

DURHAM COUNTY COUNCIL

CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEE

At a Meeting of **Children and Young People's Overview and Scrutiny Committee** held in Remote Meeting - This meeting is being held remotely via Microsoft Teams on **Friday 9 October 2020 at 9.30 am**

Present:

Councillor H Smith (Chair)

Members of the Committee:

Councillors C Potts, B Bainbridge, A Batey, D Bell, J Charlton, B Coult, R Crute, S Durham, D Hall, C Hampson, K Hopper, I Jewell, L Kennedy, L Mavin, M Wilson, J Robinson, L Brown, E Huntington, P Crathorne and P Jopling

Parent Governor Representative:

Mrs J Norman

Co-opted Members:

Mrs J Norman and Ms R Evans

Also Present:

Councillors J Robinson, L Brown, E Huntington, P Crathorne and P Jopling

1 Apologies

Apologies for absence were received from Councillors P Atkinson, J Blakey, A Willis and Mrs J Bruton.

Apologies for absence were also received from the following Members of the Adults Wellbeing and Health Overview and Scrutiny Committee; Councillor J Stephenson, C Wilson and J Chaplow.

2 Substitutes

There were no substitute Members in attendance.

3 Minutes

The minutes of the Special Meeting held on 7 February 2020 and the Meeting held on 2 July 2020 were agreed as a correct record to be signed by the Chair.

4 Declarations of Interest

There were no declarations of interest.

5 Items from Co-opted Members or Interested Parties

There were no items from Co-opted Members or Interested Parties.

6 Children's Adolescent Mental Health Service Update

The Committee considered a Joint Report of the Corporate Director of Resources, Director of Operations, Teesside, and Head of Service, CAMHS Darlington and Durham, Tees, Esk and Wear Valley NHS Foundation Trust, which provided information in relation to Children and Adolescent Mental Health Services (CAMHS) in County Durham and a joint presentation by the Head of Service, CAMHS and Director of Operations County Durham and Darlington CAMHS (for copies see file of minutes).

The Head of Service confirmed that all County Durham and Darlington referrals went through a single point of contact and that an open referral system was in place. During the first six months of COVID-19 referral rates had dropped significantly but were returning to pre COVID-19 levels at 100 referrals per week and rising. Initial assessments were carried out face to face or over the phone and were undertaken within ten days.

The Mental Health and Learning Disability Partnership had provided investment which had enabled the service to recruit staff to work with partners such as local authorities and be involved in early help, working in the multiagency hub and across schools. This would enable the needs of young people to be met at the earliest time possible.

The Head of Service explained that 30% of children and young people entering the service received mild to moderate interventions and where possible they would have access to Mental Health Support Teams (MHST) in schools and were usually seen within two weeks from their referral. Where children and young people did not have access to MHST, Children's Psychological Wellbeing Practitioners offered the same service but with longer waiting times of approximately 6 weeks from referral.

Approximately a quarter of children and young people who presented required more complex interventions and were assessed within the 10 days, however the period from assessment to treatment could be as long as 10-18 weeks. This

service was available countywide with variances in waiting times; in the east of the county the approximate waiting time for treatment was ten weeks, whereas in the north of the county waiting time for treatment was sometimes up to 18 weeks. The Head of Service indicated that the service was looking to reduce waiting times with regards to treatment for complex interventions to 6 weeks across the county.

Children and young people requiring crisis and intensive home treatment had access to the crisis team that operated a 24/7 service continuously throughout the lockdown period.

The Head of Service identified that specialist autism, ADHD and cognitive assessments was the biggest challenge in County Durham and nationally. There was a huge backlog in assessments which currently stood at 15 weeks for ADHD and cognitive assessments and 53 weeks for autism assessments. To address this, screens were being used and some parts of the assessment were being undertaken virtually.

Members were informed that there had been some changes in order to support young people transitioning from CAMHS to Adult Mental Health Services (AMHS), such as starting the transitioning process earlier, the involvement of family and carers and a refresh of transition panels.

The Director of Operations County Durham and Darlington CAMHS provided members with an update in relation to West Lane hospital advising that despite the ongoing investigation by NHS England and Improvement, from September 2020 there had been inpatient provision services at West Lane hospital which were being provided by Cumbria, Northumberland and Tyne and Wear NHS Foundation Trust. This was to ensure that there was an inpatient facility available to children and young people in the area.

