



Notice of Meeting:

Scrutiny Panel 3 - 2023/2024: Children's Services

Meeting Location:

Committee Room 5 - Perceval House

Date and Time:

Tuesday, 26 March 2024 at 7.00 pm

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Tony Clements

This meeting will be held in public. If you would like attend in person and have any special requirements in order to attend, please email or telephone on at least three clear working days in advance wherever possible.

Committee Membership: Councillors

R Baaklini, H Haili (Chair), B Hashani, I Kingston, K Mohan, G Quansah, B Rai, T Sidhu and G Stafford (Vice-Chair)

AGENDA

1 Apologies for Absence and Substitutions

To note any apologies for absence and substitutions.

2 Urgent Matters

To consider any urgent matters that the Chair has agreed should be considered at the meeting.

3 Matters to be Considered in Private

To determine whether items contain information that is exempt from disclosure by virtue of Part 1 of Schedule 12A of the Local Government Act 1972.

4 Declarations of Interest

To note any declarations of interest made by Members.

5 Minutes

(Pages 3 - 12)

To approve as a correct record the minutes of the last meeting held on 25 January 2024.

6 Children and Young People's Emotional Wellbeing and Mental Health Services

(Pages 13 - 46)

7 Panel Recommendations

(Pages 47 - 52)

Published: Date Not Specified

Minutes of the meeting of the Scrutiny Panel 3 - 2023/2024: Children's Services

Date: Thursday, 25 January 2024

Venue: Committee Room 5 - Perceval House

Attendees (in person): Councillors

H Haili (Chair), R Baaklini, I Kingston, G Quansah, B Rai and G Stafford (Vice-Chair)

Apologies:

K Mohan

1 Apologies for Absence and Substitutions

Apologies were received for Councillor Karam Mohan.

2 Urgent Matters

There were no urgent matters.

3 Matters to be Considered in Private

Resolved: That all matters be considered in public as proposed.

4 Declarations of Interest

There were no declarations of interest.

5 Minutes

Resolved: That the minutes of the previous meeting held on 14 November 2023 are agreed as a correct record.

6 Strategy for Children with Special Education Needs and Disabilities (SEND)

The Panel received a slide presentation from Madhu Bachu, Assistant Director, SEND and Julie Lewis, Director Learning Standards and School Partnerships, which set out Ealing's Special Educational Needs and Disabilities (SEND) strategy. Also attending the meeting were Fabiola Peacock, SEN Assessment Service Manager, Jeff Elgar, Head of Education, Health Care Plan (EHCP) Planning Services and Lucy Granger, Senior Education, Health and Care Co-ordinator.

The following areas were highlighted:

- In 2023, nationally 4.3% of pupils had an Education, Health and Care (EHC) plan which was up from 4% in 2022. 13% of pupils had Special Education Needs (SEN) support, which was up from 12.6% in 2022. 88% of educational psychology services were experiencing difficulties with recruitment, there were recruitment crisis across all areas of health and therapy services, and last year 20% of schools lost their special education needs co-ordinators (SENCOs).
- From the new Care Quality Commission and Local Area SEND inspections, nationally the SEND arrangements that had attracted the most recommendations were access to health services, identification and assessment, joint commissioning, co-production, and preparing for adulthood.
- Ealing currently had 5.6 FTE educational psychologist vacancies, long waiting times for therapy services, and a reliance on expensive independent therapists. Out of 13 schools asked 50% did not have a SENCO. 4.6% (3705) of children had an EHCP and 10.6% (5827) had SEND support. An Education, Health and Care Coordinator (EHCCO) had an average caseload of 194 children and EHCCOs were working with 3,438 families. At the end of last year 86% of EHCPs were being assessed within the 20 week limit.
- The most common primary needs among children with an EHCP were autism spectrum disorder (ASD) 25%, and social, emotional, and mental health needs (SEMH) 27%. The most common primary needs among children with SEN Support were speech, language and communication needs (SLCN) 45%, SEMH 17% and moderate learning difficulties (MLD) 13%.
- Absence rates were higher among pupils with SEN at primary and secondary schools in Ealing, as was seen nationally. Pupils with SEN were overrepresented when it came to suspensions and permanent exclusions in state funded schools. This was a pattern also seen nationally.
- The challenges requiring joint ownership and prioritisation across the partnership included children not receiving allocated therapy, waiting times for ASD diagnosis, data sharing between health and the local authority, children not in full time education, exclusions, and recruitment and retention across services.

Panel members asked the following questions:

- What was being done to address the issues of recruitment and retention? Madhu Bachu replied that the service was working with the Ealing Learning Partnership to provide a robust training offer for teachers, SENCOs, and teaching assistants to help retain the workforce. A recruitment campaign was being carried out with health colleagues and Ealing was being promoted as an attractive place to

work. Assistant psychologists were being recruited from universities to work and train with Ealing.

- What success had there been from the recruitment campaigns? Members were informed that five assistant educational psychologists had chosen to stay and continue their training in Ealing. There were also less people leaving the service. Last year there had been a 100% turnover in the Special Education Needs Assessment Service and it was not currently in that position.
- Were the retention difficulties unique to Ealing? Madhu Bachu said that from attending regional and national meetings it was clear that this was the general experience. There was a lot of demand for staff and the offer of lower caseloads or higher pay elsewhere was attractive.
- For most of the primary care needs identified, Ealing was benchmarked at or below the national average. Speech, Language and Communication Needs were identified as higher than the London or England average, why was this? Madhu Bachu replied that this was being explored with the Speech and Language Therapy Service and a SEND Joint Strategic Needs Assessment (JSNA) was being carried out to understand the needs and context. One of the issues being considered was the lack of take up of nursery provision from some families so that children were not being exposed to language at an early stage.
- Was it being considered as part of the JSNA that Ealing could be over diagnosing in comparison to other boroughs? Madhu Bachu said that this would need to be explored with medical colleagues who were doing the assessments and making the diagnosis.
- Headteachers of special schools have said that if they wanted to reduce the level of support for a student who they felt no longer required it, this could be done quickly with a phone call or email. However if they wanted to increase the level of support it was a long process. Would it be possible to make the process easier? Jeff Elgar replied that additional support was provided through the context of the annual review to see how the school had been meeting the needs of the young person or if there were needs that were unmet by the provision that had been put in place. This would be the same for a decrease in service and could not be done based on a phone call or email.
- Responding to a question on the lack of support for SEN pupils and the strain on schools, Madhu Bachu said that teachers, including headteachers received training on SEND but the level of need had changed. The local authority and Ealing Learning Partnership were trying to educate all school staff on SEND and needs and what best practice looked like, giving practical strategies and solutions that staff could implement to support children and young people. It could be

stressful for a child when the person that they knew and worked with was not available, schools were therefore encouraged not to just have one point of contact for the child. An access inclusion lead was now in post to work with schools and challenge them on exclusions and behaviour policies and whether they were making enough adjustments to support the child.

- The use of reduced timetables had increased in Ealing, which added to the pressures on parents. It also seemed to have a greater impact on the BAME community. Some children were only spending an hour a day in school. What strategies were being implemented to effectively address this? Madhu Bachu agreed that the use of reduced timetables was a concern. Guidance had been given to schools so that they understood how reduced timetables were to be used. Data was being gathered from schools to get a better understanding of the children who were on reduced timetables. Two early year specialist teachers had been recruited who were working in schools with teachers providing practical support and advice. There had also been investment in the Early Years SEND Outreach team working with individual children and families.
- Was training provided for the parents of children with reduced timetables to help them support their child's needs and to advocate for them? Madhu Bachu replied that Early Start key workers did some of that work with families and agreed that more work was needed. As a trial some digital literacy work had been done with families in Southall to help them understand how to access systems, the local offer, and GP services. The pilot had gone well and consideration was being given to how it could be scaled up.
- How were teaching assistants being equipped to have the knowledge, support and understanding of early years and childhood development which was crucial for working with SEN children? The Panel was informed that work had been carried out with one of the big employment agencies used to appoint teaching assistants, with SENCOs talking to candidates about what their day to day work would look like working with children with SEN. A range of training programmes were provided for them before they went into schools to provide the basic knowledge and when in schools they were provided with 'hand over hand' training from specialist SEN outreach workers.
- There were children who had not been diagnosed or received an EHCP and had been waiting for up to three years. What was being done about this and why were children who clearly needed support not receiving it? Jeff Elgar said that recent figures indicated that in 2023, 83% of EHCPs were assessed on time. That was 606 EHCPs issued within that year. An EHCP was issued for a young person who had significant needs, there would be young people with SEN but not of a severity that would require an EHCP. The young people with SEN support might progress to an EHCP but there would be interventions in

place to try and address the needs as best they could, which would be monitored. If the young person made progress, then they might not need to proceed to an EHCP.

- Was there a time limit on proceeding from SEN support to an EHCP if required? Members heard that it depended on the nature of the need, the complexity, and the evidence available to make a decision in relation to that. Where the difficulties were quite prevalent much earlier on in a young person's life, proceeding to a statutory assessment could be done at an earlier stage.
- How many children had to wait a long time from being assessed as requiring SEN support to receiving an EHCP? A school had a level of support that they could put in place to address the needs of a young person, which was the first lever of funding at £6,000. The Special Education Needs Co-ordinator could put in additional support depending on the need.
- A panel member commented that there were not enough training courses, especially face to face, for nurseries to equip staff to develop the skills they needed to work with children with additional needs. Madhu Bachu replied that there was a rich training offer but what had been noticed was that schools and nursery settings were struggling to release staff to attend. Whether training should be provided in the evenings or at weekends was being explored. It was also important to ensure that everyone was aware of the training available and a handbook on what was available for practitioners had been produced.

Officers continued the presentation setting out the four priorities of the SEND Strategy which had been launched in April 23, the progress so far and next steps. The priorities were:

1. To provide guidance, early identification of need and support for children, young people and their families so that schools and settings were supported to welcome every child and young person and set the highest expectations for them.
2. That every child and young person was prepared for the transition to a purposeful adulthood with opportunities for training and meaningful employment.
3. To ensure parents, young people and professional worked together to assess, review, meet needs and improve the quality and timeliness of Education Health and Care Plans through co-production.
4. To ensure sufficiency and quality of provision in settings, schools and services so that children and young people could have their health, social care and educational needs met and feel part of the wider local community.

The Panel asked the following questions:

- Where was the Family Hub Project Discovery conducted and what was

the impact? Members were informed that this was an initiative by the Government, Ealing did not qualify for it but put funding towards trialling the model and doing the research. Along with public health, work had been undertaken with a range of families and stakeholders to understand what families were struggling with and how help could be got to them at the earliest stages. The research had just finished and the findings were not yet available. Early thoughts were that hubs providing the services within the community would be more accessible.

- Priority 1 referred to focussing on reducing exclusion. In primary schools in years one and two, Ealing had a higher exclusion rate for children with a disability and learning difficulties. Was the exclusion lead trained to deal with SEN exclusions? Had the impact on SEN children of being excluded been considered? Was work undertaken with families prior to excluding a child? Madhu Bachu replied that the exclusion lead was an experienced SENCO with a good knowledge of SEN. The range of work that was being undertaken was outlined for members. A new panel had been set up, which when a child had been suspended put in support for the child and school to avoid an escalation to the next stage of exclusion. It considered what the child would need put in place, with funding attached, to have a successful time at school.
- What had been learned from the walks and talks events with parents? Madhu Bachu stated that the walks were undertaken regularly and there were also parent partner meetings. As a direct result of feedback received in the summer, the annual review process was being changed. Feedback also influenced strategies and policies, which were working documents which continued to be refreshed.
- How were EHCPs being monitored, who should be doing the annual review and what measures were being taken to improve the identification and assessment process in this area? The Panel was informed that all the processes around the annual review were being reviewed. The model was being changed to ensure that there was more monitoring and that SENCOs were able to follow up with schools on the provisions in the EHCP that the children should be receiving. The service was working to improve the speed of the annual review.
- Priority 4 referred to the expansion of special school provision, what capacity would that give? Members were informed that in total there were 989 places available in Ealing special schools and 361 places in Ealing Additional Resourced Provision (ARPs) and units. Up to 500 additional specialist places were needed by 2028. Work was being done to expand provision across Ealing by increasing satellite or second sites of the special schools, expanding ARP numbers, and providing additional specialist resource provision in primary and secondary schools.
- Responding to questions about recent changes to processes and

templates, Madhu Bachu informed members that Ealing's local offer which contained the updated processes and templates was available at ealingfamiliesdirectory.org.uk

Officers set out the travel assessment and assistance provision for eligible children of compulsory school age. Members were informed that during the academic year of 2022-23, the local authority considered 602 new applications for travel assistance. Of those 322 were agreed for shared transport, 49 for a personal independence budget, 12 for independent travel training, and 219 were not agreed for travel assistance as they did not meet the criteria.

