for unaccompanied asylum seekers who cannot access paid work, and more care leavers entering apprenticeships.
32. Committed PAs are persistent in their efforts to engage and support care leavers to achieve their goals. They maintain close contact through regular visits, including when young people are in custody or out of area. When it is in

young people's interests, their PAs remain involved beyond 25 years to ensure a positive transition to independent living. They encourage young people to be healthy and attend regular health checks. These are recorded in health histories for young people to ensure that they have a record when they leave care. This is an improvement since the previous inspection.

33. Staff use 'Passport to my life' booklets to support young people's housing applications and ensure that they are ready for the responsibility of their own tenancies. However, one issue raised with inspectors by care leavers is the requirement that they accept their first housing offer or risk losing their priority status. This is being addressed corporately.

The impact of leaders on social work practice with children and families: outstanding

34. Leaders have strengthened and built on the impressive work at the time of the previous inspection. As a result, children and their families continue to benefit from highly aspirational, committed senior managers and political leaders who place them firmly at the centre of their decision-making and who have a collective determination to provide high-quality services. This unrelenting focus has ensured that progress has been sustained and services continually improved, despite the unprecedented challenges of COVID-19. Leaders listen to their staff and 'think family'. For example, when staff said that they found the practice model too restrictive, they successfully adapted and expanded it to include more systemic, relationship-based approaches, successfully engaging parents and young people.
35. A critical aspect of mitigating the impact of the pandemic has been that of effective, proactive action, working together with key partners to keep children safe. Partnership working is strong, both at strategic and operational levels. These mature, well-established professional relationships enable committed leaders to set high expectations and standards of themselves and each other. Strong governance arrangements led by the chief executive are firmly in place, augmented by a culture of professional accountability, respectful challenge and mutual support across the partnership. Consequently, almost every child in Merton has access to good or outstanding support.
36. The director of children's services, who was previously the assistant director for early help and education, brings a wealth of experience and continuity to the role. She has taken a measured and sensitive approach to continuous development since her promotion to the role in April 2021 and models a reflective, collaborative listening style which conveys confidence. Consequently, respectful work with safeguarding partners serves to protect children from harm. For example, designated safeguarding leads (DSL) and school leaders welcome the exceptionally strong support they receive from children's social care. DSLs feel particularly well supported by having access to supervision and advice about vulnerable children.
37. There is consistent and commendable evidence, since the previous inspection and during the pandemic, of continuous thoughtful and innovative work by

leaders. For instance, co-locating a CAMHS multidisciplinary team to work across all children's teams provides highly effective trauma-informed interventions and consultation for staff and parents across all services, from early help through to care leavers and including foster carers. This excellent support is increasing staff and family's emotional resilience, informing practical therapeutic parenting skills in supporting, protecting and caring for vulnerable children.

38. Merton's involvement in teaching partnerships with local universities is increasing the recruitment of newly qualified social workers. A relentless focus on the recruitment and retention of frontline managers and social workers is increasing the number of permanent staff. Caseloads are manageable, providing staff with the space and opportunity to get to know their children and families very well. As a result, children benefit from a wide range of creative direct work which enables them to understand their circumstances and improves their safety.
39. Leaders have an accurate and balanced understanding of what is needed to continually improve services. Performance management is well established. Quality assurance activity has driven up standards across the service. A strengthened comprehensive audit programme is being embedded. Senior managers respond quickly to meet changing needs and demands for services. For instance, a nimble corporate response increased much-needed additional social work resources during the recent lockdown.
40. Carefully targeted support in the reconfigured children's services and the integrated family and well-being service helps families with a wide range of needs, including very complex difficulties. Services are provided by numerous agencies, demonstrating well-planned, cohesive and seamless partnership arrangements. Corporate parenting arrangements are well established across the council. Priorities are informed by the voice of children through the work of the young inspectors and 'Our Voice', the Children in Care Council.
41. Staff are appropriately proud of working in Merton. Highly qualified social workers and other frontline staff feel valued. They have good access to a wide range of training and development opportunities, with considerable investment in their professional development, leading to sophisticated and transformative direct work with children and their families.

