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Merton Council

Children and Young People

Overview and Scrutiny

Panel



Date: 7 October 2019

Time: 7.15 pm

Venue: Committee Rooms CDE, Civic Centre, London Road, Morden, SM4 5DX

AGENDA

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Children and Young People Overview and Scrutiny Panel membership

Councillors:

Sally Kenny (Chair)
Hayley Ormrod (Vice-Chair)
Agatha Mary Akyigyina OBE
Omar Bush
Edward Foley
Jenifer Gould
Joan Henry
James Holmes
Russell Makin
Marsie Skeete
Dave Ward
Vacancy

Substitute Members:

Dickie Wilkinson
Thomas Barlow
Billy Christie
Andrew Howard
Hina Bokhari

Co-opted Representatives

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

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- ⇒ **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.

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Agenda Item 3

CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY PANEL 26 JUNE 2019

(7.15 pm - 9.15 pm)

PRESENT Councillor Councillor Sally Kenny (in the Chair),
Councillor Hayley Ormrod, Councillor Omar Bush,
Councillor Edward Foley, Councillor Joan Henry,
Councillor James Holmes, Councillor Russell Makin,
Councillor Marsie Skeete and Councillor Dave Ward

Karl Mittelstadt (Head of Policy, Performance and Partnerships),
Rachael Wardell (Director, Children, Schools & Families
Department) and Dr Dagmar Zeuner (Director, Public Health)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

There were apologies for absence from Councillor Kelly Braund, Councillor Agatha Mary Akyigyina and the co-opted representatives Colin Powell, Helen Forbes and Emma Lemon.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The minutes of the previous meeting were agreed as an accurate record

4 HEALTH AND WELLBEING STRATEGY 2019-24 (Agenda Item 4)

The Director of Public Health introduced and summarised the updated Health & Wellbeing Strategy for 2019-2024.

- We recognise that context changes over time and the outcomes that matter to people will change over the five years.
- Rolling programme of priority actions for each year that can adapt.
- The strategy will be presented to the Health & Wellbeing Board in October 2019.

The Chair thanked the Director of Public Health and asked the Panel if they had any questions.

In response to Panel Members questions, the Director of Public Health clarified;

- Recognised that the timing of Scrutiny and Health and Wellbeing Board approval is sub optimal, but it is a live document and suggestions are welcomed.

- With regards to a request for more information on how themes will be addressed/how the actions and outcomes will be measured, it was stated that once a year the accountability plan will provide feedback on this.
- The old data set that was used has been amended where possible.
- In Merton about 70 deaths per year are attributable to the damaging impact of air pollution. This figure was calculated using the Public Health Outcomes framework and using an attribution methodology.
- Estimation model used for the obesity in Primary School age statistics. Children's weights are recorded in Reception and Year 6.
- Merton has the 5th highest rate of self-harm. There are steep increases in self-harm A&E data. Self-harm figures have rocketed and its correlation to suicides used to be tight, but now we are seeing a decoupling. There is a local suicide prevention strategy, trail blazer programme, counselling services and peer support for parents via CCG. Emotional and mental resilience in schools must be strengthened.
- Differentiation between type 1 and type 2 diabetes will be included in the annual report.

ACTIONS - The Director of Public Health agreed to;

- Request details on the Sickle Cell services commissioned by the CCG.
UPDATE: The Director of Public Health has contacted the CCG for information.
- Find out how many participants participated in the active travel survey –
UPDATE: The survey was undertaken by Age UK Merton and there were just under 300 responses.
- Circulate the final version of the strategy before Cabinet on 15 July 2019.
UPDATE: Circulated via email on 04.07.19

5 CABINET MEMBER AND DIRECTOR: KEY CHALLENGES AND ISSUES FOR THE COMING YEAR (Agenda Item 5)

The Director for Children, Schools and Families had supplied a written update and explained the report describes the entire business of the Children, Schools and Families department in ten main themes. Elements have been grouped together where possible and the departmental update at every meeting will also capture specific topics.

The Cabinet Member for Schools and Adult Education gave a verbal update on her priorities for the year ahead;

1. SEND funding – Lobbying for better funding
2. School places – Paying for private sector SEN places
3. School improvements / Bridging the gap

In response to a Member question, The Director of Children, Schools and Families explained that the School Standards report includes schools that cause concern and require improvement, but there is scope to add this information to the Department Update report when requested.

The Head of Performance, Policy and Partnerships provided an overview of the Mosaic system and offered a demonstration to any interested Panel Members.

ACTION: Members should register their interest with the Chair.

6 DEPARTMENT UPDATE REPORT (Agenda Item 6)

The Director for Children, Schools and Families summarised the key paragraphs. The Panel were asked to note that the update had been redesigned for this year and includes subjects that the Panel were keen to hear about.

ACTION:

The Director for Children, Schools and Families will provide feedback on how many schools are included in Safer Merton's planned Head Teacher meetings to discuss the best approaches to crime preventions, though it is anticipated that the invitation would have been extended to all schools.

The Chair thanked the Director of Children, Schools and Families for the update and approved the redesigned format for future meetings.

7 PERFORMANCE MONITORING REPORT (Agenda Item 7)

The Vice Chair will continue as Performance Monitoring Lead and asked if any Panel members would like to be included in the performance monitoring pre-meets with the Head of Performance, Policy and Partnerships. Councillor Russell Makin requested to join.

ACTION: Scrutiny Officer to send calendar invites to Cllr Makin.

8 SETTING THE WORK PROGRAMME 19/20 AND APPROVAL OF TASK GROUP (Agenda Item 8)

The Work Programme for 2019/20 was agreed.

The Panel agreed a task group review of the use of Educational Technology in the classroom.

Broadly, the task group will explore the benefits and disadvantages of Educational Technology tools, including personalised learning, and how this technology is currently being utilised in Merton's Schools.

The Panel has appointed Councillors James Holmes, Russell Makin, Joan Henry, Marsie Skeete and Ed Foley (work schedule permitting). Additional members are welcome and details of this will be emailed to all Members.

Children and Young People Overview and Scrutiny Panel

Date: 7 October 2019

Agenda item:

Subject: School Maintenance Costs

Lead officer: Rachael Wardell

Lead member: Councillor Eleanor Stringer

Contact officer: Tom Procter, Head of Contracts and School Organisation

Recommendation:

For Children and Young People Overview and Scrutiny Panel to comment and note the current position regarding schools' maintenance as outlined in this report.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. This report outlines the arrangements for funding building maintenance in schools, the need identified from condition surveys, the past and future level of spend, and how it is prioritised to allocate to schools.

2 DETAILS

- 2.1. The arrangements for funding school maintenance is as follows for state schools:

	Revenue maintenance *	Capital maintenance *
Community and Voluntary Controlled (VC) Schools	Schools delegated budget	Council, but annual formulaic grant provided by ESFA (Education and Skills Funding Agency)
Voluntary Aided Schools	Schools delegated budget	The ESFA fund a 'Locally Co-ordinated Voluntary Aided Programme' From 2020/21 this will be provided at Diocesan Board level rather than by local authority
Academies	Schools delegated budget	Condition Improvement Fund provided by ESFA. Smaller Academy Trusts bid at project level, larger Academy Trusts receive a formulaic allocation to prioritise among the Trust's schools
PFI Schools	As for capital	Under the PFI contract the revenue and capital maintenance of buildings in the contract is the responsibility of the PFI Contractor (NewSchools Merton Ltd.) (Note – 6 th form buildings built in 2010 are not within the PFI contract, and there are also some excusing clauses)

* Revenue maintenance is day to day maintenance, and capital is long term renewal e.g. replacement of some roof tiles or boiler repair is revenue, but full renewal of roof covering or replacement boiler is

capital. Full breakdown is in the Council's Scheme for Financing Schools (see link in background papers).