The Panel asked the following questions:

- Was there an appeals process for the children that had been turned down? How did the figures applying for transport assistance compare with previous years? Jeff Elgar replied that comparator data was not available. The budget might continue to increase as the number using transport was 30% of the current population of children with EHCPs and the trajectory for EHCPs was rising. There was an appeals process, 171 were made in 2022-23 of those 66% were not successful.
- Up to what sort of distances did children have to travel? Members were informed that it was the amount of time spent on a route that was important. There were guidelines in terms of the age of the young person and the length of time spent on the route to school.
- Parents often wanted to speak directly to a member of staff about the services on offer and digitalisation could be a barrier for them particularly if they were distressed. How could that be overcome? Madhu Bachu said that the intention was to remodel the Special Education Needs Assessment services so that the SENCOs were able to be accessible to families and work through the forms with them. The service was also intending to set up a SENA support phone line with a SENCO answering it.

The Chair invited members of the public to ask their questions.

Ade Banjoko, Director, Parents Action and Resource Centre said that some parents had expressed concerns about the lengthy assessment processes and felt that their concerns were not being given due consideration. In some cases the pupils' behaviour had deteriorated and had then become a disciplinary issue often leading to exclusion.

Mr Banjoko asked the following questions. Were there specific measures in place to prevent any potential racial disparities in the assessment process? How was Ealing going to ensure that parents, regardless of their background, had equitable access to support without the need for persistent advocacy? What monitoring would there be of the new initiatives that the Panel had heard were being put in place? What percentage of the different categories of

SEN were experienced by black children and other ethnicities? Were parents contacted by the local authority after a child was suspended from school to check on the support they were getting? Mr Banjoko stated that this should happen automatically and that the local authority needed to verify the information from the school especially if the school was recommending a pupil referral unit. Educationists involved in seeking equity in education had described the over representation in pupil referral units of African Caribbean pupils as the new scandal. Was this a concern for Ealing and what was being done to address this?

Hodman Noor, parent of a SEN Child and health lead for Ealing Carer and Parent Forum stated that the graph in the report emphasised the statistics related to the timeframe and annual issuance of EHCPs. However, it did not include figures regarding the implementation status and whether the targets were met after issuance to both the child and the school. This omission was significant because it reflected a key challenge faced by parents, the scarcity of resources leading to some children not receiving adequate speech-language support. Mrs Noor asked for insights into the support measures in place, and how the allocated funding was utilised? How did the local authority actively monitor the utilisation of these funds? Was there support available for parents to access speech and language and other therapies if they were not available in school? How did the SEND strategy involve parents, carers, and the wider community in decision-making processes and the development of support services for children with SEND and additional needs?

Fabiola Peacock, SEN Assessment Service Manager responded that it was important to define that there were two aspects to the assessment process. The Education, Health and Care (EHC) needs assessment was a 20 week process determined by the SEND regulations. The process did not start when an EHC was requested. There was an acceptance that the identification and meeting of needs started much earlier than an EHCP. Ms Peacock added that there was now a Head of Inclusion in SEND services who would be visiting schools to provide support and challenge and seeing if there were particular groups that were over represented. There was a planned cycle of case reviews and where groups were over represented in exclusions and severe absence these would be looked at. It had been known for some time that there were groups that were over represented, the service was now at a stage where it was considering what to do with the data and the case reviews would help with that.

Julie Lewis added that there was an education race equality action plan that addressed the seven demands of Ealing's Race Equality Commission. It was a rigorous plan with 25 key performance indicators and the service was held to account by the Education committee of the Race Equality Tribunal. All aspects of the plan were also reported back on to the Race Equality Parent Forum.

Madhu Bachu said that there was work to be done in terms of ensuring that the targets on the children's plans were being met, this would be addressed in the annual review process and by developing a new SENA team model.

Regarding access to Speech and Language Therapy, the sharing of data between the local authority and health was an area of challenge which was being worked on. The contract with the therapy service had been reviewed and included an expectation of access to data, so that the authority could identify whether children were getting the service that they needed. Schools did use independent speech and language therapists which the local authority paid for if the authority's therapists were not able to provide it. However it was important to create some quality assurance around that.

The Chair requested that a response to the question on the ethnicity breakdown of the different categories of SEN be provided in writing.

Concluding this item, the Chair thanked the officers for their comprehensive presentation to the Panel.

Recommendations:

1. That the SEND Joint Strategic Needs Assessment should consider with medical colleagues whether the over diagnosis of Speech, Language and Communication Needs was a factor for higher rates in comparison with other boroughs.
2. Further consideration should be given to how best to address the use of reduced school timetables and enable schools to better support pupils to remain in school.
3. That the ethnicity breakdown of the pupils in the different categories of SEN be provided in writing.

7 Panel's Work Programme

The Panel's work programme was noted.

8 Date of Next Meeting

The Panel noted that the next scheduled meeting was on 26 March 2024.

Meeting commenced: 7.02 pm

Meeting finished: 9.20 pm

Signed:

Dated: Tuesday, 26 March 2024

H Haili (Chair)

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Report to Scrutiny

Item Number:

Contains Confidential Or Exempt Information

No

- Subject of Report:** Children and Young People’s Emotional Wellbeing and Mental Health Services
- Meeting:** Scrutiny Panel 3: Children’s services
26 March 2024
- Service report author:** Eamann Devlin, Programme Lead for Central Point of Access and Thrive
- Scrutiny officer:** Anna-Marie Rattray
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0208 825 8227
- Cabinet Responsibility:** Cllr Kamaljit Nagpal
(A Fairer Start)
- Director Responsibility:** Robert South, Strategic Director for Children’s Services
Neha Unadkat, Borough Director – Ealing NWL ICB
Jo Manley, Deputy Director Local Services West London Trust
- Brief:** This report provides the Panel with an update on the provision of services for children’s mental health and emotional wellbeing
- Recommendations:** To consider and comment on the information provided in the report.

1. Update report on progress of Children and Young People's Emotional Wellbeing and Mental Health Services

1.1 Introduction

This report provides an update and overview of Children and Young People's Emotional Wellbeing and Mental Health Services in Ealing. This follows three reports provided to the panel in 2022. Information has been submitted by a range of partners, including from the local authority, the NHS and the voluntary sector.

The needs and contexts of children in Ealing may vary significantly according to presenting condition, age, disabilities, gender, family situation etc. Therefore, the range of services required to meet these diverse needs must also be varied in the type of support on offer, whether that be through local schools, primary care, children's services, online or at hospital settings. The report offers an overview of the main mental health services available to children and young people (0-17rs) living in Ealing or registered with a GP in or at school in Ealing. The report highlights changes in service provision, improvements and key challenges in the local area and places these within the context of the North West London Integrated Care System.

The report highlights areas of growing need and the feedback received from children, families, and professionals. We set out how the Borough Based Partnership has responded through innovation and continued development, including through re-procurement of Early Help Services, the work of The Provider Collaborative, The Circle Café and Therapeutic Thinking Project in Ealing schools. A brief summary is included on the development of a Central Point of Access and Thrive Framework.

Despite the range of new types of support on offer, a combination of factors including the legacy of Covid-19, ongoing challenges in funding to local government and other factors including the cost-of-living crisis and increased demand for services, mean that significant challenges remain. The partnership continues to focus on listening to children and families and responding to these challenges in the best ways possible.

There are a number of valued voluntary sector and other partners, both specialist and non-specialist in the borough, that the report has not been able to focus on.

1.2 Executive Summary

There is evidence of a continued growth in the levels of mental health need among children and young people, with a 2022 survey by The Children's Society suggesting this increase could be as high as 50% [Children's Mental Health Statistics | The Children's Society \(childrensociety.org.uk\)](#) . Data from NHS England also indicates a substantial increase in referrals to CAMHS and other services, particularly since the onset of the Covid-19 pandemic with over 450,000 children in contact with services as of December 2023 up from 385,000 in May 2022. [Mental Health Services Monthly Statistics, Performance December 2023 - NHS Digital](#). However, awareness of mental health and a willingness to speak about problems and access support have also increased in recent years. In addition, there has been increased funding and an expansion of provision such as Mental Health Support Teams in schools, including locally in Ealing, which also may be a factor in increased numbers receiving help.

Since the last series of reports, The London Borough of Ealing has re-procured a number of services supporting children and young people's mental health. As of 1st April 2023, the Early Help (formerly called Tier 2) SAFE mental health service, along with the Clinical Professionals in Schools (CliPS) and Ealing Primary Centre (EPC) services have been provided by The Anna Freud Centre and an update on these developments has been included.

As a result of the development of the North West London Provider Collaborative and other service improvements, the number of Ealing children being admitted to specialist CAMHS Hospitals has reduced and their length of stay has shortened. Ealing now hosts The Circle Crisis Café on behalf of The Provider Collaborative. This offers a safe supportive alternative to Hospital A+E for children experiencing a mental health crisis. Alongside the Speak CAMHS Helpline, these developments mean that Ealing children and families now have access to round the clock advice and support for mental health crisis.

Following the Young Minds review of 2023 additional funding is being allocated for Mental Health Support Teams (MHST's) in schools with increased roll out, which will mean that by the end of 2024/25 every Ealing school will be offered this service.

The previous report on children's mental health from the Scrutiny Panel in 2022, made a number of recommendations in relation to the differences in access criteria between local authority services, based on home address and NHS services, based on GP address (Recommendation 4 and 5). In response to this gap and concerns raised by families, North West London ICB has now adopted a new Referral and Transfer Protocol. This protocol, which is currently being reviewed at borough level, seeks to reconcile the disparity between local authority and NHS services by promoting the concept of the service 'best placed to support the family' as the lead provider. The protocol also covers children attending schools across the area, who may not live or have a GP in the same borough.

Since 2022 there have been a number of other initiatives including the neurodevelopment waiting list initiative and additional support for parents/carers and families such as Contact Helping Hand. However, many challenges remain. Children, parents/carers and professional tell us that navigating the mental health system for children is still too complex, the language too full of jargon and that services need to improve joint working. This was also among the recommendations from panel in 2022 (Recommendation 6,7,8 and 9). We are continuing to identify opportunities for further integration through the Central Point of Access and Thrive Programme and to develop shared and simplified language. In addition, waiting times continue to be too long for some services and the sector nationally has difficulty in recruiting specialist staff.

To understand and respond to ongoing challenges Ealing services as part of North West London ICB, has adopted a co-design framework with our Experts by Experience (children, parents, adults who were previously in contact with CAMHS).

Children and families in Ealing wish to receive support and advice in a range of formats and locations. The report provides details on how digital innovation forms an important part of our journey to improve provision. We now commission digital therapy through a service called Kooth ([Kooth](#)). An increasingly important part of our

first contact response is the 'Best for You' website ([Best For You NHS](#)), which carries self-directed support resources, information about local services

Joint working with the local and national third sector including CAAS (NDT) MIND (Circle) Contact Helping Hands (NDT) has expanded and we are seeking new opportunities in this area.