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Committee: Children and Young People Overview and Scrutiny Panel

Date: 22 June 2022

Wards: All

Subject:

Lead officer: Jane McSherry, Director of Children, Schools and Families

Lead member(s): Cllr Brenda Fraser – Cabinet Member for Children’s Services

Cllr Sally Kenny – Cabinet Member for Education and Lifelong Learning

Contact officer: Farah Ikram, Head of Performance, Improvement and Partnerships

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. This report summarises the performance information for 2022/23, up to 30th April 2022, as set out in the accompanying document, the Children & Young People Overview and Scrutiny Panel Performance Index 2022/23.

2 DETAILS

Exception Report

2.1. The following indicators are marked as amber or red.

No	Indicator	Rating	Service Commentary
6	% of reviews completed within timescale for Children with Child Protection Plans	A	This is an indicator that we monitor every month . Performance data shows that during the last quarter, we consistently reached our target of 100%. However, there was a slight dip in March 2022. We will be monitoring the situation closely.
13	Average number of weeks taken to complete Care proceedings against	A	Nationally a target of 26 weeks has been set for an authority to conclude court proceedings and to achieve a

	a national target of 26 weeks.		<p>court decision. We always strive to meet the nationally set target of 26 weeks. Due to a small number of children in proceedings in Merton, delays with one family can skew our figures.</p> <p>A range of influences impact on the duration of court proceedings – some of which are outside of the authority’s immediate control. These include court availability, the availability and timeliness of expert witness input, and the desire to engage effectively with the wider family network to explore alternatives (where appropriate and safe to do so). Performance in this area is currently showing an improvement, with us being above average at 41 weeks in comparison with the national average of 47 weeks.</p> <p>The service has monthly court and PLO tracking meetings including legal representatives. On a quarterly basis, representatives from the Children and Families Court Advisory Services (Cafcass) attend. These meetings allow the authority to raise concerns about timeliness.</p>
14	% of Looked After Children cases which were reviewed within required timescales	A	<p>For a small number of young people Looked After, it was right that a short delay took place when the placement or their situation changed. Whilst some matters related to court hearings, others related to ensuring records and information were completed and signed off promptly. All our young people had midway reviews, and discussion on plans and</p>

			transitions towards adulthood. Where in a very small number of cases delay was required, this was discussed with the child, parents and key professionals to ensure we had the right advocacy, information, assessment and plan.
20	Number of in-house foster carers recruited	R	Merton places a large proportion of children with in-house foster carers. There were some challenges last year within recruitment due to the pandemic. There is always room to improve and we have refreshed our communication strategy for the new financial year. We aim to promote the Mocking Bird model which we hope will help with recruitment.
23	% of total 0-5 year estimated Census 2011 population from areas of deprivation (IDACI 30%) whose families have accessed children's centre services (cumulative)	R	The proportion of children aged 0-5 years old from areas of deprivation whose families have accessed children's centre services has seen a decrease over the past two years in particular because of the impact of the pandemic. There is now a full face to face offer from Children's Centre staff for parenting programmes etc, which are being well used. This, with the return to face to face contact from Health Visitors and other partners (who are collocated in the Children's Centres), and the development of a Family Hub model (as promoted by the Government) should see numbers beginning to rise again over the next few years.
28	Reception year surplus places	R	See commentary below.

29	Secondary school surplus places	A	See commentary below
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Commentary

Indicator 28: Reception surplus places

2.2. This indicator is the total school reception roll against total operating admission numbers. Between December 2021 and March 2022, the percentage of surplus primary school places increased and is now 11.6%, which is outside of our target range of 5-10%.

2.3. There is no official national benchmark on an appropriate level of surplus places. Surplus places across schools provide more choice of school places, but since schools are largely funded based on numbers on roll, surplus places have a negative impact on the school budget, and therefore potentially teaching and learning. In the late 1990s the Audit Commission recommended that a surplus of 5-10% would enable the appropriate balance of choice and to economically provide sufficient school places, and this is still considered a reasonable estimate of best practice and so has been used for this indicator.

Indicator 29: Secondary school surplus places

2.4. Surplus places in secondary school year 7 is 3.2% so below the 5% target, hence has an amber rating. However, as the lower roll numbers flow through from primary school there will be more surplus places in future years.

2.5. To reduce the surplus in primary schools, and within the context of the School Place Planning Strategy (which was brought to Scrutiny in autumn 2021), officers continue to review school admission numbers to reduce capacity, with two further schools reducing their reception intake from September 2022.