Schools are also provided with a limited Devolved Formula capital sum and the council policy is to only fund items above £20,000 and for a school contribution of up to £10k depending on the project value

- 2.2. The council therefore only has capital maintenance responsibility for its 34 Community/VC Schools (27 primary, 3 secondary, 3 special and 1 PRU), and this is the focus of this report.

Capital Maintenance need

- 2.3. In 2017 the council commissioned Kier to undertake condition surveys for all its community/VC schools. This showed a substantial backlog of capital maintenance, with the required expenditure over the 6 years from 2017 to 2022 identified as follows:

2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Total
£832,578	£4,779,485	£1,067,460	£1,405,559	£277,189	£1,633,928	£9,996,199

- 2.4. It should be noted that this was a relatively high level report and there is a need to consider items in more detail before they are programmed. It was also only a visual inspection and so it is inevitable that additional needs are later identified e.g. some urgent boiler replacement works were undertaken in 2018 to keep schools open even though they were not identified as an urgent priority in the Kier survey.

Spending levels

- 2.5. The council spend over the past 5 years and budget for 2019/20 on specific capital maintenance work, including contributions from schools, has been as follows:

Year	Total spend including school contributions	Comments
2014/15	£596,392	Works undertaken at 15 schools and includes £113k on boilers, £78k on rainwater goods, £57k on roof replacement and £36k on asbestos removal
2015/16	£715,039	Works undertaken at 15 schools and includes £256k on boilers, £161k on fencing & security, £125k on asbestos removal and £72k on roof replacement
2016/17	£767,767	Works undertaken at 16 schools and includes £259k on roof replacement, £154k on boilers and £110k on electrical & lighting replacement
2017/18	£715,203	Works undertaken at 19 schools and includes £134k on boilers, £84k on toilet replacement, £73k on rainwater goods and

		£61k on roof replacement
2018/19	£1,013,265	Works undertaken at 18 schools and includes £267k on boilers, £175k on asbestos removal and £145k on roof replacement
2019/20	£2,158,790 (budget)	Works programmed at 25 schools and includes £370k on boilers, £268 on electrical & lighting, £220k on roof replacement and £130k on toilet replacement

- 2.6. It should be noted that prior to 2019/20 expenditure was below the ESFA (non-ringed) grant. However, substantial sums were spent on primary school expansion and this has included improving the maintenance of the schools at the same time though not recorded separately i.e. most school expansions had an element of refurbishment to their existing school.
- 2.7. The completion of the primary school expansion programme, and the need identified in the Kier survey in 2018 led to Council in March 2019 agreeing an annual programme of £1.9 million per annum (i.e. at the ESFA grant level) from 2019/20 excluding contributions from schools.

Method for allocating funding

- 2.8. The annual programme is agreed by considering the highest priorities from the Kier survey and an invitation to schools to identify needs from their perspective e.g. where poor condition may have accelerated or the Kier survey didn't identify the full extent of the issue.
- 2.9. Children Schools and Families officers then commission the council's Corporate Facilities team to undertake annual school visits for a further sift of prioritisation, using the following priority criteria:
- Priority 1 – Serious risk of school closure or immediate health and safety risk or serious water penetration if we do not complete the works this summer (e.g. good chance the heating will fail or building will not be water tight)
 - Priority 2- As above but slightly less serious; work required this year to prevent more expensive deterioration
 - Priority 3 – Works could wait another year without serious deterioration to the fabric/serious risk of school closure/no immediate health and safety issue.
- 2.10. The annual programme is then agreed in the spring from the available resources, so that the school summer holiday window can be used for works.
- 2.11. The budget is also used for works to improve the accessibility of schools to enable inclusion e.g. if a toilet needs to be adapted for a disabled child.

3 ALTERNATIVE OPTIONS

- 3.1. Not applicable – report not for decision

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. Not applicable – report not for decision

5 TIMETABLE

5.1. Not applicable

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. As described in the table in paragraph 2.1, schools are responsible for revenue maintenance which is provided as part of their delegated budget in the Schools Block Dedicated Schools Grant. Schools also receive a devolved capital allocation, which is £6,500 to £11,700 for primary schools, and £21,400 to £27,200 for secondary schools, depending on their roll.

6.2. The Capital Maintenance budget is agreed by Council, but is funded by a formulaic budget of circa £1.9 million per annum from the ESFA. The grant is correspondingly reduced if a school becomes Academy. The grant is not technically ring-fenced but the council is required to provide an annual submission to the ESFA on how it is spent

6.3. The Table below compares the actual spend and proposed budget against the backlog repairs from the Keir Survey.

Narrative	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Total
	£	£	£	£	£	£	£
Kier Survey Backlog	832,578	4,779,485	1,067,460	1,405,559	277,189	1,633,928	9,996,199
Actual/Budget	715,203	1,013,265	2,158,790	*1,900,000	*1,900,000	*1,900,000	9,587,258

* will match the EFSA Grant and excludes any schools contributions, which are expected under the current scheme

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. No specific implications

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. No specific implications

9 CRIME AND DISORDER IMPLICATIONS

9.1. No specific implications

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. No specific implications

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

- None

12 BACKGROUND PAPERS

12.1. The Scheme for Financing Schools referred to under the table in paragraph 2.1 is on the council website <https://www.merton.gov.uk/council-and-local-democracy/finance/scheme-for-financing-schools>

Committee: Children and Young People Overview and Scrutiny Panel

Date: 07 October 2019

Wards: ALL

Subject: Report and Recommendations arising from the ‘Children’s Mental Health’ Task Group Review

Lead member: Councillor Natasha Irons, Chair of the ‘Children’s mental health’ Task Group.

Contact officer: Stella Akintan, Scrutiny Officer stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

- A. That the Panel comment on the report and recommendations arising from the ‘Children’s Mental Health’ Task Group.
 - B. That the Panel send the report to Cabinet for final agreement.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. In June 2018 this Panel commissioned a task group to consider ‘Children’s Mental Health’. The full report is attached.

2 ALTERNATIVE OPTIONS

The Children and Young People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

- 2.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

3 CONSULTATION UNDERTAKEN OR PROPOSED

- 3.1. The Panel will be consulted at the meeting

4 TIMETABLE

- 4.1. The Panel will consider important items as they arise as part of their work programme for 2019/20..

5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 5.1. None relating to this covering report

6 LEGAL AND STATUTORY IMPLICATIONS

6.1. None relating to this covering report. Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

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 engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

8 CRIME AND DISORDER IMPLICATIONS

8.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1. None relating to this covering report

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

- Report and Recommendations arising from the ‘Children’s Mental Health’ task group review.

