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Sefton Council 

MEETING: OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING)

DATE: Tuesday, 15th March 2022

TIME: 6.30 p.m.

VENUE: Town Hall, Bootle

Member

Councillor
Cllr. June Burns (Chair)
Cllr. Paula Spencer (Vice-Chair)
Cllr. Janis Blackburne
Cllr. Natasha Carlin
Cllr. Liz Dowd
Cllr. Leo Evans
Cllr. Paula Murphy
Cllr. Mike Prendergast
Cllr. Yvonne Sayers
Cllr. Veronica Webster
Maurice Byrne, Healthwatch
Karen Christie, Healthwatch
Mrs Sandra Cain, Independent
Advisory Member
Stuart Harrison, Diocese
Father Des Seddon, Archdiocese
Machalla McDermott, PGR
Claire McDonough, PGR

Substitute

Councillor
Cllr. Michael Roche
Cllr. Robert Brennan
Cllr. Christine Maher
Cllr. Christine Howard
Cllr. John Kelly
Cllr. John Dodd
Cllr. Catie Page
Cllr. Terry Jones
Cllr. Steve McGinnity
Cllr. Greg Myers

COMMITTEE OFFICER: Debbie Campbell, Senior Democratic Services Officer

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See overleaf for COVID Guidance and the requirements in relation to Public Attendance.

If you have any special needs that may require arrangements to facilitate your attendance at this meeting, please contact the Committee Officer named above, who will endeavour to assist.

We endeavour to provide a reasonable number of full agendas, including reports at the meeting. If you wish to ensure that you have a copy to refer to at the meeting, please can you print off your own copy of the agenda pack prior to the meeting.

COVID GUIDANCE IN RELATION TO PUBLIC ATTENDANCE

In light of ongoing Covid-19 social distancing restrictions, there is limited capacity for members of the press and public to be present in the meeting room at any one time. We would ask parties remain in the meeting room solely for the duration of consideration of the Committee report(s) to which their interest relates.

We therefore request that if you wish to attend the Committee to please register in advance of the meeting via email to debbie.campbell@sefton.gov.uk by no later than **12.00 noon on the day of the meeting.**

Please include in your email –

- Your name;
- Your email address;
- Your Contact telephone number; and
- The details of the report in which you are interested.

In light of current social distancing requirements, access to the meeting room is limited.

We have been advised by Public Health that Members, officers and the public should carry out a lateral flow test before attending the meeting, and only attend if that test is negative. Provided you are not classed as exempt, it is requested that you wear a mask that covers both your nose and mouth.

AGENDA

1. Apologies for Absence

2. Declarations of Interest

Members are requested at a meeting where a disclosable pecuniary interest or personal interest arises, which is not already included in their Register of Members' Interests, to declare any interests that relate to an item on the agenda.

Where a Member discloses a Disclosable Pecuniary Interest, he/she must withdraw from the meeting room, including from the public gallery, during the whole consideration of any item of business in which he/she has an interest, except where he/she is permitted to remain as a result of a grant of a dispensation.

Where a Member discloses a personal interest he/she must seek advice from the Monitoring Officer or staff member representing the Monitoring Officer to determine whether the Member should withdraw from the meeting room, including from the public gallery, during the whole consideration of any item of business in which he/she has an interest or whether the Member can remain in the meeting or remain in the meeting and vote on the relevant decision.

3. Minutes of the Previous Meeting

(Pages 5 - 20)

Minutes of the meeting held on 16 November 2021.

Minutes of the remote informal meeting of the Committee held on 25 January 2022.

4. Performance Reports for Key Children's Services

(Pages 21 - 54)

Integrated Performance Reports by NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.

5. Sefton Community Child and Adolescent Mental Health Services (CAMHS) - Update

(Pages 55 - 72)

Joint Report of the South Sefton Clinical Commissioning Group and the Southport and Formby Clinical Commissioning Group.

6. Shaping Care Together Programme - March 2022 Engagement Update

(Pages 73 - 86)

To receive information and a presentation on the Shaping Care Together Programme.

7. Ofsted Inspection Reports

(Pages 87 -

Report of the Executive Director of Children's Social Care and Education.

8. Cabinet Member Reports

(Pages 93 - 98)

Report of the Chief Legal and Democratic Officer.

Appendix A - Cabinet Member - Children's Social Care - update report – To Follow.

9. Work Programme Key Decision Forward Plan

(Pages 99 - 114)

Report of the Chief Legal and Democratic Officer.

THIS SET OF MINUTES IS NOT SUBJECT TO "CALL IN".

Overview
& Scrutiny



OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING)

MEETING HELD AT THE TOWN HALL, BOOTLE
ON TUESDAY 16TH NOVEMBER, 2021

PRESENT: Councillor Burns (in the Chair)
Councillors Carlin, Dowd, Murphy, Prendergast,
Webster and Wilson

ALSO PRESENT: Mr. M. Byrne, Healthwatch Sefton
Mrs. S Cain, Independent Advisory Member
Ms. M. McDermott, Parent Governor Representative
Ms. C. McDonough, Parent Governor
Representative
Councillor Mhairi Doyle, Cabinet Member -
Children's Social Care
Councillor Diane Roscoe, cabinet Member -
Education

23. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Evans and his Substitute Councillor Dodd; Councillor Yvonne Sayers and her Substitute Councillor McGinnity; Councillor Spencer and her Substitute Councillor Brennan; and Father Des Seddon, Archdiocese.

24. DECLARATIONS OF INTEREST

In accordance with Paragraph 9 of the Council's Code of Conduct, the following declaration of personal interest was made, and the Member concerned remained in the meeting room but took no part in the consideration of the item and did not vote thereon:

Member	Minute No.	Nature of Interest
Ms. C. McDonough	Minute No. 32 – Parent Governor Representative	She is affected by the outcome of the decision.

25. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 28 September 2021 be confirmed as a correct record.

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26. REPORT ON THE COUNCIL'S NEET REDUCTION AND EARLY INTERVENTION SERVICE COMMISSIONED THROUGH ECONOMIC GROWTH AND HOUSING (EMPLOYMENT & LEARNING)

The Committee considered the report of the Head of Economic Growth and Housing updating Members on work relating to the performance of the contract delivered by Career Connect on behalf of Sefton Council in respect of young people Not in Education, Employment and Training (NEET).

The report set out the background to the matter; the NEET Reduction and Early Intervention Service; a snapshot of current performance on NEET; data on NEET and Not Known (NK) across the wider 16-18 group; NEET and EET data for vulnerable groups; the NEET Reduction and Early Intervention Service Supporting Council Departments; the post-16 pathways partnership; and managing the impact of COVID.

Members of the Committee asked questions/raised issues on the following:

- The barriers facing young carers in relation to their Carers' Allowance and other welfare benefits
- Could information be provided on feedback from young people relating to their experiences with participation in learning and work
- Reference was made to the table in paragraph 3.2 of the report, relating to the outline of current performance for young people within vulnerable groups targeted by NEET and EET, and a question was asked whether information could also be provided on looked after children under 18

RESOLVED: That

- (1) the report and the progress made by the NEET Reduction and Early Intervention Service be noted; and
- (2) the Head of Economic Growth and Housing be requested to provide Members of the Committee with information:
 - (a) on feedback from young people relating to their experiences with participation in learning and work; and
 - (b) In respect of the table in paragraph 3.2 of the report, relating to the outline of current performance for young people within vulnerable groups targeted by NEET and EET, looked after children under 18.

27. SEFTON VIRTUAL SCHOOL REPORT

The Committee considered the report of the Executive Director of Children's Social Care and Education that provided information on the

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Sefton Virtual School and submitting the Sefton Virtual School Annual Report 2019-20.

The report indicated that Sefton Virtual School existed as a collaborative endeavour to ensure that the education of Sefton's Looked After Children (LAC) was a key priority for all professionals in line with the "One Council" focus on improving the lives of the most vulnerable. The aim of the Virtual School was to meet Sefton's Pledge to Children in Care to ensure that each child was supported to fulfil their potential in school. The report presented an overview of the Virtual School; pupils by Year Group at both the Primary and Secondary School; placement of pupils from Sefton and placement of pupils by local authority; information provided by Ofsted; attendance figures; Virtual School arrangements and duties; Pupil Premium Plus (PP+) spending; understanding pupil progression; and 2021 Key Stage 4 data.

The Sefton Virtual School Annual Report 2019-20 was attached to the report.

Members of the Committee asked questions/raised issues on the following:

- Help and support provided by the virtual school for young people post-16
- Looked after children information once they had left school
- Data and information regarding Career Connect's work with looked after children
- How the virtual school contributed to Education Health and Care Plans
- Placement of pupils who were educated out of borough
- Placement of pupils in lower Ofsted graded schools

RESOLVED: That

- (1) the report and the Sefton Virtual School Annual Report 2019-20 be noted; and
- (2) the Executive Director of Children's Social Care and Education be requested to provide Members of the Committee with:
 - (a) data and information regarding Career Connect's work with looked after children; and
 - (b) information on how the virtual school contributed to Education Health and Care Plans.

28. SCHOOL PLACES AND IMPACT OF HOUSING DEVELOPMENTS ON EDUCATION

Further to Minute No. 9 (2) (c) of 6 July 2021, the Committee considered the report of the Executive Director of Children's Social Care and

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Education on school places and the impact of housing developments on education.

The report set out the background to the matter; factors affecting the demand for pupil places; and pupil places and housing.

Appendix A to the report set out additional information on school places and the impact of housing developments on education including factors affecting the demand for pupil places; births in Sefton; housing developments in Sefton; housing with planning permission; housing without planning permission; pupil projections by planning area; and concluded by indicating that monitoring of pupil places was a complex process with many factors to consider.

Marie Stevenson, Pupil Place Planning Officer provided the Committee with updated information on the latest Sefton birth figures from ONS for 2019/20 which showed a reduction on the previous year from 2,632 to 2,447.

Members of the Committee asked questions/raised issues on the following:

- Some secondary academy schools in Sefton starting to cap or reduce their intake numbers in Year 8 to 11 as they were unable to admit further pupils after the entry year due to their internal school organisational arrangements
- Potential capacity issues in Crosby and Maghull schools
- Increasing secondary pupil projection numbers in the Maghull and Aintree areas
- Primary school places in the Maghull and Lydiate area and the proposed expansion of Summerhill Primary by 1FE (30 places per year group)
- The number of out of borough children attending Sefton schools and the particular impact this was having in the Maghull and Lydiate areas
- The impact of new housing development in the Maghull and Lydiate areas on pupil places in these areas
- Residents becoming anxious in the Maghull area about the impact of new housing development not only on school places but also on health care provision
- Issues associated with some secondary schools in the Maghull area now being academies
- The published admission numbers for Deyes and Maghull High schools and whether they were reducing
- How the local authority would work with schools in respect of their published admission numbers

RESOLVED:

That the information contained within the report be noted.

29. SCHOOL ATTENDANCE UPDATE

The Committee considered the report of the Executive Director of Children's Social Care and Education providing a summary update in relation to school attendance since September 2021.

The report set out the background to the matter and provided a progress update on school attendance from September 2021.

Members of the Committee asked questions/raised issues on the following:

- Pre Covid-19 attendance data
- DfE rules relating to the absence related code for Covid-19 which affected the Council's extraction of attendance data
- Excluding holiday requests, the scale of the problem of parents and carers not ensuring their children attended school; and geographical variations across the borough in respect of this problem
- Sefton's school attendance figures in relation to comparable metropolitan authorities
- Mental health issues being cited as the reason why a number of children have not returned to school; and measures and support for parents/carers and children when such situations arose
- The marked increase overall in schools' referrals to Complimentary Education
- The issuing of warning letters to parents in relation to school attendance who could not provide a valid reason for their child to be absent from school

RESOLVED:

That the report be noted.

30. IMPROVEMENT BOARD UPDATE

The Committee considered the report of the Executive Director of Children's Social Care and Education providing an overview of the introduction of the Children's Services Improvement Board in July 2021, as a direct response to the Improvement Notice issued from the Department for Education in June 2021.

The report set out the purpose of the Improvement Board; the focus of the Improvement Board since July 2021; progress to date; and the future focus of the Improvement Board.

Appendix A to the report set out the terms of reference for the Improvement Board; its aims and purpose; the core membership, including representatives from the Council, partner members and stakeholder

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members; the role of the Chair; the quorum; the position regarding substitutes; frequency of meetings; and any changes to membership.

Members of the Committee asked questions/raised issues on the following:

- The establishment of metrics to define what good or outstanding service looks like and how this could be used to show an improvement in service provision
- The need for Overview and Scrutiny to assist and critically challenge the work of the Improvement Board
- The Front Door of Children's Services and the Multi Agency Safeguarding Hub
- How the Council commissioned its services; value for money associated with the commissioning process; and whether the services could be provided in-house and the Council's capacity to do so
- The potential for a Liverpool City Region or north-west regional approach to public sector service provision
- The opportunity for the Committee to analyse action and improvement plans would be welcomed and this may require a special meeting of the Committee to do so
- Serious underfunding issues affecting Children's Social Care
- The production of a glossary of terms in connection with the work of the Children's Services Improvement Board

RESOLVED: That

- (1) the content of the report to be noted;
- (2) the Executive Director of Children's Social Care and Education be requested to produce of a glossary of terms in connection with the work of the Children's Services Improvement Board; and
- (3) a special meeting of the Committee be arranged to consider in detail the work of the Children's Services Improvement Board and its improvement Plan and actions.

31. CABINET MEMBER REPORTS

The Committee considered the report of the Chief Legal and Democratic Officer submitting the most recent update reports from the Cabinet Member – Children's Social Care, and the Cabinet Member – Education, whose portfolios fell within the remit of the Committee.

The Cabinet Member update report – Children's Social Care, attached to the report at Appendix A, outlined information on the following:

- Children's Services Improvement Journey;
- Practice week;

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- MASH;
- Fostering;
- Adoption; and
- Corporate Parenting.

The Cabinet Member update report – Education, attached to the report at Appendix B, outlined information on the following:

- Education Excellence;
- Schools;
- St Teresa's;
- Covid; and
- Attendance.

Councillors Doyle and Roscoe attended the meeting to present their reports and to respond to any questions or issues raised by Members of the Committee.

Members of the Committee asked questions/raised issues on the following:

- The data scorecard, covering key areas of children's performance, being developed to include a narrative of key areas relating to the Improvement Board; and the possibility of this being shared with Committee Members
- In respect of St Teresa's, it was noted that the Governing Body had taken the decision to ask the Council to consider consultation with a view to closing the school; and the responsibility for underwriting costs and the redeployment of staff at the school

RESOLVED:

That the update reports from the Cabinet Member – Children's Social Care and the Cabinet Member – Education be noted.

32. PARENT GOVERNOR REPRESENTATIVE

The Committee considered the report of the Chief Legal and Democratic Officer indicating that the term of office for one of the current Parent Governor Representatives on the Committee was due to expire at the end of November 2021. The report sought to formally agree extending the term of office of the Parent Governor Representative concerned.

RESOLVED:

That the term of office for the Parent Governor Representative concerned be extended for a period of no more than two years, up to November 2023.

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33. WORK PROGRAMME KEY DECISION FORWARD PLAN

The Committee considered the report of the Chief Legal and Democratic Officer reviewing the Committee's Work Programme for the remainder of 2021/22; reporting on progress of the Housing Support Services to Vulnerable People Working Group; reporting on progress of the Impact of Covid 19 on the Primary Curriculum Working Group; identifying any items for pre-scrutiny by the Committee from the latest Key Decision Forward Plan; and receipt of an update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee.

The Work Programme for 2021/22 was set out at Appendix A to the report, to be considered along with any additional items to be included and agreed.

There was just one Key Decision within the latest Key Decision Forward Plan, attached to the report at Appendix B, that fell under the Committee's remit, and the Committee was invited to consider items for pre-scrutiny.

RESOLVED:

That:

- (1) the Work Programme for 2021/22, as set out at Appendix A to the report, be agreed;
- (2) the progress of the Housing Support Services to Vulnerable People Working Group be noted;
- (3) progress of the Impact of Covid 19 on the Primary Curriculum Working Group be noted;
- (4) the contents of the Key Decision Forward Plan for the period 1 December 2021 - 31 March 2022, be noted; and
- (5) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted.

THIS SET OF MINUTES IS NOT SUBJECT TO "CALL IN".

Overview
& Scrutiny



OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING)

REMOTE INFORMAL MEETING HELD
ON TUESDAY 25TH JANUARY, 2022

- PRESENT:** Councillor Burns (in the Chair)
Councillors Blackburne, Carlin, Dowd, Evans,
Prendergast, Sayers, Spencer and Webster
- ALSO PRESENT:** Mrs. S Cain, Independent Advisory Member
Ms. M. McDermott, Parent Governor Representative
Councillor Doyle – Cabinet Member – Children's
Social Care
Councillor Roscoe - Cabinet Member - Education

34. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Murphy; and Ms. C. McDonough, Parent Governor Representative.

35. DECLARATIONS OF INTEREST

In accordance with Paragraph 9 of the Council's Code of Conduct, the following declarations of personal interest were made and the Members concerned remained in the room during the consideration of the item:

Member	Minute No.	Nature of Interest
Councillor Dowd	Minute No. 37 – Care Quality Commission – Review of Health Services for Children Looked After and Safeguarding in Sefton	She is employed by Liverpool Clinical Commissioning Group

36. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 16 November 2021 be confirmed as a correct record.

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OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING) - TUESDAY 25TH JANUARY, 2022

37. CARE QUALITY COMMISSION - REVIEW OF HEALTH SERVICES FOR CHILDREN LOOKED AFTER AND SAFEGUARDING IN SEFTON

Further to Minute No. 35 of 16 March 2021, the Committee considered the joint presentation by NHS South Sefton Clinical Commissioning Group (CCG) and NHS Sefton and Formby CCG, that provided an update on actions undertaken since the Care Quality Commission (CQC) review of health services for children looked after and safeguarding in Sefton.

The presentation outlined the following:

- Update March 2021:
 - All actions against the action plan completed in October 2020;
 - Lessons learned were highlighted;
 - Evidence of impact demonstrated;
- Update January 2022:
 - Whilst the CQC action plan remained complete, the CCGs continue their commitment as a statutory safeguarding partner to ensure the effectiveness of safeguarding arrangements within Sefton. This has included reviewing findings from subsequent inspections (JTAI, SEND and ILACS) to triangulate evidence that the CQC action plan has been embedded in practice.

Martin McDowell, Deputy Chief Officer, Sefton CCGs attended the meeting to introduce the presentation and to respond to queries/issues raised by Members of the Committee.

RESOLVED:

That the joint presentation on the Care Quality Commission review of health services for children looked after and safeguarding in Sefton, together with the fact that all actions within the action plan had been concluded in October 2020, be noted.

