

## **DURHAM COUNTY COUNCIL**

At a Meeting of **Children and Young People's Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Monday 15 November 2021 at 9.30 am**

**Present:**

**Councillor C Hood (Chair)**

**Members of the Committee:**

Councillors J Cosslett, O Gunn, C Hunt, C Martin, A Reed, K Rooney, C Varty, P Jopling, J Miller and S Deinali

**Co-opted Member:**

Ms R Evans

**Also Present:**

Councillors R Crute, J Howey and M Simmons

### **1 Apologies for Absence**

Apologies for absence were received from Councillors C Bell, M Currah, L Mavin, D Mulholland, S Townsend, E Waldock and M Walton.

### **2 Substitute Members**

Councillor P Jopling substituted for Councillor M Walton, Councillor J Miller substituted for Councillor D Mulholland and Councillor S Denali substituted for Councillor E Waldock.

### **3 Minutes**

The minutes of the meeting held on 27 September 2021 were agreed as a correct record and were signed by the Chair.

### **4 Declarations of Interest**

There were no Declarations of Interest.

## **5 Any Items from Co-opted Members or Interested Parties**

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

## **6 Child and Adolescent Mental Health Services Update**

The Committee considered a presentation by the Head of Service, Durham & Darlington CAMHS, and the Director of Operations, Tees, Esk and Wear Valley Foundation Trust (TEWVFT) that provided members with an update on inpatient beds for young people across the North East & North Cumbria; overview of the Mental Health, Learning Disability & Autism Partnership; waiting times for community CAMHS in Durham; challenges, opportunities and future plans (for copy of presentation, see file of minutes).

The Head of Service advised that the hospital previously known as West Lane was now called Acklam Road Hospital following a consultation with children, parents and carers to rename it and beds were now open on Lotus Ward. This was now managed by Cumbria, Northumberland and Tyne and Wear Foundation Trust (CNTWFT) following intervention by NHS England and there was now a clear pathway with CAMHS TEWVFT and CNTWFT and in the last six months since CNTWFT took over this facility admissions were much smoother. There were challenges relating to inpatient beds, but this was also reflected nationally.

Members were informed that referrals into CAMHS were now back to pre March 2020 levels and that waiting times were reducing in some areas of the county.

The Head of Service advised Members that the systemwide neurodevelopment pathway went live in County Durham in early October 2021. They had been working on this for the last 18 months and would provide members with an update on this service at a later date.

She then advised that the Community Eating Disorder Team had received some new investment in 2021, that had resulted in a reduction in the waiting times for referrals so that they were now in line with national waiting times.

The waiting times for Autism and ADHD diagnostic assessment were currently between 18 months and 2 years and these waiting times were reflected nationally too. Those families could access interventions and support to meet their needs while waiting for the diagnostic assessment.

Members were also advised that 11 of the 13 Primary Care Networks had signed up to the joint partnership where specialist mental health staff would be working within GP practices across the County.

They also now had a new process in place to keep in touch with families in the system in line with their needs that would be monitored and gave assurance that there was no young person in their service they did not have line of sight of.

Councillor Gunn thanked the Officer for her presentation and commented that she was aware of how challenging the issues were affecting children and young people in terms of mental health, learning disability and Autism, and commented that the waiting times were not what they would like to see, and they would like them to be much less.

She then referred to the Parent and Carers Forum and advised that she was able to signpost those who had caring responsibilities for children and young people with mental health issues and asked how widely this service was shared within communities as it was important to make people aware of the service.

The Head of Service responded that in terms of the specialist provision that they provided a website, but this could be difficult to navigate. However, it was not always about a referral into a specialist mental health and disability service as there was so much, that could be done to support young people in other ways. There was a wealth of work taking place across County Durham that could meet children and young people's needs much earlier by a different part of the system. They were all working together to make sure that they could get that system advertised in a way that young people, families and carers could get to the right place quickly.

Councillor Hunt asked what happened to monitor those young people who were on the 28-day waiting list as things could change very quickly. She also asked about recruitment and if the service employed apprentices who had experience of life in addition to university qualifications graduates.

