

Name of Committee: Health and Wellbeing Board

Date of Committee: 15 October 2020

Lambeth Children's Partnership update

Wards: All

Report Authorised by: Strategic Director: Children Services: Merlin Joseph

Portfolio: Lead Member for Children and Young People: Cllr Ed Davie

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Report summary

The purpose of this report is to update the Health and Wellbeing Board on the work programme of the Lambeth Children's Partnership (LCP). This report covers the outcomes of the LCP development meeting held on 7 July 2020.

The key areas of focus for the meeting were:

- The 2018-2022 Children's and Young Peoples (CYP) Plan has been mainly successful in delivering outcomes over its first two years which has not been without challenges and in particular the current pandemic. Key achievements include: the Lambeth Made programme supporting nearly 3,000 children; the redesign and restructure of the Early Help service; the implementation of a new model of children centres with better integration of services; children at risk of harm having a strong peer review that showed effective partnerships as a strength and finally the local area's positive Special Educational Needs and Disabilities service inspection.
- Lambeth is examining working towards becoming a Unicef Child Friendly City which is a model that puts children's rights into practice by aligning with the UN Convention on Rights of the Child. This process could provide momentum for further improvement and amplify the voices of Lambeth's children and young people.
- Governance arrangements for the LCP are being reviewed. The LCP will continue to drive the last two years of the CYP Plan and in addition have oversight of the Child Friendly Lambeth programme should it be decided to proceed. It was proposed that there will be four boards/sub groups including a CYP Board that will sit under the LCP board.
- Public Health England (PHE) undertook a review of the impact of Covid-19 on Black Asian and Minority Ethnic groups. The review found that age is the largest driver of disparity and the majority of those dying from Covid-19, mortality amongst working age men is more than two times that of female counterparts and there were significantly higher mortality rates among certain ethnic groups, particularly Black and Asian ethnic backgrounds.

Finance summary

There are no capital or revenue implications arising as a direct result of this report.

Recommendations

- (1) To note the contents of the report.

1. Context

- 1.1 The Lambeth Children's Partnership (LCP) is a sub-group of the Health and Wellbeing Board. Its chair is the Cabinet Member for Children and Young People and sits on the Health and Wellbeing Board. Some members sit on both boards. An update of the work of the Health and Wellbeing Board is reported to the LCP via partner updates which is a standing item on the agenda of meetings.
- 1.2 The purpose of the Lambeth Children's Partnership is to enable statutory and non-statutory agencies to work better together for children, young people and their families, both in planning and delivering services and thus improving outcomes for all children and young people.
- 1.3 The Lambeth Children's Partnership is the key body for driving forward the Lambeth Children and Young People's Plan and is committed to ensure it is effective in improving outcomes for children in the borough. It brings together all partners engaged in children's services throughout the borough for a strategic discussion and general overview. The Lambeth Children's Partnership has a strategic link to the Local Safeguarding Children's Board.
- 1.4 The Lambeth Children's Partnership development meeting held on 7 July was attended by:
 - Cllr Ed Davie (Chair), Councillor, Cabinet Member for Children and Young People
 - Merlin Joseph, Strategic Director, Children Services, LBL
 - Abi Onaboye, Director of Children's Commissioning & Community Safety, LBL/NHS South East London CCG (Lambeth)
 - Dan Stoten, Integrated Associate Director of Children's Commissioning, LBL/NHS South East London CCG (Lambeth)
 - Luke Norbury, Early Help Locality Manager, Children's Services, LBL
 - Natalie Creary, Programme Delivery Director, Black Thrive
 - Ruth Hutt, Director of Public Health, LBL
 - Sue Pettrigrew, Chair of VCS Forum, St Michael's Fellowship
 - Nick Butler, Principal, Saint Gabriel's College
 - Michelle Hayden-Pepper, Assistant Director, Safeguarding, Children's Social Care (Division), LBL
 - Miranda Jenkins, Director of Strategy, Evelina London, NHS
 - Dr Raj Mitra, Place based GP, Clinical Lead: Children, NHS Lambeth CCG
 - Maxine Whittaker, Operational Manager, Lambeth Youth Offending Service, Children's Services, LBL
 - Adrian LeCuirot, Head Teacher, St Helen's Primary School
 - Bal Virdee, JCP Partnership Manager
 - Dawn Persad, Henry Fawcett Primary School
 - Harold Bennison, CAMHS Service Director, CAMHS, SLAM
 - Latoya Boyer, Senior Policy and Communications Officer, Policy and Communications, LBL
 - Clare Dudman Assistant Director of Education, School Quality Assurance and Partnerships, LBL