In addition, the partnership identified the need to provide enhanced support for young people transitioning into adult services, as this was often a challenging experience. In April 2023 after detailed planning Ealing (along with the two other West London Trust areas, Hounslow and Hammersmith and Fulham) established the Young Adults Partnership (YAP) Panel. The YAP panel consists of NHS, Local Authority, Higher Education and The Community and Voluntary Sector partners. The Panel provides a forum for partners to bring cases to a multi-agency forum to facilitate a transition plan into adult services. The report also summarises the work of Contact Helping Hand's support for families with a child who is thought to have Autism/ADHD, as part of the NHS 'Waiting Well' initiative.

Table 1. Ealing Council and North West London Integrated Care Board (ICB) Commissioned Services: Children and Young People Emotional Wellbeing and Mental Health

Service Name	Provider	Brief Service Description
Safe Evolve	The Anna Freud Centre	A Getting Advice and Getting Help (Early Intervention or Tier 2) Service. Offering Brief Interventions (up to 6-8 sessions) for moderate to mild needs
CLiPS (Clinical Professionals in Schools)		Specialist therapy provision in schools
Ealing Primary Centre		Specialist provision to reduce exclusions and absences
Brighter Futures	West London NHS Trust	Both services provide Clinical Psychology supported embedded with Ealing Children's Services based on an integrated model.
Intensive Therapeutic and Short Breaks Service Ealing (ITSBS)		
Mental Health Support Teams	West London NHS Trust	School based support providing Getting Advice and Getting Help (Early Intervention or Tier 2) Service. MHST+ Learning Disability and Autism Practitioners (LDAP)
Specialist CAMHS	West London NHS Trust	A range of specialist community-based Children and Adolescent Mental Health Services (CAMHS)

North West London CAMHS Provider Collaborative	West London NHS Trust (Lead Provider) and Central and North West London NHS Trust	Manages the CAMHS inpatient pathway and alternatives to admission including specialist crisis services.
The Circle Cafe	H&F, Ealing and Hounslow MIND	Crisis Prevention Hub
Therapeutic Thinking Project	London Borough of Ealing	Therapeutic Thinking training and support for schools

2. Services Provided by The Anna Freud Centre

2.1 Supportive Action for Families in Ealing SAFE Evolve – Getting Advice and Getting Help (Early Intervention Service)

SAFE Evolve is an Early Intervention emotional wellbeing service provided by The Anna Freud Centre, commissioned by the London Borough of Ealing. The service which started on the 1st of April 2023, provides multi-disciplinary mental health assessment and treatment for children, young people (aged 0 -18) and their families. Referrals are accepted from GPs, health visitors, social workers, educational psychologists, other health professionals and schools. SAFE Evolve are a team of Child and Family Specialists (senior practitioners) and Wellbeing Practitioners embedded within the wider Ealing Council SAFE Services.

SAFE Evolve is a diverse and dynamic team comprising the Head of Service, 4 x Child & Family Specialists, 5 x Wellbeing Practitioners and 1 x Clinical Administrator. Ealing has allocated a senior project management support, and The Anna Freud Centre have provided a dedicated Project Manager to the service for the first year of delivery to assist with mobilisation and service development.

This report aims to offer a summary of the work conducted by SAFE Evolve from 01 April 2023 through to the end of Feb 2024.

Key Performance Indicators since April 2023:

A significant waitlist was handed over to the new service comprising around 320 children, some families had moved or no longer wanted support.

Since April 2023, the service has:

- received 338 additional new referrals
- undertaken 271 assessments,
- provided 1,1491 one to one therapeutic interventions
- supported 287 professional consultations
- delivered 258 consultations to families (which includes safety calls, where a practitioner assesses immediate risk of harm).

The service has discharged 234 cases with combination of outcomes including intervention completed, step- up to CAMHS, signposting and stakeholder support. The service is establishing 'Youth Persons' therapeutic groups from March 2024 which will positively impact on reducing the waitlist and provide valued opportunities for wider service and stakeholder engagement.

As of February 2023, the waiting list has reduced to 295 Ealing families (including those who have been referred since April 2023). The use of groupwork, and excellent take-up of consultation with professionals and families will continue to expand the offer and to reducing the waiting list further throughout the coming months.

Referral pathways:

The SAFE Evolve referral pathway has been specifically developed based on the THRiVE model. Referrals are accepted from GPs, health visitors, social workers, educational psychologists, other health professionals and schools. The new service facilitates a degree of integration between the CAMHS Single Point of Access (SPA) and Ealing Council SPA. 93% of referrals to the service come via CAMHS SPA, mostly from GPs. Referrals by other professionals come via the ECIRS council system.

The Thrive Model is described below: (Tavistock and Portman NHS Foundation Trust and Anna Freud Centre, 2014.). It is based on the principal of prioritising the needs of the child and family.



A step-up step-down forum has been established led by CAMHS, which Safe Evolve has joined. This is designed to ensure that those who meet CAMHS criteria are transferred without the family having to request a new referral to CAMHS through

their GP again. This is a two-way process that means that CAMHS can also directly refer those cases which do not meet CAMHS threshold into Safe Evolve.

The current pathway has enhanced moves toward an integrated front door, however elements of it have also caused some confusion for professionals, schools and families and we are continuing to build further integration where possible. The difficulties around the referral pathway have been raised in strategic meetings and with ECIRS and will be addressed by implementation of the Central Point of Access and Thrive Model in Ealing in 2024/25.

Despite being an Early Help provision many of the referrals coming into the service have diverse and complex needs, which require a systemic/multi-disciplinary approach to treatment. The service is receiving referrals with more moderate needs than mild. They have been able to meet these moderate needs and adapt the treatment model to support children and young people with complex needs and neurodevelopmental diagnoses. SAFE Evolve is supporting families to navigate the neurodevelopmental assessment pathways by making onward referrals to the autism hub. A neurodevelopmental diagnosis, probable or confirmed, is not a barrier for Safe Evolve and the service is committed to being highly accessible to this group of young people and their families. t.

Transition:

Young people who are 17 yrs. old and due to turn 18yrs before the next academic year, are being referred to Safe Evolve. SAFE Evolve attend fortnightly Young Adult Partnership Panel meetings where these cases are being brought for discussion with CAMHS clinicians, psychiatrists, youth workers and practitioners from adult mental health services such as MINT.

2.2 CLiPS (Clinical Professionals in Schools)

This is a school-based therapy service 'bought in' by Ealing schools. Each school has an allocated CLiPS therapist based onsite one day per week across the academic year. CLiPS offers a flexible 'menu' of activities to meet the individual needs of the school, this includes individual work, family work, group work, staff supervision, training and consultation.

Currently there is 1 clinical lead, 3 Child and Family Specialists and 1 trainee Clinical Psychologist equating to 2.1 Whole Time Equivalent (WTE) posts, who are based in six primary and secondary schools in Ealing.

- Featherstone Primary School
- Selborne Primary School
- Tudor Primary School
- Brentside High School
- Elthorne High School
- Greenford High School

2.3 EPC (Ealing Primary Centre)

Ealing Primary Centre is a specialist multi-disciplinary team made up of staff from education and mental health who work collaboratively to provide a service to primary school children who are experiencing social, emotional, and behavioral difficulties. Support is also offered to their families and schools.

The aim of EPC is to prevent and reduce exclusions and promote inclusion in Ealing's Local Authority primary schools. The practitioners work with children who have been excluded (reactive), are on dual placement at the Pupil Referral Unit (PRU) or outreach in schools, where significant behavioural concerns have been raised by schools (proactive). EPC works alongside specialist teachers, Speech and Language Therapy (SLT), Occupational Therapy (OT) & Educational Psychology (EP) for joined up support. All mainstream schools across Ealing can refer. Current input is from a Clinical Lead and support from 2 CliPS therapists.

SAFE Evolve challenges and opportunities:

Initially the new service had some challenges in finding community hubs to offer face to face sessions, however, they have recently managed to form partnerships with children centres and the youth services and are now able to offer group work and face to face sessions within children centres. The waiting well plan is designed to offer workshops for parents and young people on the waitlist.

There were some delays in completing pathways on the Mosaic IT platform, built to accommodate Safe Evolve and to evidence service outcomes and productivity. This is now going live and will improve the systemic ability to evidence the work of the service.

Demand for support is high and the challenge of maintaining capacity within SAFE Evolve is always present and it will be critical to maintain our throughput of qualitative therapeutic outcomes for young people and families. This process will be assisted by the continuation of the pathway of co-production project with stakeholders and young people. Using the principles of co-production and design while 'evolving' the service leads to better outcomes for young people, networks and more professionally enjoyable for staff to work in.

3. Services Provided by West London NHS Trust

3.1 Brighter Futures

The Brighter Futures clinical psychology service is a team of clinical psychologists embedded alongside Ealing Children Services statutory teams, including safeguarding and child protection (Multiagency Support Teams- MAST), children in care, fostering, family finding and court teams (Connect), leaving care (LCT) and adoption (Adopt London West- ALW).

The service delivery model prioritises the widest reach for psychological knowledge and skills, primarily utilising a consultation led model and skilling the workforce through training and group supervision, whilst offering targeted direct clinical work to children, young people and their families where clinically indicated. Brighter Futures clinical psychology service take a trauma-informed and responsive approach to provision of psychology support within children's services. This means that the

provision of psychological knowledge and interventions are delivered in a way that is cognisant of the wide-ranging impact of relational, developmental, (inter)generational, societal, and systemic trauma, discrimination and disadvantage upon children, young people and their families coming into contact with children's services. The team aim to integrate emotional wellbeing support into the children's services' practice, rather than considering the mental health needs of children and families as distinct and separate from their social care need. This service is an integrated Getting Help (Tier 2) offer and has links with general CAMHS (Tier 3 services) in West London NHS Trust.

The team also support the implementation of the Brighter Futures practice approach within Ealing's Children services by practising in line with the core values and supporting understanding of underlying theories, practice models and techniques, through direct work, consultation, group and team support, service development and an extensive training offer to social care. A priority objective of the team is supporting Ealing's children's services with their key aims and outcomes e.g. a reduction in the number of children looked after, improved home stability and safety for children in need and child protection and greater stability of home (placement) for those who are looked after.

Only children and families open to the above Children's Services teams are eligible to receive a service from Brighter Futures and referrals come directly through the social work teams.

3.2 Intensive Therapeutic and Short Breaks Service Ealing (ITSBS)

This service aims to prevent unnecessary residential care and enable children and young people with LD to remain in their family/local community. It provides intensive clinical psychology and social care input to the young person, family and frontline workers. The mental health component of the service is a small team that works alongside the CAMHS Tier 3 LD Team in West London NHS Trust, with staff often working across both the teams.

3.3 Mental Health Support Team (MHST)

The Ealing Mental Health Support Team offers early intervention mental health support into mainstream school settings in the borough. The team consist mainly of wellbeing practitioners, who deliver guided interventions for low mood, anxiety and behaviours that challenge. However, the offer also supports schools to think about their whole school approach to mental health, tackling mental health from an early intervention perspective. This is developed in partnership with schools and can lead to a range of support such as classroom interventions, wellbeing assemblies, group work, workshops or training and other initiatives. Practitioners are allocated to specific schools and will link in directly with a specific member of staff in that school to support the running of the service within their school.

In Ealing, there is a drive to offer MHST to all mainstream schools and due to limited staffing, we have employed a cluster approach for our primary schools, to enable staff to reach more primary schools per staff member. While we are not yet in all schools, we are due to roll out another MHST team in the next year funded through the NW London ICB. This important development should enable us to offer MHST to

all mainstream schools in Ealing by early 2025. In the interim, however, we also have an offer of online parent/carer workshops, for parents/carers of children/young people who attend any Ealing school, irrespective of if there is an MHST in the school, to ensure that all schools are able to access MHST in some capacity.