Appendices – the following documents are to be published with this report and form part of the report

- Children and Young People Overview and Scrutiny Panel Performance Index 2022/23.



No.	Performance Indicators	Frequency	Target 2022/23	Merton 2020/21 validated performance (2021/22 where available)	Benchmarking		BRAG rating	Merton 2021/22 performance												
					England	London		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
22	Number of <u>Looked After Children</u> for whom agency Special Guardianship Orders were granted (YTD)	Quarterly	Not a target measure	7 (11%)	3800 (14% of those leaving care, DfE 2020/21)	420 (9% of those leaving care, DfE 2020/21)	Not a target measure			0			0			0			0	
Childrens Centres and Schools																				
23	% of total 0-5 year estimated Census 2011 population from areas of deprivation (IDACI 30%) whose families have accessed children's centre services (cumulative)	Quarterly	55%	43%	No relevant benchmarking available	No relevant benchmarking available	Red			12%			24%			25%			32%	
24	% outcome of School Ofsted inspections good or outstanding (overall effectiveness)	Quarterly	95%	N/A - C19	87% (30/04/2022)	94% (30/04/2022)	Green			95%			95%			95%			95%	
25	Number of Primary* permanent exclusions (Number YTD Academic year)	Monthly	Not a target measure	0	4.9% (National exclusion statistics for AY 2019/20)	0.8% (National exclusion statistics for AY 2019/20)	Not a target measure	<5	<5	<5	<5	<5	0	0	0	0	0	0	0	0
26	Number of Secondary* permanent exclusions (Number YTD Academic year)	Monthly	Not a target measure	3	28.5% (National exclusion statistics for AY 2019/20)	14.6% (National exclusion statistics for AY 2019/20)	Not a target measure	<5	5	13	13	13	1	2	2	3	3	3	5	5
27	Secondary *** persistent absenteeism (10% or more sessions missed)	Annual	Not a target measure	10.6%	14.8% (DfE AY 2020/21)	13.1% (DfE AY 2020/21)	Not a target measure													
28	% of Reception year surplus places*** (calculated October and January)	Reported Quarterly	5%-10%	8.5% (Jan 2021)	No relevant benchmarking available	No relevant benchmarking available	Red			8.7%			11.1%			10.8%			11.6%	
29	% of Secondary school (Year 7) surplus places *** (calculated October and January)	Reported Quarterly	5%-10%	5.6%	No relevant benchmarking available	No relevant benchmarking available	Amber			5.6%			5.6%			3.0%			3.2%	
Young People and Services																				
30	Youth service participation rate	Annual	Not a target measure	N/A	No relevant benchmarking available	No relevant benchmarking available	Not a target measure													
31	% of CYP (16 - 17 year olds) not in education, employment or training (NEET)	Monthly	Not a target measure	1%	2.8% (DfE 2020/21 based on Dec - Feb average)	1.8% (DfE 2020/21 based on Dec - Feb average)	Not a target measure	1.3%	1.4%	1.4%	1.4%	1.6%	1.4%	0.9%	1.3%	1.1%	1.1%	1.0%	1.0%	1.0%
32	% of CYP (16 - 17 year olds) education, employment or training status 'not known'	Monthly	Not a target measure	1.3%	2.0% (DfE 2020/21 based on Dec - Feb average)	1.6% (DfE 2020/21 based on Dec - Feb average)	Not a target measure	1.2%	1.2%	1.2%	1.2%	1.6%	1.1%	12.8%	2.2%	1.2%	1.1%	0.9%	0.9%	1.2%
33	Number of First Time Entrants (FTEs) to the Youth Justice System aged 10-17 (cumulative)	Monthly	50	39	2.8 (rate per 10,000, 2021)	N/A	Green	3	4	8	10	13	14	16	18	20	21	22	26	0
34	Rate of proven re-offending by young people in the youth justice system - quarterly / annual (annual is 20/21)	Quarterly	Not a target measure	TBC	34.2% (2019/20 YJB pub)	41.8% (2019/20 YJB pub)	Not a target measure			45.5%			45.5%			40% 45.2%			52.9% 45.2%	
35	Supported Families: Number of Families engaged for Expanded Programme	Quarterly	Not a target measure	300	No relevant benchmarking available	No relevant benchmarking available	Not a target measure			100			175			250			325	
36	% of commissioned services for which quarterly monitoring was completed	Quarterly	100%	100%	No relevant benchmarking available	No relevant benchmarking available	Green			100%			100%			100%			100.0%	
37**	% agency social workers (HR data)	Quarterly**	30% by year end	32.41% (DfE Census Sept 2021)	17.6% DfE Census Sept 2021	22.7% (DfE Census Sept 2021)	Not a target measure			28%			37%			35%			34%	
38**	Average total caseload for social workers (working with looked after children and/or children subject of child protection plans) (total caseload including non LAC and CPP cases as at end of month) Combines and replaces previous indicators 7 and 15	Monthly**	Not a target measure	13	14.36 (DfE Census Sept 2021 - Awaiting validation)	14.6 (DfE Census Sept 2020)	Not a target measure	14	15	13	12	12	13	13	13	13	12	13	13	14