11 BACKGROUND PAPERS

11.1. None.

**Task Group Review of Children's
Mental Health in Merton
Final Report and Recommendations**

**Children and Young People's Overview and Scrutiny Panel,
September 2019**

Task group membership:

Councillor Natasha Irons, (Chair)
Councillor Agatha Akyigyina
Councillor Hina Bokhari
Councillor Edward Gretton
Councillor Paul Kohler

Scrutiny support:

Stella Akintan, Scrutiny Officer
For further information relating to the review, please contact:

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Morden
SM4 5DX
scrutiny@merton.gov.uk

Acknowledgments

The task group would particularly like to thank the parents, voluntary and community organisations and council officers who shared their views and experiences with us.

The Task Group witnesses:

Hearts and Minds, Local Charity
Stem4, Local Charity
Child and Adolescent Mental Health Team, Merton CCG
Children and Young People Commissioning Manager, Merton Council
Head of Education Welfare, Merton Council
Head Teacher, Ursuline School
Programme Lead, Merton Trailblazer, South London NHS
Merton Youth Parliament, Merton Council

Visits to local services:

Merton Youth Clubs
Hearts and Minds Charity

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Foreword, Councillor Natasha Irons, Task Group Chair

As parents, we spend much of our lives trying to protect our children from harm. We teach them how to cross the road and to not speak to strangers. Yet many of us would struggle to know how to protect our children from mental health issues, or where to turn if our child develops one. With 75% of mental health conditions first developing by the age of 24 and, as outlined by Public Health England, only 25% of children needing treatment receiving it, the emotional wellbeing of young people in England has rightly become a national priority.

Initially, the group set out to make recommendations aimed at strengthening early years interventions as a way to prevent mental health issues developing in the first place. However, it quickly became clear that Merton already has a framework for postnatal and targeted early years support, but the offer once a young person starts school seems less clear. As a result, the Children's Mental Health Task group focused on what support is on offer for young people in Merton, understanding how our schools support their wellbeing and making recommendations that simplify pathways to support.

I would like to thank all members of our task group for their commitment, ideas and support throughout the process. As a group, we'd like to thank all those who agreed to give evidence – Hearts and Minds, Stem 4, Merton Council's Youth Inclusion Team, Ursuline High School and our Scrutiny Officer Stella Akintan for facilitating our work. A special thanks go to the members of Merton's Youth Parliament for inviting us to one of their sessions and for their invaluable contribution.

List of Recommendations

Recommendation	Responsible Decision Makers	Pages
Recommendation one: That the Children and Young People’s Overview and Scrutiny Panel consider reviewing Merton’s early years support and post-natal attachment strategies. This can either be looked at as a report to the Panel or an in-depth task group review.	Children and Young People’s Overview and Scrutiny Panel	Page 11
Recommendation two: Merton CCG to fund advocacy services for children and young people who are seeking support for their mental health issues but who don’t have appropriate support from a trusted adult.	Merton Clinical Commissioning Group (Merton CCG)	Page 13
Recommendation three: Ensure the named practice lead knows what changes and enhancements on services and training are available to Children and Young People and takes responsibility for keeping clinicians up to date.	Merton CCG GP Practices	Page 13
Recommendations four: The single point of access to be opened up to young people, parents and anyone worried about a young person.	Child and Adolescent Mental Health Services (CAMHS)	Page 13
Recommendation five: Ensure mental health first aid training is provided to anyone working with young people.	Merton CCG CAMHS Children Schools and Families Department	Page 13
Recommendation six: Pilot a young person social prescribing model.	Merton CCG	Page 13
Recommendation seven: Encourage schools to provide mental health first aid training to every parent in Merton – exploring opportunities to work with the Mayor of London to deliver.	Merton schools Children Schools and Families Department	Page 14
Recommendation eight: Encourage schools to adopt a mental health policy (which should include the importance of	Children School’s and Families Department	Page 15

early intervention, building resilience and signposting of services).		
Recommendation nine: Encourage School Governing Bodies to appoint a mental health lead, to ensure mental health and wellbeing is prioritised and training is up-to-date.	School Governing Bodies	Page 15
Recommendation ten: Encourage School Governing Bodies to take up training on mental health issues amongst children and young people.	School Governing Bodies	Page 15
Recommendation eleven: Encourage Governors to ensure PSHE lessons that focus on mental health and wellbeing remain in place for years 10 and 11.	School Governing Bodies	Page 15
Recommendation twelve: Council, Youth Parliament and CCG to work together on a communications plan to raise awareness of Merton's local offer and destigmatize mental health issues amongst young people.	Merton CCG/ Children Schools and Families Department	Page 16
Recommendation thirteen: CCG to lead a knowledge-sharing forum between Trailblazers and other Merton schools to ensure learnings and best practice from the pilot are shared.	Merton CCG	Page 17
Recommendation fourteen: Ensure that the work of the trailblazer reaches under-represented and seldom heard such as BAME and LGBTQ+.	Merton CCG	Page 17

Introduction

On 27th June 2018, the Children and Young People's Overview and Scrutiny Panel commissioned a task group to look at how to promote good mental health and wellbeing for all children and young people in Merton.

Given this broad remit, the task group used the early evidence-gathering sessions to gain a better understanding of the local issues and to consider how to refine the review to ensure the recommendations led to real changes in local service provision.

The national picture highlights that 1 in 8 children and young people will experience mental health problems such as anxiety, depression, eating disorders and self-harm, with the latter leading to a steep rise in hospital admissions¹. The reasons for this are varied and wide ranging; young people who are already vulnerable due to the impact of poverty, being looked after, or having traumatic childhoods are more likely to experience mental health problems. Additionally, the negative impact of social media and increased focus on body image can have a detrimental impact on self-esteem. There are also links between excessive social media use, sleep deprivation and depression in children and young people.²

However, Young Minds, a charity with 25 years sector experience note this as a time for some optimism. Children and young people's mental health has gained wider recognition, largely through discussion and high-profile campaigns on social media. As a result, attitudes are changing and this subject is no longer taboo, which in turn is helping to break the stigma associated with seeking support. However, difficulties in accessing services and the root causes of mental health problems are still prevalent³.

The Government has also dedicated an additional £1.7 billion by 2020 to improve services that help and support young people with mental health issues. In the 2018 Budget, part of the 10-year NHS funding package was allocated towards services supporting children and young people, including schools-based mental health support and specialist crisis teams for young people across the country⁴.

This task group will want to ensure that the monies dedicated to children and young people's mental health services in Merton are reaching those who are most in need and that this borough is at the heart of challenging issues within the sector.

¹ Local Government Association: Don't be left in the Dark, Children and Young People's mental health, January 2018.

² Children and Young People's mental health, the role of education: House of Commons Education and Health Committee. 02 May 2017.

³ Young Minds, 25 Years fighting for young people's mental health, 2018

⁴ Local Government Association: Don't be left in the Dark, Children and Young People's mental health, January 2018.

Terms of reference

1. To review Merton's universal mental health offer for children and young people aged 11-25, assessing whether the current provision is able to meet the diverse needs of this wide ranging group.
2. To review the mental health and wellbeing offer across all schools, assessing whether the provision is consistent for all pupils and that the schools can access mainstream mental health services and signpost wider services.
3. To consider existing projects and good practice from elsewhere and make recommendations aimed at ensuring the borough is friendly and supportive for those with mental health conditions.

