

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 Committee Room 2 - County Hall, Durham on **Monday 10 September 2018 at 9.30 am**

Present:

Councillor C Potts (Chairman)

Members of the Committee:

Councillors H Smith, P Brookes, J Considine, R Crute, C Hampson, I Jewell, L Mavin, A Patterson, A Reed, A Willis and M Wilson

Parent Governor Representative:

Mrs J Norman

Also Present:

Councillors G Darkes, Mrs R Hassoon, M McKeon and L Maddison

1 Apologies

Apologies for absence were received from Councillors B Bainbridge, D Bell, J Blakey, J Charlton, S Durham, N Grayson, K Hopper, M Simmons, Mrs C Craig (Faith Rep), Ms R Evans and Mrs P Parkins

2 Substitute Members

Councillor L Maddison substituted for Councillor N Grayson.

3 Declarations of Interest, if any

There were no declarations of interest.

4 Any items from Co-opted Members or Interested Parties

There were no items from co-opted Members or interested parties.

5 Draft Children's Strategy

The Committee received a report of the Director of Transformation and Partnerships which presented the draft Children and Young People's Strategy (for copy see file of minutes).

The Head of Strategy presented the key aims of the new Children and Young People's Strategy and Members were invited to comment. She referred to areas which had been revised following the comments received at the meeting on 2 July 2018.

Councillor Brookes commented on the design being helpful and easy to understand, but he suggested that the challenge was implementation and ensuring that the milestones set out from the beginning were met and agencies were monitored to ensure delivery. The Head of Strategy agreed that delivery was the biggest challenge, however the document was designed to be a working document which incorporated delivery frameworks and would be regularly monitored and performance analysed. The draft strategy had been developed in conjunction with other Senior Managers and Partners were determined to ensure this document was to be used regularly.

In response to a further question from Councillor Brookes regarding whether Liquid Logic would be used for monitoring the data, the Head of Strategy confirmed that it was a critical element of the new system as not everything was recorded on the current system SIDS. Liquid Logic would expand the number of services and once it had been fully implemented the data would be easier to extract and reduce the number of hours officers currently had to spend on data analysis.

Councillor McKeon was pleased that the improvement of speech and language was included as one of the core deliverables as in her experience as a School Governor, many Reception teachers had noticed a decline in the standard of speech on entry to Early Years Foundation Stage (EYFS) and this was not linked to social background. Councillor McKeon queried what part of the new strategy would cover the early years and the Deputy Director of Public Health confirmed that ensuring a child had the best start in life was an objective which covered the early developmental stages from conception to 2.5 years. A multi-agency approach would improve child development, using services such as libraries to focus on reading and ensure children were ready to learn. Although Councillor McKeon was impressed with the use of libraries, she referred to smaller communities without libraries and queried whether other community buildings would be used. The Deputy Director of Public Health confirmed that Health Visitors would assist in developing the reach of the programmes.

Councillor Hall referred to issues which did not meet the threshold of being dealt with by the police or local authorities and gaps which could be filled by the Voluntary and Community Sector (VCS). He queried whether a separate strategy could assist in developing the VCS to fill those gaps and the Head of Strategy suggested that the VCS was an area which had a lot of activity in relation to children and young people and it was important that this was discussed in order to see if this could be incorporated. The Chairman also referred to the importance of AAP engagement with the VCS and highlighted that children and young people were usually high up in their priorities set out.

The Head of Education confirmed that if implemented in full, the strategy would assist in managing the health and wellbeing of children. He referred to the comments regarding gaps in provision and alternative education as being a priority. The Service was currently having to rely on out of County provision due to budget constraints and this would be addressed if a recent application for funding from the DfE was successful.

In response to a question from Councillor Patterson regarding potential risks due to financial pressures, the Head of Education confirmed that this year the Council had been in receipt of the best exam results they had ever had and this proved that schools in

County Durham were competent. He added that because of budget restraints, only a successful bid would ensure the Council could fill the gap in alternative provision.

The Overview and Scrutiny Officer confirmed that Mrs Evans had sent comments via email adding that she would also like to see children and young people consulted on economic and planning policies.

6 Children and Young Peoples Mental Health draft Local Transformation Plan 2018 - 2020

The Committee considered a report of Director of Transformation and Partnerships with regards to the Children and Young People's Mental Health Transformation Plan (for copy see file of minutes)

The Deputy Director of Public Health started a joint presentation by giving members a number of facts about mental health in children and young people, risk factors, protective factors and the five key themes for the future and the plan incorporated 12 ambitions to achieve by 2020. She confirmed that building resilience was a key factor in prevention and access to the correct tier at the time of presenting with symptoms was important in order to provide a more efficient range of services.