In response to a recognised gap for autism/learning disabilities provision in mainstream schools, our MHST service also houses the MHST+ Learning Disability and Autism Practitioners (LDAP) team, which offer early intervention for mild-to-moderate mental health input into our mainstream MHST schools. This is support for children and young people with low mood, anxiety and/or behaviours that challenge, who also have a diagnosis of autism or learning disability, or who have been accepted on the waitlist for an autism diagnosis. There have been recent attempts to widen the offer to others to increase accessibility to the service. The team offers a termly parent/carer group for parents of children with diagnosed or suspected autism. A very recent roll out of a consultation-only offer for schools also enables school staff to access specific and tailored advice and tools for supporting children and young people with SEND needs within the school setting. The MHST+ LDAP team also support the wider team by providing support and advice to adapt their interventions to increase the accessibility of the service more widely. As well as offering staff training and workshops to schools around supporting ASCLD, the LDAP team also contribute to SEND-specific parent/carer workshops within our online programme. The service is very responsive to feedback from schools and parents, however we are working on bringing in more of the young person's voice into the shaping of the service offer.

3.4 Specialist CAMHS Provision

The majority of specialist services are based at Ealing CAMHS, 1 Armstrong Way. The mechanism for enquiries about possible new referrals is via the daily duty clinician system. Cases that are referred (must have an Ealing GP) into this service are assessed on duty for risk and urgency, there is then a discussion within the Single Point of Access (SPA), resulting in cases being allocated for an assessment if accepted. There are clear remits (thresholds) for certain teams that are well known within the staff groups. Cases are not only discussed at SPA at the point of referral, but also at any point a change of team or step up or down is required between Tiers. The SPA continues to manage the vast majority of referrals received for the SAFE Evolve service, maintaining an integrated entry point for Children and Young People (CYP) Mental Health services in Ealing.

Ealing Specialist CAMHS Teams include:

Child and Family Team Service (CFT)

This service sees young people between 0 -14 years and works with emotional distress of childhood, including anxiety, depression, obsessive compulsive disorder (OCD), emotional dysregulation and suicide risk.

Adolescent Team Service (AT)

This service sees young people between 14-18 years and works with presentations such as anxiety, depression, suicide risk, self-harm, emotional

dysregulation, OCD and Post traumatic stress disorder (PTSD). This consultant lead team also supports delivery of the early intervention in psychosis offer.

Neurodevelopmental Service (NDS)

This service sees young people aged 6 -17 years old for NDS assessments (Autistic Spectrum Disorders (ASD), Attention Deficit Hyperactivity Disorder (ADHD) and Tic disorders), who do not present with a learning disability/and do not attend a special needs school.

Mental health co-morbidities that reach threshold for Tier 3 will be seen within this team for treatment. Children under 6 are referred for an ASD assessment to the Child Development Team (CDT).

Learning Disability (LD) Service

This service sees young people who have an Ealing GP and are aged 0 -18 years and is based at Carmelita House, co-located with Ealing Services for Children with Additional Needs (ESCAN). All young people must have a diagnosis of Learning Disability or Global Developmental Delay or Complex Physical Disabilities and have mental health difficulties or significant challenging behaviour that cannot be supported by more universal services.

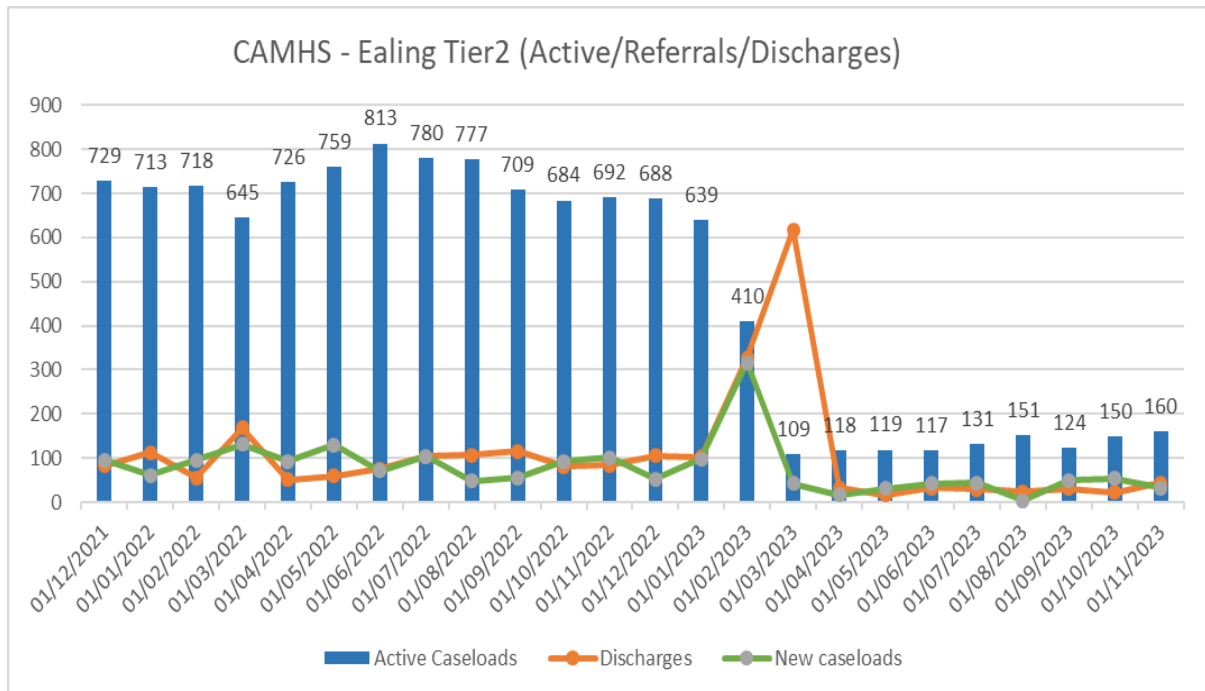
The team will also accept referrals for all children attending an Ealing LA Special School (i.e., Spring Hallow, Belvue, St Ann's, Castlebar, Mandeville and John Chilton special schools).

Tri-borough Eating Disorders Service

This service sees young people aged 0 -18 years and offers assessment and treatment (clinic and home if needed) for eating disorders (anorexia nervosa, bulimia nervosa, binge eating disorder) and treatment for confirmed eating disorders.

The Eating Disorder Service is the only service that accepts self-referrals via a telephone call. All young people that are referred also need to see their GP for a physical health check so the service can ascertain how urgent the referral is and check there is not another cause for weight loss.

Figure 1 Performance Indicators: Access numbers and waiting times Brighter Futures/ITSBS



*Please note that the sudden drop in numbers in March/April 2023 reflect the re-procurement of this service subsequently provided by The Anna Freud Centre-new Name SAFE Evolve (see above)

Figure 2: CAMHS – Ealing Active Caseloads, Referrals and Discharges

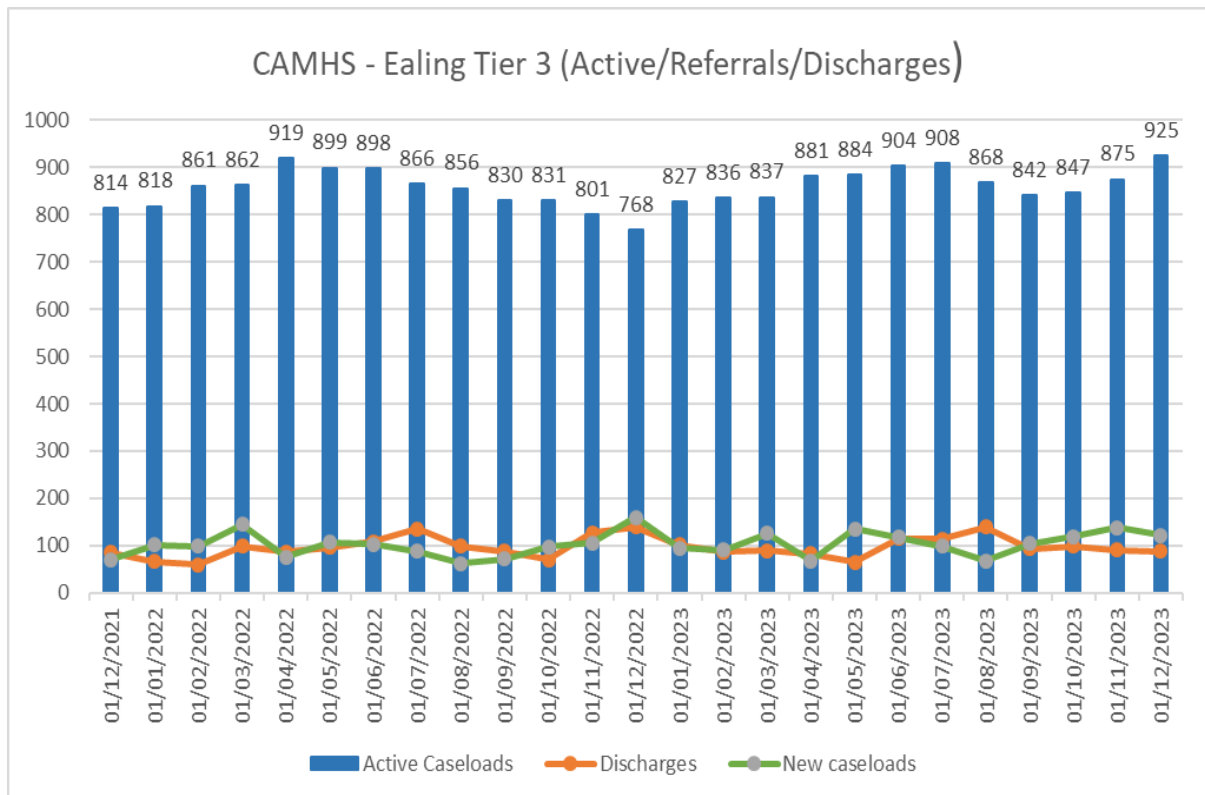
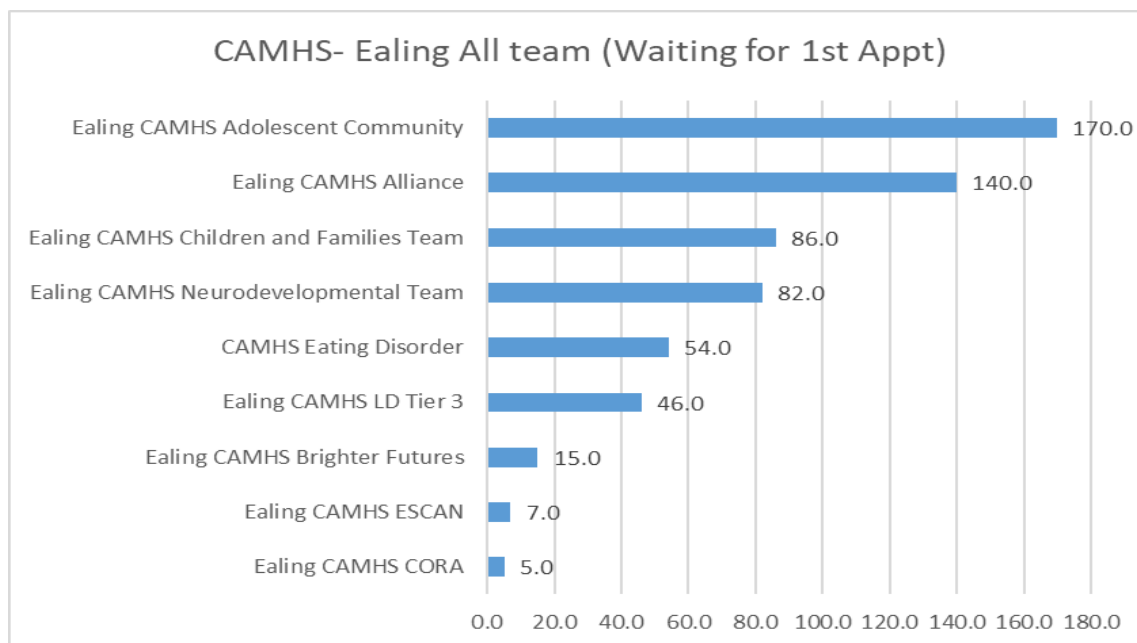


Figure 3: Children and Young People waiting for a 1st Appointment by days waited



New initiatives in Specialist CAMHS since last scrutiny report 2022

The Ealing CAMHS LD Team currently have 54 young people on our wait list, the longest of which has been waiting for two years. We continue to experience a significant staff vacancy rate and a consistent increase in referral rates.