- Laura McFarlane, Director, Lambeth Early Action Partnership
- Tom Cunningham, Commissioning Officer, Children's Commissioning & Community Safety (Division), LBL
- Fiona Morey, Principal, Lambeth College
- Natalia Sali, Engagement Manager, HealthWatch
- DI Matt Pilch, Safeguarding Hub, South Central BCU, Metropolitan Police
- Rachel Scantlebury, Consultant in Public Health, Public Health, LBL

2. Proposal and Reasons

This report has been produced as an information paper for the Health and Wellbeing Board to provide an update on what was discussed and agreed at the Lambeth Children's Partnership meeting held on 7 July 2020. Health and Wellbeing Board members are asked to note the content of the report and provide comments if necessary. The following areas were discussed in detail at this meeting:

2.1 Programme Update Reports (Lambeth Made; Early Help; Better Start; SEND and Children at risk of Harm) Two years progress

Dan Stoten, Integrated Associate Director, Children's Commissioning, LBL and NHS South East London CCG (Lambeth)

- 2.1.1 The delivery of the CYPP has reached the halfway mark now. The ambitions of the CYPP were set out. Digital solutions that were planned have been sped up with the Covid-19 pandemic. There have been several significant outcomes of the plan but this has not been without challenge. During the delivery of the first two years of the plan there has been significant turnover in staff at all levels, refreshed focus on serious youth violence and inequality, three major inspections and the pandemic that we are still in. Managers in Lambeth have been unable to action some of their commitments especially because of Covid-19.
- 2.1.2 The CYPP includes five key partnership priority programmes of work over four years and was launched in May 2018:
- Lambeth Made campaign
 - A Better Start
 - A New Approach to Early Help
 - Children with Special Educational Needs and Difficulties
 - Children at Risk of Harm and Children Looked After
- 2.1.3 Lambeth Made: The aim of the campaign is to get everyone to think differently about children in the borough.
- 2.1.4 Lambeth Made has impacted nearly 3,000 children and young people in the first two years.
- 2.1.5 It has hosted a Charter mark awards ceremony that went very well and helped to raise its profile and build on existing partnerships.
- 2.1.6 50 Businesses have been awarded with the Lambeth Made Charter for investing in children.
- 2.1.7 Lambeth Made has created and co-ordinated 29 events, training sessions and workshops. Over 100 statutory and community organisations, businesses, recruiters and training providers have been involved and engaged in Lambeth Made projects and events

- 2.1.8 Over 100 Lambeth Council Managers have pledged to create opportunities in 2021
- 2.1.9 Lambeth Made has been a very organic campaign. Going forward formalised governance will be developed and the scope will be redefined so work is in a more cohesive way and will build on outcomes already achieved. There is also work to be done around the evidence.
- 2.1.10 Reframing Early Help: There has been a real partnership approach. There has been a redesign and restructure. Locality Action Panels have been developed where people have been coming together in a very different way.
- 2.1.11 Work has progressed with school nurses to identify issues of emotional wellbeing. The YOS health team has a nurse as part of the team which has proved to be a very effective way of working and has been recognised as best practice.
- 2.1.12 CYP have benefited as waiting times for CAMHs has reduced significantly from 30 weeks to 15 weeks
- 2.1.13 Going forward, work in this area will continue to ensure inequalities for CYP from BAME groups are reduced, and strive to get better representation in the teams especially in leadership roles, develop measures and create opportunities to divert CYP after Covid-19, have a stronger focus on the serious youth violence work stream and a wider focus on emotional wellbeing.
- 2.1.14 A Better Start: There has been significant amounts of work including the full implementation of the new model for children centres, and the development of an integrated early years pathway, leading to better integration of services
- 2.1.15 There is a real breadth of parenting programmes over all ages and to meet the needs of all families.
- 2.1.16 Further work has to be done around maternity services so there is better integration and in particular the prenatal elements such as mental health concerns being identified and work with attachment of parent and child.
- 2.1.17 There needs to be much earlier identification of children that need an EHCP plan
- 2.1.18 There is an expectation that health visiting will change shortly, as the national programme changes.
- 2.1.19 Children at risk of harm: There has been some improvement in Initial Health Assessment performance. The peer review on adolescent safeguarding showed effective partnerships as a strength. Other positives noted included work on the serious youth violence strategy and community early help.
- 2.1.20 Work is ongoing to ensure that there are sufficient and appropriate placements for LAC and LBL are working with the South London commissioning programme
- 2.1.21 There will be a continued focus on Semi-independent provision and the health of looked after and vulnerable children
- 2.1.22 Children with disabilities and special education needs: There has been strong delivery against the SEND Strategy which was highlighted by an positive joint area SEND inspection. Effective joint working across the partnership and more inclusive practice being evident.
- 2.1.23 Going forward there will be a strengthened focus on Transitions and preparation for adulthood, Early years earlier identification and CAMHs input into EHCP SEND processes. There will also be a review of therapies and to be sure that YP access what they need.
- 2.1.24 Comments and discussion:
- 2.1.25 Are there opportunities to collaborate around perinatal review? Black Thrive would like to join into this. Black women have much poorer outcomes in birth
- 2.1.26 Black Thrive crowd funder <https://www.crowdfunder.co.uk/blackthrive>
- 2.1.27 Black thrive are working to put together a platform of black therapists who provide low cost and free therapy for BAME communities.