The National and London Policy Context

In December 2017, the government published a Children's Mental Health Green Paper which set out an ambition for earlier intervention and prevention, a boost in support for the role played by schools and colleges, and better, faster access to NHS services. The specific measures in the Green Paper included:

- A designated Senior Lead for Mental Health in schools and colleges to oversee the approach to mental health and wellbeing.
- A four-week waiting time for access to specialist NHS children and young people's mental health services.
- The establishment of trailblazer areas incorporating all three pillars, operational from 2019, which will be supported by robust evaluation to understand what works.

Background to children's mental health needs in Merton

The task group met with the Children and Adolescent Mental Health Service (CAMHS), the Clinical Commissioning Group Leads for Merton and the Council's Commissioning Manager for Children and Families. Together, these groups provided an overview of the number of children and young people affected by mental health conditions, as well as some of the services available to support them.

There are an estimated 2,380 children and young people aged 5-16 in Merton with a mental health disorder, representing 8.5% of the total population of children and young people in the borough. It is thought that 38.2% are estimated to have emotional disorders, 1,427 (60%) conduct disorders, and 390 (16.4%) hyperkinetic disorders (i.e. ADHD).⁵

The data highlighted that conduct disorders are most prevalent in children and young people in Merton, followed by emotional disorders, hyperkinetic disorders and then a group labelled less common disorders. There is a strong gender bias in terms of

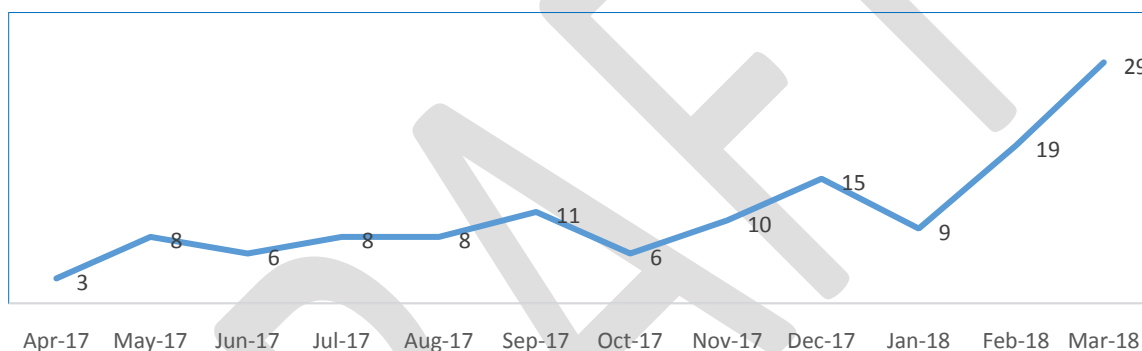
⁵ Data presented to the task group from Merton Clinical Commissioning and Merton Child and Adolescent Mental Health Service.

need; boys tend to be more prevalent in demonstrating conduct disorders and girls in emotional disorders.

The CAMHS team informed the task group that Merton has the second-highest rate of child mental health admissions compared to local authority statistical neighbours and the fifth highest compared to all London Boroughs.

As a result of concerns around self-harm, the South West London Health and Care Partnership has made children and young people’s mental health and well-being a shared health promotion and prevention priority. They aim to reduce the number of children and young people presenting at A&E as a result of self-harm by 20% over the next three years.

Merton A&E Attendances by Children and Young People for substance misuse and self harm 2017 - 18



There has also been an increase in the demand for services as reflected in the table below. These figures are expected to increase further given the projected population increases. The population of children and young people (0-24 years) in Merton is predicted to grow over the next 15 years by 7% from the current figure of 62,900 to 67,300. This suggests an increase in the demand for CAMHS, with the prediction that the number of children aged 10-14 years, currently the largest group accessing CAMHS, will increase by 6% by 2035 (from 12,300 to 13,000).

	2014/15	2015/16	2016/17	2017/18
Tier 2 Services - Data for 14/15 relates to Sep 14 to March 2015 following the introduction of the IAPTus clinical system				
No of Tier 2 Referrals	20	233	239	319
Waiting time from referral to assessment (weeks)	0.9	3.3	2.1	2.5
Waiting time from assessment to treatment (weeks)	7.4	4.7	4.8	5.4
Number of CYP in treatment	1	100	140	114
Number of contacts	44	952	1385	1959

Source: Merton Children and Young People Transformation Plan 2017-18

It was reported that since 2016-17, there has been a 'single point of access' to CAHMS to ensure a high-quality first assessment which takes place either on the phone or face-to-face, with users then directed to the correct services.

All professionals can refer young people into CAMHS where they will undergo a screening process. CAMHS also take a parent referral if the child is previously known to the service. The screening takes place within 24 hours and no-one is rejected but referred to appropriate services.

Merton CCG have commissioned services to meet the need for Tier 2 services and provide early intervention. 'Off the Record' is an online counselling resource and the Wish Centre provides support for those who self-harm. The task group were told both were highly regarded and in-demand. As a result, extra funding had been provided for Off the Record but at the time of writing this report the Wish Centre had withdrawn their service from Merton and was no longer operating.

Given the projected rise in demand for mental health services as well as in self-harm, the task group believes that a good range of Tier 2 services, which provide help and support for those with mild to moderate mental health problems, are essential for early intervention to help prevent people moving to Tier 3 level of need.

Findings and recommendations

Having gathered evidence from a range of witnesses and visited local services, the findings and recommendations from the task group review are set out below.

Prevention of mental health issues.

With over half of mental health problems in adult life starting before the age of 15 and 75% by the age of 18⁶, the initial aim of the task group was to focus on support for early year's development and post-natal attachment. Discussions with the Children and Young People Commissioning Manager indicated that Merton already has embedded targets and support for early years. Given the scale of this topic, the task group believes looking at the link between early years support and parental attachment as a way to prevent mental health conditions in children and young people, should be considered as a stand-alone topic.

The task group also looked at early intervention to stop problems from escalating. Young people should be supported to build emotional resilience and to practice everyday preventative steps to support their mental health. To achieve this, the task group would like to see a range of enrichment programmes to help young people make good choices, overcome challenges and move confidently towards adulthood.

In an attempt to gain a better understanding of preventative intervention methods, the task group considered the Blues Programme which was run by the National Children's Society. The Task Group held a telephone conference with the programme leader and were informed that this is a school-based intervention

⁶ Children and Young People's mental health, the role of education: House of Commons Education and Health Committee. 02 May 2017.

offering a one hour session every week for six weeks. It is aimed at 13-19 year olds and aims to reduce depression and anxiety indicators. It combines a variety of approaches including Cognitive Behaviour Therapy, coping strategies and physical activity. The programme initially offered free support to schools, yet unfortunately this funding came to an end in 2018.

Recommendations:

1. That the Children and Young People's Overview and Scrutiny Panel consider reviewing Merton's early years support and post-natal attachment strategies. This can either be looked at as a report to the Panel or an in-depth task group review.

The task group met with the founders of two local mental health charities, the Youth Parliament and council officers. All shared very clear messages about the current challenges affecting the mental health of Merton's young people.

