



Children and Young People's Overview and Scrutiny Committee

Date and Time: Thursday, 4 June 2020 at 3.00 pm
Host Venue: Stoke-on-Trent City Council
Contact Officer: Sharon Simpson, Governance Officer
Tel: (01782) 232106
E-mail: sharon.simpson@stoke.gov.uk
Scrutiny Officer: Helen Barr
Lead Officer: Sarah Parker

Chair Councillor Maxine Clark
Vice-Chair Councillor Lilian Dodd
Members Councillors L Adams, H Blurton, S Bowers, D Elliott, C Kanneganti, S Pender and D Williams
Cabinet Member(s) Councillor(s) J F Bridges, R Conteh and D Evans

PLEASE NOTE: This will be a 'virtual meeting'. It will be broadcast via Stoke-on-Trent City Council's website – at the start of the meeting the chair will confirm if all or part of the meeting is being streamed.

Members of the press and public will be able to listen to or watch the proceedings via a weblink but the only participants will be the relevant Elected Members and officers. At the start of the meeting the Chair will confirm who is in attendance.



Please consider the environment before printing this agenda

The agenda for this meeting is available on line at stoke.gov.uk/committees
iPad and Android apps are available to view this agenda

Contact: Democratic Services, Stoke-on-Trent City Council, Civic Centre, Glebe Street, Stoke-on-Trent ST4 1HH

Apps are available from the App store and Google Play store – search for "mod.gov" to download for free

You can also follow us on:

Facebook - www.facebook.com/sotcitycouncil

Twitter - @sotcitycouncil

Children and Young People's Overview and Scrutiny Committee agenda



Thursday, 4 June 2020 at 3.00 pm

PART 1 – OPEN AGENDA

1. APOLOGIES FOR ABSENCE
2. MINUTES OF LAST MEETING (05/03/20) (Pages 1 - 6)
3. DISCLOSURE OF INTERESTS
4. MENTAL HEALTH PROVISION FOR CHILDREN AND YOUNG PEOPLE IN STOKE-ON-TRENT - DRAFT REPORT OF THE COMMITTEE PRESENTING THEIR FINDINGS FOLLOWING A PRESENTATION AND EVIDENCE SESSION HELD ON THURSDAY 17 OCTOBER 2019 (Pages 7 - 22)
5. EARLY HELP AND PREVENTION - DRAFT REPORT OF THE COMMITTEE PRESENTING THEIR FINDINGS FOLLOWING A PRESENTATION AND EVIDENCE SESSION HELD ON THURSDAY 5 MARCH 2020 (Pages 23 - 30)
6. WORK PROGRAMME (Pages 31 - 46)

Date of Next Meeting - Thursday, 16 July 2020 at 1.00 pm

This page is left blank intentionally

CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEE

Minutes of a meeting of the Children and Young People's Overview and Scrutiny Committee held at the Civic Centre, Glebe Street, Stoke-on-Trent on Thursday, 5 March 2020

Present

Councillor Maxine Clark (Chair), Councillor Lesley Adams, Councillor Heather Blurton, Councillor Desiree Elliott, Councillor Shaun Pender and Councillor David Williams

Other Attendees

Councillor Janine Bridges (Cabinet Member for Education and Economy) and Councillor David Evans (Cabinet Member for Children and Young People), Sarah Parker (Director of Children and Family Services), Philip Segurola (Interim Assistant Director - Early Intervention and Children's Social Care), Rachel Dodd (Strategic Manager – Early Intervention), Chris Phillips (Early Intervention Partnership Lead), Linda Hallam (Early Intervention Manager (North)), Donna Hulme (Family Support Team Manager), Kelsey Franklin (School representative), Laura Trow (Family Support Worker), Alison O'Donovan (Family Team Manager – YMCA), Helen Barr (Scrutiny Officer) and Sharon Simpson (Governance Officer).

46 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Dodd, Conteh and Kanneganti.

The Chair asked for it to be recorded that Councillor Dodd was very supportive of the meeting but that due to her personal circumstance (a personal and other pecuniary interest) she was unable to attend the meeting.

47 MINUTES OF LAST MEETING (24/1/2020)

Agreed – That the minutes of the previous meeting of the Children and Young People's Overview and Scrutiny Committee held on 24 January 2020 be agreed as a true and correct record of the proceedings.

48 DISCLOSURE OF INTERESTS

Name	Item	Nature of Interest
Councillor Elliott	Agenda Item 4 (Clause 49 refers) – Early Help and Prevention	Personal Interest – Has worked with Our Lady's and St Benedict's Primary School in the past.

Councillor Williams	Agenda Item 4 (Clause 49) – Early Help and Prevention	Disclosable Pecuniary Interest – Works at YMCA – left the meeting whilst the YMCA representative spoke as a Commissioned provider.
---------------------	---	--

49 EARLY HELP AND PREVENTION

The Children and Young People's Overview and Scrutiny Committee held an evidence gathering session as part of its work on early help and prevention in order to gain an understanding of how the Local Authority, agencies and partners worked together to identify vulnerabilities and emerging problems for children, young people and their families and prevent their needs escalating to a point where they required statutory intervention.

The agreed scope for the evidence gathering was outlined and would enable the Committee to:-

- Understand the early help model operated in Stoke-on-Trent.
- Identify the support and services available for children, young people and families across each of the three early help levels (Universal, Universal Plus/Early Help and Targeted Early Help)
- Understand how the level of need assessment was triggered and the referral pathway.
- Understand how the transition between the levels of need was managed and coordinated.
- Examine the interface between the teams and professionals involved.
- Look at how the partnerships operate and the governance arrangements in place.
- Understand how the services involved are commissioned and the roles and responsibilities of those commissioned providers.

Early Help Provider (SOTCC)

Rachel Dodd, Strategic Manager Early Intervention, provided detailed overview of how Early Help was provided and circulated presentation slides at the meeting. She

explained that early intervention was strategically aligned to children's social care and was the non-statutory part of the service.

Referring to the latest Early Help Strategy and Vision (2017–2020), Rachel Dodd stated that this was unclear and did not represent a clear vision for early help across the partnership. A new strategy was due to be launched during 2020 which would be informed by the Children and Young People and Families Plan, which in turn would be informed by the 2019 Joint Strategic Needs Assessment (JSNA). Key points for the new strategy included the need for collaborative working, community representation and for clarity in terms of Governance arrangements.