The Head of Service responded that the 4-hour and 24-hour response was in relation to the Crisis Team, who operate on a 24/7 basis. The 24-hour response was also through the crisis team but was when a young person who does not need immediate support or was in a safe place, but it would be helpful for them to be seen within 24 hours and have a conversation with them. The 28 days was a core routine referral into their service, but there was an ability to self-refer into the service and those people were made aware if things deteriorated, they could call straight back for help. Often a referral would come from a GP or a school and that service would continue to support the young person and the family until the initial assessment had taken place. The more information received in referrals the greater the ability to assess clinical priorities. She then advised that the CAMHS service did not currently have apprenticeships, but there were apprenticeships within the TEWVFT. CAMHS had used a number of volunteers in the last year such as drivers to get families and young people to appointments and agreed they needed to widen that skills mix.

Councillor Reed thanked the Officer for the information contained in the presentation. She was concerned if there was support for parents who did not have the skills to deal with some of the serious issues that their children were bringing to them, in particular teenagers.

The Head of Service advised there was support available, but it was across services such as Durham County Council's early Help Service, but the issue was to navigate through the system whilst under pressure and work was ongoing to improve the system.

It was also changing people's beliefs of who and what services were the best to meet their needs, and the right service to help the parents and carers may not be the same service for the young person and how did they make sure that there was access available to these services.

They had two parent/carer support groups across Durham and had achieved some real successes with a small pilot where they used a support group to navigate those parents who were struggling to a drop-in session where the service attended the session to meet those family's needs, who had indicated that they would not have been able to go to their GP for a referral, ultimately it was about finding creative ways to address the health and social care needs of families.

Councillor Miller indicated that everyone's mental health following the pandemic was really important. He was concerned at the 2-year waiting time for an Autism and ADHD diagnosis and while he appreciated that there was 24/7 telephone support for those parents, a phone call during such long period was not much support and asked what was being done to reduce waiting times, what other support parents could access during the waiting time and what support was given on that phone call.

The Head of Service advised that the 24/7 help line was to the crisis team and was available for anyone. For parents/carers whose children were waiting for a diagnosis the help line was not the only available option for young people, parents and carers waiting for an assessment, there were other services that could help them. Although the diagnostic assessment was with CAMHS it was a multi-agency pathway, and as such involved partners from other agencies such as Harrogate and District Foundation Trust, Durham County Council Education Services and third sector organisations and these other partners provide support with services locally to children, young people, parents and carers awaiting a diagnosis to meet their needs. When a young person or the people around them feel they may need an assessment there was a multi-disciplinary pathway and a multi-agency pathway for example a SENCO within a school would be able to complete that referral form that would go to a panel where CAMHS staff were represented along with other agencies who would assess the referral and consider what services would best meet the young person's needs with or without the need to go onto the waiting list for a diagnostic assessment.

The Head of Service added that due to government restrictions assessments could not take place as this type of assessment could not be carried out remotely and this had led to a backlog. However, with changes in the system they were now realising that some people on the waiting list were getting their needs met through other services and don't need to wait for a diagnostic assessment. Now assessments were once again taking place it was hoped to reduce the 18 months to two year waiting period for assessments.

Councillor Varty stated that she had received comments this week from two families who had children with severe problems, one was due to go to secondary school and was still waiting for an autism diagnosis which his parent was concerned about. She was interested to hear that there was help available as the parent had informed her that she was not getting any help. Some parents had taken their children out of school due to bullying and as a result had to leave their jobs to enable them to look after the children. She asked that families and carers were made aware of how to access help and support available to them.

The Head of Service agreed with Councillor Varty that the service was difficult for parents/carers to navigate. She assured the councillor that this was an area currently being worked on with partners to make it easier for parents and carers to find the information they needed.

Councillor Jopling asked if the increase in referrals could be set out as percentages for those that were directly linked to COVID-19 such as a 10% increase and how does this relate to the service's recruitment?

The Head of Service advised that it was difficult to put a figure on this and expressed that the service was expecting a surge in referrals in September 2020, when children returned to school, however that did not happen.