2.1.28 What is the improvement margin for initial health assessments? These have increased from 39% – 60% over past two years. 12month Health assessment have improved even more. An action plan is being worked on at the moment and LBL are very keen on getting the better health pictures so carers can understand the health needs of CYP that they take on care of

2.2 Unicef Child Friendly model

Cllr Davie, Cabinet member for Children and Young People, LBL

- 2.2.1 Challenges in Lambeth include 42% of the 75,000 children in the borough living in poverty and this has more than likely worsened with Covid-19, disparities in health, educational and other outcomes between children of different ethnicities and socio-economic backgrounds and unmet housing, mental health and other needs.
- 2.2.2 Statutory duties of the Cabinet Member include ensuring safety, educational, social, emotional needs of all CYP being met, driving effective partnership working, integration of equalities duties, safeguarding and having regard to the UN Convention on Rights of the Child.
- 2.2.3 It is proposed that an application and action plan is developed for the Unicef Child Friendly Community programme
- 2.2.4 By Lambeth working towards becoming a Unicef Child Friendly Borough it will build on the Unicef Baby Friendly Stage III accreditation received in 2018 by the local area. By applying to become Unicef Friendly Lambeth will receive external support, expertise and partnership and it will also provide momentum for further improvement and in addition amplify the voices of children and young people.
- 2.2.5 To achieve accreditation the Council would work to carry out the action plan with partners. Accreditation can be awarded by an independent panel after a minimum of three years and the status lasts for three years.
- 2.2.6 Comments and discussion:
- 2.2.8 Are we aware of the Scottish model? It may be helpful to incorporate their approach into our planning <https://www.gov.scot/policies/qirfec/>
- 2.2.9 Social Care Leadership endorses the model principles of Unicef and can see how it will deliver better outcomes for CYP.
- 2.2.10 The principles align with Black Thrives work and could help to accelerate this work.
- 2.2.11 A few years ago an annual public health report around strategic needs alluded to Lambeth going for the accreditation. Lambeth Made originally would incorporate some of the elements of the programme. The borough was in a different place with children services and engagement took place around the CYP plan and it was launched. Lambeth is in a good position to commit to this and push this forward.
- 2.2.12 It would be good to understand the cost implications. The world is in a new place at the moment with Covid-19. There needs to be collaborative partnership and it is hoped that partners can contribute to make up these costs which are approximately £35000. There will need to be a taskforce to pull this together. There is an application process.
- 2.2.13 Engaging with families and CYP is a crucial way of working and it is evident when they are not engaged so this cannot be about lip service so we can truly meet their needs
- 2.2.14 It was suggested that this be discussed at the next meeting
- 2.2.15 Black thrive have offered to help raise funds for this purpose

2.3 Governance: LCP

Merlin Joseph, Strategic Director: Children Services, LBL

- 2.3.1 The existing governance arrangements were explained and how the board fitted with current structure. An explanation was also given on how boards reports to other boards and brief descriptions given of other forums such as HWB and Lambeth together
- 2.3.2 Under the proposal the LCP will now be driving the last two years of the CYP and in addition will have oversight of the Child Friendly Lambeth Programme. There will be 4 boards/sub groups that sit under the LCP which are: Lambeth Made Programme; Integrated Commissioning & Delivery Alliance (ICDA) and Early Years programme Group. The ICDA will have a number of working groups that report to it such as Emotional Health & Wellbeing working group, SEND & Health Programmes working group (includes CYPHP) and Looked after and vulnerable children group
- 2.3.3 The aim of the Young People Friendly Board is to ensure that the voice of the CYP in Lambeth can be at every stage of governance, evident in outcomes and delivery decisions. There will also be a responsibility of the board to drive the delivery of the young people's strategy that will developed and the commissioning commitments that will align to it.
- 2.3.4 Comments and discussion:
- 2.3.5 What is the timescale for finalising the new governance arrangements? ASAP
- 2.3.6 How do we really intend to engage YP? It has to be genuine. We want a representative group and that is why the Unicef framework will bring this about