38. ESTABLISHMENT OF A SEFTON PLACE BASED PARTNERSHIP UPDATE

Further to Minute No. 17 of 28 September 2021, the Committee considered the joint report of the Executive Director of Adult Social Care and Health and the Interim Executive Director of Children's Social Care and Education, that provided the Committee with the latest update regarding the development of Sefton Place Based Partnership for Health and Social Care.

The report previously considered by the Committee on 28 September 2021 had outlined progress towards the implementation of the Health and Care Bill and its local arrangements; and the potential future ability to positively impact on the Health and Wellbeing of Sefton Residents.

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The report set out details of the maturity of development; ambition and vision; leadership and culture; design, delivery and governance; national updates; Start well and integrated commissioning arrangements for children; approach; timescales; progress to date; and conclusions.

Members of the Committee asked questions/raised issues on the following:

- Assurances that further updates would be provided at future meetings.

RESOLVED: That

- (1) the report be noted; and
- (2) the Executive Director of Adult Social Care and Health be requested to submit any further updates on the Sefton Integrated Care Partnership Development to future meetings of this Committee.

39. SEND CONTINUOUS IMPROVEMENT PLAN UPDATE

Further to Minute No. 13 of 28 September 2021, the Committee considered the report of the Interim Executive Director of Children's Social Care and Education that updated Members on the progress made against the actions taken and progress made regarding the Special Educational Needs and Disabilities (SEND) Continuous Improvement Plan.

The report set out the background to the matter; details of continued commitment to delivering improvement; and concluded that improving outcomes for children and young people with SEND remained a priority for all partners and that the work of the SEND Improvement Board would continue.

The Interim Executive Director of Children's Social Care and Education reported that a consultation for parents/carers was currently on-going and that the results were likely to be reported in the Spring of 2022.

Members of the Committee asked questions/raised issues on the following:

- Ratings given for the quality assured Education, Health and Care Plans (EHCPs) and the overall result for Education and the percentage that required improvement.
- The percentage of new assessments being completed within 20 weeks since the start of the academic year.

RESOLVED:

- (1) That it be noted:

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- (a) that robust governance around any further developments will continue to be delivered through the SEND Continuous Improvement Board with oversight being provided by the Health and Wellbeing Board;
 - (b) the increase in Education Health and Care Needs Assessments being completed which is influencing the ability to deliver a timely assessment; and
- (2) the Interim Executive Director of Children's Social Care and Education be requested to consider submitting the results of a consultation for parents/carers in the Spring of 2022, once available.

40. IMPROVEMENT JOURNEY UPDATE

Further to Minute No. 7 of 6 July 2021, the Committee considered the report of the Interim Executive Director of Children's Social Care and Education that provided an overview of the Children's Services Improvement Journey from June 2021 to date.

The report set out key dates of the improvement journey; details of improvement workstreams; areas of focus; the nature of the work undertaken; key priorities for 2022/23; summary of workforce support, caseloads, and outcomes of improvement; key staffing changes and impact; workforce strategy; current staff figures; and conclusions.

The Interim Executive Director of Children's Social Care and Education reported that 19 children had been adopted in the last 6 months.

Members of the Committee asked questions/raised issues on the following:

- Congratulations were extended on the number of adoptions taken place in the last few months.

RESOLVED:

That the content of the report be noted.

41. CHILDREN'S SERVICES ANALYSIS TOOL (CHAT)

The Committee considered the latest Children's Services Analysis Tool (ChAT), showing data with narrative, attached to the agenda for information.

The Interim Director of Children's Social Care and Education reported that the ChAT was complimentary to the previous agenda item on the Children's Services Improvement Journey.

RESOLVED:

OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING) - TUESDAY 25TH JANUARY, 2022

That the data contained within the latest Children's Services Analysis Tool (ChAT) be noted.

42. CABINET MEMBER REPORTS

The Committee considered the report of the Chief Legal and Democratic Officer submitting the most recent update reports from the Cabinet Member – Children's Social Care, and the Cabinet Member – Education, whose portfolios fell within the remit of the Committee.

The Cabinet Member update report – Children's Social Care, attached to the report at Appendix A, outlined information on the following:

- Children's Services Improvement Journey;
- Children's Services Improvement Board:
 - Reports;
 - Workstreams;
- New referral pathway and single front door access:
 - Demand for services;
- Introduction of a new practice framework:
 - "Strengthening Families";
- Ofsted inspection took place at Springbrook short breaks unit;
- Recruitment of a new Director of Children's Social care and Education:
 - Martin Birch; and
- Member development session:
 - 25th January 2022.

The Cabinet Member update report – Education, attached to the report at Appendix B, outlined information on the following:

- Education Excellence:
 - Recruitment to vacant posts;
- Schools:
 - Ofsted reports;
- St Teresa's:
 - Consultation process;
- Sacred Heart:
 - Academy conversion;
- Holy Spirit:
 - Academy conversion;
- Savio:
 - Buildings issue;
- Covid:
 - Impact on schools; and
- School Attendance.

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Councillors Doyle and Roscoe attended the meeting to present their reports and to respond to any questions or issues raised by Members of the Committee.

Members of the Committee asked questions/raised issues on the following:

- The outcome of the re-inspection of Springbrook short breaks unit.
- Academy orders received by schools.
- The proposal for Sacred Heart High School to move to the St. Joseph Academy Trust and how this would operate in practice.

RESOLVED:

That the update reports from the Cabinet Member – Children's Social Care and the Cabinet Member – Education be noted.

43. WORK PROGRAMME KEY DECISION FORWARD PLAN

The Committee considered the report of the Chief Legal and Democratic Officer reviewing the Committee's Work Programme for the remainder of 2021/22; reporting on progress of the Housing Support Services to Vulnerable People Working Group; reporting on progress of the Impact of Covid 19 on the Primary Curriculum Working Group; identifying any items for pre-scrutiny by the Committee from the latest Key Decision Forward Plan; and receipt of an update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee.

The Work Programme for 2020/21 was set out at Appendix A to the report, to be considered along with any additional items to be included and agreed.

There were three Key Decisions within the latest Key Decision Forward Plan, attached to the report at Appendix B, that fell under the Committee's remit, and the Committee was invited to consider items for pre-scrutiny.

RESOLVED:

- (1) the Work Programme for 2021/22, as set out at Appendix A to the report, be agreed, along with any additional items to be included and agreed;
- (2) the progress of the Housing Support Services to Vulnerable People Working Group be noted;
- (3) progress of the Impact of Covid 19 on the Primary Curriculum Working Group be noted;
- (4) the contents of the Key Decision Forward Plan for the period 1 February – 31 May 2022, be noted; and

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- (5) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted.

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South Sefton
Clinical Commissioning Group

**South Sefton Clinical
Commissioning Group**
Integrated Performance Report
December 2021
Children's Services

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Summary Performance Dashboard

Metric	Reporting Level	2021-22													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
SEND Measures															
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	81.4%	62.5%	54.2%	56.5%	38.2%	37.8%	40.3%	45.9%	31.1%				49.8%
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Child and Adolescent Mental Health Services (CAMHS) - % referral to partnership within 18 weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R	R	R				R	
		Actual	57.1%	42.3%	72.2%	45.5%	25.0%	68.2%	61.5%	67.7%	54.6%				54.9%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Percentage of Autism Spectrum Disorder (ASD) assessments started in 12 weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G				G	
		Actual	96%	98%	100%	100%	100%	100%	100%	100%	100%				99.3%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Autism Spectrum Disorder (ASD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R	R	R				R	
		Actual	85%	83%	77%	72%	62%	63%	63%	60%	55%				69.3%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments started within 12 Weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G				G	
		Actual	99%	98%	100%	100%	100%	99%	100%	100%	99%				99.4%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	G	G	G	G	R	R	R	R				R	
		Actual	98%	93%	91%	90%	88%	85%	85%	85%	80%				88.3%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Average waiting times for Autism Spectrum Disorder (ASD) service in weeks (ages 16 - 25 years) - Mersey Care	Sefton	RAG													
		Actual	8.1	12.2	5.3	6.4	9.1	8.3	8.1	8.6	9.7				
		Target													
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service in weeks (ages 16 - 25 years) - Mersey Care	Sefton	RAG													
		Actual	90.5	77.0	78.4	63.8	62.9	65.0	63.7	61.9	57.9				
		Target													

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Children's Services

In its ongoing response to the impact of the pandemic, Alder Hey continues to focus on sustaining and improving pre-COVID levels of activity for community therapy services and Child and Adolescent Mental Health Services (CAMHS).

As previously reported, the SALT service has experienced a sustained increase in referrals following periods of lockdown and the reopening of schools. The backlog of assessments and increased acuity and urgency of cases has meant that performance continues to be challenged. The service has continued to focus on recovery and has developed an improvement plan which includes a trajectory that will see a return to a maximum wait of 18 weeks by end of July 2022. Whilst it is expected that improved performance will continue to be seen over subsequent months, COVID continues to impact on both staff and patient availability for appointments. In the meantime, all referrals continue to be clinically triaged at the point of receipt and prioritised according to need.

Physiotherapy, Dietetics, Occupational Therapy (OT) and Continence continue to report above the 92% KPI in December 2021.

The Alder Hey CAMHS team continues to address the ongoing impact of the pandemic on the increase in demand for the service and the increasing number of high risk and complex cases, a position which is reflected regionally and nationally. Plans for investing the increases in mental health investment are ongoing. Process of recruitment is progressing but it will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged. Referrals continue to increase and the service continues to prioritise the increasing number of urgent appointments. Whilst this has lengthened the routine waiting time, all long waiters are regularly contacted by the service allowing for escalation if required.

Sefton has been successful in its joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative which will also positively impact waiting times and identify opportunities for further improvement. In November 2021, the CCGs were also successful in securing additional winter pressure mental health funding which has been released to third sector providers Venus and Parenting 2000 to expand their open access drop-in services at evenings and weekends. It is anticipated that this will also have a positive impact on specialist CAMHS waiting times and potentially A&E attendances for mental health. The impact of this will be monitored in Q4 2021/22 and Q1 2022/23. In the meantime, the CAMHS waiting time position continues to be closely monitored by the CCGs and the Trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity.

As with CAMHS, the impact of COVID has led to an increase in demand for the Eating Disorders Young People's Service (EDYS) and a number of new and existing patients continue to present to the service at physical and mental health risk, a position that is reflected nationally. Consequently, during COVID-19 the service has seen the highest number of paediatric admissions for young people with an eating disorder since the service commenced. To support the increased numbers of high-risk inpatients, the service was recently awarded additional funding through the winter pressure mental health funding stream.

Referral rates for Autistic Spectrum Disorder (ASD)/Attention Deficit Hyperactivity Disorder (ADHD) services continue to increase at a rate significantly higher than what is currently commissioned. This is impacting on capacity and leading to delays in completion of the 30-week assessment pathways, which have seen a deterioration in performance over the last 6 to 8 months. In response, the CCGs have agreed additional investment to provide further service capacity to meet increasing demand and reduce waiting times. Service recovery plans are in development to mobilise this. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements.



Overall SEND health performance continues to be reported and monitored through the SEND Health Performance Group. Following the successful OFSTED SEND reinspection in June 2021 and the lifting of the improvement notice, the partnership is developing a refreshed SEND improvement plan and revising the current governance arrangements. This will revise how health performance will be reported to the SEND Continuous Improvement Board and will be finalised in due course.

1. Children's Services

1.1 Alder Hey NHS FT Children's Mental Health Services



1.1.1 Improve Access to Children & Young People's Mental Health Services (CYPMH)

Quarter 3 data is available 13th March 2022, there will be an update in the next report. Latest update below:

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Previous 2 quarters, latest and 12 month rolling				<p>Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.</p>
GREEN	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Rolling 12 Mth Rate	
		5.0%	20.3%	8.0%	48.3%	
		Q4 19/20	Q1 20/21	Q2 20/21	Rolling 12 Mth Rate	
		7.4%	14.6%	8.8%	35.6%	
		Annual Access Plan: 35%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Quarter 2 shows a drop in the CYP Access rate which is a seasonal trend and quarter 1 is always the highest period. The rolling 12 months rate was 48.3% compared to 35.6% for the same period in the previous year. The CCG now receives data from a third sector organisation Venus and the online counselling service Kooth, both submit data to the Mental Health Services Data Set (MHSDS) and are included in this dataset. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The Venus and Kooth data flows had a positive impact on the year end performance, along with the additional Kooth capacity which was implemented after securing additional short term Violent Reduction Partnership funding. In response to the challenges of COVID-19, service resilience and increasing demand for mental health support, the CCG agreed additional short term investment for Alder Hey CAMHS and third sector providers, Venus and Parenting 2000. This increased capacity was mobilised in Q3 and Q4 and will continue into 2021/22. This has, and will, continue to positively impact access rates. In response to the government's recent additional £75m national mental health investment, the CCGs have agreed and released further COVID recovery monies to Alder Hey and third sector providers which will sustain and further increase mental health service capacity. This will further increase access rates throughout 2021/22. Parenting 2000, another of our third sector CAMHS partners, and the newly established Mental Health Support Teams (MHSTs) began to submit data to the mental health data set (MHDS) in Q1 of 2021/22, which will further contribute to the access rates in 2021/22. 						
When is performance expected to recover:						
Although performance narrowly missed the 35% access plan, it is anticipated that quarterly and annual access figures will continue to improve in 2021/22.						
Quality impact assessment:						
There are no identified quality issues.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		



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1.1.2 Waiting times for Routine/Urgent Referrals to Children & Young People's Eating Disorder Services – Routine cases within 4 weeks of referral

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral - Alder Hey		Latest and previous 3 quarters				<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required</p> <p>Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors.</p> <p>May be a surge in referrals as part of COVID-19 recovery phase.</p>
RED	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	
		90.0%	69.6%	47.7%	19.5%	
National standard 95%				<p>Performance in this category is calculated against completed pathways only.</p> <p>* suppressed data meaning less than 2 referrals in the quarter</p>		
Q4 19/20		Q1 20/21	Q2 20/21	Q3 20/21		
		91.7%	80.0%	100.0%	97.6%	
Performance Overview/Issues:						
<ul style="list-style-type: none"> For Q3 the Trust reported 19.5% against the 95% National Standard. As the service has relatively small numbers breaches have a large impact on performance. For quarter 3, of the 41 completed pathways, 4 patients started treatment within 1 week and 4 patients in weeks 1 to 4, leaving 33 patients starting their treatment between 4 and 12 weeks. Since March 2020 and the start of the pandemic, there has been a significant increase in demand for the service with a 171% referral increase in 2021, and an increase in new and existing patients presenting at high physical risk. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally and regionally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) was agreed with Alder Hey and the service is utilising this new investment in 21/22 to grow its workforce. The service has also reported the highest number of paediatric admissions since it commenced, with a 366% increase in acute admissions in 2021 compared to 2019. The service has continued to offer both face-to-face monitoring and treatment for children and young people that are in the high risk category and have increased the intensity of treatment for this cohort by providing home visits to support meal times. The service has also moved to offering support over a seven-day period, using overtime at weekends to support the paediatric ward and to provide telephone support to parents and young people to try and avoid a hospital admission. 						
When is performance expected to recover:						
Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		N/A		Peter Wong		



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1.1.3 Waiting times for Routine/Urgent Referrals to Children & Young People's Eating Disorder Services – Urgent Cases within 1 weeks of referral



Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral - Alder Hey		Latest and previous 3 quarters				Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors. May be a surge in referrals as part of COVID-19 recovery phase.
RED	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	
		96.9%	100.0%	75.0%	80.0%	
		Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	
		100%	*	*	100.0%	
		National standard 95%				* suppressed data meaning less than 2 referrals in the quarter
Performance Overview/Issues:						
<ul style="list-style-type: none"> For quarter 3 the Trust reported 80% and failed the 95% target. All of 10 urgent cases 8 started treatment within 1 week, 1 within 1-4 weeks and 1 4-12 weeks. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally and regionally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) was agreed with Alder Hey and the service is utilising this new investment in 21/22 to grow its workforce. The service has also reported the highest number of paediatric admissions since it commenced, with a 366% increase in acute admissions in 2021 compared to 2019. The service has continued to offer both face-to-face monitoring and treatment for children and young people that are in the high risk category and have increased the intensity of treatment for this cohort by providing home visits to support meal times. The service has also moved to offering support over a seven-day period, using overtime at weekends to support the paediatric ward and to provide telephone support to parents and young people to try and avoid a hospital admission. 						
When is performance expected to recover:						
Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		N/A		Peter Wong		

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1.1.4 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 12 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		100.0%	100.0%	100.0%	100.0%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In December 100% of ASD assessments started within 12 weeks of referral, which is the same to previous months and above the planned target. • Referrals rates continue to increase at a rate significantly higher than what is currently commissioned. The referrals are higher than expected and continue to increase each month. • The waiting list backlog was successfully cleared to zero by June 2021 as per the waiting list management plan. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing and exceeds the commissioned capacity, the service continues to exceed the 12-week triage NICE compliant target. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. 						
When is performance expected to recover:						
Achieving over the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

1.1.5 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 30 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management: <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		63%	63%	60%	55%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 55% of ASD assessments were completed within the 30 week target, which is below the planned target, this measure has declined over the last 8 of months. • Performance has declined to the impact of increasing referrals on service capacity. Referrals are higher than expected and continue to increase each month. • The increase in referrals is impacting on capacity, specifically on the 30 week target to complete assessments. It is anticipated that increasing demand will have a significant impact on waiting times going forward. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • To increase service capacity and reduce waiting times, the CCG has agreed additional service investment in Q4 of 2021/22 and recurrently moving forward. During 2022/23 capacity and demand will be more fully reviewed to identify long-term recurrent investment requirements. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. • In response to the increase in investment, the Trust is developing a waiting time recovery plan. • To mitigate the risk of increasing demand, the service continues to make greater use of independent sector providers Axia and Healios to support the assessment process. 						
When is performance expected to recover:						
There will be an improvement in the 30 week assessment waiting time standard when the Trust implements its recovery plan.						
Quality impact assessment:						
For those CYP waiting for their assessments to be completed, there is a potential quality/safety risk.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

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1.1.6 Children & Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 12 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves. • Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		99%	100%	100%	99%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In December, 99% of assessments started within 12 weeks of referral and the pathway continues to meet the agreed performance targets. • There has been an ongoing increase in referrals to the service which is starting to impact on waiting times. • Referrals are higher than the planned level of activity and continue to increase each month with the highest level of referrals to the pathway received in May 2021. • The waiting list backlog was successfully cleared to zero by June 2021 as per the waiting list management plan. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing and exceeds the commissioned capacity, the service continues to achieve the 12-week triage NICE compliant target. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. 						
When is performance expected to recover:						
Achieving over the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		