Indicators 25 & 26 : * all pupils educated in Merton Schools (including special schools)
 Indicators 27, 28 & 29: *** all pupils educated in Merton Schools (excluding special Schools)
 Indicators 37 & 38 Quarterly and monthly data reported from live date reported by Human Resource or Mosaic respectively. There is no direct comparable benchmarkable data as the DfE uses a different definition of a 'social worker' for the purpose of who is included in the annual Children's Social Workforce Census.

Committee:	Children and Young People Overview and Scrutiny Panel
Date:	22 June 2022
Wards:	All
Subject:	Children and Young People Overview and Scrutiny Panel Work Programme 2022/23
Lead officer:	Stella Akintan, Scrutiny Officer
Lead member:	Councillor Usaama Kaweesa, Chair of the Children and Young People Overview and Scrutiny Panel
Contact officer:	Stella Akintan: stella.akintan@merton.gov.uk , 020 8545 3390

Recommendations:

That members of the Children and Young People Overview and Scrutiny Panel:

- i. Finalise the topics for work programme 2022/23 municipal year, and agree issues and items for inclusion (see draft in Appendix 1);
 - ii. Ask Scrutiny Officer to work with colleagues to draw up a draft work programme with a schedule for each topic and bring to the next meeting for agreement.
-

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The purpose of this report is to support and advise Panel members to determine their work programme for the 2022/23 municipal year.

This report sets out a summary of discussion by councillors and co-opted members at a topic selection workshop held on 07 June 2022

Panel Members to be aware that there is flexibility in the work programme and it can be revised throughout the year to respond to issues as they arise.

- 1.1 In order to gather items for the agenda, the Scrutiny Team has undertaken a campaign to gather suggestions for issues to scrutinise either as agenda items or task group reviews. Suggestions have been received from members of the public, councillors and partner organisations including the police, NHS and the voluntary and community sector. The Scrutiny Team has consulted with departmental management teams in order to identify forthcoming issues on which the Panel could contribute to the policymaking process.
- 1.2 The panel members who attended a “topic selection” workshop on 07 June 2022 discussed these suggestions. Suggestions were prioritised at the workshop. Participants sought to identify issues that related to the Council’s strategic priorities or where there was underperformance; issues of public interest or concern and issues where scrutiny could make a difference.
- 1.3 A note of the workshop discussion relating to the remit of the Panel is attached

2. Task group reviews

- 2.1 A review on Youth Provision has been put forward as a suggested in- depth task group review for this year.

3. ALTERNATIVE OPTIONS

- 3.1 The Children and Young People Overview and Scrutiny Panel is free to determine its work programme as it sees fit. Members may therefore choose to identify a work programme that does not take into account these considerations. This is not advised as ignoring the issues raised would either conflict with good practice and/or principles endorsed in the Review of Scrutiny, or could mean that adequate support would not be available to carry out the work identified for the work programme.
- 3.2 A range of suggestions from the public, partner organisations, officers and Members for inclusion in the scrutiny work programme are set out in the appendices, together with a suggested approach to determining which to include in the work programme. Members may choose to respond differently. However, in doing so, Members should be clear about expected outcomes, how realistic expectations are and the impact of their decision on their wider work programme and support time. Members are also free to incorporate into their work programme any other issues they think should be subject to scrutiny over the course of the year, with the same considerations in mind.

4. CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1 To assist Members to identify priorities for inclusion in the Panel's work programme, the Scrutiny Team has undertaken a campaign to gather suggestions for possible scrutiny reviews from a number of sources:
- a. Members of the public have been approached using the following tools: request for suggestions from all councillors and co-opted members, letter to partner organisations and to a range of local voluntary and community organisations.
 - b. Councillors have put forward suggestions by raising issues in scrutiny meetings, via the Overview and Scrutiny Member Survey 2021, and by contacting the Scrutiny Team direct; and
 - c. Officers have been consulted via discussion at departmental management team meetings.

5. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 5.1 There are none specific to this report. Scrutiny work involves consideration of the financial, resource and property issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific financial, resource and property implications.

6. LEGAL AND STATUTORY IMPLICATIONS

- 6.1 Overview and scrutiny bodies operate within the provisions set out in the Local Government Act 2000, the Health and Social Care Act 2001 & 2012 and the Local Government and Public Involvement in Health Act 2007.

6.2 Scrutiny work involves consideration of the legal and statutory issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific legal and statutory implications.

7. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

7.1 It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engagement. The reviews will involve work to consult local residents, community and voluntary sector groups, businesses, hard to reach groups, partner organisations etc and the views gathered will be fed into the review.

7.2 Scrutiny work involves consideration of the human rights, equalities and community cohesion issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific human rights, equalities and community cohesion implications.

8. CRIME AND DISORDER IMPLICATIONS

8.1 In line with the requirements of the Crime and Disorder Act 1998 and the Police and Justice Act 2006, all Council departments must have regard to the impact of services on crime, including anti-social behaviour and drugs. Scrutiny review reports will therefore highlight any implications arising from the reviews relating to crime and disorder as necessary.

9. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1 There are none specific to this report. Scrutiny work involves consideration of the risk management and health and safety issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific risk management and health and safety implications.

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

10.1 Appendix I – Selecting a Scrutiny Topic – criteria used at the workshop on 07 June 2022

11. BACKGROUND PAPERS

11.1 None

Topics Selection Panel – 7th June

Notes from the discussion

Present: Cllr Usaama Kaweesa (Chair), Cllr Samantha McArthur, Cllr Jil Hall, Jane McSherry, Director of Children Schools and Families and Stella Akintan, Scrutiny Officer.

It was agreed that some of the topics could be themed and grouped together.

Education in a post pandemic work

The Panel may request further updates during the year as issues emerge relating to the impact of the pandemic.

Rising number of Education Health and Care Plans

It was agreed that this is an important issue, and the Panel will receive an update at every meeting in the departmental update report. The safety valve process means there is lots of work underway at present. The Panel will receive a report on the safety valve process in the autumn.

A SEND Green Paper is out for consultation and is likely to result in significant change to services. A scrutiny review could possibly be beneficial in the future when it is clearer what the new provision will be.

Alternative Education Provision/ Exclusion from education

An overview of Alternative Education Provision will be included in one of the future department update reports.

It was agreed that there will be updates provided on 'disproportionality' looking at work taking place across the children, schools and families department to address this in areas such as youth crime and school exclusions.

Corporate Parenting, Care Leaver Housing and Foster Care Recruitment

It was agreed the Panel will hold a special meeting looking at their Corporate Parenting Role. It will include reports on Care leaver accommodation and foster carer recruitment.

Youth Provision

It was agreed that youth services will be a task group review. It will look at the current provision as well as work within the GLA on the youth offer across London, and good practice from elsewhere. The task group will refine the scope after receiving an overview to gain a better understanding of the issues and how the review can have an impact.

Early Year's Provision

This will be included in the Standards Report and as a departmental update

Speech and language services

There will be updates in the departmental update report

Support for gifted and talented pupils

The annual Standard report looks at progress of higher achievers. A future Departmental update will provide information from schools on the work they are doing to identify gifted and talented pupils to ensure they reach their full potential. A future update will also include an update on the schools and local authority Partnership Attain and its programme of work.

Access to short breaks and respite services

There will be an overview of the issues in a future departmental update report.

Additional topics

Children's mental health

NHS/CCG led report on children's mental health will include eating disorders, self-harming and an update on the mental health trail blazers programme.

Pupils with English as a second language – A future departmental update report will provide an overview on support given to schools and pupils with English language needs and will include the work of the voluntary sector.

Support to young children who have been identified as having significant special needs. A future departmental update report will outline the support and resources including the Portage service which works with families.

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