Early Help

The task group were told about the difficulties young people face in getting support when they begin to suffer with their mental health. There are few alternative options for those who do not meet the threshold for CAMHS. Support is only likely to become available when the condition escalates and more serious intervention is required.

This was of great concern to the task group, given that 7.8% of the population suffer from anxiety and depression, making them the most common mental health conditions in the UK. National research supports this view and also found that many young people felt 'ignored' by health professionals if they did not show physical signs of distress⁷. Up to 44% found it hard to get a referral from their Children and Adolescent Mental Health Service⁸.

The task group also heard about challenges when trying to act on behalf of someone else who is experiencing the onset of anxiety and depression. There is a general lack of information about what is available in the community. As a result, people do not know how to get help, nor where to go for support. Again this can lead to the situation being left untreated until it escalates.

Youth Parliamentarians said that they are not aware of services in the community and teachers only refer pupils to Childline, given that is the only relevant organisation they are aware of.

It takes a concerted effort to ensure that local authorities, the clinical commissioning group and the voluntary and community sectors are working together to ensure that low-level mental health services such as drop-in centres and counselling services are available in the community. Research has highlighted that although there has been a

⁷ Fixing my Anxiety, Young People 'Fixing Anxiety Issues, Supported by the Wellcome Trust.2018

⁸ Young Minds, 25 Years fighting for young people's mental health, 2018

real-terms increase in funding for services, a postcode lottery still determines if spend per child on low-level mental health services actually increases⁹.

User-Friendly Services

Our witnesses expressed concern about the design of statutory mental health services and believe a completely different approach would be more beneficial to users. Given the immense pressure on the current provision and that demand outstrips supply, the focus is on crisis management and support is only given when young people communicate distress through self-harm and eating disorders.

Services were described as ‘top down’ and unresponsive to the needs of young people. Some young people felt that services do not work in a collaborative way to ensure the user’s voice is heard and integrated into service design.

Mental health services often dispense drugs as a solution when a more therapeutic approach is needed to help people understand and manage their own wellbeing. Young people would like to see an individualised approach to mental health in recognition that one size does not fit all and many mental health symptoms vary a great deal for different individuals.

The task group heard that some young people would prefer to have access to trusted adults, especially those with lived experience, who have suffered with mental health issues themselves and hence provide greater empathy and understanding. In reality, councillors were told that access to trusted adults with lived experience and support of this nature is rare and hard to come by.

Young people talked about the difficulties when seeking support or diagnosis from their GP. Concerns included the time-limited nature of appointments and the lack of knowledge about anxiety conditions.

These are similar to the experiences outlined in a report on young people’s experiences with anxiety, which highlighted that young people felt a sense of remoteness from statutory services and would prefer support from an ‘expert by experience’¹⁰. A survey also found that 29% said they had problems getting help from their GP¹¹.

The task group took the view that this should be approached with the view of creating a ‘mental health-friendly borough’ in a similar way to the dementia-friendly initiative; adopting a holistic approach recognises that the whole community has a role in making it easier for everyone to enjoy health and wellbeing. It is important that young people can find a safe space to talk rather than only through the formality of medical professionals.

The task group would like GP’s to be empowered to offer more therapeutic options to patients and believe that social prescribing would be the right approach. Social

⁹ Children’s Commissioner Early Access to mental health support, April 2019

¹⁰ Fixing my Anxiety, Young People ‘Fixing Anxiety Issues, Supported by the Wellcome Trust.2018

¹¹ Young Minds, 25 Years fighting for young people’s mental health, 2018

prescribing is when GP practices signposting patients to non-medical treatments in the community to improve their health and wellbeing. Merton ran a pilot targeted at adults for a year in the East of the borough. This was so successful that the scheme is being rolled out more widely.

Recommendations:

2. Merton CCG to fund advocacy services for children and young people who are seeking support for their mental health issues but who don't have appropriate support from a trusted adult.
3. Ensure the named practice lead knows what changes and enhancements on services and training are available to Children and Young People and takes responsibility for keeping clinicians up to date.
4. The single point of access to be opened up to young people, parents and anyone worried about a young person.
5. Ensure mental health first aid training is provided to anyone working with young people.
6. Pilot a young person social prescribing model

Support for parents and families

Ideally parents should be in the position to spot the early signs of illness and to understand how to offer support. The task group were told this is often not the case. Parents need a greater understanding of what to do when they spot the early signs that their child may be struggling.

Stigma around mental illness often means that parents are reluctant to come forward to discuss any issues they may be facing. The Education Inclusion Manager told the task group that there is often poor attendance when schools arrange sessions with parents to discuss mental health. Other young people said parents who may be struggling with their own mental health feared getting help, in case it led to social services intervention.

On the other hand, parents can unwittingly put too much pressure on young people to achieve academically, which is exacerbated during exam time. Young people felt parents would benefit from being given a greater understanding of mental health issues in a holistic way of how it affects them and how they can support their child. This would enable them do more to provide support and encouragement without making exam pressure any worse.

Young Minds run a parent helpline and report that many parents find it difficult to know how to support their child and access specialist services.

Recommendations:

7. Encourage schools to provide mental health first aid training to every parent in Merton – exploring opportunities to work with the Mayor of London to deliver.

Need for consistent mental health support in schools

The Task Group met with the Education Inclusion Manager who gave an overview of the work happening across schools to support mental health amongst pupils. The task group were concerned about the lack of consistent Tier 2 mental health provision in primary schools. The Targeted Mental Health in Schools (TaMHS) is utilised in 17 primary schools. Other schools could have implemented their own projects and within some schools there will be no support at all.

The picture is different for secondary school pupils who can access the Off the Record counselling service. The Education Inclusion Manager said some schools offer counselling - however as schools are required to support these services from within their own resources, the provision varies greatly.

The Education Inclusion Manager gave an overview of the activities taking place to support children's mental health in schools. Specific initiatives included:

- The council commissioned the Wishmore Academy to provide two days training to schools. Over 20 schools have completed this so far.
- Merton Clinical Commissioning Group provide themed network events looking at issues such as girls and autism, self-harm, eating disorders. This training is aimed at teachers and other professionals.
- There is a range of centrally-funded agencies for secondary schools who provide a range of support, including mental health first aid training.
- An event was held by the Anna Freud Centre to consider joint working and collaboration within mental health systems, which a range of partners attended. Feedback highlighted that signposting has improved - although it is harder to get referrals and waiting lists for an autism spectrum disorder diagnosis is longer than before.

Pressures within the school environment.

The task group attended a session with Youth Parliamentarians who highlighted the immense pressures within the school environment and the need for mental health support.

It was reported that the fear of failure generates a significant amount of stress. There is huge pressure to succeed academically, which comes from parents, teachers, peers and also the pressure young people put on themselves. This echoes evidence from the Mental Health Foundation which suggests that young people are being judged primarily on their academic performance. This is contributing to mental health

problems such as anxiety, depression and eating disorders. To combat this, it is important to put mental wellbeing at the heart of a child's school experience.¹²

The task group agrees that mental health issues need a more prominent position within schools and advocate that schools adopt a mental health policy. They may wish to model it on the approach taken by the London Borough of Camden, which has been widely put forward as an example of good practice.