Early Help in Stoke

Early Help in Stoke was provided by:-

- Family Support Service
- Youth Service
- Youth Offending Service
- SAFE – (Substance & Alcohol Family Education)
- Young Carers Caseworkers
- Children's Centres

The Local context was provided and it was explained that 6 Family Support Teams provided support across the 6 Towns using a four quadrants model and located in accessible buildings across the city. The total Early Intervention budget was £7.87m and as at December 2019, 3879 families were attached to the programme. The Service was provided in levels and depending on the situation families could be escalated or de-escalated between the levels.

Members of the Committee asked questions on how the service engaged with community groups and the voluntary sector; how resources were spread amongst the different levels of support; the drop in the number of services being provided through Children's Centres; how the service measured performance and how performance was monitored.

Meeting the Team

The Family Support Team Manager and members of the team provided an overview of everyday life as a Family Support Worker. Donna Hulme, Team Manager, outlined how the team engaged with families in providing holistic support

Laura Trow, Family Support Worker, provided an overview of a home visit involving a child that had been referred from school to the Safeguarding Referral Team (SRT) and then stepped down to the Family Support Team, and she also talked the Committee through a case study to provide a more detailed account of the support that she had

provided to a family facing a number of issues including sexual assault, drug / alcohol misuse, an aggressive relationship and the death of a baby.

Members of the Committee asked questions on how, when and by whom assessments were being undertaken and how the processes outlined in documentation that they had reviewed were being applied in practice. They also sought evidence on how Family Support Workers were supported in their roles, the number of cases they dealt with and how their caseload was determined and then managed.

Family Evidence Session

The Committee heard evidence from a service user who outlined their experience of receiving support from the Early Help and Prevention Team. The family had been receiving support from the team for many years, following problems which included their daughter being groomed and self-harming and their son suffering with ADHD and cognitive difficulties.

Members asked questions on how the family had benefited from the support received; what distinguished it from support that was offered from other services; how initial contact had been made; and what barriers, if any, had been perceived. Given the length of time the family had been receiving support, the Members asked about the different levels of support received and how this had changed over time. Members engaged in discussion on how the service was perceived amongst parents and how accessible it was seen to be.

School Evidence Session

Kelsey Franklin, Safeguarding Officer, addressed the Committee on the early help support provided through "Sparkles" which was a support group that had been set up to provide training and support to parents. She outlined the support that schools offered and explained some of the challenges they could face in terms getting families to engage to the point of accepting support. The formality of having multi-agency level support was sometimes a barrier and parents were often put off by the paperwork and didn't want their information logging onto a system.

Members asked questions around how early help activity was captured and how parents were encouraged to accept support as well as questions on the model adopted in schools and the networks in place between schools. Officers outlined work that was taking place through the Troubled Families programme to identify pockets of need and the school representative outlined the support that schools received through the 'Better Together' programme.

Commissioned Provider Evidence Session (YMCA)

(Councillor Williams left the meeting for the duration of this session)

The Committee heard evidence from Alison O'Donovan, Family Team Manager – YMCA, who outlined her experience as a provider delivering Level 1 and Level 2 Early Intervention Support Services. She provided an overview of how demand and funding had changed over recent years and explained how her services interacted and engaged with the Children's Centres. She also commented on how spend was evidenced and how funding decisions impacted, outlining examples of staff being put into a difficult situation facing redundancy due to inconsistency in planning around sustaining services.

Members sought clarity from officers on some of the evidence provided with regard to funding decisions and contract terms and Philip Segurola explained how changes to funding had impacted, including the transition from using the Public Health Grant to using Local Authority funding. He suggested that the Committee asked questions in respect of how the Commissioning Strategy was set. Members also invited Alison O'Donovan to comment on what could have been done differently and what could be done to improve the situation.

Voluntary Sector Evidence Session (YMCA)

(Councillor Williams returned to the meeting for this session)

Alison O'Donovan presented evidence from the perspective of a voluntary sector provider. She referred to the voluntary sector having a massive role in the delivery of early help services the fantastic job undertaken by support workers but felt that there was a need at Level 2 which was not being met, adding that families that were reluctant to engage felt more able to share their concerns with an agency. She referred to families that didn't want to approach statutory services but would speak with the Citizens Advice Bureau for instance.

She explained that agencies now found it more difficult to signpost families and felt there were gaps in service provision, particularly in respect of parenting, referring to schools now being expected to get involved in toileting. She explained that the sector couldn't be expected to keep propping up the service when funding couldn't be met and she explained that the voluntary sector services tried to provide free or low cost services to children's centres but stated that is was about willingly engaging families rather than providing a lower provision of service.

Members asked questions about how the sector was engaged and reference was made to the possible reinstatement of a community group which was seen as critical to the development of the new strategy. Alison O'Donovan referred to the importance of the right people being involved such a forum/group and there was a discussion around the need for greater communication and for partners to talk to each other and the significance of effective governance arrangements.

Children and Young People's Overview and Scrutiny Committee
Thursday, 5 March 2020

Commissioner Evidence Session

Due to limited time it was agreed to defer this session.

COUNCILLOR MAXINE CLARK (CHAIR)



City of
Stoke-on-Trent

Mental Health Provision for Children and Young People in Stoke-on-Trent

**Findings of the Children and Young People's
Overview and Scrutiny Committee**

1.0 Context

When committee members have been out in their wards, many have become aware of the issues faced by some residents accessing mental health provision in the city, in particular they raised issues with the service they had received from CAMHS at the higher tiers. Consequently, the committee agreed that it would like to carry out an in-depth piece of work on mental health support for children and young people, their parents and carers in Stoke-on-Trent. This work would enable the committee to understand the current provision and the different levels of support; who commissions and provides the support at the different levels; the issues around access and referral pathways, waiting times and funding; issues around awareness and communication and the involvement of partners and other agencies.

The Committee would like to place on record its gratitude to staff from the Local Authority, MERIT Pupil Referral Unit (PRU), Sixth Form College, Clinical Commissioning Group, North Staffordshire Combined Health Care NHS Trust and Changes, for their attendance at the evidence sessions and for their presentations and responses to committee members' questions. The committee would also like to thank those organisations listed above that also hosted visits by individual committee members to their organisations. The evidence from the sessions and visits proved to be valuable contributions to the committee's work.

The committee would like to offer a particular thank you to the parent and student who gave up their time to attend the original evidence session at the Civic Centre and for imparting so eloquently, with the committee, their personal experiences of mental health services in the City. The committee regarded this evidence as a pivotal contribution to the committee's work in this area.