We have developed our provision of support to the families of those on the waiting list, so that support can be accessed whilst they are waiting. We have developed workshops and have run two 12 x week Non-Violent Resistance (NVR) Parenting groups. A total of 15 parents have made use of the NVR group, including two families where interpreters were used. Six families have made use of the last two workshops and they are open to families who need interpreters.

We are actively continuing to recruit and have recently successfully interviewed for some posts. We have a long-standing contract to provide work directly into two Ealing Special Schools, and these continue to receive fantastic feedback, including widespread praise for training that was recently provided by CAMHS LD.

- Implementation of DBT skills training group to young people/patients on the Adolescent team waiting list with high levels of risk
- Fixed-term partnership agreement with Healios to co-deliver online Mental Health and Neurodevelopmental services for children and young people in Ealing, as well as in Hounslow and Hammersmith & Fulham. Healios is a digital provider of mental health, Autism and ADHD services for children and young people via an online platform.

The pathways offered in our Healios pathway includes:

- Mental Health:

- Cognitive Behaviour Therapy (CBT)
- Neurodevelopmental:
- Autism Assessments
- ADHD Assessments
- Post Diagnostic Intervention (PDI)

Joint work with Safe Evolve

Both Ealing CAMHS and SAFE Evolve are committed to work jointly with one another to address mental health needs for young people in Ealing.

We have weekly interface meetings where we discuss young people and families and consider which service is best placed to meet their needs. There is a monthly meeting with leads of Ealing CAMHS and SAFE Evolve to discuss broader operational, managerial and care pathway dilemmas and agree joint ways of moving forwards.

These meetings have been helpful in ensuring young people and families receive the right support, as well as identifying where there may be gaps in commissioned provision. These gaps have been jointly flagged with our stakeholders and commissioners.

3.5 Hospital and Specialist CAMHS services for Crisis

Alliance – Crisis, Out of Hours and Intensive Home Treatment Service

Intensive Crisis Support and Home Treatment

Alliance works with children and young people who live in the London Boroughs of Ealing, Hammersmith and Fulham, Hounslow, who are going through a mental health crisis. They can see people who have been seen in a General Hospital or Accident and Emergency (A&E) Department, due to severe mental health problems, are open to a West London Child and Adolescent Mental Health Service (CAMHS), but the support they are being offered, is not enough to manage the crisis or are in a Specialist Psychiatric Hospital, to help them safely return back to the Community.

The team offer short-term crisis support; if they identify problems that require longer-term help, they will talk through what services that can be referred to. This can range from getting extra support from School, a Charity, Social Care or a Mental Health Service.

Where a crisis cannot be managed safely in the Community, the team can help with the admission to a Mental Health Hospital and will continue to maintain contact during the admission, so they can help support a safe return to the community, in the shortest time possible.

24/7 West Middlesex University Hospital Support

This team offers assessment and guidance about children and young people who attend West Middlesex University Hospital (A&E Department and Children's Ward), in a mental health crisis. They offer support if a young person is in an adult mental health setting or detained in a place of safety and provide advice and guidance to other mental health workers who are working with children and young people such as GPs, police and social care emergency duty teams outside of the helpline hours of operation.

The team are based at the CAMHS Alliance Hub (Lakeside Mental Health Unit in the West Middlesex Hospital Site Monday to Friday 9am-5pm, 5pm-9am and 24 hours over the weekend. This offers access to a 24 hour, 7 days a week specialist CAMHS worker, who will be able to support children and young people, to ensure that they are given personalised, considered guidance when needed in a mental health crisis.

24/7 Ealing Hospital Support

Ealing Hospital does not have paediatric A&E, but young people between the ages of 16-18 that attend have 24/7 access to A&E Liaison and support from Crisis Intervention, Home Treatment and Community CAMHS.

Speak CAMHS – Helpline

Speak CAMHS (named by service users) is a mental health crisis line across Ealing, Hammersmith and Fulham and Hounslow. Speak CAMHS can be called by professionals, parents and young people to discuss any mental health concerns they may have about children and young people.

The helpline is accessed via the Trust's central Single Point of Access number. The helpline is manned by dedicated worker between Monday to Friday from 8am to 11pm; Weekends and Bank Holidays from Midday to 8pm; and outside of these times, crisis calls are passed to a CAMHS Out of Hours worker, who will accept calls if they are available to talk, otherwise can arrange a call back.

Those already open to CAMHS services in West London are requested to contact their usual CAMHS Team during working hours, as they would be able to speak to someone who knows their case well. If the regular worker is not available, young people, parents or professionals can ask to speak to a Duty worker from the same team.

If the CAMHS Team is not open or general help is needed, Speak CAMHS can be contacted for additional support. Helpline staff are able to provide telephone support and basic counselling to both young people and people who may be concerned about a young person in the Community.

Speak CAMHS allows an individual to speak to a CAMHS Worker who is familiar with local services in the area and able to access any clinical records. It is hoped that advice given will help prevent difficult periods from becoming a crisis. Some of this work can be done over the phone, however if more support is needed, the team can discuss the best way to access the right support based on individual needs. As the team are part of the CAMHS network, they can also share information with local services, so the services can use information from the call, to get a better understanding of young people's difficulties.

4. North West London CAMHS Provider Collaborative

The North West London Children and Adolescence Mental Health Services (NWL CAMHS) Provider Collaborative is a partnership between West London NHS Trust (Lead Provider) and Central North and West London NHS Foundation Trust, with responsibility to manage the CAMHS inpatient pathway and alternatives to hospital admission. After successfully running as a pilot, it became the NWL

CAMHS Provider Collaborative on the 1st of October 2020, formally taking on the commissioning responsibility and quality oversight from NHS England.

The CAMHS Provider Collaborative is aligned to the North West London Integrated Care System (ICS) footprint but is based in Ealing. It is one of 3 CAMHS Provider Collaboratives in London and we work closely with the other 2 London Provider Collaboratives to develop, where appropriate, pan London solutions.

The key principles underpinning our Provider Collaborative are:

- Collaboration between providers across NWL ICS footprint effectively engaging with all other providers within and outside of the Provider Collaborative
- Clinicians and service users/carers leading improvements in care pathways
- Manage resources across the collaborative to invest in community alternatives and reduce inappropriate admissions/care away from home
- Working with local stakeholders and system partners
- Improvements in quality, patient experience and outcomes driving change
- Advancing equality and reducing health inequalities for our local population

System Partners & Users and Carers as Partners

In order to deliver seamless effective care, we work closely with all system partners, this helps us be effective but also helps integrate pathways for users and carers. We have a well-developed user voice and also a dedicated 'Family Ambassador' role working directly with parents/carers whose children use our services. This feedback informs what we do and helps us understand better what makes a positive difference and also what can be unhelpful.

What do we do?

The Provider Collaborative has delegated responsibility from NHSE to manage the inpatient pathway and alternatives to admission including specialist crisis services and home treatment for children and young people (CYP) aged between 13 and 18. Wherever possible we seek to support people in their usual place of residence, thus where appropriate reducing the need for inpatient care.

Key Facts

- NWL CAMHS PC has on average circa 33 CYP in inpatient care at any one time this is approximately 40% less than prior to the Provider Collaborative starting in October 2020
- There is an average of 8 Tier 4 in-patient admissions per month in NWL (circa 100 per year) across all types of inpatient care.
- CAMHS admissions and crisis presentations do not have predictable seasonal variance, although January 2023 had more crisis presentations than any other month in the last year

- 80% of CAMHS admissions are general adolescent unit (GAU) with the remaining 20% specialist e.g. psychiatric intensive care (PICU), Low secure, eating disorder or learning disabilities (LD).
- However, whilst only 17.5% of admissions (17) are for eating disorder, those admissions utilise circa 43% of all occupied bed days. LD admissions have similarly long stays, often 6 months or longer largely due to delayed discharges
- 78% of admissions are female/identify as female with 22% male/identify as male.
- 80% of people are aged between 14-17 at the time of admission
- 50% have Length of Stay (LoS) longer than 60 days and 10% of admissions are readmissions (both reducing in last 12 months)
- Crisis and Home Treatment services are consistently effective with over 98% of referrals being managed outside of Tier 4 inpatient care thus avoiding an admission

Inpatient activity in Ealing

During 2022/23 there were 25 admissions from Ealing, each with an average length of stay of 113.84 days. This was about 25% of the total admissions across NWL for that period. Most people were admitted to a CAMHS bed between 1 and 2 days after the decision to admit was made. However, access to more specialist beds, for example eating disorder or low secure, can take significantly longer as these beds are in high demand.

In the Year to Date 20th of February 2024, there have been 11 admissions from Ealing, with an average length of stay of 70.63 days, representing a significant reduction from the previous year.

Admissions do not follow a straightforward pattern, for example Ealing had 5 admissions in July 2023 but no admissions in the months of October, December or February in the last year. Most admissions are weekdays and Ealing's readmission rate is 12.5%, slightly higher than the NWL average.

Improvement Initiatives

Whilst under fairly relentless pressure since the pandemic through hard work and effective partnerships, significant improvements to the CAMHS pathway have been made. One aspect is that reducing inpatient spells releases funding to invest in community services. Since 2020 we have invested over £4m per year on services improvements, these include:

- The development of the 'Arc' day service for people with eating disorder- this provides intensive day therapy for up to 8 children who would otherwise be in hospital
- Creating 2 eating disorder intensive home treatment teams working with children with complex eating disorders and their carers

- Increased crisis services and home treatment services providing a broad range of support for CYP with complex and intensive needs, again reducing the risk of hospital admission.
- Specialist team to support other CAMHS staff working with people with autistic spectrum disorders (ASD), helping skill them up and provide more effective interventions for CYP with ASD
- Investing in extra staff for our inpatient unit Lavender Walk, allowing higher staffing ratios and more therapies to make the unit safer and length of stay shorter

All the above have helped make our services more resilient and capable as demand has increased and allowed us to help more CYP and their carers close to home.

Innovation

As well as the above initiatives we have built on the collaborative work done during the pandemic, we have introduced a number of new and improved services for children and young people in North West London including the following:

Circle is a hub space and cafe in Ealing that offers support for children and young people aged 5-18 who are in active mental health distress. It exists to provide mental health support early to prevent things getting worse. Young people can come in for advice, support, or just to talk, with drop-in or appointment-based services available. (See Below)

Kooth is an online mental wellbeing community which is providing free, safe, anonymous support for young residents in our 8 North West London boroughs. This service supports children and young people with a wide range of mental health issues.

Social Care We have a very innovative joint programme of work across the 8 Boroughs about better managing crisis, providing positive behaviour support to children who are 'stuck' in acute hospitals and need help to get home or into a new placement. We are also now working directly with carers to prevent the placement breakdowns that often result in admission to hospital and high cost residential placements. There is also a strand looking at data sharing and risk stratification that has been piloted in Brent

Best For You NHS is an online portal that connects young people and their families with the mental health support they need.

All of these services enable us to provide the most appropriate care for our young people whilst ensuring best value for the NHS. They help children and young people to learn how to cope with their condition without needing to travel outside of London.

The Future

A new inpatient unit: We are currently developing outline plans to replace our current inpatient units as the buildings are nearing the end of their suitability for CAMHS. This will be a big undertaking and require significant funding and other

support, but we believe this is the correct strategic decision and that CYP in NWL should have access to the most up to date therapeutic environments.