Recommendations:

8. Encourage schools to adopt a mental health policy (which should include the importance of early intervention, building resilience and signposting of services).
9. Encourage School Governing Bodies to appoint a mental health lead, to ensure mental health and wellbeing is prioritised and training is up-to-date.
10. Encourage School Governing Bodies to take up training on mental health issues amongst children and young people.

Discussing mental health issues within the school curriculum

The Youth Parliamentarians told us that provision of Personal, Social and Health Education (PSHE) can be a useful forum to discuss emotional wellbeing and concerns around their own mental health. Many found that these sessions did not continue in year 10-11, during the busy exam season. However, Youth Parliamentarians felt this was the time the lessons would be the most beneficial.

Again, the Mental Health Foundation research found that PSHE is well placed to help young people understand their own experiences - especially as a significant number of young people report that they did not ask for help because they did not understand what they were going through. However, while there are schools that teach it well, the subject can be haphazardly delivered, frequently with irregular lessons and often rolled into other subjects like careers education.

Recommendation:

11. Encourage Governors to ensure PSHE lessons that focus on mental health and wellbeing remain in place for years 10 and 11.

Social Media

¹² Mental Health Foundation, Make it Count: Let's put mental health and wellbeing at the heart of children's school experience. Policy Briefing, October 2018.

The negative impact of social media upon the mental health of young people is well documented. The Youth Parliament reported that pressures from social media can cause low self-esteem, especially as young people compare themselves to celebrities and high-profile influencers. This resonates with findings from the work of the Education and Health Select Committee looking at the role of education in children and young people's mental health, who found a rise in cyber-bullying and online sexual abuse was linked to a negative impact on mental health¹³.

Youth Parliament Campaign

Given their concerns around mental health, the Youth Parliament are running a campaign. This will include a social media platform to talk about different issues and creation of an Instagram page highlighting relevant services within the borough. The Youth Parliament Manifesto states that:

Merton Youth Parliament have decided to create a Instagram page, to spread awareness on various types of mental health illnesses, the importance of mental health and services that young people can reach out to in order to seek support.

Create posters with mental health support details as well as importance of acknowledging mental health.

The task group believes that this is a good opportunity for the council, CCG and Youth Parliament to work in partnership to develop a Borough-wide campaign.

Recommendation:

12. Council, Youth Parliament and CCG to work together on a communications plan to raise awareness of Merton's local offer and destigmatize mental health issues amongst young people.

Mental Health Trailblazer

In December 2018, the task group review were pleased to hear that Merton, along with our South West London neighbours had been selected to participate in one of the Trailblazer projects which emerged from the Children's Mental Health Green Paper.

The task group met with the Programme Lead for the Trailblazer, who gave a comprehensive overview of the progress with the work. It was reported that the South West London Health and Care Partnership decided to focus on self-harm in children, given the high rates recorded at accident and emergency hospital services. One of the root causes of self-harm is the lack of consistent wellbeing support and early intervention for our young people.

¹³ Children and Young People's mental health, the role of education House of Commons Education and HEALTH Committee. 02 May 2017.

The pilot promotes partnership working, using a 'whole school' approach to emotional health, well-being and mental health. It will deal with mild to moderate mental health issues rather than more enduring mental illness. School leadership and an embedded programme was found to be the best route of delivery.

The task group were pleased to find that many of their early emerging ideas and recommendations were already incorporated into the mental health trailblazer.

Interventions in the whole school approach include:

- An on-line counselling service.
- Parent workshops with mental health support workers to discuss exam stress.
- Parenting - peer led parenting programme, delivered by trained parents.
- Mental health first aid training.
- Teachers receiving support for their own mental health.

The task group were told that schools who participated in the programme would be required to conduct a considerable amount of work themselves. They had to set up a self-assessment audit and assessment and have a cluster action plan. A total of 16 Merton Schools are involved. A list of participating schools is attached at Appendix A.

The task group welcomed the work of the trailblazer as it addressed many of their concerns. The task group want to see learning from the pilot shared amongst all Merton schools and that the pilot pays specific attention to under-represented groups who face additional barriers in finding support for their mental health.

Recommendations:

13. CCG to lead a knowledge-sharing forum between Trailblazers and other Merton schools to ensure learnings and best practice from the pilot are shared.
14. Ensure that the work of the trailblazer reaches under-represented and seldom heard groups such as BAME and LGBTQ+.

Appendix A: Schools involved in the Mental Health Pilot

Primary Schools:

Sacred Heart
St John Fisher
St Thomas of Canterbury
St Peters & St Paul's Catholic Primary School
St Teresa's
St Mary's
Gorringer Park Primary
Holy Trinity Primary
The Sherwood Primary
Links Primary
Hollymount Primary

Secondary Schools:

Wimbledon College
Ursuline High School
Raynes Park Secondary

Alternative Provision:

Melrose School
Smart Centre

Children and Young People Overview and Scrutiny Panel - Performance Index 2019/20