This report is based purely on the evidence that was presented on the day of the evidence session on 17 October 2019 and subsequent visits to Changes and North Staffordshire Combined Health Care. We, as the committee, recognise that, during the period of the review, there may be additional work that has been carried out within the City to improve service provision, however this report only reflects the information presented to the committee.

2.0 Findings

Having considered the evidence from the presentations and evidence gathered from the session held with end service users, commissioners and providers on 17 October 2019, along with consideration of the case studies, and further documentation, the committee's key observation about the initial findings was that they were limited and further evidence was required.

Consequently, the committee agreed an interim statement, outlining the initial findings. The statement also outlined the gaps within their information and recommendations outlining how and who would be responsible for gathering the missing information. The interim statement is attached as Appendix 1.

Understanding Current Service Provision

Early Intervention and Prevention

Early intervention and prevention support, previously referred to within the 'system' as Tiers 1 and 2, is commissioned by the Local Authority and Clinical Commissioning Group, individually or jointly and is provided by a number of organisations within the City, including GPs, schools and the voluntary and community sector (VCS).

Evidence from service users and support organisations highlighted the importance of ensuring that support for children with mental health conditions starts very early, preferably at primary school level.

One young person gave evidence to the committee that although they were aware from the age of eight that they needed help and support, there were no entertaining methods of engagement available for young children of that age that would enable them to express themselves and prove more beneficial than just talking. However, they explained that as a young person grows older different support is required and the issue then becomes the lack of having someone available who they could go to who would just listen. The committee were told that support was only provided once the young person was at crisis point.

Changes is a user-led mental health charity, based in Stoke, providing a unique recovery service to those in mental distress. Representatives from Changes reported that they work with children as young as five, stating, that *"children as young as eight, nine and ten find it difficult to express themselves or to explain what is happening inside their heads"*.

The committee received evidence from Changes that there is a whole layer of Public Health early intervention support available including leaflets; 'Speak up Space', which is a digital self-referral option; Wellness Programme, which is a six week programme offering psycho educational workshops; peer support groups and the 'Stay Well' initiative. Changes is the leading provider of the 'Stay Well' initiative which was launched on 1 October 2019 and provides preventative services delivered by Young Minds, Dove and Changes. As part of this initiative, Young Minds provides one to one counselling and Changes provides group work.

The committee heard evidence that peer support groups run from Monday to Friday evening for young people of different ages between 8 and 18 throughout the City; however, one young person gave evidence to the committee that there were too many groups that could not be facilitated due to funding cuts.

In terms of school provision, evidence presented to the committee painted a fragmented picture across the City indicating that there were capacity issues in some schools, for example, it was highlighted that not all schools had a Wellbeing Officer whilst others were held up as examples of best practice.

In addition, there was conflicting evidence presented by service users when discussing the support received from schools, whereby one person felt let down by school whereas another witness had the view that it was the relationship that her child had with the school SENCO and school support that kept her child alive. It was

later clarified for the committee that the person who felt let down by schools had not been educated at a school in the City. When asked what they would wish for if given a magic wand, the young person stated that one of the things high on the list was, *“support in schools for everyone”*.

As part of the evidence gathering, the Chair and Vice Chair of the committee took the opportunity to observe a session of the Anna Freud programme, which is part of the work currently being undertaken by the Local Authority commissioning team working with around 80 schools in order to support the building of relationships between schools and mental health services. At this event, one teacher shared with the Chair her experiences. She said that the school had bought in additional services from MIND. Whilst they had high hopes for this, the worker was often off sick which meant the teachers were dealing with the issues presented themselves, even though they are not trained counsellors. When the counsellor was there, the teachers shared with her what issues they had been dealing with and the advice they gave to the children, only to be told that they had done exactly the same as the counsellor would have done. This made the school feel that this service was not value for money.

The committee also received evidence that indicated that there were issues around parenting and that local parenting programmes had been the subject of funding cuts. The committee were told that there was very little evidence of the availability of parenting support as a consequence of these cuts.

One area of good practice highlighted to the committee was the support provided to teenage students by Stoke-on-Trent Sixth Form College. The committee heard that the college provided proactive rather than reactive support and there was always someone available for a young person to talk to. Students are able to self-refer themselves to a Counsellor and there is a triage service; although there is a focus on group work, there are opportunities to have a one to one meeting with a ‘Wellbeing’ worker. The committee heard about different initiatives offered by the college, such as ‘play dough’ and ‘walk and talk’ at lunchtimes. The college also provides dedicated spaces and resources to support young people.

In order to support young people transitioning from high school to college, which the committee heard could be a difficult period for young people, the college had introduced a ‘Lets Connect’ group that meets during lunch breaks and allows the young person with one year’s attendance to graduate and become one of the connectors.

The committee also heard evidence that receiving support within college was preferable to receiving support through CAMHS, because the college is a familiar building and environment for the young person, whereas the CAMHS building is unfamiliar and therefore can cause the young person to become anxious.

Children and Adolescent Mental Health Services (CAMHS)

Combined Healthcare NHS Foundation Trust explained that Children and Adolescent Mental Health Services (CAMHS) is an approach to addressing children and young people’s emotional well-being and mental health that was developed nationally 25

years ago to support a tiered model of 1- 4 level interventions. The system that delivers those Tiers is illustrated below:

Level	Provider	Commissioned by
Tier 1	Schools/GP's/universal health services	CCG's/LA
Tier 2	GP's/voluntary sector	LA's/CCG's
Tier 3	NSCHT/MPFT	CCG
Tier 4	In-patient Units	NHS England/Improvement

Supplied by Combined Healthcare NHS Foundation Trust

However, the group received further evidence from Combined Healthcare that due to complex and changing needs of children and young people the Tiered system is no longer fit for purpose as the needs of children and their families can no longer be categorised in this way. Consequently, the committee were made aware that as a result of the Government's new Long Term Plan, increased investment and the production of a local Staffordshire and Stoke-on-Trent Strategy, the system locally would likely change over the next five years and the principles of the 'Thrive' model will embed a more consistent approach to managing risk and facilitate a greater emphasis on preventative services. The Long-Term Plan also recommends a different offer covering 0-25 age range.

The committee heard that CAMHS is delivered across all four tiers of support and is provided by a range of providers. Combined Healthcare are commissioned to deliver Tier 3 and NHS England/Improvement commission Tier 4 beds through the Darwin Centre at Combined, who are the gatekeepers for bed allocation within working hours.