The Director of Operations added that from a trust perspective in October 2021 they received 3000 referrals into CAMHS across the trust area, the largest number of referrals since 2015. The trust intended to monitor the situation to see if this was a blip in October or whether this increase is sustained during November and December.

The Head of Service advised she had worked in Mental Health for a number of years and found that the last 18 months had helped to destigmatise mental health issues, as some people had not realised, they had mental health issues such as anxiety. There has been a lot of helpful promotion about mental health over the last 18 months that had helped people to seek help when needed.

The Director of Operations advised that within the numbers there were areas of Children's mental health that had risen. Children and young people with eating

disorders had almost doubled and additional information could be provided to show this at a future meeting.

In response to Councillor Jopling's question as to whether this had caused staff problems the Director of Operations advised that this was a specialist area where specific staffing were required. The service had managed to recruit dieticians, but it had been a challenge and the service was still working with staff investment from 2014 when the service received approximately 60-70 referrals, but this year there was approximately 170 referrals into the service. The Head of service advised that working with the new system the needs of some of these young people could be met elsewhere.

In response to a question from Councillor Gunn regarding Kooth, the Head of Service confirmed that the Kooth service had been commissioned and had been well received

Councillor Rooney indicated that as a youth worker she had experience of some young people waiting in excess of 30 weeks for a CAMHS referral. Often self-harm was a major factor in these referrals and her main concern was when a young person threatens serious harm to themselves and they were directed to the crisis team, and there were occasions where young people could not get through having tried for in excess of 90 minutes and indicated that this needed to be addressed.

The Head of Service responded that the service was aware the systems changed last year due to COVID from a local number to one national number and from a children's crisis perspective they had received a lot of feedback to say that the system that now was not as good as when they had a local number. The Head of Service would take the members views back and indicated that she would like to know of any children waiting more than 30 weeks unless it was an autism or ADHD assessment.

Councillor Hunt thanked the Officers for their honesty and transparency.

The Chair thanked the Officers for their presentation and indicated that the advice and support for the new development pathway was wonderful and asked what benefits merging with CNTWFT brought for the people of County Durham.

The Head of Service advised that in terms of beds there was a decision taken that TEWV could no longer provide them, and NHS England made the decision that CNTWFT would provide the beds, but this was not a merger, CNTWFT manages the beds. TEWV has no inpatient beds and were a community based service. The benefits were that they now had beds that they could access locally.

**Resolved:** That the contents of the presentation be noted.

## **7 Children and Young People's Mental Health and Emotional Wellbeing**

The Committee considered a report of the Director of Public Health to update Members on the children and young people's mental health, emotional wellbeing and resilience local transformation plan and key areas of work (for copy of report, see file of minutes).

The Consultant in Public Health was in attendance to present the report and talked about the national and local level in relation to children and young people's mental health; impacts of the COVID 19 pandemic, workforce development particularly in areas of training and awareness; partnership work, specific areas of focus; opportunities for improvement; the wellbeing approach and next steps.

The report highlighted the challenges specially the greater impact of COVID 19 on children and young people for example a child of eight has had a quarter of its life living through a pandemic which is very significant for children.

Members were advised that half of the mental health problems seen in adults had started in childhood and it was important that these problems were addressed.

The report provided Members with links to the Rainbow Guides.

In response to a question on the impact of long COVID on children's mental health and emotional wellbeing the Consultant in Public Health responded that this was still being quantified and the NHS Trust were doing some work around long term COVID. The disease was mild in most children however where children did suffer long term affects, they would be supported by their GP who would refer them to a paediatrician if necessary.

Ms Evans asked when this information was available, could this be shared with Members of the committee.

The Consultant in Public Health indicated that she would ask for a response on this and share with Members through committee services.

Councillor Hunt referred to schools having to use pupil premium to pay for pastoral and health workers and asked if there was any funding available, as the pastoral work was making a huge difference.

The Consultant in Public Health indicated that the financial aspects of school budgets were not within her remit, but they used the money from the Community Outbreak Management Fund to secure funding for training which was a benefit for all schools in the county who had access to a training place on youth aware mental health first aid. Other provision were available through education psychology services working in schools across the council.