No.	Performance Indicators	Frequency	Target 2018/19	Benchmarking and trend				BRAG rating	Merton 2018/19 performance												Notes
				Merton 2018/19	Merton 2017/18	England	London		Apr-19	May-19	Jun-19 / Q1	Jul-19	Aug-19	Sep-19 / Q2	Oct-19	Nov-19	Dec-19 / Q3	Jan-20	Feb-20	Mar-20 / Q4	
Assessments																					
1	Number of Common and Shared Assessments undertaken (CASAs)	Quarterly	Not a target measure			No benchmarking available	No benchmarking available	Not a target measure			30								Quarterly (Time lag in collating CASAs from partner agencies) YTD		
2	% of Single Assessments authorised within the statutory 45 days	Monthly	93%	78%	89%	82% (2017/18)	83% (2017/18)	Green	89%	91%	92%	93%	94%						Year to Date (Of started YTD, no. in 45 days)		
3	% of Education, Health and Care plans issued within statutory 20 week timescale (new, including exceptions)	Monthly	55%	58%	34% (Jan 2018)	61.3% (Jan 2018)	52.4% (Jan 2018)	Green			53%								Year to Date		
Child protection																					
4	Child Protection Plans rate per 10,000	Monthly	Not a target measure	39.4	41.7	46.3 (2017/18)	39.6 (2017/18)	Not a target measure	37.0	34.7	29.4	23.8	23.8						Monthly - as at the end of the month		
5	Number of children subject of a Child Protection Plan	Monthly	Not a target measure	185	196	No relevant benchmarking available	No relevant benchmarking available	Not a target measure	174	163	138	112	112						Monthly - as at the end of the month		
6	Number of family groups subject of Child protection plans	Monthly	Not a target measure		n/a	No relevant benchmarking available	No relevant benchmarking available	Not a target measure	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Monthly - as at the end of the month		
7	Average caseload of workers for Children subject of a Child Protection Plan (New)	Monthly	New	15	New	No relevant benchmarking available	No relevant benchmarking available		14	13	15	13	14						Monthly - as at the end of the month		
8	% of quorate attendance at child protection conferences	Quarterly	95%		n/a	No relevant benchmarking available	No relevant benchmarking available	Green			93%								Quarterly		
9	% of reviews completed within timescale for Children with Child Protection Plans	Monthly	96%	94	82% (2017/18)	91% (2017/18)	94% (2017/18)	Green	100%	100%	100%	100%	100%						Monthly - as at the end of the month		
10	% of Children subject of a CP Plan who had a CP visit within timescales in the month	Monthly	Not a target measure	77%	n/a	No relevant benchmarking available	No relevant benchmarking available	Not a target measure	97%	90%	78%	79%	77%						Monthly - as at the end of the month		
11	% of Children that became the subject of a Child Protection Plan for the second or subsequent time	Monthly	range 12-20%	16%	13%	20% (2017/18)	15% (2017/18)	Amber	17%	18%	18%	19%	19%						Year To Date (NI 65)		
Looked After Children																					
12	Looked After Children rate per 10,000	Monthly	Not a target measure	34	33	64 (2017-18)	49 (2017-18)	Not a target measure	33.8	31.5	33.6	34.7	35.5						End of the month snapshot		
13	Number of Looked After Children	Monthly	Not a target measure	159	154	75420 (2017-18)	9890 (2017-18)	Not a target measure	159	148	158	163	167						End of the month snapshot		
14	Number of UASC children and young people (PROPOSED)	Monthly	Not a target measure	33	24	4480 (2017-18)	1500 (2017-18)	Not a target measure	33	29	29	32	33						Monthly - as at the end of the month		
15	Average caseload of workers for Looked After Children (New)	Monthly	New	15	New	No relevant benchmarking available	No relevant benchmarking available		15	15	16	14	15						Monthly - as at the end of the month		
16	Average number of weeks taken to complete Care proceedings against a national target of 26 weeks	Quarterly	26 weeks		31 weeks	31	No relevant benchmarking available				31								Quarterly		
17	% of Looked After Children cases which were reviewed within required timescales	Monthly	96%	88%	88%	Not published	Not published		90%	92%	72%	93%	80%						Monthly - as at the end of the month		
18	% of Looked After Children participating in their reviews in month	Monthly	Not a target measure	95%	99%	No relevant benchmarking available	No relevant benchmarking available	Not a target measure	11%	36%	67%	75%	77%						Year to Date		
19	Stability of placements of Looked After Children - number of moves (3 moves or more in the year)	Quarterly	11%	2%	17%	10% (2016/17)	12% (2016/17)	Green			0%								Year To Date (NI 62)		
20	Stability of placements of Looked After Children - length of placement (in care 2.5years, placement 2 years)	Quarterly	65%	73%	69%	70% (2016/17)	69% (2016/17)	Green			27%								End of the month snapshot (NI 63)		
21	% of Looked After Children placed with agency foster carers	Quarterly	40%	46%	n/a	No relevant benchmarking available	No relevant benchmarking available	Amber			67%								Quarterly		
22	Number of in-house foster carers recruited	Quarterly	15	13	11	No relevant benchmarking available	No relevant benchmarking available	Amber			3								Year to Date		
23	Number of Looked After Children who were adopted and agency Special Guardianship Orders granted	Monthly	Not a target measure	8	12	No relevant benchmarking available	No relevant benchmarking available	Not a target measure	0	0	0	0	0						Year to Date		

No.	Performance Indicators	Frequency	Target 2018/19	Benchmarking and trend				BRAG rating	Merton 2018/19 performance												Notes
				Merton 2018/19	Merton 2017/18	England	London		Apr-19	May-19	Jun-19 / Q1	Jul-19	Aug-19	Sep-19 / Q2	Oct-19	Nov-19	Dec-19 / Q3	Jan-20	Feb-20	Mar-20 / Q4	
Childrens Centres and Schools																					
24	% outcome of all Children Centre Ofsted inspections good or outstanding (overall effectiveness)	Quarterly	100%	100%	100%	96% (31 August 2019)	96% (31 August 2019)	Green			100%									Year to Date. National and London Comparitors as at 31/08/2015.	
25	% of total 0-5 year estimated Census 2011 population from areas of deprivation (IDACI 30%) whose families have accessed children's centre services	Quarterly	Not a target measure	56%	58%	89% (31 March 2017)	93% (31 March 2017)	Not a target measure			25%									Year to Date Cumulates (Target 19% per quarter)	
26	% outcome of School Ofsted inspections good or outstanding (overall effectiveness)	Quarterly	91%	94%	93%	89% (31 August 2017)	94% (31 August 2017)	Green			93%			95%						Year to Date. National and London Comparitors as at 31/08/2017.	
27	Number of Primary permanent exclusions (Number YTD Academic year)	Monthly	Not a target measure	1	1 (AY 2017/18)	1145 (AY 2015/16)	105(AY 2015/16)	Not a target measure	0	1	1	1	1							August End of Acad. Yr. YTD (August data interim until November). September start of the new Acad. Yr.	
28	Number of Secondary permanent exclusions (Number YTD Academic year)	Monthly	Not a target measure	12	19 (AY 2017/18)	5445 (AY 2015/16)	805(AY 2015/16)	Not a target measure	12	14	15	15	15							August End of Acad. Yr. YTD. September start of the new Acad. Yr.	
29	Secondary persistent absenteeism (10% or more sessions missed)	Annual	Not a target measure		8.4% (AY 2017/18)	13.1% (AY 2015/16)	11.7% (AY 2015/16)	Not a target measure												Annual Measure 6 half-terms DfE Published SFR maintained and academies	
30	% of Reception year surplus places	Annual	Range	13%	7.7% (AY 2017/18)	No relevant benchmarking available	No relevant benchmarking available													Annual measure	
31	% of Secondary school (Year 7) surplus places	Annual	Range	12%	9.6% (AY 2017/18)	No relevant benchmarking available	No relevant benchmarking available													Annual measure	
Young People and Services																					
32	Youth service participation rate	Annual	1800		1,967	No relevant benchmarking available	No relevant benchmarking available													Annual Measure	
33	% of CYP (16 - 17 year olds) not in education, employment or training (NEET)	Monthly	Not a target measure	1.6%	1.6% (Q4)	2.6%	No relevant benchmarking available	Green	2.0%	1.9%	1.9%	1.8%	1.7%							Monthly (totals are adjusted) - reported a month in arrears	
34	% of CYP (16 - 17 year olds) education, employment or training status 'not known'	Monthly	Not a target measure	0.6%	0.9% (Q4)	2.9%	No relevant benchmarking available		1.1%	1.2%	1.0%	1.3%	1.0%							Monthly (totals are adjusted) - reported a month in arrears	
35	Number of First Time Entrants (FTEs) to the Youth Justice System aged 10-17	Monthly	50		54	326.90 rate per 100,000 (2016)	405.50 rate per 100,000 (2016)	Green			12									Year to Date	
36	Rate of proven re-offending by young people in the youth justice system	Quarterly	Not a target measure		0.5	1.04(2013)	1.10(2013)	Not a target measure			1.22									Quarterly (NI 19)	
37	TF: Number of Families engaged for Expanded Programme	Quarterly	Not a target measure	320	320	No relevant benchmarking available	No relevant benchmarking available	Not a target measure			56									Quarterly	
38	% of commissioned services for which quarterly monitoring was completed	Quarterly	100%	100%	100%	No relevant benchmarking available	No relevant benchmarking available	Green			100%									Quarterly (Time lag in collating from partner agencies)	
39	% agency social workers (New)	Quarterly	New		23.1%	15.8% (2017)	26.5% (2017)	Green			50%									Quarterly (Aligned with HR reporting)	

Children and Young People Work Programme 2019/20



This table sets out the Children and Young People Overview and Scrutiny Panel work programme for 2018/19; the items listed were agreed by the Panel at its meeting on 26 June 2019. This work programme will be considered at every meeting of the Panel to enable it to respond to issues of concern and incorporate reviews or to comment on pre-decision items ahead of their consideration by Cabinet/Council.