In relation to the impact of COVID-19, the Director of Operations highlighted some positives such as the improved use of technology within the service and autonomy and flexibility of staff to provide support and strategies. There had been a negative impact on waiting times, especially in relation to autism assessments, the isolation of staff, patients and their families, and in addition the impact of staff being infected by COVID-19.

Councillor Jewell referred to complex mental health interventions in County Durham taking up to 18 weeks in the North Durham area and South Durham was 10 weeks. He asked if the wait time for North Durham would be reduced in future and also referred to the autism assessments taking 53 weeks, asking whether this was due to COVID-19.

The Head of Service replied that wait times pre COVID-19 were over 24 weeks, however the difference across the county was due to the number of referrals in that area, the reduction in referrals due to COVID-19 has confirmed that South Durham

has always had more referrals. There was a plan in place to get wait times down to 6 weeks which would take a lot of time and resources but she was confident it could be achieved.

In relation to autism assessments the waiting times pre COVID-19 was 14-18 weeks, but that was a group assessment and due to government restrictions the service was unable to carry out group assessments which had led to increased waiting times. There was a small resource of staff who were contacting every family member on the waiting list to provide them with support whilst waiting for an assessment.

Councillor Hall asked a number of questions in relation to suicide referral and support times and whether the council commissioned any support services for young people who had made attempts on their life and if there were any links with voluntary and community organisations who came into contact with young people.

The Head of Service, CAMHS confirmed that there was a telephone contact crisis line with immediate access to a mental health nurse, so advice and guidance could be given and an assessment within four hours. A follow up appointment was made in an alternative setting within 48 hours however during adolescence issues could escalate and deescalate quickly. The waiting times for complex needs would remain but if there was risk attached to a young person, they would remain with the crisis team and not be discharged.

With regards to using voluntary sector organisations, there was some provision across Durham and one of the long-term plan priorities was around using them, but a lot of work was needed to pick it up.

Councillor Coult asked for a timeline for staff being recruited to assist in reducing the initial assessment from 10 days. She believed the demand for the service would grow due, even in the younger years, due to the impact of COVID-19. The Head of Service, CAMHS confirmed that she expected staff to be in place within three months. She advised that often staff resources were reconfigured to ensure they could meet targets, but she advised that 30% of referrals to the single point of contact were not appropriate and their needs could be met elsewhere, so the service was working with Partners to see how young people's needs could be met elsewhere.

In response to comments from Councillor Jopling regarding the interim arrangements for children and young people needing inpatient beds, the Director of Operations, County Durham and Darlington confirmed that following a number of serious incidents, immediate action was taken to move young people to other inpatient providers and everybody who was in the unit went to a different bed. The Trust could not reopen the beds until the investigation had been completed, however NHS England had recognised the shortage of beds decided to reopen the

unit in the interim with a different provider. Although the unit would be re-opened it would be managed and staffed by an external provider. The Director of Operations advised that no direct link could be made to the suicide rate and beds being closed but there had been difficulties in finding beds locally when needed and young people often had to travel to Leeds or Hull. However beds were controlled nationally and not regionally.

The Principal Scrutiny Officer made reference to the Councils response to TEWV's quality account document, which had been submitted on 19 September 2020. The document included references to issues relating to the retention of the quality account priority, improving the clinical effectiveness and patient experience for times of transition, from children to adult services. In addition, the document referenced a significant investment of £2m allocated to strengthen mental health crisis services.

Councillor Huntington referenced the difficulties faced by families with long wait times for Autism assessments and the Head of Service, CAHMS, confirmed that the service worked closely with Rollercoaster which was a parent support group and were aware of the challenges faced by families. It was important to note that the involvement of CAHMS in Autism was only commissioned to provide an assessment and diagnosis. TEWV CAMHS is not commissioned for post diagnostic interventions. Work with Partners to see what other services could provide and whether there were gaps in commissioning or services was important, in order to try and assist families and young people with day to day management of symptoms.

Councillor Robinson, Chair of Adult Wellbeing and Health Overview and Scrutiny Committee confirmed that they were concerned with regards to the transition period for young people aged 16-19 and for those with learning difficulties, whose adult age was deferred to 21 years. He asked if there would be any funding to assist in ensuring young people were not lost in transition. He also referred to a worrying number of adult suicide, particularly young men and the sad story of a young family in Cramlington whose 12 year old child who had recently taken their own life and asked if services were being strengthened to support young children who were suffering from bullying to ensure there would not be a repeat in Durham.

The Director of Operations, County Durham and Darlington confirmed that the Integrated Care System covered Northumberland to Teeside and one of the workstreams was for a 0-25 age group and she had particular interest in the 16-25 age group and focusing on how to treat young people up to age 25.