1.1.7 Children & Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 30 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management: <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		85%	85%	85%	80%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 80% of ADHD assessments were completed within the 30 week target, which is below the planned target of 90% and shows a continued decline in the last 7 months. • The increase in rate of referrals is impacting on waiting times, which will increase further if current levels of demand continue. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • To increase service capacity and reduce waiting times, the CCG has agreed additional service investment in Q4 of 2021/22 and recurrently moving forward. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals and also in the development of discharge pathways to primary care • In response to the increase in investment, the Trust is developing a waiting time recovery plan. 						
When is performance expected to recover:						
There will be an improvement in the 30 week assessment waiting time standard when the Trust implements its recovery plan.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewit		Peter Wong		



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1.2 Child and Adolescent Mental Health Services (CAMHS)

1.2.1 % Referral to Choice within 6 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks		Latest and previous 3 months				Due to ongoing impact of COVID, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as a result of the ongoing impact of the pandemic.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		37.8%	40.3%	45.9%	31.1%	
		Staged Target by March 2021: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen a 14.8% decline in compliance to 31.1% in December. Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been a general deterioration in waiting times since December 2020. There has been an increase in the number of urgent cases referred to the service. This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The service continues to monitor urgent and routine referral rates and aims to flexibly use capacity as needed to provide first assessments as soon as possible. All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks. Across the Sefton CAMHS partnership there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021. The CCGs have been successful in their joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative and pathway review and mapping is underway to identify opportunities to improve the efficiency of the referral process. The additional mental health COVID recovery investment released in 2021/22 (circa £800K for Sefton) is being mobilised by the Trust and third sector providers. Once services reach full staffing capacity and covid related sickness levels reduce, there will be a sustained improvement in waiting times. The CAMHS waiting time position continues to be closely monitored by the CCGs and the Trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity. 						
When is performance expected to recover:						
Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		



1.2.2 % Referral to Partnership within 18 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Partnership within 18 weeks		Latest and previous 3 months				<p>Due to ongoing impact of COVID, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access.</p> <p>Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as a result of the ongoing impact of the pandemic.</p>
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		68.2%	61.5%	67.7%	54.6%	
		Staged Target by March 2021: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • There has been a 13% decline in waiting times in December reporting 54.6%. This is due in part to a high number of urgent partnership appointments required for high risk and complex young people. • Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been an overall deterioration in waiting times since December 2020. • There has been an increase in the number of urgent cases referred to the service. • This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • All children and young people who have been waiting over 18 weeks for a partnership appointment are regularly contacted to undertake an up-to-date risk assessment and review of clinical urgency, enabling the team to expedite an earlier appointment, if clinically indicated. • All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks. • Across the Sefton CAMHS partnership there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021. • The CCGs have been successful in their joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative and pathway review and mapping has begun to identify opportunities to improve the efficiency of the referral process. • The additional mental health COVID recovery investment released in 2021/22 (circa £800K for Sefton) is being mobilised by the Trust and third sector providers. Once services reach full staffing capacity and covid related sickness levels reduce, there will be a sustained improvement in waiting times. • The CAMHS waiting time position continues to be closely monitored by the CCGs and the Trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity. 						
When is performance expected to recover:						
Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		



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1.3 Children's Community (Alder Hey)



1.3.1 Paediatric Speech & Language Therapies (SALT)

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Previous 3 months and latest				<=92%: Red > 92%: Green	The CCG may not continue to deliver on all aspects of the SEND improvement plan as the SALT waiting times cannot be sustained due to the ongoing impact of COVID. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort. Potential increase in waiting times/numbers and a surge in referrals due to the ongoing impact of the pandemic.
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Sep-21	Oct-21	Nov-21	Dec-21		
		32.20%	34.70%	35.00%	35.80%		
		Total Number Waiting					
		Sep-21	Oct-21	Nov-21	Dec-21		
		572	609	634	646		
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 44 weeks compared to 34.4 weeks last month. For open pathways, the longest waiter was 55 weeks in December compared to 53 weeks last month. Overall there had been a steady increase in new referrals but December saw 68 compared to 112 the previous month. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The SALT service has experienced a sustained increase in referrals following lockdown and the reopening of schools. The backlog of assessments and increased acuity and urgency of cases has meant that performance has continued to be challenged. The service has developed and is implementing a waiting time recovery plan which anticipates achieving the maximum 18 week waiting time target by end of July 2022. <p>Data from mid-January 2022 indicates that the recovery plan has started to take effect with no waits in excess of 52 weeks and appointments booked for all those over 46 weeks.</p> <p>In the meantime, the position is being closely managed by the service and all referrals continue to be clinically triaged at the point of receipt and prioritised according to need.</p> <ul style="list-style-type: none"> Families sent information on how to access resources including those on the service web page whilst waiting to be seen. Work continues with the early years services to support early intervention and reduce need for specialist support. 							
When is performance expected to recover:							
End of July 2022 as per waiting time recovery plan, but subject to any future COVID waves/impact.							
Quality impact assessment:							
There are no identified quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Wendy Hewitt		Peter Wong			

1.3.2 Paediatric Dietetics



Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Previous 3 months and latest				<=92%: Red > 92%: Green	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Sep-21	Oct-21	Nov-21	Dec-21		
		100.0%	100.0%	100.0%	100.0%		
		Total Number Waiting					
		Sep-21	Oct-21	Nov-21	Dec-21		
33	45	29	13				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 7.1 weeks. For open pathways, the longest waiting was 9 weeks in December the same as November. Overall accepted new referrals to the service have increased slightly in December to 34 from 29 received in November. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically, as performance is exceeding target. 							
When is performance expected to recover:							
Performance is on target.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Wendy Hewitt		Peter Wong			

1.3.3 Paediatric Occupational Therapy (OT)



Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: OT		Previous 3 months and latest				<=92%: Red > 92%: Green	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Sep-21	Oct-21	Nov-21	Dec-21		
		88.7%	96.4%	98.5%	97.4%		
		Total Number Waiting					
		Sep-21	Oct-21	Nov-21	Dec-21		
96	83	64	76				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 8.2 weeks from 8.6 weeks last month. For open pathways, the longest waiter was 24 weeks in December compared to 19 weeks in November. Overall there has been a steady increase in new referrals, the service received 43 new referrals in December, this is an decrease from 60 in November. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The service continues to closely monitor performance. 							
When is performance expected to recover:							
Performance is on target.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Wendy Hewitt		Peter Wong			

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1.3.4 Paediatric Children's Continenence Promotion Service

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Children's Continenence Promotion Service		Previous 3 months and latest				<=92%: Red > 92%: Green	Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
 		Sep-21	Oct-21	Nov-21	Dec-21		
		83.3%	93.3%	100.0%	100.0%		
		Total Number Waiting					
		Sep-21	Oct-21	Nov-21	Dec-21		
36	30	32	23				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 9.1 weeks, previous month reported 13.1 weeks. For open pathways, the longest waiter was 12 weeks in December, compared to 17 weeks in November. New referrals to the service remain steady, 9 were received in December and 8 in November. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Staff capacity restored and improvements being seen in average wait, RTT and longest wait. Pre-COVID a preliminary service review commenced which identified a high number of low level referrals to the service. The service review is being stepped up again with the aim of developing health visitor pathways to more appropriately deal with low level interventions, thus reducing demand for specialist support. 							
When is performance expected to recover:							
Performance is on target.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Wendy Hewitt			Peter Wong		

1.3.5 Paediatric Children's Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Physiotherapy		Previous 3 months and latest				<=92%: Red > 92%: Green	Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
 		Sep-21	Oct-21	Nov-21	Dec-21		
		100.0%	100.0%	100.0%	100.0%		
		Total Number Waiting					
		Sep-21	Oct-21	Nov-21	Dec-21		
31	27	27	24				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 7.27 weeks, previous month reported 7.77 weeks. For open pathways, the longest waiter was 14 weeks in December compared to 10 in November. New referrals to the service remain steady, 16 were received in December and 12 in November. 							
Actions to Address/Assurances:							
None specifically as performance is currently within target.							
When is performance expected to recover:							
Performance on target.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Wendy Hewitt			Peter Wong		



**Southport & Formby Clinical
Commissioning Group**
Integrated Performance Report
December 2021
Children's Services

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Summary Performance Dashboard

Metric	Reporting Level		2021-22												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
SEND Measures															
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	81.4%	62.5%	54.2%	56.5%	38.2%	37.8%	40.3%	45.9%	31.1%				49.8%
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Child and Adolescent Mental Health Services (CAMHS) - % referral to partnership within 18 weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	57.1%	42.3%	72.2%	45.5%	25.0%	68.2%	61.5%	67.7%	54.6%				54.9%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Percentage of Autism Spectrum Disorder (ASD) assessments started in 12 weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G	G				G
		Actual	96%	98%	100%	100%	100%	100%	100%	100%	100%				99.3%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Autism Spectrum Disorder (ASD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	85%	83%	77%	72%	66%	63%	63%	60%	55%				69.3%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments started within 12 Weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G	G				G
		Actual	99%	98%	100%	100%	100%	99%	100%	100%	99%				99.4%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	G	G	G	G	R	R	R	R	R				R
		Actual	98%	93%	91%	90%	88%	85%	85%	85%	80%				88.3%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Average waiting times for Autism Spectrum Disorder (ASD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care	Sefton	RAG													
		Actual	8.1	12.2	5.3	6.4	9.1	8.3	8.1	8.6	9.7				
		Target													
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care	Sefton	RAG													
		Actual	90.5	77.0	78.4	63.8	62.9	65.0	63.7	61.9	57.9				
		Target													

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Children's Services

In its ongoing response to the impact of the pandemic, Alder Hey continues to focus on sustaining and improving pre-COVID levels of activity for community therapy services and Child and Adolescent Mental Health Services (CAMHS).

As previously reported, the SALT service has experienced a sustained increase in referrals following periods of lockdown and the reopening of schools. The backlog of assessments and increased acuity and urgency of cases has meant that performance continues to be challenged. The service has continued to focus on recovery and has developed an improvement plan which includes a trajectory that will see a return to a maximum wait of 18 weeks by end of July 2022. Whilst it is expected that improved performance will continue to be seen over subsequent months, COVID continues to impact on both staff and patient availability for appointments. In the meantime, all referrals continue to be clinically triaged at the point of receipt and prioritised according to need.

Physiotherapy, Dietetics, Occupational Therapy (OT) and Continence continue to perform better than the 92% KPI in December.

The Alder Hey CAMHS team continues to address the ongoing impact of the pandemic on the increase in demand for the service and the increasing number of high risk and complex cases, a position which is reflected regionally and nationally. Plans for investing the increases in mental health investment are ongoing. Process of recruitment is progressing but it will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged. Referrals continue to increase and the service continues to prioritise the increasing number of urgent appointments. Whilst this has lengthened the routine waiting time, all long waiters are regularly contacted by the service allowing for escalation if required.

Sefton has been successful in its joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative which will also positively impact waiting times and identify opportunities for further improvement. In November 2021, the CCGs were also successful in securing additional winter pressure mental health funding which has been released to third sector providers Venus and Parenting 2000 to expand their open access drop-in services at evenings and weekends. It is anticipated that this will also have a positive impact on specialist CAMHS waiting times and potentially A&E attendances for mental health. The impact of this will be monitored in Q4 2021/22 and Q1 2022/23.

In the meantime, the CAMHS waiting time position continues to be closely monitored by the CCGs and the Trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity.

As with CAMHS, the impact of COVID has led to an increase in demand for the Eating Disorders Young People's Service (EDYS) and a number of new and existing patients continue to present to the service at physical and mental health risk, a position that is reflected nationally. Consequently, during COVID-19 the service has seen the highest number of paediatric admissions for young people with an eating disorder since the service commenced. To support the increased numbers of high-risk inpatients, the service was recently awarded additional funding through the winter pressure mental health funding stream.

Referral rates for Autistic Spectrum Disorder (ASD)/Attention Deficit Hyperactivity Disorder (ADHD) services continue to increase at a rate significantly higher than what is currently commissioned. This is impacting on capacity and leading to delays in completion of the 30-week assessment pathways, which have seen a deterioration in performance over the last 6 to 8 months. In response, the CCGs have agreed additional investment to provide further service capacity to meet increasing demand and reduce waiting times. Service recovery plans are in development to mobilise this. During 2022/23

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capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements.

Overall SEND health performance continues to be reported and monitored through the SEND Health Performance Group. Following the successful OFSTED SEND reinspection in June 2021 and the lifting of the improvement notice, the partnership is developing a refreshed SEND improvement plan and revising the current governance arrangements. This will revise how health performance will be reported to the SEND Continuous Improvement Board and will be finalised in due course.



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1. Children's Services



1.1 Alder Hey NHS FT Children's Mental Health Services

1.1.1 Improve Access to Children & Young People's Mental Health Services (CYPMH)

Quarter 3 data is available 13th March 2022, there will be an update in the next report. Latest update below:



Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Previous 2 quarters, latest and rolling 12 month				<p>Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase</p>
GREEN	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Rolling 12 Mth Rate	
		5.0%	22.1%	7.7%	41.0%	
		Q4 19/20	Q1 20/21	Q2 20/21	Rolling 12 Mth Rate	
		5.9%	17.8%	8.0%	36.5%	
		Annual Access Plan: 35%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Quarter 2 2021/22 CYP Access rate was 7.7% which is a decline on the previous quarter and a seasonal trend. The rolling 12 month rate is currently 41.0% compared to 36.5% for the same period in the previous year. The CCG now receives data from a third sector organisation Venus and the online counselling service Kooth both submit data to the Mental Health Services Data Set (MHSDS) and are included in this dataset. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The Venus and Kooth data flows had a positive impact on the year end performance, along with the additional Kooth capacity which was implemented after securing additional short term Violent Reduction Partnership funding. In response to the challenges of COVID-19, service resilience and increasing demand for mental health support, the CCG agreed additional short term investment for Alder Hey CAMHS and third sector providers, Venus and Parenting 2000. This increased capacity was mobilised in Q3 and Q4, and will continue into 2021/22. This has, and will, continue to positively impact access rates. In response to the government's recent additional £75m national mental health investment, the CCGs have agreed and released further COVID recovery monies to Alder Hey and third sector providers which will sustain and further increase mental health service capacity. This will further increase access rates throughout 2021/22. Parenting 2000, another of our third sector CAMHS partners, and the newly established Mental Health Support Teams (MHSTs) began to submit data to the mental health data set (MHDS) in Q1 of 2021/22, which will further contribute to the access rates in 2021/22. 						
When is performance expected to recover:						
Performance is on track to exceed the 35% access plan.						
Quality:						
There are no identified quality issues.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

1.1.2 Waiting times for Routine/Urgent Referrals to Children and Young People's Eating Disorder Services – Routine within 4 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		Latest and previous 3 quarters				<p>Performance in this category is calculated against completed pathways only.</p> <p>* suppressed data meaning less than 2 referrals in the quarter</p> <p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required</p> <p>Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors.</p> <p>May be a surge in referrals as part of COVID-19 recovery phase.</p>
RED	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	
		89.7%	*	*	38.3%	
		Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	
		89.3%	86.7%	96.0%	96.7%	
		National standard 95%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> For Q1 and Q2 the Trust were unable to report any data due to the data being suppressed. Quarter 3 shows a performance of 38.3%. As the service has relatively small numbers breaches have a large impact on performance. For quarter 3, of the 47 completed pathways, 2 patients started treatment within 1 week and 16 patients in weeks 1 to 4, leaving 29 patients starting their treatment between 4 and 12 weeks. <ul style="list-style-type: none"> Since March 2020 and the start of the pandemic, there has been a significant increase in demand for the service with a 171% referral increase in 2021, and an increase in new and existing patients presenting at high physical risk. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally and regionally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) was agreed with Alder Hey and the service is utilising this new investment in 21/22 to grow its workforce. The service has also reported the highest number of paediatric admissions since it commenced, with a 366% increase in acute admissions in 2021 compared to 2019. The service has continued to offer both face-to-face monitoring and treatment for children and young people that are in the high-risk category and have increased the intensity of treatment for this cohort by providing home visits to support meal times. The service has also moved to offering support over a seven-day period, using overtime at weekends to support the paediatric ward and to provide telephone support to parents and young people to try and avoid a hospital admission. 						
When is performance expected to recover:						
Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

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1.1.3 Waiting times for Routine/Urgent Referrals to Children and Young People's Eating Disorder Services – Urgent within 1 week of referral



Indicator		Performance Summary					Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		Latest and previous 3 quarters					Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required
RED	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	* suppressed data meaning less than 2 referrals in the quarter	Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors. May be a surge in referrals as part of COVID-19 recovery phase.
		100.0%	*	*	91.7%		
		Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21		
		100%	100%	100%	100%		
		National standard 95%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For Q1 and Q2 and the Trust were unable to report any data due to the data being suppressed. Quarter 3 shows a performance of 97.7% against the 95% target. All of 12 urgent cases 11 started treatment within 1 week and 1 within 1-4 weeks. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally and regionally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) was agreed with Alder Hey and the service is utilising this new investment in 21/22 to grow its workforce. The service has also reported the highest number of paediatric admissions since it commenced, with a 366% increase in acute admissions in 2021 compared to 2019. The service has continued to offer both face-to-face monitoring and treatment for children and young people that are in the high-risk category and have increased the intensity of treatment for this cohort by providing home visits to support meal times. The service has also moved to offering support over a seven-day period, using overtime at weekends to support the paediatric ward and to provide telephone support to parents and young people to try and avoid a hospital admission. 							
When is performance expected to recover:							
Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Peter Wong			

1.1.4 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 12 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		100.0%	100.0%	100.0%	100.0%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In December 100% of ASD assessments started within 12 weeks of referral, which is the same to previous months and above the planned target. • Referrals rates continue to increase at a rate significantly higher than what is currently commissioned. The referrals are higher than expected and continue to increase each month. • The waiting list backlog was successfully cleared to zero by June 2021 as per the waiting list management plan. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing and exceeds the commissioned capacity, the service continues to exceed the 12-week triage NICE compliant target. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. 						
When is performance expected to recover:						
Achieving over the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

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1.1.5 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 30 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> Decreased capacity within additional providers. Ongoing impact of COVID-19 and future waves.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		63%	63%	60%	55%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> 55% of ASD assessments were completed within the 30 week target, which is below the planned target, this measure has declined over the last 8 of months. Performance has declined to the impact of increasing referrals on service capacity. Referrals are higher than expected and continue to increase each month. The increase in referrals is impacting on capacity, specifically on the 30 week target to complete assessments. It is anticipated that increasing demand will have a significant impact on waiting times going forward. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> To increase service capacity and reduce waiting times, the CCG has agreed additional service investment in Q4 of 2021/22 and recurrently moving forward. During 2022/23 capacity and demand will be more fully reviewed to identify long-term recurrent investment requirements. The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. In response to the increase in investment, the Trust is developing a waiting time recovery plan. To mitigate the risk of increasing demand, the service continues to make greater use of independent sector providers Axia and Healios to support the assessment process. 						
When is performance expected to recover:						
There will be an improvement in the 30 week assessment waiting time standard when the Trust implements its recovery plan.						
Quality impact assessment:						
For those CYP waiting for their assessments to be completed, there is a potential quality/safety risk.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

1.1.6 Children and Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 12 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves. • Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		99%	100%	100%	99%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In December, 99% of assessments started within 12 weeks of referral and the pathway continues to meet the agreed performance targets. • There has been an ongoing increase in referrals to the service which is starting to impact on waiting times. • Referrals are higher than the planned level of activity and continue to increase each month with the highest level of referrals to the pathway received in May 2021. • The waiting list backlog was successfully cleared to zero by June 2021 as per the waiting list management plan. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing and exceeds the commissioned capacity, the service continues to achieve the 12-week triage NICE compliant target. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. 						
When is performance expected to recover:						
Achieving over the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		



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1.1.7 Children and Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 30 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management: <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		85%	85%	85%	80%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 80% of ADHD assessments were completed within the 30 week target, which is below the planned target of 90% and shows a continued decline in the last 7 months. • The increase in rate of referrals is impacting on waiting times, which will increase further if current levels of demand continue. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • To increase service capacity and reduce waiting times, the CCG has agreed additional service investment in Q4 of 2021/22 and recurrently moving forward. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals and also in the development of discharge pathways to primary care • In response to the increase in investment, the Trust is developing a waiting time recovery plan. 						
When is performance expected to recover:						
There will be an improvement in the 30 week assessment waiting time standard when the Trust implements its recovery plan.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewit		Peter Wong		

1.2 Child and Adolescent Mental Health Services (CAMHS)

1.2.1 % Referral to Choice within 6 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks		Latest and previous 3 months				Due to ongoing impact of COVID, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as a result of the ongoing impact of the pandemic.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		37.8%	40.3%	45.9%	31.1%	
		Staged Target by March 2021: 92%				

Performance Overview/Issues:

- Referral to choice waiting time has seen a 14.8% decline in compliance to 31.1% in December.
- Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been a general deterioration in waiting times since December 2020.
- There has been an increase in the number of urgent cases referred to the service.
- This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic.