Councillor Gunn referred again to the Kooth app and asked how it would be developed and monitored. She then referred to the health and wellbeing framework for schools and educational settings that had been successfully trialled by 25 schools and suggested that this could be promoted via governing bodies and members of the Council. Her third question referred to paragraph 7 of the report and suggested that young carers be added to the list of vulnerable children and young people as they should be included in those receiving additional support.

The Consultant in Public Health responded that Kooth was commissioned nationally through the NHS, it was a validated programme and could be assured in terms on quality. The Health and Wellbeing Framework in terms of schools, working with elected members was important and would take that suggestion back. She advised members that youth mental health first aid was available to schools and school governors and the next course would be held on the 26 November and she would highly recommend that session. Any children who had additional vulnerability was likely to have additional risks in terms of their risk in developing mental health issues. The Rainbow guides were helpful in sharing some of that key information including colleagues across services and the voluntary sector who support vulnerable groups including young carers.

The Chair thanked the Consultant in Public Health for her report.

**Resolved:** (i) That the contents of the report be noted.

(ii) That the work of the County Durham Children and Young People's Mental Health and Emotional Wellbeing Partnership Group be acknowledged and endorsed.

## **8 Key Findings and Actions to Ofsted Focussed Visit - July 2021**

The committee considered the report of the Corporate Director for Children and Young People's Service that provided Members with information in relation to the key findings and actions in response to Ofsted focussed visit in July 2021, a copy of which was circulated with the report (for copy of report, see file of minutes).

The Head of Children's Social Care was in attendance to deliver a presentation that set out the key themes of the focussed Ofsted inspection which took place in July 2021. It also highlighted the services intention to build on strengths identified and any areas where actions were required (for copy of presentation, see file of minutes).

The Head of Service explained that focussed visits were part of the broader inspection framework for children's services. A full inspection of Children's Services took place in September 2019 and these full inspections were usually on a three year cycle and within this cycle every local authority can expect to get at least one

focussed visit, which concentrate on specific areas of the service and in addition to this there is always an annual conversation between senior officers and Ofsted to discuss their current assessment of their services through a self evaluation.

The Head of Service advised that focussed visits were not graded judgements, but Ofsted provided a detailed letter which incorporates all their findings and any areas for improvement.

The presentation highlighted the key themes and the Head of Service informed members that the feedback from Ofsted was very positive. There were also areas identified where further work was needed such as young people who were in supported living arrangements that required a more thorough assessment of their needs prior to them moving. The service advised inspectors that there was a small number of children living with carers who didn't meet fostering regulations but who had oversight from the court, and this was an area of work which the service and Ofsted agreed needed some improvement work.

The Service had informed Ofsted prior to the focussed visit that they had some placement sufficiency challenges, which was an issue both regionally and nationally. In order to meet the needs of some of our children and young people they needed to ensure they have sufficient and appropriate placements to meet their needs.

Councillor Reed thanked the officer for her presentation and indicated that she had worked for 10 years as a foster carer for children which was hard work but very rewarding. She indicated that she was successful in those 10 years due to the fantastic team of social workers behind her and was pleased that this had been highlighted by Ofsted.

Councillor Reed added that in her opinion it was better for children and young people who were looked after to be placed in foster care rather than in a children's home and asked why the authority were considering opening children's homes and from a financial point of view was it best to open more care homes or to look for more foster carers, as she believed children needed attachment. Councillor Reed said that she was aware that the county council had closed some of their children's homes in the past and asked what was the thinking behind the U-turn.

The Head of Children's Social Care thanked Councillor Reed for her comments that she would pass on to staff in the fostering team. She indicated that Councillor Reed was right for the vast majority of children living in a stable foster care placement either with their extended family or through a mainstream foster carer was absolutely what they would want for their children and was the best place in terms of their needs being met. The focus on recruiting new and additional foster carers to meet the needs of children was central to the sufficiency strategy. However, there were some young people usually older children whose experience of family life and sometimes living in foster care had been very traumatic for them and living in a

children's home was a better option for them in terms of meeting their needs. The number of children in care homes was a small percentage of children that the authority cared for and tended to be children with multiple and complex needs as a result of the trauma they had experienced.