More 'Circles': The success and innovation associated with the Ealing Circle has brought national attention including numerous appearances on TV and other media. As a result, other Boroughs would like to follow where Ealing has led and we are in talks with other areas about whether the model could be replicated elsewhere.

Crisis: You will notice that a key theme is keeping CYP from becoming unwell and going into crisis. As well as impacting on the CYP and their families this also creates significant challenges for our paediatric services, emergency departments, police etc as well as CAMHS and social care. We believe that by work together more can be done to prevent crisis, keep CYP well and support their carers. This will involve further partnership work with social care and education as well as other health partners and we would of course value your support in pursuing this.

5. The Circle Café: The Children and Young People Safe Space Hub H&F, Ealing and Hounslow Mind

Summary

The increasing need for children and young people's mental health (CYPMH) services is extremely high. Data for England shows that there are increasing rates of mental health detentions and hospital admissions for under 18s (NHS Digital, 2021; NHS Digital, 2022).

Successfully launched in December 2022, The Children and Young People Safe Space Hub, known as "The Circle," has swiftly become a national example of a vital resource in the mental health landscape. Functioning as a beacon of support, The Circle has played a pivotal role in offering essential immediate assistance to children and young people grappling with emotional and mental distress, averting potential crises in their early stages.

Initiated with funding from the NHS Winter Pressure Fund, The Circle serves as a crisis alternative within the community, alleviating the burden on A&E services. This strategic move aims to divert young people who do not necessitate specialist crisis mental health or emergency medical care typically administered in emergency departments. The underlying goal is not only to prevent crises but to provide robust support to young individuals, their parents, and carers.

Background and Rationale:

The need for a dedicated Children and Young People Mental Health Safe Space Hub emerged from a notable rise in young people seeking assistance at local emergency departments in recent years, coupled with direct feedback from young people about their encounters with Emergency Departments.

Research by both National MIND and local MIND services revealed the significant challenge young people face in obtaining appropriate support during times of crisis.

An A&E Audit in 2019 across Northwest London underscored that a substantial number of young people presenting with mental health concerns in emergency departments did not require further assistance. The outcomes indicated that 50% were discharged home, with predominant issues such as anxiety, depression, self-harming, suicidality risks, neurodiversity, and behaviour problems. Some cases revealed systemic issues related to school relationships and family dynamics

The escalating demand, coupled with workforce challenges and increased pressure on core CAMHS and emergency services, necessitated an alternative approach. The need for direct support in the right space, provided by skilled staff, led to the exploration of new working methods and a whole systems approach.

In response to this pressing local need, MIND proposed the development of a Crisis Prevention Café—a vital early intervention crisis prevention hub at the heart of the local community. The collaborative initiative involved the NHS, supported by statutory and local voluntary sector organisation. The strategically located hub aims to provide a warm, inviting, and non-stigmatising space for young people, their families, and carers. Staffed by skilled team of clinical and non-clinical professionals, the hub offers immediate support for those presenting with mental and emotional distress.

In August 2021 The clinical director and clinical lead of MIND (HFEH) developed and submitted a proposal for the children and Young Peoples Crisis Prevention Café to NWL Provider Collaborative commissioners. Following careful review and discussions with wider strategic members of the Local Trust the Local CAMHS Provider Collaborative agreed £371,536 to fund the development of the Crisis Prevention Café. MIND (HFEH) further supplemented the financial support by allocating additional funds of £132,393 made from the combination legacy funding and the organisational reserves.

To ensure genuine co-production, a committee consisting of children, young people, and parents was established. This committee comprised individuals aged 9 to 21, fostering a collective representation of diversity. Young people from MIND's Local Young Advisors group and the Young Ealing Foundation Young Champions group were included to ensure a broad spectrum of perspectives

To establish effective governance throughout the shaping and development of the Crisis Alternative Hub, and subsequently, the formulation of the wrap-around support systems, a Strategic Partnership Board was initiated in April 2022. Chaired by the Director and Clinical Lead of MIND (HFEH) alongside the commissioners from the WL Provider Collaboratives and comprised of representatives from statutory core CAMHS, Crisis CAMHS services, social care, local police, local drug and alcohol services, and various voluntary sector organisations, this board played a crucial role.

Over the initial 6 months of the hub's development, the Strategic Partnership Board convened monthly to review and provide valuable feedback on the evolving model developed by MIND (HFEH). This collaborative board acted as a vital critical friend, offering key insights and foundational support in developing pathways between services. Their input was instrumental in ensuring the safe and effective evolution of the hub provision.

Drawing feedback directly from our youth panel and incorporating insights from previous research like the MIND Education Enquiry, it became evident that creating

a warm, homely, non-clinical, and non-stigmatizing space was paramount to the hub. The emphasis was on designing a space by young people for young people.

Recognising the importance of inclusivity, a sub-youth panel was established by the local CAMHS Neurodevelopmental team. Comprising young people with neurodiverse needs, this panel provided essential guidance and feedback on the design, ensuring that the final outcome was truly inclusive.

In response to this, the young people proposed the name "Circle," symbolizing a circle of hope, care, and support. They highlighted that the name "Circle" is non-stigmatising and would be something young people could comfortably suggest to a friend in need, saying, "go to the Circle." The name "Circle" aptly resonates with the concept of wrap-around care and seamless support, strategically aligning with the comprehensive and inclusive nature of the service.

The Circle offers a non-clinical, inviting environment for children and young people aged 5–18 who require immediate support and de-escalation for emotional and mental distress before reaching the need for emergency crisis intervention. While the ideal service provision would cover ages 5–25, our fortunate position allows seamless collaboration with an existing adult provision within a 10-minute radius for individuals aged 18 and above. Operating from 3 pm to 11 pm, 365 days a year, the service provides dynamic interventive assessments, risk assessments, safety plans, practical support to address immediate needs, and effective signposting.

Opening hours:

Young people can access the service via drop-in from 3:30 pm to 6:30 pm without the need for referral. Subsequently, appointments are available through self-referral or referrals from parents, carers, and professionals from 6:30 pm to 9:30 pm.

Those seeking immediate support for emotional distress at the Circle are offered up to six follow-up sessions, mainly through therapeutic arts group sessions. These evidence-based sessions equip young individuals with additional strategies and skills to manage future symptoms of emotional distress.

Post-Circle immediate intervention, young people are directed to local provisions and activities, fostering a sense of community, reducing low mood and anxiety, building meaningful relationships, and developing confidence and self-esteem.

Regular liaison, communication, and information sharing (with consent) occur with education settings, GPs, Community CAMHS, social care, and early help services. The service has established escalation pathways with local CAMHS Crisis provision via the SPEAK CAMHS crisis line.

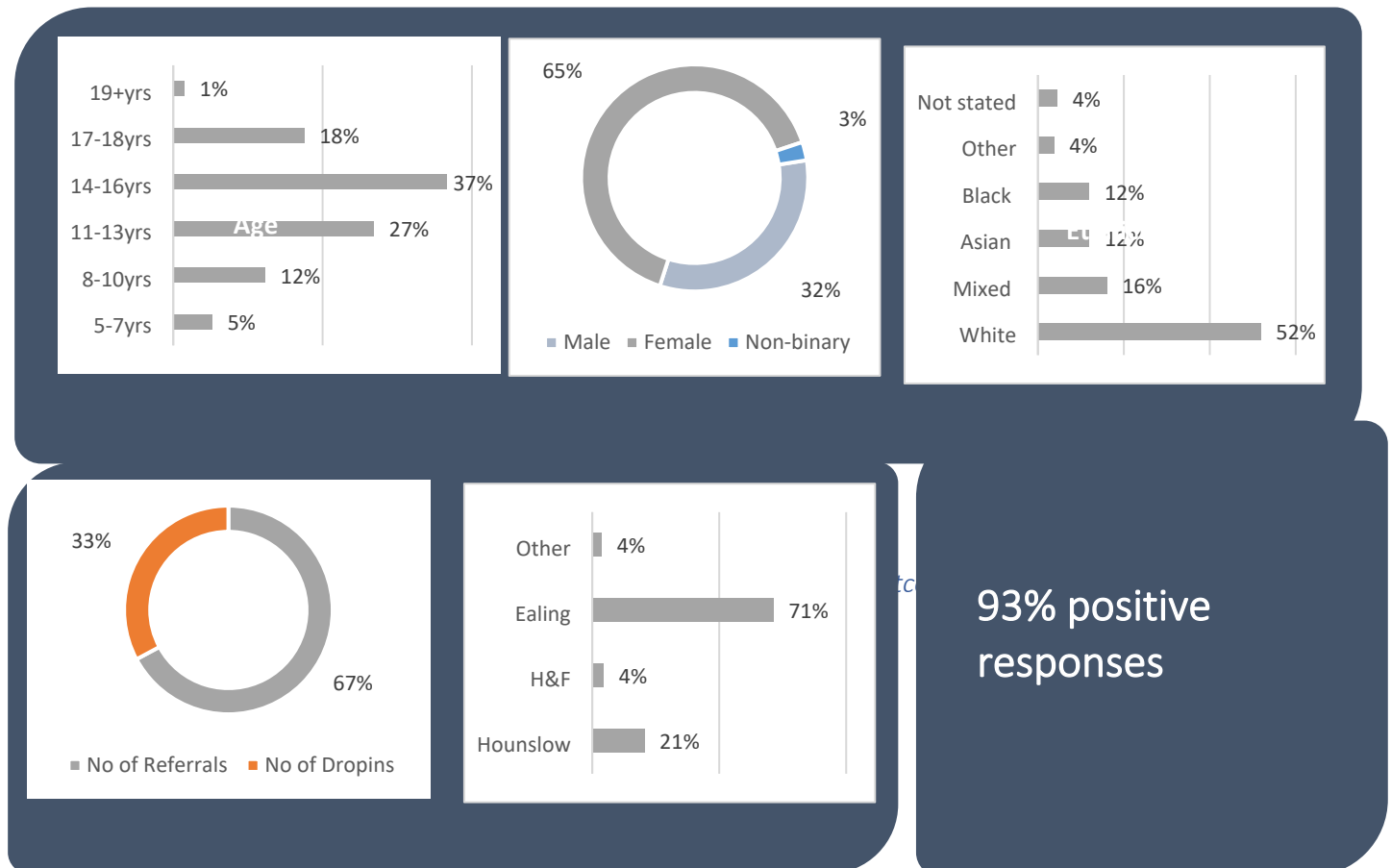
In instances involving social care-related safeguarding issues, the team collaborates with out-of-hours social care to ensure the immediate safety of young people.

This model of working guarantees that the service provides the wrap-around seamless care necessary to keep children and young people supported and safe

Achievements and Impact

Since its soft launch in December 2022, The Circle has proactively supported approximately 400 young people, parents, and carers. The service's impact is multi-faceted, offering advice, de-escalation of emotional and mental distress, strategic signposting, and a comprehensive wrap-around care model. Its strategic approach aims to prevent young individuals from reaching crisis points, fostering a proactive and preventive mental health landscape.

Table 2 The Circle Activity Data



Circle has emerged as an indispensable mental health hub, adeptly addressing a diverse array of challenges. From thoughts of suicidality and social anxiety to self-harm and high levels of emotional distress, the service to date has provided a lifeline for those navigating complex mental health issues within a complex and stressed health care system.

Beyond its immediate impact, The Circle has played a pivotal role in enhancing awareness and knowledge of mental health issues among young people, parents, and professionals. Serving as a beacon of support, hope, and guidance, The Circle has become an integral part of the community's mental health ecosystem. Its influence extends beyond crisis intervention, contributing to a broader cultural shift in mental health discourse and understanding.