Wendy Minhinnit was a parent who had experienced her own child go through mental health issues, gave members an insight to her own experience. Four years ago her daughter had to access the system and she found that she was struggling herself for support and advice. She set up a parent/carer support group called Rollercoaster and it had ended up being so successful that it was now a commissioned service with two support groups per month and an enetwork for parents to join and give advice and support. It had recently won a National Award and was highly commended. She referred to training courses which were specific to issues such as self harm, eating disorders as being a way in which parents could learn to assist their children as from her own experience, parents did not know what to do and were expected to deal with issues without any training at all.

One of the volunteers from Rollercoaster, Linda Timbey had become involved through her own experience of having a child with mental health issues and explained how the experience had affected her job. The group sessions had been recommended by CAMHS and on attending her first session, she felt instant relief. It had led to her becoming a volunteer for Rollercoaster and also for SPACE, which was the support group for young people. She had become passionate about speaking about these issues and her life had completely changed due to the support she had received. She was now back in employment and volunteering was something she was very passionate about. She hoped in future that all schools would offer the opportunity for children of all ages to be educated on mental health issues.

A Project Officer from Investing in Children gave a presentation on Children and Young People Engagement (for copy see file of minutes). The Project Officer confirmed that informal peer support worked well because they did not feel judged or stigmatised, which was an issue which still needed further consideration. He referred to the value of school counsellors but confirmed that not all schools had a budget which could afford to employ

staff for this type of role and therefore it was currently a postcode lottery as to whether children had access to the service.

With regards to progress, the Project Officer referred to the Youth Aware Mental Health programme which had been implemented in 2017 and successfully ran in 7 secondary schools. This year the programme was open to all secondary schools. There was also successful work in schools delivered with the Anna Freud Centre.

The Committee received a presentation from the Head of CAMHS which gave an update on progress and challenges ahead. With regards to accessing the service, initial assessments were still achieving less than a four week wait, however due to the work of the Anna Freud Centre, there had been an increase in referrals due to an increase in awareness about the service. This of course placed more pressure on waiting times and the service had received CCG funding to develop of a duty worker in SPA and a consultation with parents would assist in reducing the amount of inappropriate referrals.

The Deputy Director of Public Health referred to the final part of the presentation and referred to a new Bereavement Support Service, which was not sufficient to meet demand and was experiencing 12 week waiting times.

Finally the Deputy Director of Public Health confirmed that a new Green Paper would be launched in December and the focus was on CAMHS and a whole school approach, which included establishing a mental health lead in schools.

Councillor Reed referred to Harbour, which was the Councils own service, however it only offered an initial six week course but could be extended for a further six weeks if needed. Speaking from personal experience, she did not feel that this was enough for some children, however when she had queried a further extension she was advised that it could not be facilitated. The Head of Service, CAMHS confirmed that Harbour intervention was tailored to individuals needs, but recommended that it should be time limited and was not a permanent intervention.

In response to a number of question from Mrs Hassoon, the Head of Service, CAMHS, confirmed that there were no tier 4 beds in Durham but the nearest was Middlesbrough. Children were not expected to travel anywhere else in the Country and families on low incomes were not expected to pay for transport, the care package would include visits and travel was included in the funding. With reference to the new posts for Children's Physical Wellbeing Practitioners, the Head of CAMHS confirmed that there was a requirement to have what was referred to as a 'relevant degree' but the training offered would be robust enough to ensure that those staff with experience enough to be recruited would sufficiently carry out the role.

Councillor Maddison queried the level of support offered to children who were experiencing separation issues and the Deputy Director of Public Health confirmed that should behaviour such as anxiety be flagged up, the service would assist, however it depended on whether they were aware. The Senior Educational Psychologist confirmed that the onus would usually be on teaching staff in schools to identify issues and make a referral. With regards to acrimonious separation issues, Ms Minhinnit confirmed that it was not uncommon for parents to both wish to attend sessions, but would not attend the same session as one another. Councillor Maddison suggested that this would have a knock on

effect throughout services and perhaps needed consideration as to how partners worked to tackle these delicate situations.

In response to a comment from Councillor Jewell, the Deputy Director of Public Health confirmed that early identification was improving and younger children tended to require low to moderate intervention so raising awareness via programmes in schools was key to building resilience and preventing further and more complex issues developing.

Ms Minhinnit confirmed that one of the most common phrases used by parents at Rollercoaster was that they knew years before something wasn't right, but at the time their child did not meet the threshold which required intervention. It was not until the child went through more of a crisis that the family would receive assistance and she suggested listening to children and identifying early signs of mental health issues, would lead to significant progress.