County Durham still had two children's care homes that were relatively large, these larger homes could potentially care for five children but often there was only four children in the home as a result of the needs of children. Going forward, the strategy was about looking for even smaller homes that would only have one or two children within them that reflected the needs of the children, and were carefully matched as they had recognised, they struggled to live alongside lots of other young people. The proposed homes would look and feel very different to historic care homes. Overall, the sufficiency Strategy looked to acknowledge there was a wide range of children in the service with a wide range of needs and therefore required a wide range of options to best meet the needs of each child in their care.

Councillor Gunn also thanked the Officer for her presentation and commented that children's social care was one of the most challenging services with lots of layers and funding pressures on the service. She fully supported the opening of new Durham County Council children's residential care homes where it was necessary, and that the officer had pointed out the rationale behind this. This could be done whilst they work with independent residential care providers which was excellent and felt it was a much better option for Durham County Council. She then referred to the action to respond to the quality of assessment for young people living in supported accommodation and the transition for young people in care was one of the key issues that they must address. She asked about working with commissioning colleagues to increase the number of choices for young people and how this was going to be done.

The Head of Children's Social Care indicated that they had a wide range of providers who they worked with who provided high quality supported living options for some of the older young people where this meets their needs. They wanted to continue to develop this framework so that there was as much choice for young people who might want that option, with a particular focus on younger people who may have more complex needs, particularly care leavers over the age of 18. The work undertaken with commissioning colleagues was understanding the needs of the cohort people and have as much choice and options as possible for young people to be able to access.

Councillor Hunt referred to a recent Children In Care Council (CICC) awards ceremony ran by some of the young people who highlighted that they were not aware of the employability scheme in Durham County Council for children in care and asked if this could be looked at.

The Head of Children's Social Care responded that this would continue to be part of the work that they do and there was a lot of information, but there was a lot going

on for children and young people so was a conversation they needed to continue to have with them to make sure they were aware of some of the opportunities that the council offered to them. All young people had personal assistants if over 18 years, and if under the age of 18 than they would have a social worker who would work with them through their plans in terms of their future. A lot of young people get support from the likes of Durham Works who would help them think about opportunities, work placements, apprenticeships etc. The issues about communication and making sure everyone was aware of what was available to them were continued conversations that they were committed to having with children and young people. A lot of work had been done on the website in terms of care leaver offer over the last year that was easily accessible, they could direct young people to the website but there was nothing better than sitting alongside a young person and really helping them to think through what that might look like for them. She suggested that Members may want to look at opportunities for care leavers at a future meeting.

The Chair thanked the Head of Children's Social Care for her report and presentation.

**Resolved:** That the report and presentation be noted.

*Ms Evans left the meeting at 11.18 am*

## **9 Corporate Parenting Annual Report - Report of the Chair of Corporate Parenting Panel**

The Committee considered the report of the Chair of the Corporate Parenting Panel that presented the Corporate Parenting Panel Annual Report 2020-21, a copy of which had been circulated (for copy of report, see file of minutes).

The Annual Report 2020-21 was agreed by the Corporate Parenting Panel at its meeting on 2 July 2021 and endorsed by Council at its meeting on 20 October 2021.

Councillor Simmons, Chair of Corporate Parenting Panel was in attendance to present the report and thanked Councillor I Jewel the previous Corporate Parenting Panel Chair and all the young people who made the annual report possible. She then alluded to some of the achievements that they were particularly proud of such as the work to allow pets in children's homes as well as the work that had taken place to improve the Wi-Fi connection which had been invaluable during the pandemic.

Work was continuing to address the priorities in the annual report, and she would provide a progress update in the next annual report.

They would continue to meet with young children from the Children in Care Council who hold the council to account on the progress against these priorities.

**Resolved:** That the content of the Corporate Parenting Panel Annual Report which provided oversight of the work undertaken during 2020-21 and outlined the priorities for the year ahead be noted.