6. Overview of Social, Emotional and Mental Health in Ealing Schools

6.1 SEMH Leadership in schools

Each Ealing school has a designated senior leader to oversee pupils' social, emotional, and mental health (SEMH) needs, with variations in responsibilities across institutions. Some may also manage other aspects of inclusion, such as the Special Educational Needs Coordinator (SENCO). A secondary schools' Behaviour and Inclusion Leads Network convenes each term to facilitate information sharing, exchange best practices, and address concerns. Among the 17 secondary schools in Ealing, 14 attend these meetings and 12 out of the 17 schools have enrolled in an inclusion school visit program. These visits aim to collaboratively examine suspension and exclusion data, assess the use of Alternative Provision (AP), and promote inclusive practices.

The newly appointed Head of Access and Inclusion is reassessing the objectives of these meetings with colleagues, aiming to transform them into more collaborative sessions rather than mere information exchanges. The goal is to foster stronger teamwork and embrace a solution-focused approach to address common issues and concerns effectively. Currently, Ealing's rates of permanent exclusion are still too high and the hope is that we can use the experience of the group to help support schools in looking for alternative approaches and a shared vision for inclusive SEMH practice moving forwards, using the principles of the London-wide Inclusion Charter as a basis for this.

6.2 Therapeutic Thinking

In 2021 the Social, Emotional, Mental Health (SEMH) review found inconsistent practice, incomplete services and a limited graduated response to young people's social and emotional needs. Therapeutic Thinking provides a response to these findings and is offered free to all Ealing schools. In addition, a dedicated Therapeutic Thinking Lead co-ordinates the roll out across the borough, ensuring a coherent Local Authority provision and providing high quality support to schools.

In addition, we are committed to tackling the systemic and persistent over-representation of Black Caribbean pupils and Somali pupils in Ealing's suspension and exclusion data across both primary and secondary phases, through our race equality ambitions. Adopting Therapeutic Thinking is one strand of the response to this inequality, designed to ensure schools better understand young people's needs.

The Therapeutic Thinking model offers a comprehensive framework to understand and address the needs of young people. It provides principles, tools, and training for school leaders to enhance policies, culture, and practices related to behaviour. As Therapeutic Thinking Tutors, leaders undergo a three-day course to deliver accredited training within their schools. They also become equipped to lead a more holistic approach to behaviour and attitudes, covering aspects like school culture, policy, daily interactions, responses, and service coordination. Leaders are empowered to assess current practice, enhance their existing strengths, and tackle

areas of concern such as attendance, suspensions, crisis management, and behaviour.

Since September staff from thirty-two schools have accessed Therapeutic Thinking tutor training, building on the twenty-four schools from the last academic year. This supports school leaders to be better prepared to lead developments with their colleagues and for their pupils. All the feedback so far has described the course content and delivery as 'very helpful' and the average evaluative score from delegates is 4.6/5. One delegate summarised the views of many in their feedback about the best things from the training:

'Clarity of information based on evidence, research and real-life examples. Detailed strategies and toolkit to move forward. Clear guidance on how to support to develop a whole school therapeutic thinking response to ensure children are included and achieve their best possible outcomes'.

Demand for the training from schools continues to increase so an additional course is running in June 2024, by which time more than two-thirds of all Ealing schools will have at least one Therapeutic Thinking Tutor.

The most common areas that leaders identified as priorities for their schools following the training were dealing with pupils in crisis and improving the graduated response. Data from the Autumn term indicates initial positive effects of Therapeutic Thinking on student outcomes. Schools implementing Therapeutic Thinking have observed a reduction or stabilization in suspensions and exclusions, in contrast to national and local trends showing increases. However, it may take multiple terms for training insights to influence policy and practice, with the potential for substantial improvement in outcomes for children and young people over time.

The borough's lead for Therapeutic Thinking is supporting school leaders to implement change. This work falls in to three broad areas;

- auditing and evaluating current provision to inform school improvement planning
- training and coaching for staff
- direct assessment and planning for individual children's needs.

A variety of teams and services across Ealing are engaged with Therapeutic Thinking. Leaders are exploring how its principles, language, and assessment tools can enhance existing practice. Examples of those actively engage include outreach services from special schools, attendance, exclusions, SENAS, Educational Psychology, SAFE, and Early Years specialists.

It is expected that for the academic year 2024-25 Therapeutic Thinking will continue to be offered to all Ealing schools without charge. The ambition is to have every school in the borough with a tutor by July 2025. Leaders are developing an offer for non-maintained settings such as nurseries, Alternative Provision, and colleges. Many children and young people with SEMH need attend settings such as these so there is an opportunity to enhance their provision through the Therapeutic Thinking approach.

6.3 Children and young People emotional wellbeing needs -what are we seeing and what are schools telling us.

In September 2023 over 10,000 year 4, 6, 8, and 10 pupils completed a health-related behaviour survey. The Stirling Wellbeing Scale, a psychometric tool used to measure subjective wellbeing by assessing various aspects of an individual's wellbeing, including their satisfaction with life. The findings indicated that feelings of happiness, and overall mental and emotional state, was low in 7% of primary aged pupils. In addition, 38% worry about the mental health of someone in their family 'quite a lot' or 'a lot', and 27% worry about how they feel anxious or sad 'quite a lot' or 'a lot' of the time.

Levels of resilience among primary pupils remains relatively positive with 71% of pupils responding that "if at first, they don't succeed, they 'usually' or 'always' keep on trying until they do", and 67% of pupils 'usually' or 'always' learn from when things go wrong.

Over a quarter of young people in high school report high levels of anxiety, a third report high levels of stress and a fifth report feeling sad a lot of the time. There are a worrying number of teens expressing their need to self-harm (n224) or are experiencing suicidal thoughts (n224).

Finally, emotional based school avoidance (EBSA) remains a concern with 15% of year 10 pupils admitting to sometimes skipping school because they don't like being at school, and this increases to 18% for those registered for free school meals (FSM).

Numbers of pupils not attending school due to anxiety is unclear as currently there is no official code to mark the student absent for this reason.

Absence data from Oct 2023:

- **Absence rate was 6.8%** in Ealing state-funded **secondary** schools, **above** last year's (2021/22) two-term figure of 6.4% but **below** the national average (8.7%).
- **Absence rate was 6.3%** in Ealing state-funded **primary** schools, **above** last year's (2021/22) two-term figure of 5.8% and **above** the national average (6.0%). *Ealing is also current **against the national trend**, where primary absence decreased since last year (-0.2% pts) and Ealing primary absence rate increased (+0.3% pts).*
- **19.4% (3,603) of secondary pupils were persistently absent** (10% of sessions or more), **above** last year's (2021/22) two-term figure of 18.6% but **below** the national average (25.2%).
- **19.3% (4,992) of primary pupils were persistently absent** (10% of sessions or more), **above** last year's (2021/22) two-term figure of 17.8% and again **above** the national average (17.3%). *Ealing is also current **against the national trend**, where primary PAs decreased since last year (-0.9% pts) and Ealing primary PA rate increased (+1.5% pts).*

- **1.6% (291) of secondary pupils were severely absent** (50% of sessions or more), **above** last year's (2021/22) two-term figure of 1.2% and **below** the national average (3.1%).
- **1.1% (278) of primary pupils were severely absent** (50% of sessions or more), **above** last year's (2021/22) two-term figure of 0.9% and again **above** the national average (0.7%).

As discussed above there are likely to a range of factors driving the increase in school absences, with children's emotional distress only being one of them. However, to ensure very effort is made to support families the local authority is developing a strategy aimed at addressing emotional based school avoidance (EBSA). This will be co-produced with school leaders as well as pupils and parents/carers of those affected by EBSA.

Guidance, advice, tools, and training is being developed and will be shared widely to ensure all schools have a genuine understanding of EBSA, feel confident of how best to reduce numbers of persistent absence related to emotional needs being unmet, and can develop a whole school approach to emotional wellbeing that includes universal awareness and understanding of what EBSA is. Important early help support to detect and respond effectively by knowing the warning signs, what to do as soon as they have initial concerns, and how best to respond and signpost those affected by emotional anxiety that effects their ability to come, and/or stay, at school will also be explored and responded to.

7. Central Point of Access and Thrive Framework

The diversity of services in Ealing described above is a strength, however children, families and professionals have told us that it can also seem confusing and overwhelming at times. They highlighted that having multiple referral systems was challenging and made things more difficult for them to navigate the system. In addition, rejecting referrals and asking them to be re-referred elsewhere was felt to be a waste of resources and frustrating for parents and professionals, and added to waiting times

In 2022 discussions took place at a partnership level in Ealing about how we could take the next steps of development toward a Thrive Framework for children's services and align with NWL ICS system transformation.

A working group was established which mapped service provision and a Memorandum of Understanding (MOU) was drafted, in order to develop a 'Central Point of Access' for Children's Community & Specialist Services and Thrive Framework. This MOU was then approved by the Ealing Children Partnership Board.

The planning group was temporarily paused in early 2023 due to organisational changes and while resourcing was secured for a programme lead. It was agreed to develop further integration based on a principle of 'no wrong front door' and that this should form part of a wider alignment and transformation based on a 'Thrive Framework'. A business case was then approved in Spring 2023 to fund a programme lead, to support development of the Central Point of Access and Thrive.

A role specification was developed, and procurement undertaken. The programme began on 18th December 2023

Ealing currently has three main entry points to children's services:

- Ealing CAMHS SPA managed by West London (Alliance Crisis Service, Children's & Families Team, Adolescent Team, Neurodevelopment Team and Learning Disability Team, Community CAMHS and SAFE Evolve)
- Ealing Children's Integrated Response Service (ECIRS) based at and run by the Council (CSC/MAST, SAFE, Disabilities, Unaccompanied Minors/Housing Support, Parenting and SEND)
- Specialist Children's Services -sometimes call The Referral Hub (Children's Development Team, Speech & Language Team, Occupational Therapy Team, Physiotherapy Team, Specialist Nursing Team, Looked After Children Team and Audiology)

There are also some additional entry points for specialist services. The partners agreed to the development of a whole systems approach, underpinned by the THRIVE Principles to improve the mental health, physical health and well-being of all children and young people in Ealing. This involves identifying further opportunities to integrate elements of the 'Front Doors' to enhance the quality of assessment and support that is provided using the Thrive Framework.

Thrive Framework



Aims

- To work on the principle of 'No Wrong Front Door' for referrals
- Work collaboratively together to improve joined up working across and between their organisations through the establishment of a Central Point of Access
- Ensure children, young people and families have access to the right community and specialist services
- Prioritise early intervention as a universal offer with additional targeted support to children, young people and families who have greater need.

How these aims can be achieved

- One shared Referral Form
- Exploring opportunities for joint assessments between services where there are multiple needs
- A 'Warm Handover' across pathways
- Agree a model of delivery for the Central Point of Access which facilitates operational efficiency and safe delivery of referrals
- Work together to agree lines of communication from the Central Point of Access to both referrers and young people and/or families being referred to services

Next Steps

- Detailed stakeholder engagement across all main parties and including clinicians and operation teams, parents/carers and young people
- Research into positive development in other localities and engage with those areas to understand lesson learned on integration
- Review the three existing Single Point Access and produce an overview including alignment and divergence
- Report on existing strengths in Ealing and examples of good practice including NW London neighbours
- Make recommendations to the new CPA Thrive Planning Group

8. Contact Helping Hand Project: Introduction and background

The Contact Helping Hand project started in April 2021 and provides support to families of children aged 0-18 years old referred to Neurodevelopmental Teams or Child Development Teams for an assessment for ADHD or Autism in Ealing (as well as Hounslow and Hammersmith & Fulham). As waiting times for ASD/ADHD services remain very long, the project is offering support whilst the families wait and is part of the NHS's "Waiting Well" initiative. It is currently funded by the NW London Integrated Care Board (ICB).

The core of the project is a support group running over 6 weeks during the school term, consisting of small groups with no more than 10-15 attendees where parents can ask questions, meet other parents, share ideas, and gain information. To ensure the groups work in a person-centred way and responds to parental needs, individual topics for the sessions are agreed with the group in the first meeting. Since April 2022 the project includes some outreach work to schools. As Contact Ealing has had a presence in the borough for 40 years for pan-disability and holistic family support, it has long standing partnerships with many Ealing's schools. The project also includes one-to-one support and advice to families.