They had asked for funding for specific transition workers and hopefully would be able to recruit two transition clinicians to be based in each of the geographical locations, one of which would be county Durham and Darlington. Based on a model that had already been used by other organisations in the south of the

Country, the workers would have their own caseloads and work with Community CAMHS and adult teams and work with young people aged 16 plus to accompany them for assessments and stay with them to meet new staff as they worked through the teams.

The Head of Service, CAMHS added that services needed to think needs led and move away from the chronological age.

The Head of Service, CAMHS advised that unfortunately young people attempting to take their own lives was not something that was new and it was important to ensure people were talking. National and local campaigns were really helpful and culturally, there was a lot more understanding with regards to mental health, however the indicators for young people were often not there, often they were not connected services and therefore it was equally important to work in schools and local authorities, It was noted how helpful it was in Durham to have the organisation if u care share, supporting, training in education and workplace settings.

The Head of Service, CAMHS conveyed the message that every young person should have someone to reach out to. Young people who had made serious attempts on their life, usually said it was in the moment and they didn't really want to end their life. Work was required but not the responsibility of a particular service, it was needed throughout society.

Resolved:

That the report and presentation be noted.

7 Child Poverty in County Durham

The Committee considered a report of the Corporate Director of Children and Young People's Services and a presentation which provided progress of the Child Poverty Working Group (CPWG) in addressing child poverty in County Durham since the last update in January 2020 (for copies see file of minutes).

Members were provided with a demonstration of the information held within the child poverty section of the Durham Insights across several categories, including information on the take up of free school meals across the county. Much of the data held was at AAP and ward level and Members were encouraged to view the information. The service hoped to develop the child poverty data further and to develop a time series for free school meal data. The information provided from Durham Insights had helped to target the work of the Child Poverty Working Group.

Members were informed that there had been 1500 free school meals claims since lockdown. The One Point Service had provided help and support to children and

families and to care leavers on universal credit, to ensure they receive all the appropriate benefits and weekly shopping.

Councillor Crute was interested in the reference to Free School Meals (FSM) which was a key driver for child poverty in the County and although it was unknown whether the uptake rate had risen as a result of COVID-19, there was high eligibility and a relatively low rate of uptake. It was unknown whether children who were not taking up FSM were taking an alternative or skipping lunch, which would have a negative effect on nutrition and attainment. There was also a link between FSM and pupil premium and non-take-up could have a negative impact on school budgets and he asked whether the take up rate could be improved for the benefit of both children and schools through working with families to improve their understanding of eligibility.

The Strategic Manager, One Point and Think Family Services confirmed that a corporate document had been developed with information on financial support for financial issues but recognised that something specific for children and families was needed. With regards to FSM, there was still some stigma around applying for FSM and many families were unaware they were eligible to claim – some working parents were eligible and did not know.

The Research and Consultation Officer confirmed that information regarding the take up of FSM needed to be gained from schools and to assist in whether eligibility had increased, however there was an autumn census that would be going ahead in October and hopefully another extract would be available in at the end of the year to see how eligibility had increased and potentially compare the autumn and spring censuses.

Councillor Kennedy queried the data re FSM eligibility and whether children who were in reception to year 3 receiving FSM were included in the data as this would be an inaccurate reflection of those eligible through Universal Credit. The Corporate Equality and Strategy Manager confirmed that the data was collated by the DfE and only included people who received FSM on universal credit.

Ms R Evans referred to the scheme with regards to the distribution of laptops and acknowledged that educational settings mitigated some of the effects of poverty however the recent experience of children not going to school had increased education inequality and she had been disappointed to read the number of laptops distributed as she thought there were more going to disadvantaged children. She asked what the council were doing to ensure children had access to laptops and connectivity and whether there was a long-term plan to mitigate disadvantaged children.

The Strategic Manager, One Point and Think Family Services confirmed that any new child with a social worker was given either a laptop/router and also care

leavers, disadvantaged children in year 10, however the Government's priority was to try and keep schools open and deliver education in schools.

The Chair confirmed that a Head Teacher had informed her that children with social workers had been given a laptop quickly but there was a delay for year 10 equipment which had not been supplied until the end of the summer term. The Head of Early Help, Inclusion and Vulnerable Children confirmed that the council had ordered quickly and their delivery enabled them to distribute equipment in a more timely way however Academies had to order their own equipment which may have been delayed. There was more work to do with regards to digital poverty for children in rural areas who were not able to connect to broadband services.