Evidence from a parent stated that the Darwin Centre, which is a 15-bed specialist in-patient facility, had been used as a holding bay for her child, who received no treatment whilst located at the facility. The committee received additional evidence indicating that there were serious issues with the Darwin Centre, which were acknowledged by Combined Healthcare. For example, the committee heard that young people at the Darwin centre were using Whatsapp to share self-harm techniques and it was Combined Healthcare's view that a Tier 4 facility is not an ideal environment for a young person and should be avoided, where possible.

The committee found that there was a palpable gap between the picture painted about the CAMHS service by the services users, and that painted by the providers of the CAMHS service. One service user told the committee that they were not aware of anyone who had a good word to say about CAMHS and stated that CAMHS at tier 3 would not see anyone until there was an emergency.

Funding

The committee heard from various organisations that the impact of funding cuts had resulted in some loss of service provision at the preventative end of support. It was confirmed to the committee that Public Health provides £160k and the Clinical Commissioning Group provides £130k into the CAMHS pooled budget. That includes funding for some early intervention and some support for Looked after Children (LAC).

The committee received complimentary evidence from one young person about the service offered by Changes, but added that this service was also being eroded by year on year funding cuts.

Evidence from commissioners highlighted that the 'Stay Well' initiative received a 5% year on year reduction in its public health budget and that the £350k budget for the 'Stay Well' programme for the whole of the City is less than the cost of one Trailblazer team. The Trailblazer project aims to increase the mental health support that is available in a number of schools across North Staffordshire and Stoke-on-Trent. Consequently, commissioners indicated that money needed to transfer from expensive NHS services to early intervention services.

The committee received evidence from Combined Healthcare that there was an issue with how CAMHS is funded in that the budget for this level of support (previously Tier 3), is expensive as it requires a specialist workforce to deliver. The budget is currently £12m, whereas the prevention budget for lower level support (previously Tiers 1 and 2) is £1m. Consequently, this limited budget means that prevention services are underfunded and results in young people being referred, by default, to CAMHS (Tier 3) services, that are consequently acting, in effect, as the front door and triaging young people. Combined Healthcare highlighted that this is not the intended or most effective and efficient use of a Tier 3 service. This, along with high thresholds of social care means that children and young people receive limited preventative services or are entering services at higher than needed thresholds.

The issue for CAMHS services at the higher tiers, is therefore not a lack of funding, but the increase in demand for these services because of the lack of prevention funding and the lack of more specialised staff, for example, Educational Psychologists to meet the increasing demand. Combined Healthcare do not have enough specialist staff to cope with the demand, which is not their fault, if there is not the specialist skill available, they can't recruit. The committee heard evidence that in one particular week, 140 referrals came in to the crisis centre and the team were not set up to manage this level of demand.

Combined Healthcare told the committee that Tier 3 CAMHS services are often criticised and challenged for not accepting children and young people into the service, and despite strong clinical rationale for this, families feel that they have been excluded from a service when in reality there are gaps in preventative and family based services which would be more appropriate to meet their needs.

Combined Healthcare confirmed that it receives 7.6% of the mental health budget and only 0.9% of the entire health budget and stated that, *"Considering that 50% of all diagnosable mental health conditions are diagnosable by the age of 14 years there isn't really enough funding or resource to meet this need and consequently, children wait longer until they meet services and adult services are strained as a result because they then have to treat years of engrained mental health symptoms and disorders, which takes longer and needs more intense care, that treating the condition early on in presentation."*

Combined Healthcare further explained that, *“Funding streams are not adequate and the level of demand for services has increased from one in 10 to one in eight for children and young people.”* This figure was also confirmed by Local Authority commissioners.

A further issue highlighted by Combined Healthcare related to the value of contracts advertised by the Local Authority for Tier 2 services. One example provided to the committee explained how a City Council contract had been previously advertised with a value of £400k, that having looked at the key performance indicators, Combined Healthcare felt it would be impossible to provide the required services for the monetary value of the contract.

Reporting Systems

The committee heard from Combined Healthcare about the difficulties they are experiencing because they have to meet the different demands and work within different reporting systems required by different partners who commission services from them. The committee heard that the CCG commissioning arrangements are very output focused, whereas the Local Authority is more interested in the demonstration of outcomes for service users. Combined Healthcare confirmed that this causes problems when the CCG expects CAMHS to see additional young people, when they consider that the focus should be on seeing fewer young people presenting to higher level services (Tier 3).

Waiting Times / Lists

Waiting lists for the ‘Wellness Programme’ stood at two months at the time of the visit in November 2019; however, as a consequence of the addition of more start dates for January 2020 onwards, children and young people should now only have to wait up to four weeks.

One young person gave evidence that she had to wait for 12 months for CAMHS and only then received help when in hospital and at crisis point. Changes also reported that at one point, the waiting times for CAMHS was up to 18 months. CAMHS acknowledged that there had been times when the 18-week waiting time had not been met.

At the time of the Chair’s visit to CAMHS in November 2019, Combined Healthcare reported that the total number of young people waiting for a CAMHS assessment in Stoke was 189, with the average length of waiting time for an assessment being 23 days. This was against Combined Healthcare’s contractual agreement, which was to carry out an assessment within 18 weeks and the organisation’s internal aspiration target of 4 weeks.

In terms of treatment, at the time of the evidence sessions in November 2019, there were 73 young people in Stoke-on-Trent waiting for treatment and the average waiting time for treatment was 49.6 days, approximately 7 weeks, which although under the 18-week target was acknowledged by Combined Healthcare as being too long. The committee heard that some young people may start to receive treatment during assessment if appropriate.

Combined Healthcare gave evidence that some patients at the top of the waiting list are on their sixth appointment having themselves cancelled or missed the previous five appointments. These appointments could have been given to someone else.

Personal evidence was received from a committee member who is also a GP, that the referral forms take around one and a half to two hours to complete and that two or three separate referrals are required before a young person is accepted by CAMHS. The committee also heard that feedback from GPs was that the service provided by CAMHS is 'bad'.

In addition, a strong piece of evidence about CAMHS was received from the parent of a child with mental health issues, who reported that, *"children are being failed because they are bounced around the system like a ping pong ball."*

This picture of children being bounced around the system was acknowledged by Combined Healthcare, but it was explained that this was often because the quality of referrals that CAMHS receive, are not good enough to enable a proper assessment of the young person. For example, referrals to CAMHS from GPs and schools, often lack sufficient detail to enable CAMHS to carry out an effective assessment. They are therefore, returned back to the GP or school and more detail is requested, which is why parents felt they are being bounced around.

