

HEALTH AND WELLBEING BOARD

22nd January 2020

Title:	Presentation on Vulnerable Children’s Outcomes – A Call to Action
Report of the Director of Public Health	
Open Report	For Information
Wards Affected: All	Key Decision: No
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Sponsor: Elaine Allegretti, Director of People and Resilience	
Summary: Following concerns raised by the Local Safeguarding Children Board (LSCB) and Ofsted around the outcomes for vulnerable children in Barking and Dagenham across the health and care system, the Director of Children’s Services asked the Director of Public Health to conduct a review of current services. Key findings include: <ul style="list-style-type: none">• Evidence of good practice including Youth Offending Service (YOS) Health and Exploitation Services which demonstrates close partnership working with CAMHs, Speech and Language Therapy (SALT), YOS and children’s social care services.• A lack of a whole system approach to commissioning in relation to outcomes, integrated commissioning, thresholds for access, planning and design of services and pathways.• Workforce issues including supply and retention of suitably skilled staff resulting in reduced system capacity. Therefore, the need to consider where we deploy this resource and different models of delivery.• Generally, services like CAMHs were appreciated by their service users but there is widespread agreement that they are difficult to access.• Overwhelming view that the universal offer at Tier 1 and Tier 2 needs a major review to ensure it fully meets both need and demand. Widespread support for early intervention, including family-based approach, to prevent issues escalating to crisis.• Poor understanding of the CAMHs I-thrive model among partners across the system often leading to a disconnect of expectations between referrers and North East London Foundation Trust to match children and young people with the appropriate levels of intervention.• Lack of resources cited to support children with behavioural issues that are challenging for schools to manage but who do not meet the threshold for CAMHs specialist support.• Lengthy waiting times to access Autistic Spectrum Disorders diagnosis with little support for parents/carers in the interim and post diagnostic.• Professional networks need to review their response to emerging needs particularly the consequences of “not for further action” or “did not attend”. If no vulnerable child appears this presents missed opportunities to intervene. <p>A copy of the full report presented to the LSCB by the Director of Public Health can be viewed in the private and confidential section of the agenda (Item 16).</p>	

Recommendations

The Health and Wellbeing Board is recommended:

1. To consider reviewing current data sharing agreements between the partners to provide relevant individual level data for CAMHs and SALT. This will improve data-driven planning and delivery of care to achieve maximum impact. By facilitating segmentation, stratification and impact modelling to identify local 'at-risk' cohorts and, in turn, the designing of more cost-effective integrated arrangements for targeting interventions to improve care and reducing unwarranted variations in outcomes.
2. To consider the need for an agreed whole system strategic commissioning plan that sets out a clear integrated universal and targeted pathway from Tier 1 to Tier 4 setting out clear thresholds for access. Key considerations include:
 - working towards a multi-agency autism service/pathway across early help, education, health and social care;
 - putting in place an effective behavioural pathway; and
 - better use of specialist resources caught up in Section 75 and multi-disciplinary arrangements including Looked After Children (LAC) and the Community Learning Disability Team in this space. This includes reviewing specialist provision for LAC within CAMHs as they need to reach Tier 3 threshold before being seen.
 - the challenge sits across both children and adults' commissioning for example, vulnerable children sit in families with domestic abuse and adults with mental health needs.
3. To consider the opportunities created by 'Place based Care'. For example, where the newly created Primary Care Networks can add value through their development of a Social Prescribing offer to enhance comprehensive universal prevention for children, young people and their families.
4. To recommend that the findings should be reviewed to ensure improving outcomes for vulnerable children and safeguarding is at the heart of our transformation of programmes by both the BHR Joint Commissioning Committee and the BHR Children and Young People Transformation Board.

Reasons

The purpose of this presentation is twofold: to review the outcomes of some specialist children's services for vulnerable children on how well the system is working to meet the health and care needs and to make recommendations to stimulate discussion for collective action.