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

Chair: Cllr Sally Kenny

Vice-chair: Cllr Edward Gretton

Scrutiny Support

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

Rosie McKeever, Scrutiny Officer

Tel: 020 8545 4035; Email: rosie.mckeever@merton.gov.uk

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

Meeting date: 26 June 2019 (**Deadline for papers:** 12pm, 17 June 2019)

Scrutiny category	Item/issue	How	Lead member and/or lead officer	Intended outcomes
Holding the executive to account	Cabinet Member priorities	Verbal update	Cabinet Member for Schools and Adult Education; Cabinet Member for Children's Services	To understand current priorities and consider these in relation to Panel work programme.
Holding the executive to account	Health and Wellbeing Strategy	Written report	Dagmar Zeuner, Director of Public Health; Clarissa Larsen	
Scrutiny reviews	Children's mental health task group	Written report	Stella Akintan, Scrutiny Officer	Final report
Holding the executive to account	Departmental update report	Written report	Director of Children, Schools and Families	Update report
Performance management	Performance monitoring	Basket of indicators	Head of Policy, Planning and Performance	To highlight items of concern
Setting the work programme	Work programme 2019/20	Written report	Rosie Mckeever, Scrutiny Officer	To agree the work programme and select a subject for task group review.

Meeting date: 7 October 2019 (*Deadline for papers: 12pm, 27 September 2019*)

Scrutiny category	Item/issue	How	Lead member and/or lead officer	Intended outcomes
Standing items	Cabinet Member priorities	Verbal update	Cabinet Member for Schools and Adult Education; Cabinet Member for Children's Services	To understand current priorities, policy development and performance indicators.
Holding the executive to account	School maintenance costs	Written report	Tom Procter, Head of Contracts and School Organisation; Rachael Wardell, Director of CSF	Information report itemising the council's spending on school maintenance and how this is prioritised.
Holding the executive to account	Troubled families	Written report	Roberta Evans, YOT Team Manager; El Mayhew, AD Children's Social Care and Youth Inclusion	Scrutinise performance and comment on options for the future.
Holding the executive to account	Departmental update report	Annual report	Rachael Wardell, Director of Children, Schools and Families	Update report
Performance management	Performance monitoring	Basket of indicators	Head of Policy, Planning and Performance	To highlight items of concern
Setting the work programme	Work programme 2019/20	Written report	Rosie Mckeever, Scrutiny Officer	To review the work programme and agree any changes

Meeting date: 6 November 2018 (*Deadline for papers: 12pm, 25 October 2019*)

Scrutiny category	Item/issue	How	Lead member and/or lead officer	Intended outcomes
Standing items	Cabinet Member priorities	Verbal update	Cabinet Member for Schools and Adult Education; Cabinet Member for Children's Services	To understand current priorities, policy development and performance indicators and consider these in relation to Panel work programme.
Budget scrutiny	Budget/business plan scrutiny (Round 1)	Written report	Caroline Holland, Director of Corporate Services	To discuss and refer any comments to the O&S Commission
Holding the executive to account	Support for failing schools	Written report	Elizabeth Fitzpatrick, Head of Service for School Improvement	Receive info on the work of the school improvement service
Holding the executive to account	Departmental update report	Annual report	Rachael Wardell, Director of Children, Schools and Families	Update report
Performance management	Performance monitoring	Basket of indicators	Head of Policy, Planning and Performance	To highlight items of concern
Setting the work programme	Work programme 2019/20	Written report	Rosie Mckeever, Scrutiny Officer	To review the work programme and agree any changes

Meeting date: 15 January 2020 (**Deadline for papers: 12pm 6 January 2020**)

Scrutiny category	Item/issue	How	Lead member and/or lead officer	Intended outcomes
Standing items	Cabinet Member priorities	Verbal update	Cabinet Member for Schools and Adult Education; Cabinet Member for Children's Services	To understand current priorities, policy development and performance indicators and consider these in relation to Panel work programme.
Budget scrutiny	Budget/business plan scrutiny (Round 2)	Written report	Caroline Holland, Director of Corporate Services	To discuss and make recommendations to forward to Cabinet
Holding the executive to account	Corporate Parenting	Annual report	Assistant Director Children's Social Care and Youth Inclusion	To provide comments on annual report
Holding the executive to account	Departmental update report	Annual report	Rachael Wardell, Director of Children, Schools and Families	Update report
Performance management	Performance monitoring	Basket of indicators	Head of Policy, Planning and Performance	To highlight items of concern
Setting the work programme	Work programme 2019/20	Written report	Rosie Mckeever, Scrutiny Officer	To review the work programme and agree any changes

Meeting date: 12 February 2020 (**Deadline for papers: 12pm 3 February 2020**)

Scrutiny category	Item/issue	How	Lead member and/or lead officer	Intended outcomes
Standing items	Cabinet Member priorities	Verbal update	Cabinet Member for Schools and Adult Education; Cabinet Member for Children's Services	To understand current priorities, policy development and performance indicators and consider these in relation to Panel work programme.
Holding the executive to account	Harris Wimbledon	Written report		
Health scrutiny	Merton Safeguarding Children Board	Written report		Annual report
Holding the executive to account	Departmental update report	Annual report	Rachael Wardell, Director of Children, Schools and Families	Update report
Performance management	Performance monitoring	Basket of indicators	Head of Policy, Planning and Performance	To highlight items of concern
Setting the work programme	Work programme 2019/20	Written report	Rosie Mckeever, Scrutiny Officer	To review the work programme and agree any changes

Meeting date: 11 March 2020 (*Deadline for papers: 12pm 2 March 2020*)

Scrutiny category	Item/issue	How	Lead member and/or lead officer	Intended outcomes
Standing items	Cabinet Member priorities	Verbal update	Cabinet Member for Schools and Adult Education; Cabinet Member for Children's Services	To understand current priorities, policy development and performance indicators and consider these in relation to Panel work programme.
Holding the executive to account	Schools Standards Annual Report	Written report	Rachael Wardell, Director of Children, Schools and Families	To scrutinise attainment information
Holding the executive to account	Health & Wellbeing Strategy Annual Review	Written report	Dagmar Zeuner, Director of Public Health; Clarissa Larsen	Annual update
Holding the executive to account	Departmental update report	Annual report	Rachael Wardell, Director of Children, Schools and Families	Update report
Performance management	Performance monitoring	Basket of indicators	Head of Policy, Planning and Performance	To highlight items of concern
Setting the work programme	Topic suggestions for 2020/21	Written report	Rosie Mckeever, Scrutiny Officer	

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