Transition

During discussions with witnesses it was highlighted that transition at various points along the pathway were identified as difficult periods for children and young people: they are transition from primary to secondary school; secondary school to college and in particular, from children and young people services to adult services. The young person commented that transition from children's services to adult services is daunting and is *"ridiculous"* with neither service wanting to support the young person and each viewing young people of 17 years as the responsibility of the other service.

The committee heard that some young people had been placed into adult services, including Harpfields Hospital, which is a bed-based facility in the City for adults, which is completely unsuitable for young people, who would reportedly have to listen to inappropriate conversations. One young person's experience was of being placed into a Tier 4 bed-based unit for adults without any regard to safeguarding issues.

To support transition, Combined Healthcare explained that they hold transition specific meetings to support young people and their families ensuring that expectations are clear and achievable. However, the committee were unable to sufficiently clarify exactly how schools and providers support children during the various stages of transition.

Current and Future Developments

The committee heard that further development and embedding of the 'Thrive' model will require a massive cultural change on behalf of mental health practitioners and CAMHS.

The committee recognised that the City Council and its partners were working to improve support for mental health and welcomed the new initiatives, such as 'Stay Well', which was launched on 1 October 2019. Other initiatives to be launched included 'Big Life', that will be launched in January 2020 and will provide support for children during their transition from primary to secondary school and the Lorenzo Digital Exemplar (LDE), which once live, will be available to anyone who uses the website to find the right service at the right time.

The committee heard evidence from Combined Healthcare that there is a jump from a Tier 3 to a Tier 4 service and consequently it appears as though there is a missing service in between. However, Combined Healthcare confirmed that a new Tier 3.5 as a seven-day home treatment service with a remit of preventing admissions to Tier 4, would be implemented from April 2020.

The committee heard evidence that the Long-Term Plan would provide opportunities for funding which the Local Authority and its partners should be bidding for.

A number of other initiatives for children and young people will be rolling out during 2020:

- 'Stay Well' will be delivering 'We Eat Elephants' CBT based groups and Mindfulness in schools from January 2020;
- 'Big Life' will be launching in April 2020 to provide primary and high school transition support;
- 5-7 SAD and 5-7 Wrong initiatives will be commencing in January 2020.

3.0 Conclusions and Recommendations

The conclusions and recommendations below are based on the evidence from the original evidence session held with the committee on 17 October 2019 and the visits undertaken by the Chair, who visited CAMHS to speak to Combined Healthcare and the Vice Chair who visited Changes, Stoke to talk about their service.

The evidence from Combined Healthcare appeared to show that the current funding structure has resulted in an underfunding of provision at the early intervention level of support, which may have contributed to increasing levels of service users presenting at CAMHS Tier 3 service. The committee concluded that if demand for higher level expensive specialist clinical support is to be reduced, the approach to how children and young people's mental health services are funded needs to be refocused towards prevention and early intervention and associated funding rebalanced accordingly. This would not only reduce demand for expensive specialist services it would also benefit the individual as they would receive the appropriate level of service at the right time and in the right place that would better meet their need(s) and prevent escalation of their condition.

Having concluded that funding should be focused on early intervention in the community in order to build capacity and help build resilience within families, the committee were concerned by the evidence that appeared to indicate that some early intervention and prevention services, such as parenting programmes, had also

been impacted by funding cuts, and parenting had been identified by witnesses as a problem area that required improvement. The committee concluded, therefore, that the provision of parenting programmes warranted further scrutiny.

Recommendations

- 1. Commissioners consider allocating sufficient funding to preventative early intervention mental health services for children and young people in order to meet their needs earlier, prevent their conditions from escalating and reduce the level of referrals to tier 3 services, that are inappropriate for their needs.**
- 2. Commissioners consider looking at the local commissioning structure in order to consider a rebalance of funding in favour of preventative support services at the community level to redress the demand throughout the levels of support.**
- 3. The committee considers carrying out a piece of work to explore the provision of local parenting programmes, including the impact of any reductions to funding on the availability of such programmes in the City.**

There appeared to be an issue with the quality of the initial information provided by GPs and schools on the original referral forms to CAMHS, which was perpetuating the perception by service users that children and young people were being bounced around the system. The lack of useful information results in the young person being referred back to the referrer for more information, which the committee felt is inefficient; results in a duplication of work by GPs and schools who then have to make several referrals before a young person receives an assessment and it leads to frustration on the part of parents and young people who feel that they are being bounced around the system.

Recommendation:

The Local Authority and Clinical Commissioning Group consider working respectively, with schools and GPs through Primary Care Networks (PCNs), to explore the possibility of training to those groups around the completion of mental health referral forms so that they are aware of what a good referral looks like and understand what CAMHS expectations are in terms of the information that is required to enable them to carry out a thorough and appropriate assessment, first time.

The committee were unable to identify, from the evidence received, a clear understanding and awareness of the true picture of the services that were available to support children and young people with mental health conditions, particularly at the lower levels of support and the evidence suggested that this lack of awareness about available services and where to go for support, appeared to be shared with the service user, parent and carers. Consequently, the committee concluded that more work was required around the identification, publication and communication of exactly what services were available.

Recommendations

- 1. It is recommended that partners consider developing a Directory of support, to be reviewed on a six-monthly basis to retain the document's relevance. The directory should clearly identify the type of support available from lower level preventative support services through to the higher-level specialist support and in-bed provision. It should also identify the organisation delivering the support and the referral pathway.**
- 2. That the mapping exercise currently being undertaken by CAMHS is made available to the committee and to the public;**
- 3. Communication of the 'Stay Well' initiative and the new CAMHS online portal to be improved.**

Conflicting targets imposed by the Clinical Commissioning Group and Local Authority are a hindrance to the effective delivery of CAMHS. Therefore, the committee concluded that the CCG and Local Authority should focus on outcomes for service users rather than outputs, which are more about numbers and process.

Recommendation:

The Local Authority and Clinical Commissioning Group consider how to communicate and work better together to ensure that providers of their commissioned services can work to provide services that deliver outcomes not outputs.

The evidence from young people, parents and some local organisations highlighted transition as a difficult period for children and young people. As transition appeared to be an issue at different points of a young person's life, the committee concluded that transition, particularly from young people to adults' services deserved to be the focus of more in-depth scrutiny as opposed to a mere reference within this report.