Actions to Address/Assurances:

- The service continues to monitor urgent and routine referral rates and aims to flexibly use capacity as needed to provide first assessments as soon as possible.
- All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks.
- Across the Sefton CAMHS partnership there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021.
- The CCGs have been successful in their joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative and pathway review and mapping is underway to identify opportunities to improve the efficiency of the referral process.
- The additional mental health COVID recovery investment released in 2021/22 (circa £800K for Sefton) is being mobilised by the Trust and third sector providers. Once services reach full staffing capacity and covid related sickness levels reduce, there will be a sustained improvement in waiting times.
- The CAMHS waiting time position continues to be closely monitored by the CCGs and the Trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity.

When is performance expected to recover:

Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.

Quality impact assessment:



No quality issues to report.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Wendy Hewitt	Peter Wong



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1.2.2 % Referral to Partnership within 18 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Partnership within 18 weeks		Latest and previous 3 months				Due to ongoing impact of COVID, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as a result of the ongoing impact of the pandemic.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		68.2%	61.5%	67.7%	54.6%	
		Staged Target by March 2021: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • There has been a 13% decline in waiting times in December reporting 54.6%. This is due in part to a high number of urgent partnership appointments required for high risk and complex young people. • Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been an overall deterioration in waiting times since December 2020. • There has been an increase in the number of urgent cases referred to the service. • This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • All children and young people who have been waiting over 18 weeks for a partnership appointment are regularly contacted to undertake an up-to-date risk assessment and review of clinical urgency, enabling the team to expedite an earlier appointment, if clinically indicated. • All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks. • Across the Sefton CAMHS partnership there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021. • The CCGs have been successful in their joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative and pathway review and mapping has begun to identify opportunities to improve the efficiency of the referral process. • The additional mental health COVID recovery investment released in 2021/22 (circa £800K for Sefton) is being mobilised by the Trust and third sector providers. Once services reach full staffing capacity and covid related sickness levels reduce, there will be a sustained improvement in waiting times. • The CAMHS waiting time position continues to be closely monitored by the CCGs and the Trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity. 						
When is performance expected to recover:						
Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		



1.3 Children's Community (Alder Hey)

1.3.1 Paediatric Speech & Language Therapies (SALT)



Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Latest and previous 3 months				<p>The CCG may not continue to deliver on all aspects of the SEND improvement plan as the SALT waiting times cannot be sustained due to the ongoing impact of COVID.</p> <p>Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort.</p> <p>Potential increase in waiting times/numbers and a surge in referrals due to the ongoing impact of the pandemic.</p>
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks				
		Sep-21	Oct-21	Nov-21	Dec-21	
		34.30%	32.80%	33.00%	37.10%	
		Total Number Waiting				
		Sep-21	Oct-21	Nov-21	Dec-21	
		356	372	393	407	
		Target 92%				<p><=92%: Red</p> <p>> 92%: Green</p>
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 41.1 weeks compared to 33.1 weeks last month. For open pathways, the longest waiter was 55 weeks in December compared to 53 weeks in November. Overall there has been a steady increase in new referrals the service received 43 in December compared to 68 in November. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The SALT service has experienced a sustained increase in referrals following lockdown and the reopening of schools. The backlog of assessments and increased acuity and urgency of cases has meant that performance has continued to be challenged. The service has developed and is implementing a waiting time recovery plan which anticipates achieving the maximum 18 week waiting time target by end of July 2022. <p>Data from mid-January 2022 indicates that the recovery plan has started to take effect with no waits in excess of 52 weeks and appointments booked for all those over 46 weeks.</p> <p>In the meantime, the position is being closely managed by the service and all referrals continue to be clinically triaged at the point of receipt and prioritised according to need.</p> <ul style="list-style-type: none"> Families sent information on how to access resources including those on the service web page whilst waiting to be seen. Work continues with the early years services to support early intervention and reduce need for specialist support. 						
When is performance expected to recover:						
End of July 2022 as per waiting time recovery plan, but subject to any future COVID waves/impact.						
Quality:						
There are no identified quality issues.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Peter Wong		

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1.3.2 Paediatric Dietetics

Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Latest and previous 3 months				<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.</p>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks				
		Sep-21	Oct-21	Nov-21	Dec-21	
		100.0%	100.0%	100.0%	100.0%	
 		Total Number Waiting				
		Sep-21	Oct-21	Nov-21	Dec-21	
		28	41	35	20	
		Target 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 4.1 weeks compared to 5.1 weeks last month. For open pathways, the longest waiter was 11 weeks in December compared to 10 in November. New referrals to the service remain steady, 28 were received in December and 40 in November. 						
Actions to Address/Assurances:						
None specifically, as performance is exceeding target for the ninth consecutive month.						
When is performance expected to recover:						
Performance on target.						
Quality:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Peter Wong		



1.3.3 Paediatric Occupational Therapy (OT)

Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: OT		Latest and previous 3 months				<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.</p>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks				
		Sep-21	Oct-21	Nov-21	Dec-21	
		96.8%	97.9%	100.0%	100.0%	
 		Total Number Waiting				
		Sep-21	Oct-21	Nov-21	Dec-21	
		62	48	53	35	
		Target 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 6.4 weeks compared to 7.6 last month. For open pathways, the longest waiter was 17 weeks in December, 12 in November. Overall there has been a steady increase in referrals, the service received 22 in December compared to 46 in November. 						
Actions to Address/Assurances:						
None specifically, as performance is exceeding target for the eighth consecutive month.						
When is performance expected to recover:						
Performance is achieving the target.						
Quality:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Peter Wong		

1.3.4 Paediatric Children's Continenence Promotion Service

Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: Children's Continenence Promotion Service		Latest and previous 3 months				<p>Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.</p>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks				
		Sep-21	Oct-21	Nov-21	Dec-21	
		100.0%	100.0%	100.0%	100.0%	
Total Number Waiting						
		Sep-21	Oct-21	Nov-21	Dec-21	
16 16 19 18						
Target 92%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 7.4 weeks compared to 8.2 weeks reported last month. For open pathways, the longest waiter was 7.4 weeks in December compared to 8.2 in November. Referrals to the service remain steady, 9 were received in December and 11 in November. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> None specifically as performance is currently back within target. Pre-COVID a preliminary service review commenced which identified a high number of low level referrals to the service. The service review is being stepped up again with the aim of developing health visitor pathways to more appropriately deal with low level interventions thus reducing demand for specialist support. 						
When is performance expected to recover:						
Performance on target.						
Quality:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Peter Wong		

1.3.5 Paediatric Children's Physiotherapy

Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: Physiotherapy		Latest and previous 3 months				<p>Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.</p>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks				
		Sep-21	Oct-21	Nov-21	Dec-21	
		100.0%	100.0%	100.0%	100.0%	
Total Number Waiting						
		Sep-21	Oct-21	Nov-21	Dec-21	
39 47 54 52						
Target 92%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 7.01 weeks compared to 5.77 weeks last month. For open pathways, the longest waiter was 14 weeks in December, 10 weeks reported in November. New referrals to the service remain steady, 19 were received in December and 24 in November. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> None specifically as performance is currently within target. 						
When is performance expected to recover:						
Performance is on target.						
Quality:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Peter Wong		

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Sefton Community Child and Adolescent Mental Health Services (CAMHS) – Update

1. Introduction

The Children’s Overview and Scrutiny Committee has requested an update on the CCG commissioned CAMHS provision following on from the previous report presented in October 2020, which provided a detailed overview of the locally commissioned mental health services, initial impact of covid and system wide response, performance of services and plans for future developments.

This report focuses on the response and performance of Sefton’s mental health services, specifically in light of the ongoing impact of the pandemic and the challenges this presents. It also highlights new and developing services and initiatives which are, and will, contribute to improvements in the mental health offer for the children and young people (CYP) of Sefton; also the system wide changes as health and social care transition into the newly formed Cheshire and Merseyside Integrated Care System (ICS), and the implications for mental health on a ICS footprint and for Sefton CYP and families ‘at place’.

2. CCG Commissioned Services 2021/22

The table below provides an outline of the mental health services commissioned by both Sefton CCGs, including the additional support and investment in response to COVID (to date). Please note that figures remain subject to final confirmation.

Service	Provider	£ p.a. (2021/22)
Online Advice and Support for 10 – 25 year olds (jointly commissioned with LA)	KOOTH	£33,000
School programmes: wellbeing champions, school transition and teachers’ training and support network	Sefton CVS	£48,000
Mental Health Support Teams (MHSTs) for schools and colleges	Alder Hey	£511,000 (*FYE £720k)
Counselling support and drop in	Parenting 2000	£22,965 - baseline 21/22 £39,232 - covid/winter pressure 21/22 (non-recurrent) £31,232 - additional recurrent uplift (22/23)
Counselling support and drop in	Venus – Star centre	£145,278 - baseline 21/22 £48,927 - covid/winter pressure 21/23 (non-recurrent) £33,924 - additional recurrent uplift (22/23)
Support to children and young people (female / male) experiencing / affected by domestic abuse	SWACA	£52,432
Specialist CAMHS (Including Single Point of Access, Crisis Advice & Guidance). In response to covid, 24/7 crisis service implemented 18 months ahead of schedule.	Alder Hey	£3,979,991

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South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Early Intervention Psychosis (14+)	Merseycare	Service 14+, investment not specifically broken down by age range.
Talking Matters Sefton – Talking Therapy (IAPT 16+)	Mental Health Matters	Service 16+, investment not specifically broken down by age range.
Youth Justice – Screening, Information, advice and guidance for Out of Court Disposal	Venus	£63,025
Specialist Community Eating Disorder Service (0-18)	Alder Hey	£245,630
CYPIAPT – workforce development programme	various	Variable ~ £90,000

In addition, there are costs for specialist support staff for individuals in an acute bed, without medical needs, with discharge delayed due to availability of T4 inpatient beds or social care placement. These costs are met by the CCG and AHCH. From January 2021 – January 2022 there were 4 of these cases at AHCH costs ranging from £27,000 – £118,000

NOTE: If a child or young person needs to be admitted for assessment or treatment to a specialist mental health hospital bed, this is commissioned by NHSE and not locally by the CCGs.

3. Impact of COVID and system wide response

Since the onset of the pandemic in March 2020, the impact of COVID on CYP emotional health and wellbeing has been widely reported both at a local and national level. Mental health services have experienced an unprecedented and sustained increase in demand and the number of urgent, high risk and complex cases continues to be a concerning feature. In March 2021, Cheshire and Merseyside modelled a 30% increase in demand for mental health services in the subsequent 2 years, an increase on the initial 15% predicted at the outset of the pandemic. And recent national projections indicate that 1.5 million children and teenagers will need new or additional support for their mental health over the next three to five years.

In response to these ongoing challenges, the wider mental health system and the local Sefton Emotional Health Partnership (formerly the CAMHS partnership) continues to respond, adapt and co-ordinate its services and approaches to support the mental and emotional health and wellbeing (EHWB) needs of Sefton CYP and their families:

3.1 Additional investment

Significant additional 'COVID recovery' mental health funding has been released in 2021/22. In May 2021, the government announced an additional £79 million to support recovery and a reduction in waiting times. Of this, Sefton was allocated an additional mental health investment of circa £800k. Similarly, in November 2021, additional NHS admission avoidance/winter pressure monies were made available locally. This has enabled the CCGs to commission a series of additional investment uplifts to increase the capacity of mental health services and reduce waiting times for both Alder Hey specialist CAMHS and third sector mental health services.

This is in addition to the NHS Long Term Plan investment commitments for crisis services and eating disorder services, which have been agreed and will continue to be released.

3.2 Expanding and developing services

- The **24/7 Crisis Care Services for CYP** which were rapidly introduced in response to the pandemic, continue to develop and expand. The NHS Long Term Plan (2019) highlighted the development of 24/7 Crisis Care Services for children and young people by 2023/24. However, as per the NHS England mandate in April 2020, Alder Hey brought forward those plans and mobilised a 24/7 Crisis Care Service at pace to ensure those Sefton CYP most at risk of harm could access care and support. (see section 6).
- Utilising additional investment, specifically the admission avoidance funding released in November 2021, third sector providers Venus and Parenting 2000 have been able to **expand their 'open access' drop in service** to include evening sessions for children, young people and their families, which are provided in a youth friendly non-clinical setting. These sessions provide a mix of psycho-education, therapeutic support, youth mentoring and information advice and guidance. Since the drop-in sessions commenced in January 2022 there have been approximately 53 attendances across both providers, with some young people returning multiple times as they have found the support so beneficial. Parenting 2000 has report that for at least 6 of these young people, the 'open access' service has provided an alternative to A&E.
- All partners and providers continue to **adapt and flex their service offer**, taking into account COVID changing restrictions and individual need. For example, delivering a mix of face-to-face and online digital interventions, extending opening hours and offering group sessions while children young people and their families wait for an assessment or treatment. Whilst the pandemic required services to rapidly develop and adopt a digital offer, the learning and evidence confirms that this works well for many of our children and young people and supports improved access for some, indicating that a blended offer should continue. This learning from new and innovative approaches will continue to inform service delivery and improvements.
- Building on the expansion of digital and online options and in response to COVID, capacity of the **online counselling platform Kooth** was increased and the age range extended to include 19 - 25 year olds (see section 6). Jointly funded by the CCGs and Local Authority, a new contract commenced in January 2021 to include the extended age range.
- The innovative 'one stop' shop **Sefton and Liverpool mental health platform** (sometimes referred to as the CYP1 platform) was launched in May 2021. Functioning as a single point of access, the online platform can be used and accessed by children, young people, family/carers and professionals for information about mental health issues and also to make direct referrals through to services; including self-referrals. The functionality and operability of the platform are continuing to be explored and developed.

The initial development of the platform was led by NHS digital innovations and Alder Hey, in collaboration with mental health partners across both Sefton and Liverpool localities, and included a comprehensive series of co-production workshops and activities for young people and parent/carers. Since its launch in May 2021, the platform has continued to receive positive feedback from users and has gained national recognition, receiving a nomination for a National Health Service Journal Award.

<https://seftonliverpoolcamhs.com/>

- In March 2020 the partnership launched the first **Sefton Young Persons Emotional Wellbeing Toolkit** to support schools and colleges to improve their mental health offer. The Toolkit condenses best practice described in national guidance alongside other literature and provides additional information about local referral pathways and national services. The Toolkit was updated in October 2021 and has been shared with schools to help them to manage with not only the impacts of the pandemic, but more broadly the subject of mental wellbeing in schools. It will be refreshed each academic year. Another

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version of the toolkit is being prepared to be targeted directly at children and young people so they can access the information directly.

The toolkit can be found at <https://www.sefton.gov.uk/public-health/mental-health-emotional-wellbeing/> It provides links to a number of services and agencies that support young people to build resilience.

3.3. Strengthening of local partnerships

- Since the start of the pandemic, the **Sefton Emotional Health Partnership** (formerly Sefton CAMHS partnership) has strengthened its membership and approach, specifically in relation to co-ordination and promotion of local services. At the outset of the pandemic, the group developed a 'COVID-19 CAMHS Bulletin' to raise awareness of the local mental health and EHWP offer, ensuring support was co-ordinated and promoted in schools and across all CYP networks. Since then, its work has gone from strength to strength. The bulletin is now produced on a termly basis, ahead of the 3 main school holidays and the partnership has a dedicated communications and engagement group which meets on a monthly basis.

More recently, the group has collectively developed and delivered on a number of projects. Regularly taking advantage of national mental health awareness weeks the group plans and delivers local campaigns to promote and raise awareness of local services. As part of Children's Mental Health Week in February 2022, the group collaborated on the planning and delivery of a Schools Mental Health conference and developed a campaign toolkit to co-ordinate and support communications across the partnership:

<https://drive.google.com/drive/u/0/folders/1zajleUSyoTb5viN481B2eImZINwschOg>

Through this partnership working and increased promotion of the low level early intervention mental health and EHWP services, it is hoped that CYP and their families will be encouraged to seek help earlier and so prevent escalation and referral to specialist mental health services.

- Notably, there has been a consolidation of **relationships between health and education**, particularly since the introduction of Mental Health Support Teams (MHSTs) across Sefton and the establishment of the Education Collaborative Forum (formerly Covid School Cell), which provides opportunities for health to present and discuss mental health matters with head teachers and senior education colleagues in the Local Authority. These relationships have enabled MHST leads and local authority colleagues to develop a coordinated and strengthened mental health training offer for schools, combining the MHST and Department of Education funding and resources to best effect.

The training and resources support education staff to promote mental wellbeing and resilience amongst CYP, teachers, parents and carers', and aid mental health recovery in light of the impact of COVID and lockdowns. By way of example, this includes Mental Health First Aid training, bespoke training for identified mental health leads, further development of the trauma informed prevention work through the Early Help team and a fund to provide additional training for needs which may emerge as education returns to 'normal'.