2.4 COVID-19 Impact BAME report

Rachel Scantlebury, Consultant in Public Health, Public Health, LBL

- 2.4.1 Public Health England (PHE) undertook a review of the impact of COVID on BAME groups in two parts: "COVID-19: review of disparities in risks and outcomes". This review looked at factors including: age; sex; where people live; deprivation; ethnicity; people's occupation and care home residence. The other part of the review was "Beyond the data: Understanding the impact of COVID-19 on BAME groups" - Rapid literature review and external stakeholder engagement.
- 2.4.2 The review found that age is the largest driver of disparity and the majority of those dying from COVID-19 are aged 65 years and over and almost half are over 85. Mortality amongst working age men is more than two times that of female counterparts. There were significantly higher mortality rates among certain ethnic groups, particularly Black and Asian ethnic backgrounds. It also found that the majority of those dying from COVID-19 had multiple underlying health conditions e.g. diabetes, hypertension, COPD and dementia and that mortality rates in most deprived areas more than double those in least deprived areas. Urban areas were also found to have more diagnosis and deaths than less urban areas. Those in public facing roles such as care workers, security guards and transport workers have higher mortality and there is a larger increase in deaths amongst those born outside UK.
- 2.4.3 The literature review highlighted that there is some evidence to suggest BAME groups are more likely to test positive for COVID-19 than those identifying as White British but there is still insufficient evidence to draw conclusions, the evidence describing risk of severe COVID-19 is mixed, emerging evidence suggests excess mortality due to COVID-19 in BAME populations and individuals of Black African or Black Caribbean and Asian ethnic groups may have the highest increased risk
- 2.4.4 There is a clear need to conduct more high quality research.

- 2.4.5 Findings from stakeholder engagement show that COVID-19 did not create health inequalities but exposed and exacerbated long standing inequalities and BAME groups tend to have poorer socio economic circumstances which is associated with worse outcomes from COVID-19 (ONS, PHE). Economic disadvantage is also strongly associated with the prevalence of smoking, obesity, diabetes, hypertension and their cardio metabolic complications, which all increase the risk of disease severity. BAME groups may be more exposed to COVID-19, possibly a result of occupation, population density, use of public transport, household composition and housing conditions (factors known to be associated with ethnicity)
- 2.4.6 A high proportion of people from BAME groups were key workers and in occupations that placed them at risk by increasing the likelihood of social contact and increasing the risk of being exposed to those infected with COVID-19.
- 2.4.7 Health conditions that increase the risk of having severe infection (e.g. diabetes and obesity) are more common in BAME groups and many of these conditions are socio economically patterned.
- 2.4.8 For many BAME groups, especially in poorer areas, there is a higher incidence of chronic diseases and multiple long term conditions (MLTCs), with these conditions occurring at younger ages.
- 2.4.9 The role of severe mental illness as a risk factor for COVID-19 was raised by stakeholders and also racism and discrimination as affecting health, exposure to COVID-19 and disease progression. Discrimination affects people's life chances and stress from discrimination affects mental and physical health. Fear and lack of trust in NHS services and healthcare treatment impacts the likelihood of getting tested and thus presenting early for treatment.

3 Finance

3.1 There are no capital or revenue implications arising as a direct result of this report. It should be noted that service planning has been undertaken with consideration of the current funding available and takes account of the Council's medium term financial strategy.

4 Legal and Democracy

4.1 There are no legal comments arising from this report but specific legal advice may be provided as required.

5. Consultation and co-production

5.1 The report provides an update for the Health and Wellbeing Board. Consultation has been carried out for many of the projects discussed by the LCP board.

6. Risk management

6.1 None

7. Equalities impact assessment

7.1 The report provides an update for the Health and Wellbeing Board. An Equality Impact Assessment has not been produced for the purpose of this report but will be produced for many of the projects discussed by the LCP at this meeting.

8. Community safety

8.1 None

9. Organisational implications

9.1 Staffing and accommodation

None

10. Health

10.1 None

11. Timetable for implementation

11.1 The next meeting of the LCP is Tuesday 8th December 2020

Audit trail				
Consultation				
Name/Position	Lambeth cluster/division or partner	Date Sent	Date Received	Comments in para:
Councillor Ed Davie	Deputy Leader of the Council, Lead Member for Children and Young People	23.09.2020	29.09.2020	
Merlin Joseph	Strategic Director Children Services	23.09.2020	29.09.2020	
Abi Onaboye	Director, Children's Commissioning and Community Safety	23.09.2020		
Dan Stoten	Integrated Associate Director of Children's Commissioning	23.09.2020	28.9.2020	
Rachel Harrison	Finance	29.09.2020	30.09.2020	
Andrew Pavlou	Legal Services	29.09.2020	30.09.2020	
Adrian Bentley	Democratic Services	29.09.2020		
Grace Gbadmosi	Policy and Communications	23.09.2020		Throughout

Report history	
Original discussion with Cabinet Member	
Report deadline	
Date final report sent	
Report no.	
Part II Exempt from Disclosure/confidential accompanying report?	Yes/No
Key decision report	No
Date first appeared on forward plan	N/a
Key decision reasons	N/a
Background information	None
Appendices	None