Recommendation

The Children and Young People's Overview and Scrutiny Committee consider carrying out a separate piece of in-depth topic work on the support available to young people as they transition from children and young people services to adult services. The committee will consider at the appropriate time if this topic should be carried out jointly with members of the Adults and Neighbourhoods Overview and Scrutiny Committee.

The specification and value of some contracts tendered by the City Council seeking providers of early intervention services, appeared to be unrealistic, which the committee felt could preclude some bidders and therefore result in a lesser quality service.

Recommendation:

That the Local Authority carefully considers the service specifications contained within its early intervention contracts, to ensure that the appropriate monetary value is sufficient to facilitate the maximum number of bidders and ensure that the successful bidder will be in a position to deliver the

specifications required and deliver an effective, safe service that is also value for money.

Evidence from service users appeared to highlight a clear disparity between expectation of the CAMHS service and the reality. Perception of the CAMHS service by the end service user and some organisations is currently poor. For example, evidence clearly confirmed the view held by service users that children and young people were being bounced around the system, but Combined Healthcare were not clearly communicating to services users and parents the reasons for such perceptions.

Recommendation:

Combined Healthcare to consider how to improve communications with young people, parents and carers to facilitate better understanding by young people, parents and carers of what they should expect in terms of support provided by CAMHS.

It was difficult with the information gathered by the committee to fully understand the varying level of support provided by different schools to younger children, especially during the transition from primary to secondary. The committee also recognised the fact that the majority of schools in the City were now Academies and consequently not under direct Local Authority control.

Recommendation:

The Local Authority considers using its influence with schools to ensure that a child with mental health condition is continually supported through the transition from primary to secondary school by ensuring that all necessary assessments, support plans, counsellors, where possible, follow the child as the child transitions.

Evidence showed that although the Local Authority and CAMHS were working together to support Looked after Children (LAC) it was reported that there were recognised issues on both sides as to how the organisations were working together, particularly around Tier 4 discharges and step down.

Recommendation:

The Children and Young People's Strategic Partnership Board to improve working with the Assistant Director for LAC/CIC

The committee felt that the information gathered to prepare their report would be useful evidence for the development of future mental health strategies.

Recommendation:

The input and feedback given at the evidence session by the service user, along with additional service user feedback on services are used to inform and influence the development of the forthcoming strategy.

The committee remained unclear about how the system and partners are working together, but concluded that although it appeared from the evidence that the Children and Young People's Strategic Partnership Board is not currently working as it should, it remained the most appropriate forum to push the young people's mental health agenda forward.

Recommendation:

The Children and Young People's Strategic Partnership Board is strengthened and the membership reviewed.

Children and Young People's Overview and Scrutiny Committee

Children and Young People's Mental Health services in Stoke-on-Trent

On Thursday, 17 October 2019 the Children and Young People's Overview and Scrutiny Committee held an evidence session. The purpose of this session was to gather evidence from service users, providers and commissioners about the current provision of support for children and young people in Stoke-on-Trent who are suffering with mental health.

Having considered the evidence from the presentations and evidence gathered from the session held on 17 October 2019, along with consideration of the case studies, and further documentation, the committee's key observation was that the initial findings were limited.

Those observations were as follows:

- Although a student at Stoke-on-Trent Sixth Form College, the young person who spoke to the committee was a Staffordshire child and consequently the evidence given related to the support received from schools and organisations based in Staffordshire and not specifically in Stoke-on-Trent. This did not, therefore, reflect provision in Stoke-on-Trent which made it difficult for the committee to establish a clear picture of the availability and effectiveness of provision in the City. The service that she was receiving from the college at the time of giving the evidence, she deemed as excellent.
- Although excellent examples of good practice at the Merit Pupil Referral Unit (PRU) in the City, the case studies referred to at the meeting did not demonstrate a clear and comprehensive picture of the journey or pathway experienced by young people accessing mental health services in Stoke-on-Trent;
- Following the evidence session, the committee were unable to establish from the evidence specifically what support is available to young people in the City at the lower levels of intervention (Tiers 1 and 2) and the effectiveness in preventing escalation to CAMHS, particularly given that the statistics demonstrate that an additional 1038 young people have entered CAMHS;
- The evidence session highlighted a mismatch between the perceptions held by CAMHS service users and the stated reality outlined by the representatives of the provider Combined Healthcare. This incongruity was further reflected in what committee members are hearing on the ground about CAMHS, for example, in the school playground, which reflects the evidence from the young person as opposed to what the committee were told by Combined Healthcare at the evidence session. Therefore, the committee found that there appeared to be a lack of clarity in terms of how the service provider communicates the reality of what the service user can expect from the CAMHS service;
- The committee were unable to clarify the partnership working arrangements and where there was strategic join;
- The committee remained unclear as to how the performance of the commissioned service from CAMHS was monitored or what metrics were used by CAMHS to measure the outcomes for young people or the success of particular interventions.

Conclusions and recommendations

Following consideration of all the evidence, the committee concluded that there remained important gaps within the information received, particularly around service user experience, the outcomes for young people and clarity around the services available at Tiers 1 and 2; how they meet needs and the pathway followed by young people from the point they present at Tier 1 through to escalation to CAMHS. Consequently, in order to be in a position to present a thorough report that would contain meaningful recommendations, more investigative work is required.

Recommendation: *That the committee proceed to undertake further evidence gathering exercises, as detailed below:*

- *The Chair to accept the invitation from Combined Healthcare to visit the CAMHS service;*
- *The committee agreed to obtain further views of young people about their experiences of mental health services in Stoke-on-Trent by visiting those young people in familiar settings rather than inviting them to the City Council. Therefore, the following visits to be arranged:*
 - *The Vice Chair, Councillor Dodd, undertakes a visit to Changes with a view to speaking to service users and to obtain information around waiting lists, volume of users, satisfaction with the services offered etc.;*
 - *Councillor Blurton and Councillor Williams to visit the YMCA, accompanied by the Scrutiny Officer, to speak to young people, including members of the Youth Forum;*
 - *Councillor Elliott to gather evidence from young people around their experience of transitioning from young people's mental health services to adult mental health services;*
- *Further details of the monitoring of the CAMHS commissioned service, including details of the metrics used to measure the outcomes of the service / success of the interventions be submitted for the committee's consideration;*
- *The Scrutiny Officer to submit for the committee's consideration further details on the current partnership arrangements in the Stoke-on-Trent, focussing on the strategic join.*
- *The committee requests a full list of every service available at Tier 1 and 2 in order to gain clarity on those services, how they meet the needs of young people and how they prevent escalation to Tiers 3 and 4. This mapping exercise should clearly identify for the committee clear pathways of support for young people accessing services throughout Tiers 1 and 2.*

Recommendation: *That the committee meets to consider the additional information on 16 December 2019.*

This page is left blank intentionally



City of
Stoke-on-Trent

Early Help and Prevention

Findings of the Children and Young People's Overview and Scrutiny Committee

1.0 Context

There is significant national evidence that supports the need for early intervention and early help for families. The raft of evidence around the effectiveness of early intervention was influential in the Committee's decision to undertake this piece of work. Members wanted to understand how the Local Authority, statutory agencies and partners are working together to identify vulnerabilities and emerging problems for children, young people and their families; and how they are helping to prevent their needs from escalating to a point where they became more difficult to overcome, and statutory intervention is required.