3.4 Strategic developments

There are a number of strategies and plans that are driving and informing the development of emotional health and wellbeing services in Sefton, both now and as we look to the future.

Some of the local and regional plans which have been recently published or are in development are highlighted below:

- In May 2021 as part of the Mental Health awareness week, Sefton launched its refreshed **Children and Young People's Emotional Wellbeing Strategy**. The strategy is based on the needs based THRIVE framework and focuses on increasing access, building resilience and early identification of the mental health and wellbeing of children and adolescents; to be achieved through school engagement, school-based interventions and partnership working between healthcare, education and the community/voluntary sector. As described in section 3.3 this has underpinned the strengthening of the Sefton Emotional Health Partnership and provided focus for the raft of projects and initiatives it has been developing.
- Aligned to the Emotional Health and Wellbeing Strategy, Sefton has embarked on a whole system approach to the **Start Well early years programme**. The programme aims to strengthen the system strategic oversight and consolidate the whole system core universal offer across the child's journey, refocussing the deployment of shared resources where there is greatest need. The initial mapping exercise has identified a number of system priorities including mental/emotional health and wellbeing, which is a key focus of the initial high level project plan.
- In 2021, NHS England and NHS Improvement undertook a **North West CAMHS review**. The findings were in part informed by the impact of COVID and focus on a number of key recommendations, including the standardisation of the core CAMHS Tier 2/3 offer for all young people, and more specifically for those with a learning disability and/or autism; development of crisis escalation pathways and alternatives to admission; CAMHS workforce capacity and capability; development of parent carer forums and development of a strategy to tackle health inequalities and access to CAMHS.

A North West plan and strategy has been developed to deliver against these recommendations and is being used to inform mental health investment decisions and the plans in development across the Cheshire and Merseyside ICS, including its Mental Health Transformation programme.

- In support of the national and regional **Transforming Care strategies and partnerships**, Sefton health commissioners are fully engaged in the various workstreams to improve the mental health provision and support for CYP with a learning disability and/or autism and their families, including the Cheshire and Merseyside Transforming Care Transformation programme.

Locally this has enabled Sefton to successfully bid for funding to develop and introduce an autism post diagnostic pilot, to extend its Intensive Support Team pilot and more recently to secure funding for a team of key workers.

Over the last 12 months, health commissioners have also been working with partners to improve and strengthen the systems and processes that oversee the local Dynamic Support Database (DSD), including the introduction of monthly tracker meetings. These have been combined with the Local Authority's already established Multi- Agency Panel meetings that reviews and supports a register of complex CYP. This approach supports the synergy that exists between the two registers, as cases will often overlap. The membership includes senior managers from social care, education, SEN team, CAMHS providers and Early Help teams.

Notably, the Multi-agency tracker meetings have been temporarily paused whilst the Terms of Reference undergo review.

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For information, the DSD is a register of children/young people with learning disabilities and/or autism who may need higher input from services and who may be at risk of being admitted to a specialist or mental health hospital.

4. CAMHS services

4.1 Overview of Performance

4.1.1 Specialist CAMHS

Throughout 2021 Alder Hey Specialist Mental Health Services have experienced a significant increase in demand following the COVID-19 pandemic. This has resulted in an overall 26% increase in referrals received by the service in 2021 compared to 2019, and further increase has since occurred in January 2022. This is in line with national and local modelling which predicted a 30% increase in demand for children and young people's mental health services over 2021 and 2022. Figure 1 shows the referrals to Sefton CAMHS from January 2019 – January 2022.

Figure 1 – Referrals to Sefton CAMHS at Alder Hey

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2019	108	123	148	119	116	116	94	53	88	146	130	94	1335
2020	128	134	113	44	55	85	89	89	134	119	155	127	1272
2021	83	111	160	138	178	184	118	90	150	165	163	138	1678
2022	174												174
Percentage difference 2021 vs 2022	110%												
Percentage difference 2019 vs 2022	61%												

There has also been a significant increase in urgent and complex referrals, particularly following the lockdown periods. The service ensures that children and young people requiring urgent assessment receive this as a clinical priority which in turn has resulted in longer waiting times for routine appointments.

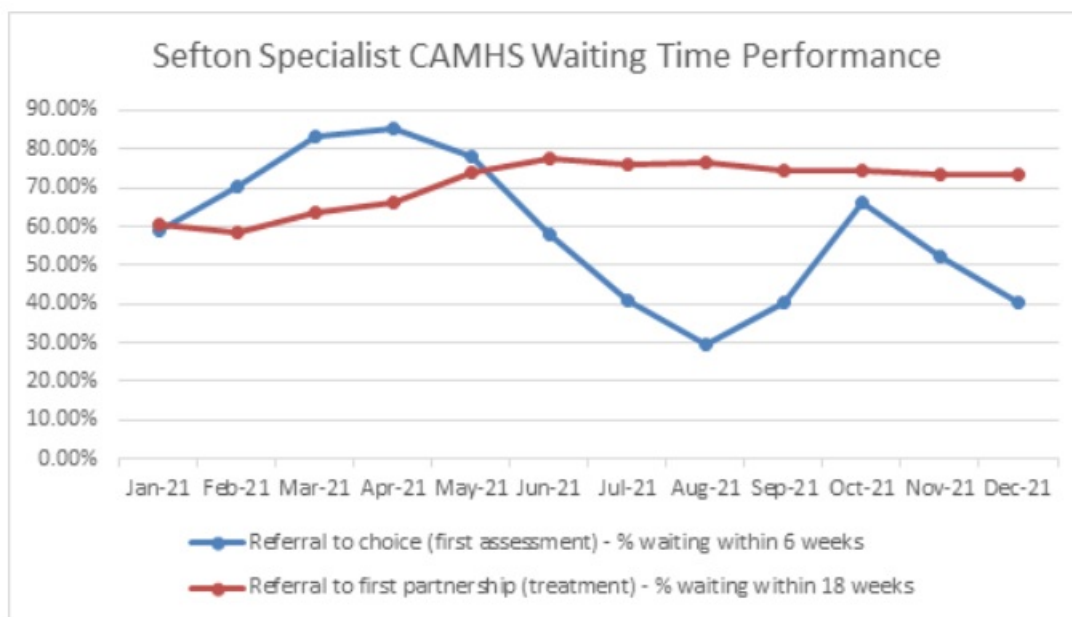
In January 2020 Alder Hey introduced the following monitoring standard with Sefton CCGs to ensure children and young people have access to safe and effective care:

- 92% of children and young people to be assessed within 6 weeks of referral (choice assessment)
- 92% of children and young people to commence treatment within 18 weeks of referral (partnership appointment)

Figures 2 illustrates the challenges with meeting this access standard. For first assessment appointments, the surge in urgent assessments has lengthened the waiting time for routine appointments outside of the 6 week target. There has been a slow increase in compliance for providing treatment within 18 weeks of referral and the service balances clinical priority against children and young people who have waited the longest amount of time.

Figure 2 – Sefton CAMHS Waiting Time Performance

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
<i>Referral to choice (first assessment) - % waiting within 6 weeks</i>	59.02%	70.18%	83.33%	85.48%	78.26%	58.14%	40.65%	29.73%	40.15%	66.42%	52.41%	40.51%
<i>Referral to first partnership (treatment) - % waiting within 18 weeks</i>	60.77%	58.49%	63.58%	66.07%	74.11%	77.58%	76.26%	76.41%	74.66%	74.27%	73.68%	73.48%



The service has experienced challenges with meeting these access standards in 2021 for various reasons. The increase in overall referrals and particularly urgent referrals has lengthened the routine waiting time for appointments. As the presentation of children and young people in the service is also now more complex, this has presented challenges with maintain the pre-COVID rate of discharge following the completion of planned treatment.

In addition to this, challenges with workforce has affected the ability to grow capacity in line with demand. Absence due to COVID-19 illness was a factor throughout 2021, and early in 2022 due to the Omicron variant. The service received growth investment in 2021 to mitigate the impact of increased demand however recruitment has been challenging owing to the national shortage of experienced mental health practitioners. This is in line with other local and national CYP mental health providers. There has also been an impact of staff experiencing levels of burnout following lockdown periods, some redeployment to support the 24/7 Crisis Care Service, and an increasingly complex caseload.

To mitigate this staff have worked flexibly, undertaking additional hours where required, to ensure children and young people continue to receive safe and effective care. The service has undertaken a large recruitment drive which is continuing in 2022, including sponsored adverts on social media and recruitment incentives for new employees. The service also utilises agency staff where appropriate to mitigate short term gaps in capacity. The service

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has utilised new roles, such as trainee assistant practitioners, to provide contact and treatment to children and young people. A full workforce plan is in development to be completed in 2022 to create a roadmap for developing and sustaining an experienced, high quality workforce.

The service continues to utilise virtual appointments and remote ways of working well, ensuring that impacts of COVID have not affected care and continuity. The service also undertakes weekly check in calls for any children and young people experiencing longer waiting times. This is to ensure that any deterioration in presentation is addressed immediately and an urgent assessment is subsequently booked.

Recruitment to the remaining vacant posts in the service is underway and the service has now commenced capacity & demand modelling. A recovery plan will be shared with Sefton CCG's with an agreed timeframe in place to meet the target of 92% of children and young people waiting 18 weeks or less for treatment. This is subject to no further COVID-19 restrictions and maintaining a steady referral rate.

4.1.2 Eating Disorders Service

There has been a significant surge in demand for Eating Disorder Services nationally, regionally and locally since March 2020, with increasing numbers of young people presenting with deteriorating physical health following the national lockdown periods. At Alder Hey this impact has been seen both with the community setting and the hospital inpatient setting. The service has experienced an unprecedented increase in demand with a 171% referral increase in 2021, demonstrated in Figure 3.

Figure 3 – Referrals to Eating Disorder Service

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
2019	9	4	5	3	7	5	12	1	2	5	4	5	62
2020	4	16	10	2	6	12	9	4	11	8	9	7	98
2021	10	12	12	15	10	24	12	3	17	22	20	11	168
2022	10												10

In addition to increased referral rates the service has also seen:

- An increase in the number of children and young people presenting at their first assessment as being at high physical risk, due to weight loss and requiring a paediatric admission to stabilise their physical health risk and to support refeeding.
- A decline in the health of young people known to the service. The impact of the period of lockdown, with the lack of routine, isolation from peers, increase in opportunities to exercise has significantly affected their eating disorder symptoms with their physical and mental health risk increasing.

This growth in demand, intensity and complexity has impacted of the service ability to meet the national waiting time standards for children and young peoples eating disorder services as shown in Figure 4, which had previously consistently been achieved prior to the pandemic.

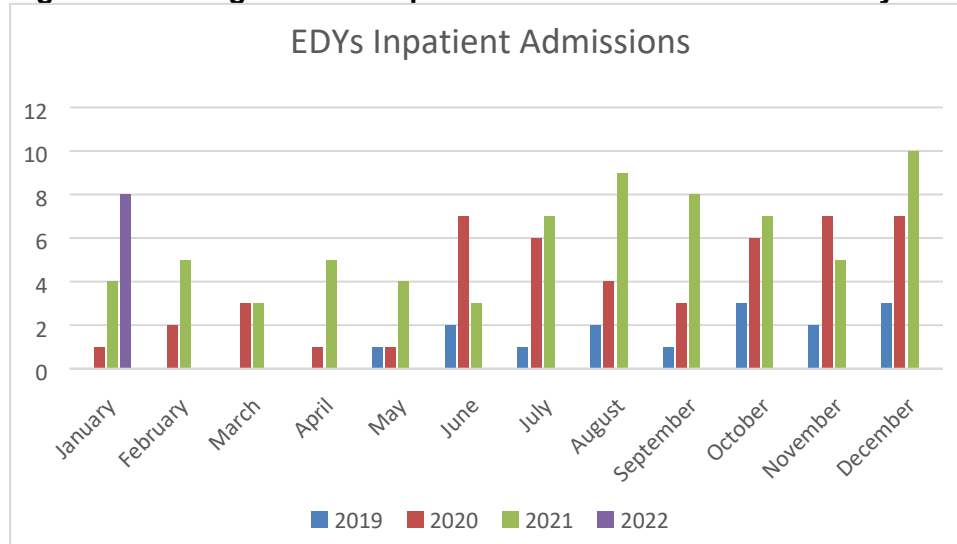
Figure 4 – Eating Disorder Performance

Sefton EDYS - Completed Pathways

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Routine Completed Pathways % Seen within 28 days	90.00%	50.00%	60.00%	33.33%	22.22%	12.50%	16.67%	0.00%	14.29%	12.50%	14.29%	42.86%
Urgent Completed Pathways % Seen within 7 days	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Following the pandemic the service has also seen the highest number of paediatric admissions since it commenced, with a 366% increase in acute admissions in 2021 compared to 2019.

Figure 5 – Eating Disorder Inpatient Admissions – All Alder Hey admissions



The average length of stay is currently 16 days, however this is increasing. There are also a number of children and young people with repeated admissions with deterioration of their physical health. The increased presentation of significant eating disorders has placed pressure on acute paediatric beds at Alder Hey, which was already constrained from occupancy and increased acuity post COVID, and a national pressure on both children’s and adolescents Tier 4 mental health inpatient beds. The children’s Tier 4 Inpatient Unit at Alder Hey has seen a substantial change in the presentation of children admitted to the unit with almost all children having an eating disorder.

To mitigate these challenging circumstances, the Eating Disorder service has utilised new investment in 21/22 to grow their workforce. The service has continued to offer both face to face monitoring and treatment for children and young people that are in the high risk category and have increased the intensity of treatment for this cohort by providing home visits to support meal times. The increase in children and young people that fall into the high risk category has resulted in the service needing to offer support over a seven-day period, using overtime at weekends to support the paediatric ward and to provide telephone support to parents and young people to try to support avoidance of admission. The acute system was also granted monies for Winter 2021 to provide health care assistant (HCA) capacity for admitted patients requiring support with meal times. Some young people require consistent 1:1 HCA support throughout their inpatient and additional staff have been recruited through this funding to facilitate this.

4.1.3 Crisis Care Service

Alder Hey have continued to provide a 24/7 Crisis Care line for children and young people in Sefton and Liverpool since April 2020.

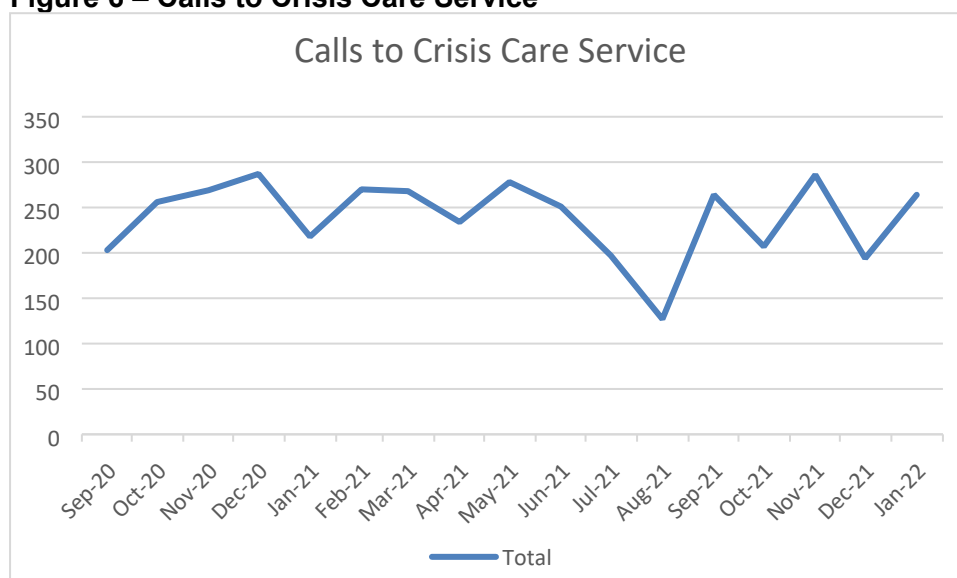
The service offers mental health advice and guidance to children and young people, their families and carer and any professionals supporting children and young people. They also

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receive calls from the ambulance service and the police amongst other agencies where a young person is in crisis at home or in a public area. The service offers direct support to Alder Hey and Ormskirk emergency departments, provide face to face and remote assessment for children and young people presenting in crisis. The service also offers access via a Freephone telephone line and text messaging service.

Figure 6 details the calls to the Crisis Care Service relating to children and young people with a Sefton GP.

Figure 6 – Calls to Crisis Care Service



The service has undertaken over 210 ward assessments for children and young people in Sefton since September 2020 and 134 emergency department assessments since January 2021.

The Crisis Care Service received investment in 21/22 as part of the Mental Health Delivery Plan to sustain the 24/7 line and develop a home based intensive treatment service. The Service has recruited a number of new practitioners although recruitment is challenged as with the other specialist mental health services.