With regards to utilising surplus food, Ms J Norman asked whether there was any evidence of schemes that increased access to fresh and healthy foods. Many of the schemes donated food that was perishable and not always healthy. She wondered whether there were any sustainable food schemes or any plans to develop such schemes and make healthy food more accessible, especially in rural areas where there was limited access to supermarkets. The Strategic Manager, One Point and Think Family Services confirmed plans to expand the community fridge scheme across the county, there was an organisation 'that bread and butter thing' which was a scheme that used surplus food stuff and provided 3 bags of food at a cost of around £7. One of those bags contained fresh fruit and vegetables and they were still in early discussions and would look at how to work with the voluntary and community sector providers, but she was happy to return and update the Committee.

Councillor Charlton was concerned about fuel poverty and the number of low income families who were on high rate fuel meters. Now that many employees were having to work from home they would get more and more into debt and asked if the Council could help. The Strategic Manager, One Point and Think Family Services confirmed that the welfare assistance scheme could support families with fuel costs but the service needed to be proactive in letting families know where they could get help.

The Chair confirmed that it was disappointing but not surprising that some of the indices of poverty were declining during the COVID-19 pandemic and this was something the Committee needed to monitor closely.

Resolved:

That the report and presentation be noted.

The Committee considered a report of the Corporate Director of Resources which presented progress towards achieving the key outcomes of the council's corporate performance framework (for copy see file of minutes).

Councillor Hall asked whether performance data with regards to literacy rates could be monitored in addition to attainment. The Corporate Equality and Strategy Manager confirmed that it would be difficult to monitor specific literacy rates which would be addressed through the Joint Strategic Needs Assessment and data provided on the Durham Insight website. He would enquire with colleagues in Education whether an additional measure was possible.

J Norman referred to the Kickstart scheme and asked if jobs created were likely to be monitored to determine whether employees were being offered more than 25 hours which was the minimum requirement employers were required to offer.

The Corporate Equality and Strategy Manager confirmed that again it was difficult to monitor people placements and outcomes but the service would try and reflect as much detail as possible at the point of reporting. It was an interesting programme and would be difficult to monitor the impact initially as the true impact would not be seen for two to three years.

The Chair referred to the way in which social work colleagues had managed to work under extremely difficult circumstances and had to adapt their practices, the infogram was very good despite the circumstances and she congratulated them on behalf of the Committee.

Resolved:

That the report be noted.

9 Quarter One 2020-21 - Forecast of Revenue and Capital Outturn

The Committee considered a joint report of the Corporate Director of Resources and Corporate Director Children and Young People's Services which provide details of the forecast outturn budget position for Children and Young Peoples Services service grouping, highlighting major variances in comparison with the budget for the year, based on the position at the end of June 2020 (for copy see file of minutes).

The Finance Manager highlighted that costs were net of COVID-19 related costs/saving which would be dealt with corporately, outside of the service cash limit. The figures included in the report were those that would impact on the cash limit at the year end.

Councillor Hall asked what happened with a schools deficit budget when converting to academies and the Finance Manager, Children and Young People's Services

explained that it depended on the reason for the conversion. If the school had been subject to a DfE academizing order, i.e. a school that was not performing as well as it should, and a direction was made that it had to be undertaken under a multi academy trust, the deficit was statutorily written off and the council were forced to bear the cost. However, for other schools, it was a council decision on what happened to the deficit. With regards to Wolsingham and St Bede's, there were longstanding issues and the multi-academy trusts were tasked with assisting them to operate within their regular annual budget. It had been agreed that the council would pay for the deficit but then the school's financial liability going forward would be the responsibility of the multi academy trust.

In response to a further question from Councillor Hall, the Finance Manager, Children and Young People's Services advised that the Special Provision Capital Fund was made available for use, at councils discretion for special education and how it was administered was down to council with some input from schools. He did not have the full details but the funding was being used to put additional services into SEND at a special school within the Durham.

Finally Councillor Hall was interested in the Government announcement in relation to funding for new build and he was aware that there had been some bidding for funding, but asked what the council could do to attract more funding. The Finance Manager, Children and Young People's Services advised that the council were still going through the bidding process for new build, replacement buildings for schools and several schools had been prioritised to be looked at for investment but there had been no decision as yet.

Councillor Bainbridge had read that Windlestone School was joining with Elmore school and queried whether that would reduce the schools in deficit. The Finance Manager, Children and Young People's Services confirmed that if came to fruition there would potentially be one less school in a deficit position.

Resolved:

That the report be noted.