Table 3. Summary of referrals 2021 until 10th March 2024

Target per year for Ealing	2021 / 22	2022/ / 21	2023 / 24 (until 10 th March 2024)
50	50	63	35

Parents are not discharged at the end of the project but integrated into the general family support offer from Contact Ealing, therefore although the year-to-date referrals have reduced somewhat, the level of parents supported and 1-1 advice sessions has increased significantly. The increase in 1-1 sessions reflects the level of distress including financial hardship, being experienced by families, who therefore require more intensive support.

Table 4. Comparison data for the 3 years of the project so far / summer terms:

	Year 1 2021 / 22	Year 2 2022 / 23	Year 3 (so far) 2023 / 24
1:2:1 Advice sessions delivered	276	349	409
Unique parent numbers supported via 1:2:1 advice	109	161	166

The challenges parents and their children face have increased due to various factors including:

- Increased demand in Ealing has meant that sometimes there is a lack of SEN specific school places, particularly for children with SEMH (Social Emotional Mental Health) needs, often combined with neurodevelopmental differences, such as ADHD and / or Autism)
- Cost of living crisis
- Some schools struggle to meet needs on SEN support level

Topic specific additional sessions that have been offered in recent years include:

- Several sleep workshops with a sleep trainer
- Introduction for parents to ADHD with the ADHD Foundation
- Workshop with Autism trainer - on her own life experience as an autistic woman
- Group sessions for Farsi, Arabic, Punjabi, Polish and Somali speaking parents as part of the Contact Ealing Community Language sessions
- Coffee mornings for parents of school avoiding children (EBSA – emotional based school avoidance)
- Coffee morning for parents of neurodivergent girls
- Coffee morning for parents of children with PDA (Pathological Demand Avoidance)

Long term outcomes are strongly positive for the service. Surveys one-year post intervention show 87% of parents reporting a positive impact on family dynamics, 87% reporting a positive impact on their child’s well-being, and 94% reporting positive impact on parental wellbeing

Some of the issues brought up by parents include:

- **Challenging behaviour** of the child at school and at home, linked to concerns about emotional well-being of the child. Often leads to exclusions at school.

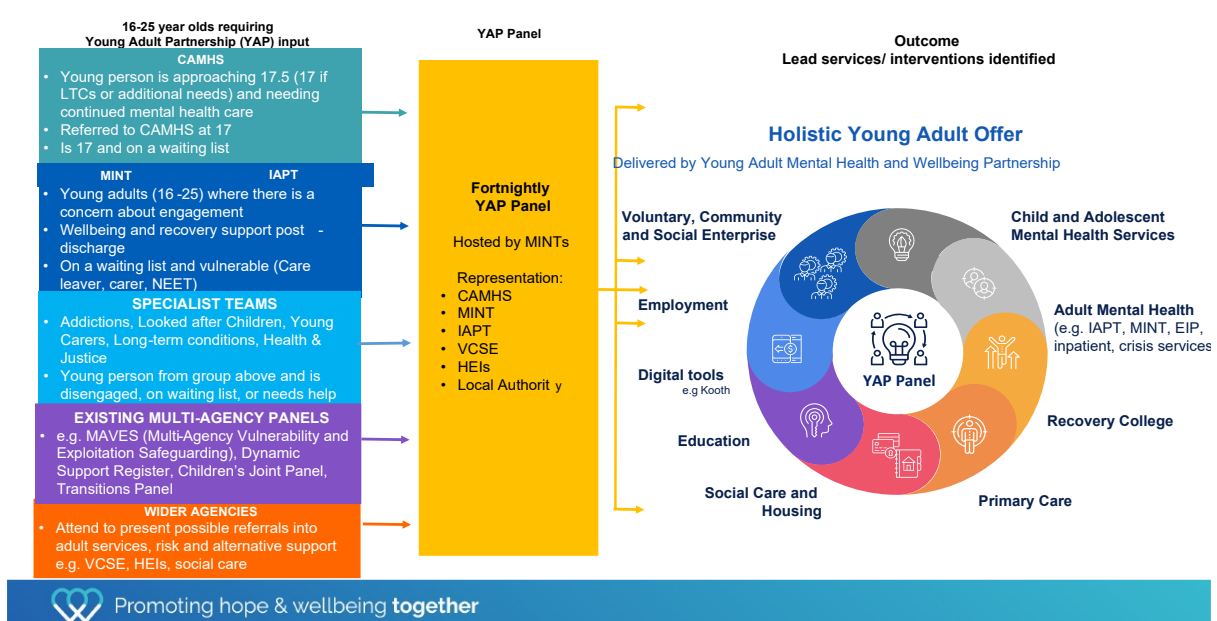
- **ADHD – long waiting times also mean a long wait for being seen for possible medication.** Workshop with the ADHD Foundation in February had very high attendance.
- **Parental exhaustion** and lack of resilience
- **Difficulties at school**, particularly around **school avoidance** and / or behaviour issues.
- **Isolation felt by parents.**
- **Inadequate housing and cost of living crisis** – increase in parents requesting advice and support around finances (DLA / PIP / Carers Allowance in particular)
- **Some families have difficulties** in accessing social care support unless the child is very vulnerable

9. Young Adult Partnership (YAP) Panel

The Young Adult Partnership (YAP) Panel is a formalised arrangement bringing together the NHS service providers, Local Authority, Higher Education and Voluntary, Community and Social Enterprise (VCSE). Working together with adult services such as IAPT and MINT (Mental Health Integration Network Teams) the panel uses the expertise, values, and wealth of experience from the whole sector to ensure a comprehensive transition plan is arranged. This plan places the young adult and family involvement at the heart of the process, to develop ways of:

- addressing inequalities and better identifying unmet need
- improving equality of access to early intervention
- Improving engagement and navigation of services

Young Adult Partnership (YAP) Panel – outline



The YAP Panel process is governed by a protocol which aims to:

- Improve the interface between adolescent and adult mental health services
- provide more flexibility to better meet the needs of young adults through partnership working
- offer a flexible service entry/exit points in CAMHS/ MINT
- a no-bounce/ no-thresholds policy and clear escalation protocol to resolve any issues that arise

The table below sets out the transition outcome for the cases presented at Ealing YAP Panel year to date

Table 5.

Young Adult Partnership (YAP) Panel

First Year (Jan 23– March 24)

• YAPP outcomes

Referrers Team	Pathway / recommendation
CAMHS to MINT	20
CAMHS to IAPT	2
CAMHS/YJS to Community	7
YJS to MINT	
Local Authority to MINT	2
VCSE to MINT	3
Local Authority to Community	1
Local Authority to other Trust	1
IAPT to MINT	1
GP to MINT	3
MINT to Community	
Remains in MINT	4

The transition outcome detailed above indicate an improved level of integrated partnership working between children and adult services. The work of the YAP Panel will be further evaluated to understand the impact of this project.

10. Legal Implications

There are none arising from this report.

11. Financial Implications

There are none arising from this report.

12. Other Implications

There are none arising from this report.

13. Background papers

Consultation

Name of Consultee	Department	Date Sent to Consultee	Date Response Received from Consultee	Comments Appear in Report Para:
Internal				
Irene Brown - Martin	SAFE Evolve	02/02/2024	16/02/2024	Section 2
Karen Gibson	Health Development	02/02/2024	16/02/2024	Section 6
External				
Carol Hernandez	Ealing CAMHS West London NHS	02/02/2024	16/02/2024	Section 3
Richard Lyle	NWL Provider Collaborative NHS	02/02/2024	16/02/2024	Section 4
Nana Owusu	Hammersmith, Fulham, Ealing & Hounslow Mind	02/02/2024	16/02/2024	Section 5
Brigitte Bistrick- Bryan	Contact Ealing	16/02/2024	11/03/2024	Section 8
Dr Martina Di Simplicio	West London NHS Trust	16/02/2024	11/03/2024	Section 9

Report History

Decision Type: Non-key Decision	Urgency item? No		
Authorised by Cabinet Member:	Date Report Drafted:	Report Deadline:	Date Report Sent:
Report No.:	Report Author and Contact for Queries: Eamann Devlin, Programme Lead for Central Point of Access and Thrive		



Report to Scrutiny

Item Number:

Contains Confidential or Exempt Information

No

Subject of Report:	Panel Recommendations
Meeting:	Scrutiny Review Panel 3 – Children’s Services 26 March 2024
Service report author:	Anna-Marie Rattray Scrutiny Review Officer rattraya@ealing.gov.uk 0208 825 8227
Scrutiny officer:	As above
Cabinet Responsibility:	Councillor Kamaljit Nagpal (A Fairer Start)
Director Responsibility:	Helen Harris Director of Legal and Democratic Services harrish.gov.uk 020 8825 6159
Brief:	This report sets out the recommendations made by the panel across its previous three meetings and the responses received.
Recommendations:	That the responses to the Panel’s recommendations are noted.

1. Panel Recommendations

The recommendations made at the previous three meetings of the Scrutiny Panel and the responses received from officers are attached as **Appendix 1**. In future, responses to Scrutiny Panel recommendations will be sought in a timelier manner and reported on regularly.

The progress of accepted recommendations will be followed up at 6 monthly intervals.

2. Legal Implications

There are none arising directly from this report. The powers and duties of the Panel are set out in the Council Constitution.

3. Financial Implications

Support to the scrutiny panels is contained within allocated budgets. Value for money will be achieved through early and effective planning of the Panel's work programme.

4. Other Implications

There are none.

5. Background papers

Ealing Council's Constitution is available at https://www.ealing.gov.uk/info/201046/decision_making/597/council_constitution

Pre-publication sign-off

Name	Department	Date sent	Date response received	Comments appear in report paragraph:
Internal				
Sam Bailey	Head of Democratic Services	27/02/24	27/02/24	

Report History

Decision type: Non-key decision	Urgency item? No
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Authorised by Cabinet member:	Date report drafted:	Report deadline:	Date report sent:
Not applicable			

Report no.:	Report author and contact for queries:
	Anna-Marie Rattray, Scrutiny Review Officer. Ext 8227

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Appendix 1

Scrutiny Panel	Date of meeting	Agenda Item	Recommendation	Recommendation to	Accepted/ Rejected	Reason for acceptance/ rejection
3. Children's	18/07/23	Children's Services Annual Self-Evaluation 2023	Officers consider the Victoria Climbié Foundation's cultural competency training offer for staff in children's services	Joanne Dempster, Assistant Director Children's Social Care	Rejected	We contacted the Victoria Climbié Foundation and the content of the programme they offer in this area is the same as the Cultural Competence Programme that is offered by People and Organisational Development for all the workforce in the council. This programme is mandatory for all staff. We therefore didn't commission Victoria Climbié Foundation programme as it would have been a duplication of resources.
3. Children's	14/11/23	Ealing Safeguarding Children Partnership - Annual Report and Assurance Statement 2022-23	That the Panel considers including the work being undertaken with missing children in its work programme for 2024/5.	Robert South, Strategic Director, Children's Services / Overview and Scrutiny Officer	Accepted	Item to be considered at work programme planning meeting for 2024/2025.
3. Children's	25/01/24	Strategy for Children with Special Education Needs and Disabilities (SEND)	That the SEND Joint Strategic Needs Assessment should consider with medical colleagues whether the over diagnosis of Speech, Language and Communication Needs was a factor for higher rates in comparison with other boroughs.	Madhu Bachu, Assistant Director, SEND	Accepted	It will be beneficial to work with our colleagues in Speech and Language Therapy (SALT) to have a shared view in this area.
3. Children's	25/01/24	Strategy for Children with Special Education Needs and Disabilities (SEND)	Further consideration should be given to how best to address the use of reduced school timetables and enable schools to better support pupils to remain in school.	Madhu Bachu, Assistant Director, SEND	Accepted	This is a key area of work for the Local Authority and Ealing Learning Partnership.

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