

# MINUTES OF THE CHILDREN AND YOUNG PEOPLE SELECT COMMITTEE

Thursday, 12 September 2024 at 7.00 pm

IN ATTENDANCE: Councillors Luke Sorba (Chair), Liz Johnston-Franklin (Vice-Chair), Yemisi Anifowose, Coral Howard, Ayesha Lahai-Taylor, Hilary Moore, Jacq Paschoud, S. Dixon and Mons Nicholas Rothern.

APOLOGIES: None.

ALSO PRESENT: Benjamin Awkal (Scrutiny Manager), Claude Jousselin, Sara Rahman and Simon Whitlock (Head of Joint Commissioning • Joint Commissioning FQC), Benjamin Awkal (Scrutiny Manager), Claude Jousselin (Deputy Borough Director – South London and Maudsley NHS Foundation Trust), Kehinde Onasanya (Young Advisor) and Susan Rowe (Lewisham Education Group).

NB: Those Councillors listed as joining virtually were not in attendance for the purposes of the meeting being quorate, any decisions taken or to satisfy the requirements of s85 Local Government Act 1972

## 1. Minutes of previous meeting

### RESOLVED

That the minutes of the meeting held on 18 July 2024 be agreed as an accurate record.

## 2. Declarations of interest

### RESOLVED

That the following declaration be noted:

Regarding item 5, Cllr Sorba declared he delivered drama therapy for South London and Maudsley NHS Trust's Recovery College

## 3. Responses to Referrals to Mayor and Cabinet

There were none.

## 4. Response to the Final Report of the Youth Provision Task and Finish Group

### Witnesses

Sara Rahman, Director of Families, Quality and Commissioning  
Simon Whitlock, Head of Service – CYP Joint Commissioning

### Key points from discussion

4.1. The Chair noted that the Committee would receive an informal briefing on the proposals regarding the youth offer before they went to Mayor and Cabinet, as the proposals were not sufficiently developed to be reported to the meeting.

The Director and Head of Service introduced the report:

- 4.2. A revised version of the report had been published; a response to the Youth Provision Task and Finish Group report would be agreed by the Mayor and Cabinet following their receipt of that report.
- 4.3. An officer review had been conducted concurrent and in alignment to the Task and Finish Group review. The two reviews conducted some evidence gathering collaboratively.
- 4.4. It was intended that a five-year youth strategy be co-produced with stakeholders and the Council's youth offer – both directly delivered and commissioned provision – be redesigned. This would involve consideration of how the council could act as a strategic lead for the sector, how provision could be made more targeted and specialist while maintaining a universal offer, and how youth services could work within education settings.

The Committee then put questions to the witnesses. Key points raised were:

- 4.5. A new role had been created – Strategic Youth Offer Manager – to support the development and delivery of a strategy and revised offer.
- 4.6. It was likely that an online directory would be created to collate and publicise the local youth offer, including options that may not obviously be considered youth provision. This would be used with the needs assessment to identify gaps in the offer.
- 4.7. There was not enough resource for the council to provide youth services in all areas of the borough. However, there was an intention to become more area based, direct resources to the areas of greatest need and work with the voluntary and community sector to increase the availability of services, including through income generation and better utilisation of the council's estate. Street-based outreach could also be targeted to different areas as required, including in response to specific issues.
- 4.8. It was highlighted by the Committee that there were areas without the capacity to initiate and sustain community provisions. The potential role for the council as the strategic lead for the youth sector was likely to include capacity building for both existing and potential VCS providers. Children and Young People's Services and health partners were also funding a community development officer focused on organisations working with children and young people.
- 4.9. A guest highlighted that other local authorities had leased buildings to VCS organisations who have then attracted significant private philanthropic funding to redevelop them as youth hubs, for example Mentivity in Southwark. The council had similar successes at Riverside and Grove Park Youth Club but could broaden its search for funding.
- 4.10. The executive and Children and Young People's Services were to consider the Task and Finish Group's recommendations. Those which were supported could be phased in over the lifetime of the proposed strategy.
- 4.11. The value of the Young People's Foundation model was recognised, and was to be considered for Lewisham.
- 4.12. There were young people who reported they felt unsafe travelling to other areas in the borough. It was important, if young people were unable to access location-based services, that outreach services reached them.
- 4.13. The assessment of young people's needs was underway, and a dashboard of relevant data sources nearly ready. The data and other intelligence

would be used to inform what services were provided and where they were located.

- 4.14. Young people had been engaged by the officer review via an online survey and a number of in-person focus groups. Youth-led locality-based youth networks were proposed to inform service planning.
- 4.15. Young people were involved in the recruitment of the Strategic Youth Offer Manager and to whom the role would appeal had been considered during its design.
- 4.16. The 'Grove Park Youth Club model' – of independent VCS groups delivering youth services out of a council-owned building at no cost to the council – was highly time consuming for the people involved and what would happen should such organisations' volunteers withdraw needed to be considered.
- 4.17. Officers considered that there could be a role for youth work delivery within education settings.
- 4.18. Why fewer girls used the youth offer and how it could be made more attractive to them were to be considered.