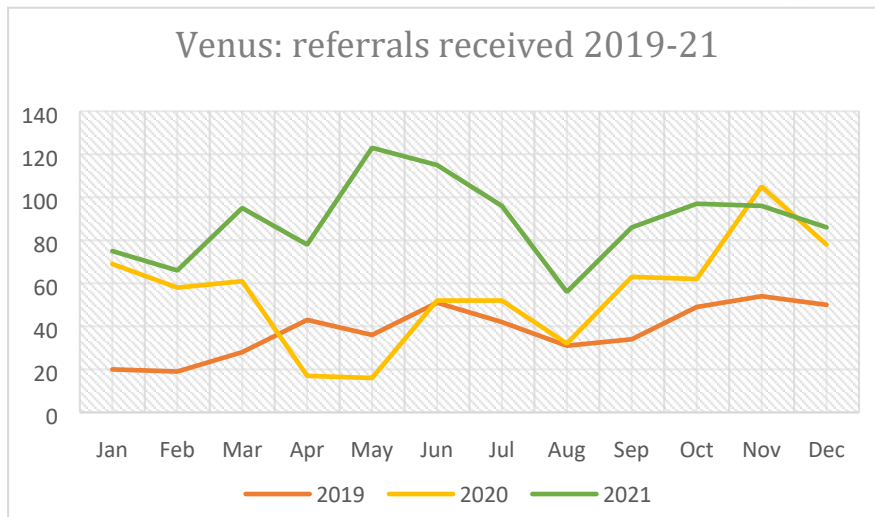
4.1.4 Third sector CAMHS providers

Referral rates

Since 2020 Venus and Parenting 2000 have experienced a significant increase in demand following the outbreak of COVID – for Venus this has resulted in a 134% increase from pre-pandemic as outlined in the table and graph below:

Venus referral rates

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2019	20	19	28	43	36	51	42	31	34	49	54	50	457
2020	69	58	61	17	16	52	52	32	63	62	105	78	665
2021	75	66	95	78	123	115	96	56	86	97	96	86	1069
2022	93												93



Parenting 2000 have experienced a similar increase as below:

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2019	26	27	34	23	38	35	38	12	27	47	46	25	378
2020	48	51	30	8	12	24	26	14	12	28	28	22	303
2021	26	28	34	36	54	36	37	22	17	29	44	26	389
2022	52												52

Waiting times for assessment and treatment

Venus figures below show average days waiting for an assessment per month in 2021:

Average days waiting for an assessment - Venus													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Avg days	73	70	98	83	94	90	82	80	92	99	85	124	

And figures below show average days waiting for treatment to begin per month in 2021:

Average days waiting for treatment - Venus													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Avg days	124	136	130	158	145	160	156	155	154	150	168	150	

If a CYP is referred to Venus for routine mental health support today, the estimated maximum wait times are as follows:

- Referral to assessment – 6 months
- Assessment to treatment – 7 months
- Referral to treatment – 13 months

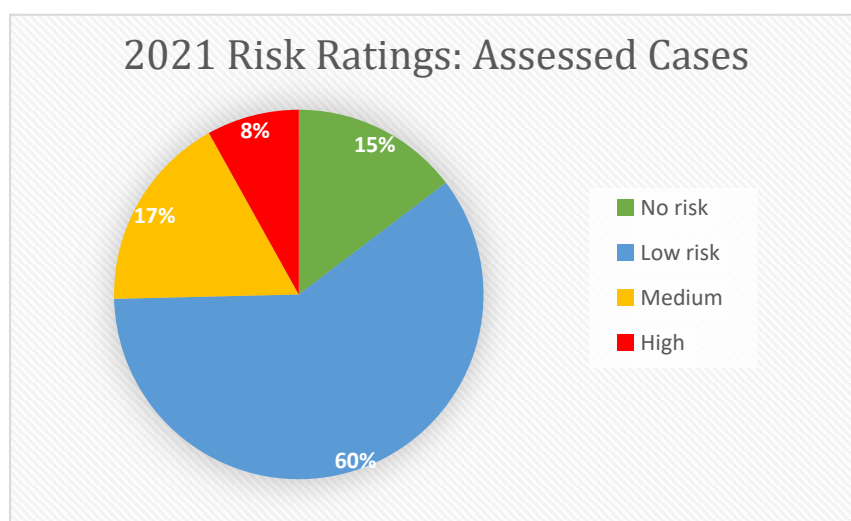
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Assessing and managing risk

As with specialist CAMHS there has been a significant increase in urgent and complex referrals including disorder specific presentations. For all Venus assessments completed in 2021 an average of 17% had identified risk and were therefore prioritised.

Cases with identified risk are prioritised for urgent assessment within 6 weeks. Following this, those with identified high risk commence treatment within 2 weeks and those with medium risk within 10 weeks. This has resulted in longer waiting times for routine appointments and those waiting to start treatment.

Figure below shows percentage of risk for assessed cases in 2021:



Venus hold weekly MDT meetings every Thursday morning, which are attended by a CAMHS representative to support with identifying, prioritising and escalating any high-risk or complex cases.

Those CYP waiting for assessment and/or treatment are also offered alternative support whilst they are waiting, including group sessions and drop in sessions, which have been extended in Q4 2021/22 using admission avoidance funding (see 3.2).

4.2 CAMHS developments

4.2.1 Tier 4 inpatient mental health

As with all mental health services, demand for T4 mental health inpatient beds has escalated during the pandemic and there is a nationally recognised acute shortage, resulting in some young people with significant mental health needs being 'stuck' in acute beds and/or more frequently being placed 'out of area'. Similarly, there are also insufficient specialist placements and/ or specialist community provision/support for when young people are ready for discharge, so delayed discharges can also be a common issue.

Whilst NHS E Specialist Commissioning is the responsible commissioner for Tier 4 secure and non-secure Child and Adolescent Mental Health Services (CAMHS) (including eating disorders), when there are no Tier 4 beds available, the local health system must hold and manage the risk and look for alternative solutions. In some cases, this has involved the commissioning of additional specialist mental health support from private providers to contain and keep patients safe whilst they are acute settings.

Similarly, for those young people who present in crisis with challenging behaviour, but who do not have a mental health condition, the Local Authority is challenged in finding specialist community provision and/or specialist placements, as there is a shortage. This can also result in these young people getting stuck in an acute setting as timely and safe discharge is not possible. The trauma and challenges of this situation are exacerbated for those children and young people in care and/or who have a learning disability and/or autism.

Solutions to these system wide provision issues are being considered and there are a number of national, regional and local NHSE workstreams in development, for example:

- Transforming Care – for those young people with a learning disability and/or autism, scaling up of intensive support/home treatment services, introduction of key worker initiative and development of ‘places of safety’;
- National new models of care and admission avoidance strategies, including introduction of ‘Gateway Meetings’

4.2.2 Framework for Integrated Care - north west vanguard

As part of the Cheshire & Mersey ICS and in collaboration with Liverpool, Sefton submitted an expression interest early 2021, with approval received in September 2021.

This new psychology led model aims to build on the current YOT provision and work with CYP who are at risk of being criminally and/or sexually exploited and their families. It aims to embed an enhanced case management and trauma informed, strengths- based approach through training, consultation, assessments and interventions to the most vulnerable CYP with complex needs. It is to be an integrated offer and will enhance existing provision including CAMHS and NHSE Liaison and Diversion.

The target YP are aged 13-19 (with plans to extend 0-18 in latter stages) that:

- Present as at risk of criminal or sexual exploitation
- Missing from home on one or more occasions in the past 90 days
- Missing from education / persistent absence / SEN
- Previous criminal or sexual exploitation concerns
- At risk of admission through MH and ASD/LD processes
- On the edge of care
- At risk of being placed out of city or where placement has broken down

The new staff team will include a Complex Needs Lead, Case Manager and Targeted Support Officers. Subject to final financial profiling there is a plan to establish dedicated Speech and Language therapy and occupational therapy (sensory) expertise for YOT.

The project commenced in November 2021 with recruitment to key project management and clinical leadership posts and the remainder of year one will including scoping the need of the locality and commencing a training programme and interventions for the initial cohort of young people.

4.2.3 4 Week Wait Programme

In April 2021 Sefton and Liverpool submitted a bid to be a late pilot site for the national 4 Week Wait pilot, a programme introduced in the Government Green Paper. This bid was successful and the partnership in Sefton and Liverpool received investment with the aim of reducing waiting times and being part of the consultation into introducing an access standard for children and young people’s mental health.

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The project is focusing on how the referral pathways for NHS commissioned mental health services can be streamlined to avoid any unnecessary delays in waiting times, but also to explore what other types of 'help' that young people may benefit from while they wait for an assessment/treatment.

The programme agreed by the 4 week wait steering group includes three workstreams:

1. Process mapping across the partnership to ensure pathways into services and between organisations is streamlined and effective, including reducing administrative burden and time resource and ensuring a young person only needs to tell their story once. This was started in February 2022 and is being followed up by number of co-production events with children, young people and their families.
2. Digital innovation implemented which will introduce automatic same day booking of appointments through the Sefton & Liverpool CAMHS referral platform, providing an immediate response to families and reducing time taken to book assessments
3. Enhancing engagement for young people with greatest need. This workstream includes engaging with children, young people and families around access, including gaining their perception on receiving help from mental health services, increasing guidance and signposting, and aiming to reduce DNA's and cancellations.

The steering group for this project have contracted Aqua consultancy to facilitate the process mapping of the Sefton CAMHS partnership which is currently underway and is due to be completed and an improvement plan created by April 2022. Automatic appointment booking through the referral platform will also commence in April 2022.

The streamlined referral pathways and processes will be trialled throughout 2022/23 and use the functionality and operability of the Sefton and Liverpool CAMHS platform to support with this (see 3.2).

4.2.4 Key workers

As part of the national and regional Transforming Care programme and developments (see 3.4), Sefton was successful in its 'Expression of Interest' to be a pilot site for the key worker initiative, securing £317k over the next 2 financial years to develop and implement its team. With the express aim of preventing a mental health hospital admission and/or a family/placement breakdown, the team of 3 key workers and 1 manager will support Sefton's most vulnerable children, young people and their families with a learning disability and/or autism who sit on the local dynamic support database.

The team will be housed by the local authority and recruitment to the roles will commence in the next few months

4.2.5 Crisis escalation pathways

There has been a strengthening of systems and processes across the local mental health provider landscape, notably in developing crisis escalation pathways for those young people aged 16 – 18 who present in crisis at an adult A&E. A Cheshire and Merseyside wide pathway and protocol has been developed by adult and CYP community and acute trusts, who have also collaborated in the development of Standing Operating Procedures for management of crisis cases in an acute setting. These developments have been the result of a system improvement plan developed in response to the case of a 16-year-old with a learning disability

(formally known as 'YP A'); this young person presented at an adult A&E in mental health crisis and subsequently spent 23 days in an inpatient observation bay.

Whilst all actions in relation to the improvement plan have now been completed, there is a continued focus on the system challenges in responding to the needs of this cohort of CYP when they present in crisis. These are being addressed through the Cheshire and Merseyside Transforming Care and CYP crisis workstreams and are also a key recommendation of the North West CAMHS review (see 3.4).

4.2.6 Self-harm

In response to the requirement for a system wide review of crisis pathways for 16 - 18 year olds, the self-harm workstream has joined with the wider crisis pathway development work to ensure that it is aligned and links with clinical best practice. In addition, the Cheshire and Merseyside self-harm network has been working collaboratively to share good practice and identify opportunities for ICS level developments and training. The network has recently developed a 'Self Harm Practice Guide' which will shortly be available for circulation and a self-harm training programme is being finalised.

5. Mental Health Support Teams (MHSTs)

In 2020 the Sefton Emotional Health Partnership was successful in securing £740k for two Mental Health Support Teams (MHSTs) to work in Sefton schools. The MHSTs work in Sefton schools as part of the system-wide local transformation plan for children and young people's mental health, working in schools and colleges to deliver early intervention for mild to moderate mental health issues and building on the support already available in schools, from local health and care services and VCF organisations.

The focus and location of the Sefton MHSTs has been based on an assessment of the emotional wellbeing needs of children and young people in the area. The MHST based in south Sefton works to counteract high levels of deprivation and health inequality; and the other MHST supports all transition year groups in other areas of Sefton i.e. years 6/7 and years 11/12.

The first two teams will be fully operational by March 2022 and in line with the phased implementation, all 40 schools selected will be engaged and making referrals into the team by this time. During Q4 2021/22 it is anticipated that 140 young people will access the service.

A key strand of the MHST programme, is the collaborative working with schools in the development of their 'whole school approach' to mental health. Local MHST schools have also been actively involved in the Anna Freud Link programme, which focuses on working with school and college staff to pool local knowledge and plan services together. Information about the LINK programme can be found here: <https://www.annafreud.org/what-we-do/schools-in-mind/our-work-with-schools/the-link-programme/mental-health-services/>

One of the key developments of the LINK programme has been the expansion of the Mental Health and Schools network which the CCGs commission and the VCF take a lead on. This provides schools with the space and opportunity to share good practice and to work collaboratively on local approaches to mental health support in school for young people.

In April 2021 the partnership received confirmation that a further bid for a 3rd Mental Health Support Team as part of Wave 8 of the national rollout had been successful. This means that

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during 2023 over 50% of Sefton schools/colleges will be supported, which is higher coverage than the majority of local authorities in the north west.

6. Kooth

Online support via Kooth has been available in Sefton for over 2 years and the number of users has grown to 2263 during that time. Following a successful evaluation of the service in the summer of 2020, the service has been re-procured on a 3-year contract, with the option to extend for another year. The age range was extended for those who can benefit from the service from 11 - 18 to 10 - 25 year olds.

A Kooth Stakeholder Management group has also been created to provide oversight and performance management of the service. It meets on a quarterly basis with membership including the three funding partners, schools, and children and young people – meaning the voice of the child is at the heart of making sure the service works for its key demographic.

From January – December 2021 800 new users registered with Kooth. There were 5,215 logins with over 60% being repeat users. More than 200 chat sessions with counsellors and 2,132 messages exchanged with counsellors and users. Nearly 7,200 accessed the forums and 2,376 accessed articles. The most prominent presenting issue during chat sessions has been anxiety/stress for every reporting period during 2021.

7. Access targets

NHS planning for the last few years has included a commitment to increase the number of children and young people being supported by NHS funded community services, this is called an “access target”. It is the percentage of children young people accessing support compared to the suggested prevalence.

	17/18 (Target 30%)	18/19 (Target 32%)	19/20 (Target 34%)	20/21 (Target 35%)	21/22 (Target 35%)
South Sefton	23.3%	29.4%	29.9%	34.6%	48.1% (projected)
Southport & Formby	30.6%	38.1%	33.7%	37.0%	52.3% (projected)
Sefton-wide	26.9%	33.8%	31.8%	35.5%	49.7% (projected)

There has been good progress in increasing access and meeting the access target across Sefton since 2017/18, and despite the impact of Covid-19 on the 2019/20 figures, we are on target to exceed the 35% target for both CCGs in 2021/22.

The year- to- date access rate for South Sefton CCG to the end of November 2021 (latest MHSDS published data) stands at 32%. Based on this, the year-end projected access rate is 48.1% which exceeds the National target and the 2020/21 rate (34.6%). The year- to- date access rate for Southport and Formby CCG is currently 34.9% therefore almost achieving the yearly target with four months of the financial year remaining. Despite the disparity in performance between the two CCGs, the Sefton-wide year end access rate is also projected to exceed the 35% target (49.7% based on data to November 2021).

8. ASD/ADHD services

Alder Hey are commissioned to provide diagnostic pathways for Autistic Spectrum Disorder (ASD) and Attention Deficient Hyperactivity Disorder (ADHD), with a target of providing assessment and conclusion within 30 weeks of referrals. This pathway and target was introduced in April 2020.

There has been a sustained increase in demand for diagnostic assessment for both ASD and ADHD since April 2020 and this continues to impact significantly on capacity in the service and has therefore extended waiting times beyond the agreed timescales. This increased demand has occurred particularly as a result of the two school closure periods in 2020 and early 2021 and an analysis of the source of this increase at school and ward level has been undertaken and shared with the CCG.

There is a strong relationship between the ASD/ADHD diagnostic pathways and specialist mental health services and many children and young people who are seen by CAMHS (both Sefton Specialist CAMHS and the Crisis Care Service) have one or both of these diagnoses. The services work closely together, providing joint psychiatry and psychology capacity to support conclusion of the diagnostic pathway.

9. Engagement and co-production

As outlined in section 3.3 above, the Sefton Emotional Health Partnership has established a dedicated Communications and Engagement Group to develop and drive a coordinated strategy and approach to its communication and involvement with Sefton's CYP and their families.

One of the areas of future focus for the group is the development of an engagement framework or 'tree' which outlines the key groups, channels and processes for engaging a cross section of young people in the discussions and developments of local mental health services. This will include those harder to reach groups and aim to reduce health inequalities and social exclusion.

Currently, the Sefton Young Advisors are the key group supporting community engagement and co-production activities with CYP across Sefton. Managed and recruited by the VCF sector, they are trained consultants aged from 15-23 who support local organisations to engage CYP on a range of subjects and issues, helping the views and opinions of young people to be heard and understood. They are also members of the CCGs' Engagement and Patient Experience Group, the local Thrive Network and the Healthwatch Steering Group.

Some recent examples of how they have supported young people to share their views on mental health services are highlighted below:

- Young Advisors held and facilitated a Mental Health focused SYMBOL meeting (Sefton Youth Making Better Opportunities with Leaders) and make a short animation to capture the voices and opinions of local young people.
- In support of the Education and Mental Health Conference outlined in section 3.3, the Young Advisors collated CYP opinions of local mental health services in a short presentation that was shared at the event.
- Young Advisors have reviewed the Emotional Health and Wellbeing Toolkit (section 3.2) to support the development of a 'youth proofed' version

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South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

- Young Advisors are working with Sefton Partners to develop a Youth Voice Network which will support the development of the partnership's engagement framework.

Peter Wong
Children & Young Peoples Commissioning Lead
South Sefton and Southport & Formby CCGs

March 2022



Shaping Care Together Programme Sefton Children's Services & Safeguarding Scrutiny Committee



Meeting date:	15 March 2022
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This report is provided	<input type="checkbox"/> for approval	<input checked="" type="checkbox"/> to note/for information	<input checked="" type="checkbox"/> for discussion
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Title of presentation	Shaping Care Together Programme – March 2022 Engagement Update
Subject matter detail	<p>Shaping Care Together (SCT) is run by NHS leaders across West Lancashire, Formby and Southport, which seeks to 'futureproof' the NHS by looking at new ways of working and new ways of delivering services.</p> <p>Since the beginning of January 2021, SCT has been listening to the thoughts, opinions and ideas from residents, patients, staff, and stakeholders. So far, SCT has received more than 2,500 responses through an online questionnaire and hard copy feedback forms, we've run a series of online and face-to-face in-depth discussion groups with local community organisations and delivered electronic newsletters and information videos about the programme. Some of the main themes emerging from the engagement so far include:</p> <ul style="list-style-type: none"> • Concerns around the accessibility of primary care services • A need to focus more on preventative measures and use community services better to help patients before they present to hospital • Some issues around public transport in certain areas • Staffing levels and the recruitment and retention of key staff needs to be improved • A need to improve patient journeys and support patients to better navigate their own care <p>All of the responses received so far are collected and analysed and have helped feed into the programme in a number of ways, most importantly the development of the future Models of Care.</p> <p>Over the coming days, Shaping Care Together will publish '<i>Our Challenges and Opportunities</i>', a discussion document that draws on the issues raised so far in the engagement programme, and the opportunities that exist to create a better future for local health and care. Following this, there will be a series of public and staff</p>

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engagement workshops alongside 1-2-1 sessions with Members of Parliament and wider council member briefings.

There is still time to contribute views by completing a survey from the dedicated website www.yoursayshapingcaretogether.co.uk where you will also find more information about the programme along with a short, animated video.

Appendices

1. Shaping Care Together – March 2022 Engagement Update (MS PowerPoint)

Shaping Care Together

Sefton Children's Services &
Safeguarding Scrutiny Committee

15 March 2022

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Shaping Care Together...