The Committee was clear from the outset that the scoping of this topic would be ambitious in terms of trying to ensure that the review did justice to such a significant service area where the opportunities for further investigation had the potential to be almost limitless. To help in framing the evidence gathering, it was agreed that the key components to be covered would include a strategic and operational overview, followed by a look at the interface with the voluntary sector, service users and commissioning. By defining the parameters it was hoped that the evidence would enable the Committee to formulate some realistic recommendations that were capable of making real improvements.

When the evidence gathering session took place on Thursday, 5 March 2020, the scale of issues to be considered was, as predicted, substantial. The honest and comprehensive account that was given of how the service functioned, the barriers that existed and the gaps that need to be addressed was used as the basis for the findings set out in this report. The Committee was able to further explore and question the effectiveness of the various interfaces that form such a vital part of the service provision and use that information in the context of local and national policy and local demographics, to inform the conclusions and recommendations as set out Section 3.

Within the Children Young People and Families Directorate, early intervention sits alongside children's social care and it is currently based around 6 localities with services delivered from the children's centres, where partner agencies are co-located. Representatives from the Stoke-on-Trent North Children's Centre attended the Committee's evidence gathering session.

In the current 2020/2021 financial year¹, the service has a budget £8.04m, which is 11.4% of the total early intervention and children's social care budget of £70.17m. The net early intervention budget (cost to the general fund) is £3.4m. To provide some context in terms of previous years, in 2019/20 the gross budget was £7.9m of £72.8m (10.9%), in 2018/19 it was £8.6m of £58m (14.4%) and in 2017/18 it was £6.9m of £54.5m (12.7%). The Committee did not get an opportunity to explore the comparisons with previous years and Members appreciate that without further background information it is difficult to draw meaningful conclusion about the implications of the relative gross figures.

¹ [City Council Budget Setting 2020-2021](#)

Research has shown that targeting services at disadvantaged children and families who are perceived to be most at risk of developing problems can be an effective tool in preventing the need for more costly remedial action at a later point. To help provide a demographic context, the Committee was cognisant of the fact that, at that point in time, just over 20% (51,790) of the population of Stoke-on-Trent were children aged 0-15 years. Statistics showed that 24% of these children lived in poverty and just under 20% of schoolchildren in the city were receiving free school meals. When the evidence gathering session took place, the latest available figure on the number of children in care was 889, which had been recorded in September 2019 to inform the quarter two performance update considered by the Committee on 24 January 2020.² This figure was higher than the average figure reported by statistical neighbours.

The Committee would like to place on record its appreciation to officers from the local authority that attended the evidence gathering session held on 5 March 2020, at which their presentations and responses to Member questions provided an informative and broad strategic and operational overview.

The Committee is also extremely grateful to the school representative from Our Lady and St Benedict Catholic Academy who provided a valuable insight into the role of schools in delivering early help support to families, to the service user who provided a very honest account of what the service had meant to her and her family and to the representative from the YMCA who played a vital role in helping members to understand the interface from not only a voluntary sector perspective, but also from a commissioned provider perspective.

2.0 Findings

The Committee conducted an evidence gathering session on Thursday, 5 March 2020, at which Members received presentations and entered into dialogue with service providers, a service user, a primary school, a voluntary sector representative and a commissioned provider before running out of time to receive evidence that it had hoped to consider from commissioning officers. It quickly became apparent that to do justice to the expanding scope and possibilities of this subject area, in reality it would extend well beyond the confines of a piece of topic work. The evidence that was obtained has helped Members to form a view on the current position and agree on the proposals contained in Section 3 of this report.

Understanding Early Help and Prevention

Substantial academic research, policy debate and national Government guidance has highlighted the effectiveness of early help and intervention in preventing the

² [Strategic Measures Quarterly Report to CYP O&S - January 2020](#)

need for more costly statutory intervention at a later stage in the lives of children, young people and families.

The Stoke-on-Trent Children and Young People's Strategic Partnership Board's 'Early Help Multi-Agency Strategy 2017-2020' was provided to the Committee as part of the essential background information, as were other plans and strategies, including the 'Threshold Framework' produced by the Stoke-on-Trent and Staffordshire Safeguarding Children Board³ and the Children, Young People and Families Plan 2016-2020⁴. The emphasis in each of these is on families being able to access services at the right time and receive the right support early in the life of a problem to help prevent it from escalating to a stage where more intrusive and costly intervention is needed.

Professionals working with children, young people and families in Stoke-on-Trent use 'The Windscreen – Continuum of needs and response' to understand the different levels of need. Level 1 is referred to as Universal, which is where families are meeting their children's needs through mainstream services. Level 2 is referred to as Universal Plus and this is where families have additional needs that are met through additional support provided by one or more agencies. Level 3 is referred to as Targeted Early Help, and this is where families have multiple and more complex needs requiring more intensive support which is coordinated by a lead professional without the need for statutory social work intervention.

The position of children, young people and families on the windscreen is not fixed and it will change as their circumstances change. Members wanted to understand how families entered onto this continuum and how it was managed. They were looking for evidence to show that vulnerable families were being identified as early as possible; that all partners and agencies were clear about their roles at the different levels; that appropriate referrals were being made; that escalation and de-escalation between the levels was being managed effectively; that everyone involved at each level was properly trained and adequately supported; that assessments were carried out consistently and that active monitoring was taking place. The families of the 889⁵ children in care did not go from accessing universal services straight to needing statutory intervention with nothing in-between. The Committee wanted to understand the journey that they had undertaken, the support that had been in place; the triggers for escalation through the levels and the process for de-escalation, once statutory intervention was no longer needed..