### **ACTIONS**

1. The Scrutiny Manager was to advise on the propriety of inviting non-Committee members to the informal briefing on youth offer proposals.

### **RESOLVED**

To note the report.

## **5. Children and Young People's Emotional Well-being and Mental Health**

### **Witnesses**

Sara Rahman, Director of Families, Quality and Commissioning

Simon Whitlock, Head of Service – CYP Joint Commissioning

Claude Jousselein, Deputy Borough Director – Lewisham CAMHS (South London and Maudsley NHS Foundation Trust)

NB: during this item, Mons Nicholas Rothon declared that his granddaughter was a psychiatrist working elsewhere in south London.

### **Key points from discussion**

- 5.1. In the last 12 to 18 months, services had worked with young people and their families to ensure first contacts made a difference. Service users now began to receive support or care from first contact; this was often low-level support – such as advice, guidance or signposting – while waiting for highly specialised treatment for which there were often long waits.
- 5.2. The number of service users waiting more than 52 weeks had continued to decrease over the last year – to five at the time of the meeting. The figure had been zero previously but had risen following increased demand for services.
- 5.3. Nationally and locally, increased demand for child and adolescent mental health services (CAMHS) was due to increased referrals for neurodevelopmental disorders, particularly ADHD (attention deficit hyperactive disorder), for which children aged as young as five could be referred for an assessment. The longest waits were usually for ADHD assessments, which took a long time to complete and for which demand had

- increased significantly. The parent-infant relationship service had been invested in and could have been contributing to increased referrals.
- 5.4. Whether an over pathologizing of young people was contributing to increased demand for CAMHS was not yet established; and research had found the proportion of assessments resulting in diagnoses had not changed in recent years. Services were cognisant of the need not to pathologize young people unnecessarily.
  - 5.5. In the last 10 years, awareness and understanding of the comorbidity of ADHD with other mental disorders (it was particularly prevalent with autism spectrum disorder (ASD) and mood disorders) and how it could mask other disorders had increased. CAMHS had been working towards a fast-track pathway for simpler presentations and a pathway for young people with more-complex needs around their ADHD.
  - 5.6. Whether there should be a neurodevelopmental disorder pathway separate from CAMHS to ensure the comorbidity of ADHD with ASD was addressed in the best way possible was being considered at south-east London level. This would likely reduce the stigma associated with CAMHS referrals also.
  - 5.7. There was an effort to become more needs-led when providing support around the autism diagnostic pathway, so that young people could be supported quickly without a diagnosis, while keeping diagnoses available to them.
  - 5.8. South London and Maudsley NHS Foundation Trust (SLaM) provided significant training opportunities to encourage staff retention. However, retaining qualified staff remained a challenge.
  - 5.9. Recruitment of newly qualified psychologists was a particular challenge due to the limited number of educational places available. Mental health nurse recruitment was improving.
  - 5.10. Every year, under the Health Education England Recruit to Train Scheme, SLaM received funding to train a small number of educational psychologists, who it subsequently employed permanently. Lewisham had the highest number of school mental health support teams and schools with support teams in south-east London, another 12 to 14 schools would be added in January.
  - 5.11. The contribution of social and economic factors to mental well-being or ill health was acknowledged. The Pathfinder project would further inter-agency collaboration – e.g., between children’s services, youth justice and CAMHS. The importance of preventative services, such as youth services, was also noted.
  - 5.12. SLaM employed a clinician who specialised in dual diagnosis. They undertook some direct delivery but predominantly supported and trained wider services to diagnose and support comorbidities, such as addiction and mental health.
  - 5.13. CAMHS were committed to seeing young people where they were. Walk-in youth clinics at GP practices, delivered in collaboration with voluntary sector partners, were attracting young people who tended to avoid other settings, especially boys.
  - 5.14. The school Mental Health Support Teams programme provided direct one-to-one and group delivery to young people and training and support to teaching staff. A programme was supporting schools to better understand neurodevelopmental issues and identify schools’ training needs.

- 5.15. The council invested approximately £500k per annum in the substance misuse service for young people, which worked closely with CAMHS.
- 5.16. CAMHS had its own 'front door' to manage referrals. Different single point of access models were being considered for services to support young people. Different levels of integration carried varying benefits and risks; there were examples where centralisation had resulted in further waiting lists, which would not be acceptable. Lewisham lacked a large voluntary sector youth-led organisation that could deliver a single point of access.
- 5.17. A more locality-based approach to supporting young people under the i-THRIVE and Family Hubs models was being pursued.
- 5.18. The three boroughs commissioning mental health services from SLaM were considering employing a single point of access programme manager to explore potential models.

**RESOLVED**

That the report be noted

**6. Select Committee work programme**

**RESOLVED**

That the report be noted.

The meeting ended at 9.22 pm

Chair:

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Date:

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