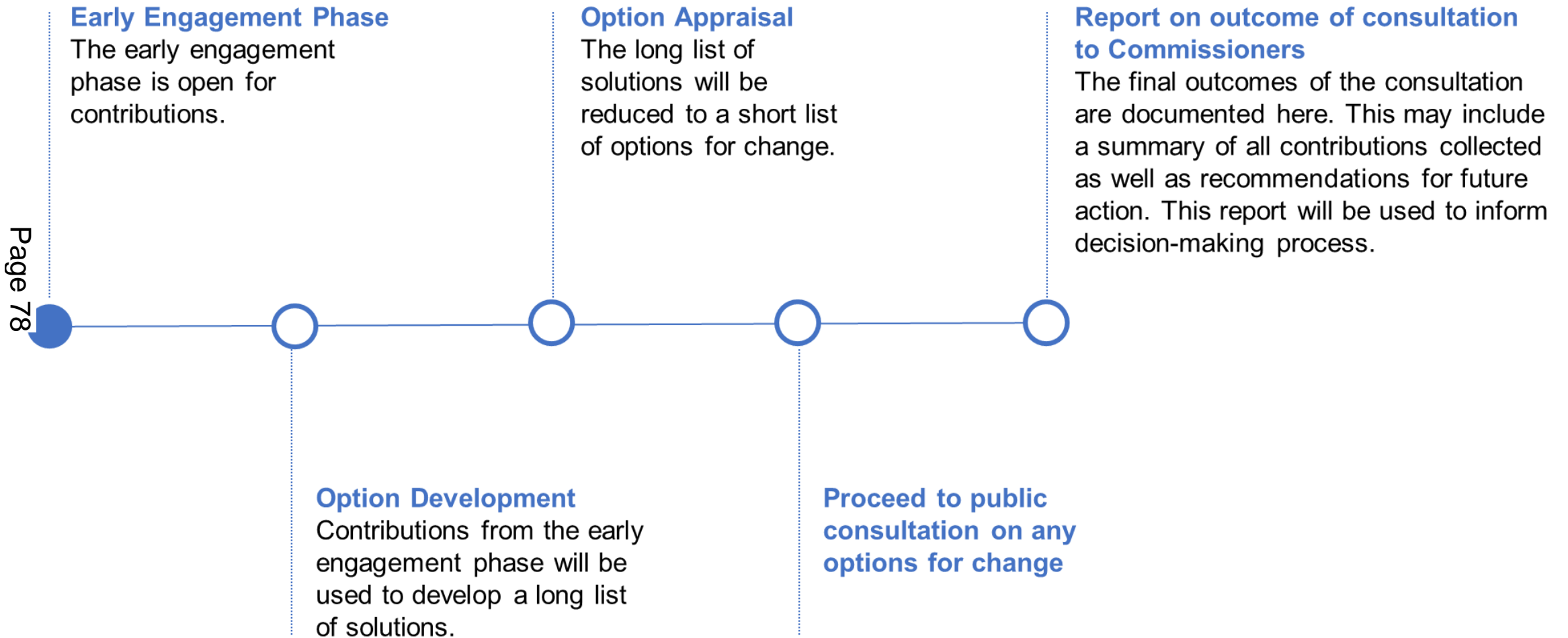


Engagement and consultation...

“It is critical that patients and the public are involved throughout the development, planning and decision-making of proposals for service configuration. Early involvement with the diverse communities, local healthwatch organisations, and the local voluntary sector is essential... Early involvement will give early warning of issues likely to raise concerns in local communities and gives commissioners’ time to work on the best solutions to meet those needs.”

NHS England

Timeline of activity...



Headline engagement to date...

- More than 2,100 questionnaire responses completed
- More than 15K engagement site visits
- Roughly 300 staff completed the questionnaire
- At least 1,800 patients and stakeholders completed the questionnaire
- Almost 500 responses from SCT 'postcards'
- Regular stakeholder e-Newsletter distributed

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Headline engagement to date...

- Equalities Impact Assessment in progress
- Travel & Transport Advisory Group established
- Engagement Process Advisory Group established
- In-depth patient and stakeholder focus groups delivered (29 held since January 2021)
- Roughly 40% want to hear more information when published

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Headline themes to date...

- 70% favour telephone or video appointments

Page 81 Top two priorities:

- ***Shorter waiting times for outpatient appointments***
- ***Having the best possible care, even if that means travelling further***
- 85% favour specialist centre treatment for complex healthcare
- At least 94% generally agree that healthcare should be ***“local where possible and specialist where necessary”***

Headline themes to date...

- There are some concerns around the accessibility of primary care services.
- We need to focus more on preventative measures and use community services better to help patients before they present to hospital.
- There are some issues around public transport in certain areas.
- Staffing levels, recruitment and retention of key staff needs to be improved.
- We need to improve patient journeys and support patients to better navigate their own care.

Headline themes to date...

Good...

- Prompt appointments for planned procedures
- Caring and compassionate staff towards children in particular
- Joined up services between both sites
- A&E at Southport

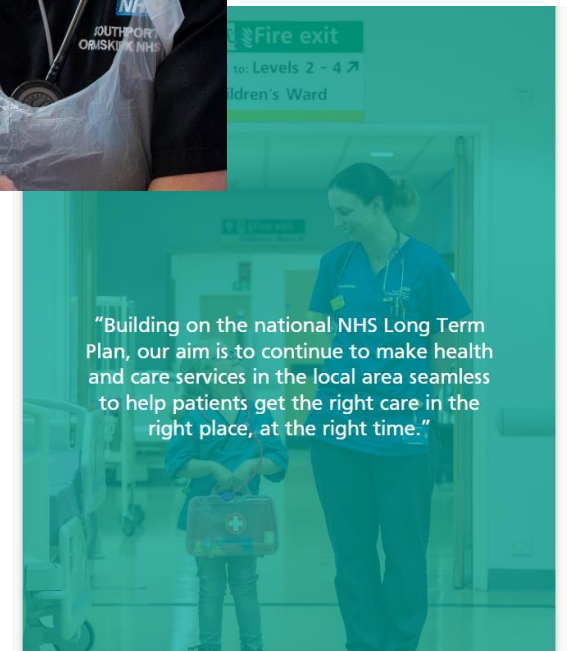
Less good...

- Lack of children's A&E at Southport Hospital
- Children and Adolescent Mental Health Services
- Public transport links – particularly between the two hospitals
- Care in the community
- Limited Children's Community Nursing Outreach programme

Next steps...

- Challenges and Opportunities (C&O) Paper to be published
- More survey responses
- More in-depth discussion groups
- Developing new Models of Care
- Options Development & Appraisal Process to be undertaken
- Comprehensive Engagement Report to be produced and feed into Pre-Consultation Business Case

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Report to:	Overview and Scrutiny Committee (Children's Services and Safeguarding)	Date of Meeting:	15 March 2022
Subject:	Ofsted Inspection Reports		
Report of:	Executive Director of Children's Social Care and Education	Wards Affected:	(All Wards);
Portfolio:	Education		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

To update the Overview and Scrutiny Committee (Children's Services and Safeguarding) on Ofsted Inspection Reports and the work of the School Improvement Team.

Recommendation(s):

That the report be noted.

Reasons for the Recommendation(s):

To appraise the Committee of developments.

Alternative Options Considered and Rejected: (including any Risk Implications)

Not applicable.

What will it cost and how will it be financed?

(A) Revenue Costs

Not applicable.

(B) Capital Costs

Not applicable.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): None directly
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Legal Implications: School Inspection Handbook, Education Act 2005	
Equality Implications: There are no equality implications.	
Climate Emergency Implications: The recommendations within this report will	
Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes
There are no climate emergency implications as a direct result of this report.	

Contribution to the Council's Core Purpose:

Protect the most vulnerable: Not applicable.
Facilitate confident and resilient communities: The School Improvement Team offers support to all schools receiving an Ofsted inspection.
Commission, broker and provide core services: As above.
Place – leadership and influencer: As above.
Drivers of change and reform: As above.
Facilitate sustainable economic prosperity: Not applicable.
Greater income for social investment: Not applicable.
Cleaner Greener: Not applicable.

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.6726/22) and the Chief Legal and Democratic Officer (LD.4726/22) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Not applicable.

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Tricia Davies /Jacqui Patterson
Telephone Number:	
Email Address:	tricia.davies@sefton.gov.uk

Appendices:

The following appendices are attached to this report:

- Ofsted Summary of Outcomes and Support Autumn 2021 - Published results for the schools outlined.

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

- 1.1 Ofsted inspections fully resumed in September 2021 after the focused visits over the last eighteen which did not give a judgement.
- 1.2 Schools can be inspected under Section 5 or Section 8 guidance.
- 1.3 Under the education inspection framework section 5 inspections, inspectors will make the following judgements about schools: overall effectiveness; quality of education; behaviour and attitudes; personal development and leadership and management. If the school offers early years provision and sixth-form provision, inspectors will also make judgements on these areas.
- 1.4 Under the education inspection framework section 8 inspections may be carried out for a range of reasons: schools judged to be good or outstanding at their most recent section 5 inspection; monitoring inspections of schools judged as requires improvement; monitoring inspections of schools judged to have serious weaknesses; monitoring inspections of schools judged to require special measures; any inspection that is carried out in other circumstances where the inspection has no specific designation, known as 'section 8 no formal designation inspection' and unannounced behaviour inspections. No judgement is given for section 8 inspections.
- 1.5 Until November 2020 outstanding schools and academy convertors who at their previous inspection were judged outstanding must receive an initial inspection under section 5 or section 8 before 1 August 2026.

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- 1.6 The usual interval for section 5 inspections as within 5 school years from the end of the school year in which the last section 5 or relevant section 8 inspection took place.

2. Support from School Improvement Team:

- 2.1 All schools currently judged Requires Improvement or Inadequate receive support and challenge from the School Improvement Team. In addition, the team also broker support.
- 2.2 All schools currently judged Good or Outstanding are able to access a healthcheck when in the Ofsted window. This enables the school to identify any areas that they need support with. The team will then provide or broker support if required.
- 2.3 Once the school receives the call a member of the team will contact them to check if any support is required.
- 2.4 The Service Manager for School Improvement or the Head of Education Excellence meet with the lead inspector during the inspection and attend the final feedback.
- 2.5 Following the inspection report being released the team will again provide or broker support as appropriate.

3. Inspections – Autumn term 2021

- 3.1 Between September 2021 and December 2021 the following schools outlined within the attached appendix have been inspected and reports received:
 - 1. All Saints Primary
 - 2. Linaker Primary
 - 3. Sacred Heart High School
 - 4. Cambridge Nursery
 - 5. St Gregory's Primary

OFSTED SUMMARY OF OUTCOMES AND SUPPORT AUTUMN 2021 JMP

1. All Saints Primary -good and continues to be good

15/09/21 inspection date

Previous inspection – 8/6/2016 - Good

Development areas:

Refining knowledge-Ambitious curriculum but now important that the knowledge and curriculum progression is shown from EYFS to Y6

Subject leaders have used COVID time well as many have worked on their curriculum plans but now as they overcome COVID restrictions it is the time to monitor the curriculum

LA relationship and support:

- DH used as LA KS2 moderator
- DFE South Sefton piece of work

2. Linaker Primary-Requires Improvement

29/9/21 30/9/21 SECTION 5 Inspection date

Previous inspection 24/11/2015 - Good

Development area: Focus on the curriculum, develop subject leadership-guidance training, challenge and resources needed to improve. Improve the curriculum-refine and define, sequence. Build on what pupils know.

LA relationship and support:

- SCC Amber termly meetings led by Service Manager
- Continued work with Teach First
- Support from Meols Cop Research School science curriculum
- Professional Partner challenge and support each term-Charles Newstead
- Supply cover to release SLT provided by LA Finance
- Regular communication with Service Manager on curriculum developments and reading KS2

3. Sacred Heart High School-Serious weaknesses

7/10 8/10/21 Inspection dates

Previous inspection – 19/9/2018 - RI

Development areas

One for each of the following: leadership capacity; sixth form; quality of education; SEND; attendance; personal development

LA relationship and support:

- Red rating SCC-half term challenge meetings led by Head of Education including communications with DFE, Archdiocese

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- DFE South Sefton piece of work
- Pending Professional Partner support
- Funding to support Executive Head with priority areas

4. Cambridge Nursery-Good

19/10 20/10 Inspection date

Previous inspections: 6/7/2016 – Short inspection 12/12/2012 - Good

Development areas: Governor know their roles and responsibilities well but could be more effective in challenging school leaders. Greater engagement with parents

LA relationship and support:

- NIL

5. St Gregory's Primary-Good

20/10-21/10 Inspection date

Previous inspection – 3/12/2013 - Good

Development area: Continue to sharpen areas of the curriculum-precise knowledge, exact knowledge and vocabulary.

LA relationship and support:

- Brokered the KS1 Reading Lead delivered training to new to Y2 teachers
- Headteacher delivered session to all Headteachers on the inspection process
- KS1 Reading Lead used as LA Lead Moderator

Agenda Item 8

Report to:	Overview and Scrutiny Committee (Children's Services and Safeguarding)	Date of Meeting:	15 March 2022
Subject:	Cabinet Member Reports – January – March 2022		
Report of:	Chief Legal and Democratic Officer	Wards Affected:	All
Cabinet Portfolio:	Children's Social Care Education		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

To submit the Cabinet Member – Children's Social Care and the Cabinet Member - Education reports relating to the remit of the Overview and Scrutiny Committee.

Recommendation:

That the Cabinet Member – Children's Social Care and the Cabinet Member - Education reports relating to the remit of the Overview and Scrutiny Committee be noted.

Reasons for the Recommendation:

In order to keep Overview and Scrutiny Members informed, the Overview and Scrutiny Management Board has agreed for relevant Cabinet Member Reports to be submitted to appropriate Overview and Scrutiny Committees.

Alternative Options Considered and Rejected:

No alternative options have been considered because the Overview and Scrutiny Management Board has agreed for relevant Cabinet Member Reports to be submitted to appropriate Overview and Scrutiny Committees.

What will it cost and how will it be financed?

Any financial implications associated with the Cabinet Member reports which are referred to in this update are contained within the respective reports.

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(A) **Revenue Costs** – see above

(B) **Capital Costs** – see above

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): None	
Legal Implications: None	
Equality Implications: There are no equality implications.	
Climate Emergency Implications:	
The recommendations within this report will	
Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes
<p>There are no direct climate emergency implications arising from this report. Any climate emergency implications arising from the consideration of reports referred to in the Work Programme will be contained in such reports when they are presented to Members at the appropriate time.</p>	

Contribution to the Council’s Core Purpose:

<p>Protect the most vulnerable: None directly applicable to this report. The Cabinet Member updates provides information on activity within Councillor Doyle’s and Councillor Roscoe’s portfolios during the previous three-month period. Any reports relevant to their portfolios considered by the Cabinet, Cabinet Member or Committees during this period would contain information as to how such reports contributed to the Council’s Core Purpose.</p>
<p>Facilitate confident and resilient communities: As above</p>
<p>Commission, broker and provide core services: As above</p>
<p>Place – leadership and influencer: As above</p>
<p>Drivers of change and reform: As above</p>
<p>Facilitate sustainable economic prosperity: As above</p>
<p>Greater income for social investment: As above</p>
<p>Cleaner Greener: As above</p>

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What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Cabinet Member Update Reports are not subject to FD/LD consultation. Any specific financial and legal implications associated with any subsequent reports arising from the attached Cabinet Member update reports will be included in those reports as appropriate

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Debbie Campbell
Telephone Number:	0151 934 2254
Email Address:	debbie.campbell@sefton.gov.uk

Appendices:

The following appendices are attached to this report:

- Appendix A - Cabinet Member – Children’s Social Care - update report
- Appendix B - Cabinet Member – Education – update report

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

- 1.1 In order to keep Overview and Scrutiny Members informed, the Overview and Scrutiny Management Board has agreed for relevant Cabinet Member Reports to be submitted to appropriate Overview and Scrutiny Committees.
- 1.2 Attached to this report, for information, are the most recent Cabinet Member reports for the Children’s Social Care and Education portfolios.

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CABINET MEMBER UPDATE Overview and Scrutiny (Children’s Services and Safeguarding) 15th March 2022		
Councillor	Portfolio	Period of Report
Diane Roscoe	Education	February 2022

Education Excellence

Recruitment to vacant posts within Education Excellence continues.

Schools

This half term we have had the final reports for two academies. Maghull High was rated good overall an improvement from the last inspection when they were requires improvement. Litherland High remains requires improvement although behaviour and attitudes and personal development were rated good. The school improvement team continue to support, challenge and broker additional support for schools.

The DfE piece of work focusing on attendance and speech, language and communication and the secondary focus on literacy linked to the Narrowing the Gap programme have both commenced. Anecdotally all schools are finding the programmes supportive and helpful.

All schools rated good or outstanding due for an inspection have been offered health checks in a range of areas including early years; school improvement and curriculum; SEND and leadership and management. Schools have found this beneficial and enabled them to target areas for development.

St Teresa’s

The report to Cabinet in February was accepted and the notice of closure has been published. This will return to cabinet in May for final sign off. Two children remained on roll, however neither have attended school since before Christmas. Parents are not accepting the places on offer due to their needs. The SEND team is working with the school and the parents to support the children and identify the solution.

Sacred Heart

The school will move to the St Francis Academy Trust on 1st April 2022.

Holy Spirit

The school will move to the St Joseph Academy Trust on 1st April 2022.

Savio

We still do not know what is happening with Savio. The buildings are still causing an issue and we are still awaiting further information from the DfE with regards the next steps. We continue to support and challenge the school through the Secondary programme and the DfE piece of work. The school engages well with both programmes.

Exams and Tests

On February 7, exam boards published information for schools detailing which topics will appear on exam papers to help students focus their revision. A-level and GCSE students will be given

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APPENDIX B

more "generous" grades this summer, the exam watchdog has said, as it confirmed that students will be given a "safety net" to make up for the disruption they have faced.

However there does not appear to be any consideration given to the testing in primary schools. The testing of year 1 phonics; year 4 multiplication check and year 6 SATs will go ahead as normal.

The early years foundation stage profile will also go ahead as usual as will the year 2 assessments. Year 2 children were tested on phonics at the end of last term.

Covid

Covid continues to impact on schools as staff and pupils test positive. One school had an Ofsted inspection deferment due to the number of teachers absent, not all through covid and last week was inspected. Schools are no longer required to follow any of the covid restrictions and some are expressing concern about ongoing impact.

Attendance

Attendance continues to be incredibly challenging for all school leaders who have been dealing on a regular basis with positive cases of COVID 19. There is still some parental anxiety about sending children to school due to Covid-19 especially since the relaxation of all legal requirements.

The levels of persistent absence have increased across all schools but have stabilised.

Schools continue to report that one of the most significant challenges they face is supporting young people with mental health difficulties to engage in the full education offer. Local Authority Officers continue to support schools and families

The attendance team has continued to provide additional support for children who have a social worker by continuing with the first day response scheme. Early help workers across the three locality Family Wellbeing Centres are continuing to work closely with Education Excellence colleagues to support children back to school.

ILACs

The inspection focused on the Virtual School; safeguarding; elective home educated; children missing education and alternative provision were the key foci for Education excellence teams. Officers were interviewed; random cases were considered; schools contacted and documentation examined.

SEND

The revised action plan and scorecard are being developed in conjunction with key stakeholders. There will be a greater emphasis on what is happening in schools for pupils identified as SEND. It will be signed off and monitored by the SEND Continuous Improvement Board.

We continue to work with special schools, resource bases and mainstream schools to right size budgets and develop the new banding systems.

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Report to:	Overview and Scrutiny Committee (Children's Services and Safeguarding)	Date of Meeting:	15 March 2022
Subject:	Work Programme 2021/22, Scrutiny Review Topics and Key Decision Forward Plan		
Report of:	Chief Legal and Democratic Officer	Wards Affected:	All
Cabinet Portfolio:	Children's Social Care Education		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

To review the Committee's Work Programme for the remainder of 2021/22; to report on progress of the Impact of Covid 19 on the Primary Curriculum Working Group; to identify any items for pre-scrutiny by the Committee from the latest Key Decision Forward Plan; and to receive an update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee.

Recommendations:

That:

- (1) the Work Programme for 2021/22, as set out at Appendix A to the report, be agreed, along with any additional items to be included and agreed;
- (2) progress of the Impact of Covid 19 on the Primary Curriculum Working Group be noted;
- (3) items for pre-scrutiny from the Key Decision Forward Plan which fall under the remit of the Committee, as set out in Appendix B to the report, be considered and any agreed items be included in the work programme referred to in (1) above; and
- (4) the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee be noted.

Reasons for the Recommendation(s):

To determine the Work Programme of items to be considered during the Municipal Year 2021/22; identify scrutiny review topics which would demonstrate that the work of the

Agenda Item 9

Overview and Scrutiny “adds value” to the Council; and to comply with a decision of the Committee to update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee.

The pre-scrutiny process assists Cabinet Members to make effective decisions by examining issues before making formal decisions.

Alternative Options Considered and Rejected: (including any Risk Implications)

No alternative options have been considered as the Overview and Scrutiny Committee needs to approve its Work Programme and identify scrutiny review topics.

What will it cost and how will it be financed?

There are no direct financial implications arising from this report. Any financial implications arising from the consideration of a key decision or relating to a recommendation arising from a Working Group review will be reported to Members at the appropriate time.

(A) Revenue Costs – see above

(B) Capital Costs – see above

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): None	
Legal Implications: None	
Equality Implications: There are no equality implications.	
Climate Emergency Implications:	
The recommendations within this report will	
Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes
There are no direct climate emergency implications arising from this report. Any climate emergency implications arising from the consideration of reports referred to in the Work Programme will be contained in such reports when they are presented to Members at the appropriate time.	

Contribution to the Council's Core Purpose:

Protect the most vulnerable: None directly applicable to this report. Reference in the Work Programme to any other reports could impact on the Council's Core Purposes, in which case they will be referred to in the report when submitted.
Facilitate confident and resilient communities: As Above
Commission, broker and provide core services: As Above
Place – leadership and influencer: As Above
Drivers of change and reform: As Above
Facilitate sustainable economic prosperity: As Above
Greater income for social investment: As Above
Cleaner Greener: As Above

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Work Programme Report is not subject to FD/LD consultation. Any specific financial and legal implications associated with any subsequent reports arising from the Work Programme report will be included in those reports as appropriate.

(B) External Consultations

Not applicable

Implementation Date for the Decision

Immediately following the Committee meeting.

Contact Officer:	Debbie Campbell
Telephone Number:	0151 934 2254
Email Address:	debbie.campbell@sefton.gov.uk

Appendices:

The following appendices are attached to this report:

- Appendix A - Work Programme for 2021/22; and
- Appendix B - Latest Key Decision Forward Plan items relating to this Overview and Scrutiny Committee.

Background Papers:

There are no background papers available for inspection.

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Introduction/Background

1. WORK PROGRAMME 2021/22

- 1.1 The Work Programme of items to be submitted to the Committee for consideration during the Municipal Year 2021/22 is set out at **Appendix A** to the report. The programme has been produced in liaison with the appropriate Heads of Service, whose roles fall under the remit of the Committee.
- 1.2 Members are requested to consider whether there are any other items that they wish the Committee to consider, that fall within the terms of reference of the Committee. The Work Programme will be submitted to each meeting of the Committee during 2021/22 and updated, as appropriate.
- 1.3 **The Committee is requested to comment on the Work Programme for 2021/22, as appropriate, and note that additional items may be added to the Programme at future meetings of the Committee during this Municipal Year.**

2. SCRUTINY REVIEW TOPIC 2021/22 – IMPACT OF COVID 19 ON THE PRIMARY CURRICULUM WORKING GROUP

- 2.1 At the meeting of the Committee held on 28 September 2021, the Committee agreed that:

a working group on the impact of Covid 19 on the primary curriculum be established, to include the consideration of the impact of lockdown and home schooling, comprised of the following Members of the Committee:

- Councillor Spencer
- Councillor Yvonne Sayers
- Mrs. S. Cain, Independent Advisory Member
- Ms. M. McDermott, Parent Governor Representative

(Minute No. 22 (4) refers).

- 2.2 The table below sets out Working Group activity.

Meeting Date	Activity
9 November 2020	The Working Group appointed Councillor Spencer as its Lead Member; and discussed the scope of the review. This is a wide-ranging topic and Members were keen to consider mental health issues in pupil as a result of covid 19 impacting on school life. Members agreed to meet with some primary Headteachers to hear about some of the impacts.

2 December 2021	The Working Group interviewed three primary Headteachers to hear about some of the impacts of covid 19 on school life.
19 January 2022	The Working Group met with representatives of Health and Wellbeing and Sefton CVS, to discuss the mental health toolkit for schools and developments in mental health support for pupils.
8 February 2022	The Working Group met with the Chair of Sefton Association of Primary Headteachers, to discuss her experiences and the challenges being faced in schools.

- 2.3 At the time of drafting this report, a further meeting of the Working Group is scheduled to be held on 28 March 2022, to recap on progress made to date.
- 2.4 In addition, site visits to primary schools by Members of the Working Group are being planned.
- 2.5 Any developments will be reported verbally to the Committee.
- 2.6 **The Committee is requested to note the progress of the Impact of Covid 19 on the Primary Curriculum Working Group.**

3. PRE-SCRUTINY OF ITEMS IN THE KEY DECISION FORWARD PLAN

- 3.1 Members may request to pre-scrutinise items from the Key Decision Forward Plan which fall under the remit (terms of reference) of this Committee. The Forward Plan, which is updated each month, sets out the list of items to be submitted to the Cabinet for consideration during the next four-month period.
- 3.2 The pre-scrutiny process assists the Cabinet Members to make effective decisions by examining issues beforehand and making recommendations prior to a determination being made.
- 3.3 The Overview and Scrutiny Management Board has requested that only those key decisions that fall under the remit of each Overview and Scrutiny Committee should be included on the agenda for consideration.
- 3.4 The latest Forward Plan, published on 28 February 2022 and covering the period 1 April – 31 July 2022, is attached at **Appendix B** for this purpose. For ease of identification, items listed on the Forward Plan for the first time appear as shaded.
- 3.5 There is just one item within the current Plan that falls under the remit of the Committee on this occasion, namely:
 - Education Excellence Strategy for Sefton 2021-2025
- 3.6 Should Members require further information in relation to any item on the Key Decision Forward Plan, would they please contact the relevant Officer named against the item in the Plan, prior to the Meeting.

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- 3.7 **The Committee is invited to consider items for pre-scrutiny from the Key Decision Forward Plan as set out in Appendix B to the report, which fall under the remit of the Committee and any agreed items be included in the Work Programme referred to in (1) above.**

4. LIVERPOOL CITY REGION COMBINED AUTHORITY OVERVIEW AND SCRUTINY COMMITTEE

- 4.1 During the October/November 2019 cycle of meetings, the Overview and Scrutiny Management Board and the four Overview and Scrutiny Committees considered a report on the guidance produced by the Ministry of Housing, Communities and Local Government relating to Overview and Scrutiny in Local and Combined Authorities following on from the Communities and Local Government Select Committee's inquiry into Overview and Scrutiny. This Committee considered the matter at its meeting held on 15 October 2019 (Minute No. 32 refers).
- 4.2 The Overview and Scrutiny Management Board and the four Overview and Scrutiny Committees all agreed the recommendations contained in the report, one of which being that updates on Liverpool City Region Combined Authority Overview and Scrutiny Committee (LCRCAO&S) be included in the Work Programme report considered at each Overview and Scrutiny Committee meeting.
- 4.3 In accordance with the above decision, information on the LCRCAO&S is set out below.

4.4 Role

The Overview and Scrutiny Committee was established by the Combined Authority in May 2017 in accordance with the Combined Authorities Order 2017.

The role of the Overview and Scrutiny Committee is to:

- Scrutinise the decision and actions taken by the Combined Authority or the Metro Mayor;
- Provide a "critical friend" to policy and strategy development;
- Undertake scrutiny reviews into areas of strategic importance for the people of the Liverpool City Region; and
- Monitor the delivery of the Combined Authority's strategic plan.

4.5 Membership

The Committee is made up of 3 elected Members from each of the constituent Local Authorities of the LCR Combined Authority, along with one elected Member from both the Liverpool City Region Liberal Democrat Group and the Liverpool City Region Conservative Group.

Sefton's appointed Members are Councillors Hansen, Howard and Waterfield. Councillor Howard is Sefton's Scrutiny Link.

Councillor Patrick Moloney of Liverpool City Council is the representative of the Liberal Democrat Group on the Committee. Councillor Sir Ron Watson of Sefton MBC is the representative of the Liverpool City Region Conservative Group.

4.6 **Chair and Vice-Chair**

The Chair of the LCRCAO&S cannot be a Member of the majority group. The Chair of the LCRCAO&S cannot be a Member of the majority group. Councillor Steve Radford, a Liberal Party and Independent Group Councillor serving on Liverpool City Council has been appointed Chair for the 2021/22 Municipal Year.

4.7 **Quoracy Issues**

A high number of meetings of the LCRCAO&S have been inquorate in the past.

The quorum for meetings of the LCRCAO&S is 14, two-thirds of the total number of members, 20. This high threshold is not set by the Combined Authority but is set out in legislation.

The Combined Authority's Monitoring Officer will be looking to work with the Monitoring Officers from the other Combined Authorities to identify what problems they are experiencing with Scrutiny and how/if they had overcome them. Representations to Government would also be considered once all options locally to resolve the quorum issue had been exhausted. The CA Monitoring Officer would then be able to provide evidence to Government that the quorum level was obstructing the work of scrutiny within the CA.

4.8 **Meetings**

Information on all meetings and membership of the LCRCAO&S can be obtained using the following link:

<https://moderngov.merseytravel.gov.uk/ieListMeetings.aspx?CId=365&Year=0>

Latest Meeting – 20 January 2022.

The latest meeting of the LCRCAO&S was held on 20 January 2022.

Matters considered at the meeting related to:

- Combined Authority Budget Report 2022/23
- LCR Combined Authority Corporate Plan 2021-24 - Biannual/Q2 Performance Report 2021/22
- Liverpool City Region Pathway to Net Zero - Overview and Progress Update
- Equality Strategy Draft Vision and Objectives

At the time of drafting this report the next meeting of the LCRCAO&S is scheduled to be held on 12 April 2022.

Details of all meetings can be obtained using the link referred to above

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- 4.9** *The Committee is requested to note the update on the Liverpool City Region Combined Authority Overview and Scrutiny Committee.*

OVERVIEW AND SCRUTINY COMMITTEE (CHILDREN'S SERVICES AND SAFEGUARDING)

WORK PROGRAMME 2021/22

Date of Meeting	6 JULY 21 Bootle	28 SEPTEMBER 21 Southport	16 NOVEMBER 21 Bootle	25 JANUARY 22 Remote	15 MARCH 22 Bootle
Regular Reports:					
Cabinet Member Update Reports (Julie Campbell-Stenhouse/Debbie Campbell)	X	X	X	X	X
Work Programme Update (Debbie Campbell)	X	X	X	X	X
Service Operational Reports:					
General Update on Covid-19 In Schools (Verbal Update) (Tricia Davies)	X				
SEND Continuous Improvement Plan Update (Jan McMahan/Gill Norman/Tricia Davies)	X	X		X	
Children's Social Care Improvement Journey (Laura Knights)	X			X	
Persistent Pupil Absence Working Group – Six Month Review of Recommendations (Tricia Davies/Tracy McKeating)		X			

Date of Meeting	6 JULY 21 Bootle	28 SEPTEMBER 21 Southport	16 NOVEMBER 21 Bootle	25 JANUARY 22 Remote Informal	15 MARCH 22 Bootle
Sefton Integrated Care Partnership Development (Eleanor Moulton)		X			
Sefton Local Safeguarding Children Board - Annual Report (Caroline McKenna)		X			
Fostering Service Annual Report (Laura Knights)		X			
Adoption Annual Report (Laura Knights)		X			
Corporate Parenting Board (Annual Report) (Laura Knights)		X			
Independent Reviewing Officers Annual Report (Caroline McKenna)		X			
Update on Children's Improvement Board (Caroline McKenna)			X		
School Attendance (Tricia Davies/Tracy McKeating)			X		

Date of Meeting	6 JULY 21 Bootle	28 SEPTEMBER 21 Southport	16 NOVEMBER 21 Bootle	25 JANUARY 22 Remote Informal	15 MARCH 22 Bootle
NEETs (Claire Maguire)			X		
Virtual School Report (Tricia Davies/Mary Palin)			X		
School Places and Impact of Housing Developments on Education (Tricia Davies/Marie Stevenson)			X		
Parent Governor Representative (Debbie Campbell)			X		
Establishment of a Sefton Place Based Partnership Update (Eleanor Moulton)				X	
Children's Services Analysis Tool (ChAT) (Lisa Lyons)				X	
Ofsted Inspection Reports (Tricia Davies)					X

Date of Meeting	6 JULY 21 Bootle	28 SEPTEMBER 21 Southport	16 NOVEMBER 21 Bootle	25 JANUARY 22 Remote Informal	15 MARCH 22 Bootle
NHS Updates					
CQC - Review of Health Services for Children Looked After & Safeguarding in Sefton (CCGs)				X	
Sefton Community Child and Adolescent Mental Health Services (CAMHS) - Update (CCGs)					X
Performance Reports for Key Children's Services (To include reps of Alder Hey & Mersey Care) (CCGs)					X
Shaping Care Together Programme - March 2022 Engagement Update (CCGs)					X



SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

FOR THE FOUR MONTH PERIOD 1 APRIL 2022 - 31 JULY 2022

This Forward Plan sets out the details of the key decisions which the Cabinet, individual Cabinet Members or Officers expect to take during the next four month period. The Plan is rolled forward every month and is available to the public at least 28 days before the beginning of each month.

A Key Decision is defined in the Council's Constitution as:

1. any Executive decision that is not in the Annual Revenue Budget and Capital Programme approved by the Council and which requires a gross budget expenditure, saving or virement of more than £100,000 or more than 2% of a Departmental budget, whichever is the greater;
2. any Executive decision where the outcome will have a significant impact on a significant number of people living or working in two or more Wards

Anyone wishing to make representations about any of the matters listed below may do so by contacting the relevant officer listed against each Key Decision, within the time period indicated.

Under the Access to Information Procedure Rules set out in the Council's Constitution, a Key Decision may not be taken, unless:

- it is published in the Forward Plan;
- 5 clear days have lapsed since the publication of the Forward Plan; and
- if the decision is to be taken at a meeting of the Cabinet, 5 clear days notice of the meeting has been given.

The law and the Council's Constitution provide for urgent key decisions to be made, even though they have not been included in the Forward Plan in accordance with Rule 26 (General Exception) and Rule 28 (Special Urgency) of the Access to Information Procedure Rules.

Copies of the following documents may be inspected at the Town Hall, Oriel Road, Bootle L20 7AE or accessed from the Council's website: www.sefton.gov.uk

- Council Constitution
- Forward Plan
- Reports on the Key Decisions to be taken
- Other documents relating to the proposed decision may be submitted to the decision making meeting and these too will be made available by the contact officer named in the Plan
- The minutes for each Key Decision, which will normally be published within 5 working days after having been made

Some reports to be considered by the Cabinet/Council may contain exempt information and will not be made available to the public. The specific reasons (Paragraph No(s)) why such reports are exempt are detailed in the Plan and the Paragraph No(s) and descriptions are set out below:-

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APPENDIX B

1. Information relating to any individual
2. Information which is likely to reveal the identity of an individual
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information)
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the Authority
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings
6. Information which reveals that the authority proposes a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or b) to make an order or direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime
8. Information falling within paragraph 3 above is not exempt information by virtue of that paragraph if it is required to be registered under—
 - (a) the Companies Act 1985;
 - (b) the Friendly Societies Act 1974;
 - (c) the Friendly Societies Act 1992;
 - (d) the Industrial and Provident Societies Acts 1965 to 1978;
 - (e) the Building Societies Act 1986; or
 - (f) the Charities Act 1993.
9. Information is not exempt information if it relates to proposed development for which the local planning authority may grant itself planning permission pursuant to regulation 3 of the Town and Country Planning General Regulations 1992
10. Information which—
 - (a) falls within any of paragraphs 1 to 7 above; and
 - (b) is not prevented from being exempt by virtue of paragraph 8 or 9 above, is exempt information if and so long, as in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

Members of the public are welcome to attend meetings of the Cabinet and Council which are held at the Town Hall, Oriel Road, Bootle or the Town Hall, Lord Street, Southport. The dates and times of the meetings are published on www.sefton.gov.uk or you may contact the Democratic Services Section on telephone number 0151 934 2068.

NOTE:

For ease of identification, items listed within the document for the first time will appear shaded.

Dwayne Johnson
Chief Executive

FORWARD PLAN INDEX OF ITEMS

Item Heading	Officer Contact
Education Excellence Strategy for Sefton 2021-2025	Nicola Robson nicola.robson@sefton.gov.uk

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APPENDIX B

SEFTON METROPOLITAN BOROUGH COUNCIL FORWARD PLAN

Details of Decision to be taken	Education Excellence Strategy for Sefton 2021-2025 The strategy sets out how all children and young people in Sefton will receive an education, which enables them to reach their individual potential, have a clear pathway to further education, employment and engage positively with others in their community. The strategy demonstrates the Council's role in system leadership, facilitating school leaders to lead school improvement and school to school support and sets out the clear priorities which will address the key themes and measure the progress towards the key actions.			
Decision Maker	Cabinet			
Decision Expected	26 May 2022			
Key Decision Criteria	Financial	No	Community Impact	Yes
Exempt Report	Open			
Wards Affected	All Wards			
Scrutiny Committee Area	Children's Services and Safeguarding			
Persons/Organisations to be Consulted	Parents and carers; children and young people; school governing bodies; and key stake holder groups.			
Method(s) of Consultation	online survey; face to face small group meetings; easy read surveys; creative consultation activities; meetings; presentations; emails			
List of Background Documents to be Considered by Decision-maker	Education Excellence Strategy for Sefton 2021-2025			
Contact Officer(s) details	Nicola Robson nicola.robson@sefton.gov.uk			