In attempting to map escalation and de-escalation through the levels of need and track how effective the service was at managing and supporting the lower cost preventative work at each level, with the aim of limiting the requirement for statutory intervention, the Committee was clear in its understanding that this could not replace the need for later intervention and that those specialist services would always need to be maintained at a safe level.

³ https://proceduresonline.com/trixcms1/media/4602/stoke-on-trent-and-staffordshire_threshold_document_final_05_02_20.pdf

⁴ https://www.stoke.gov.uk/downloads/file/414/children_young_people_and_families_plan_2016-2020

⁵ [Strategic Measures Quarterly Report to CYP O&S - January 2020](#)

The committee did however hear evidence that pressure on resources often resulted in a disproportionate focus on level 3 which was tending to provide a scaffold for statutory intervention. The evidence provided by family support workers suggested that early help was being used as a step down model and a lack of capacity in the right part of the system was cited as one of the barriers to success, as was the demand on statutory services and crisis driven priorities.

Whereas previously referrals for targeted early help had been more commonly made by different agencies, most referrals were now being made by schools and sometimes this was being done without a full early help assessment and occasionally without any assessment documentation. The primary school that provided evidence was able to confirm that Early Help Champions met on a quarterly basis and early help training was embedded in that process. There was however little evidence of targeted training for schools, and training provision for schools that were not part of the Better Together social work programme was not clearly defined.

The committee could not find any evidence of early help training happening for organisations, outside of schools, that had been identified as offering early help.

There was a general view that secondary schools in particular needed to be more aware and better informed of early help services so that children, young people and their families could be referred to appropriate targeted and preventative services at the earliest opportunity.

Evidence provided by the service user and the school representative suggested that there was a lack of understanding amongst parents about what help was available and what was involved. There was a view expressed that parents might be apprehensive and suspicious about any level of help and the service user that gave evidence confirmed that, initially, she too had been concerned that support workers might “pick fault” with her parenting. She was keen to confirm that this had not been the case and that the help and support that she had received had been invaluable. She had been receiving early help support for approximately five years, during which time her case had been closed on two occasions.

Members were concerned that if parents and families had negative connotations about the service, this could lead to a lack of engagement at the time when the right kind of support might prevent escalation. The Committee also heard evidence from the school representative that parents were put off by the paperwork and their preference was often for an informal chat. The evidence presented by the voluntary sector suggested that families were often more comfortable about engaging with their staff than with the authorities. One of the difficulties for the service was therefore capturing this more informal activity and it was recognised by Members that this linked to the evidence heard from the voluntary sector in connection with the level of interface that existed.

Governance

The Committee received evidence from managers of the service around a lack of governance and accountability. By their own admission, the Early Help Strategy 2017-2020 was unclear and did not represent a vision for early help delivery across partners. The governance model referenced an Early Help Steering Group that had not met for some considerable time and it was not clear to Members how the

Children Young People and Families Strategic Partnership governance model operated with the Health and Wellbeing Board who seemingly had some form of hierarchical involvement but that relationship was unclear.

The Committee was concerned that the absence of a fit for purpose strategy that was written with partners and families, and the lack of an effective governance model was contributing to a perception that the approach to early help was not joined up and lacked a shared vision and shared priorities. Although reassured by proposals to re-launch the strategy and review the governance arrangements, the Committee was keen to be kept informed and involved in that process so that it could be confident that the essential shared commitment to early help was evident across the partnership.

Voluntary Sector Involvement

The Committee heard evidence from a representative of the YMCA who was speaking from her own experience as a voluntary sector partner. Members recognised that the evidence provided was not necessarily representative of the views of the voluntary sector as a whole, but from what they heard it was clear that this sector was not always seen as an equal partner, despite the vital universal support services that it offered free of charge for families to access through the children's centres.

There was concern that the voluntary sector was being relied upon to provide services where funding had been cut and yet, despite the vital interface that the sector had with families that might be heading towards requiring more targeted support, there appeared to be little opportunity for it to inform and influence strategy development.

Members heard no evidence in support of any kind of meaningful interface between the voluntary and statutory sectors. The voluntary sector was frustrated by a lack of involvement in strategic development work and a lack of acknowledgement of the benefits of the community based work that it was undertaking. The 'golden thread' linking the strategic approach and the operational approach was not evident to the Committee and the lack of any kind of voluntary sector forum or equivalent was a concern. The evidence presented by the voluntary sector representative was insightful in highlighting the gaps in provision and the emerging unmet needs, the biggest of which was parenting provision.

Members heard evidence of a lot of good training that took place with the voluntary sector but it was not clear how this could be rolled out and progressed when funding streams ended.

Funding

The funding model for the service was seen as complex and Members found the corporate resources verses community funding split to be unclear. It was recognised that better cost benefit analysis and evaluation to show social return on investment was needed. This was not possible at the time of the review because a breakdown of the funding streams within the overall £8.04m allocation was not available.

It was not clear to Members how competing priorities were addressed and evidence heard from the voluntary sector provider demonstrated how short term funding streams meant that they were constantly having to plan for exit. The problems caused by this appeared to be further hindered through poor planning and communication around tender and contract timetabling.

Although the Committee was unable to question commissioners at the evidence gathering session, it was clear from the evidence that was heard from the commissioned provider that they struggled to be able to demonstrate the benefits of services when they were commissioned over short periods of time.

The service managers recognised that a lack of evidence based commissioning was a barrier and acknowledged the need for the commissioning of services to be based on a needs analysis and evidence of what worked, which would require improved interface and communication.

Members were concerned that funding and resource issues could be contributing to a reactive approach instead of the proactive approach. Despite recognising that directing resources towards preventative early help can be a challenge in a constrained financial climate, Members were clear about the overriding national evidence base that has shown not only the cost benefits of the level 1 and level 2 work, but the impact it can have on families in terms of tackling problems before they evolve into something less manageable. The Committee wanted to highlight their expectations that the balance of resources between the levels would be reviewed.

3.0 Conclusions and Recommendations

As referenced earlier in this report, the magnitude of the task that the Committee had set itself rapidly became apparent during the evidence gathering session on 5 March 2020, and the Committee emerged from that session with as many questions that it had started the process with.

When the information obtained was evaluated to determine the gaps that needed to be addressed in order for the Committee to be in a position to make some informed and meaningful recommendations, it was clear that the scope extended well beyond what was possible in terms of a topic review and that a far deeper analysis would be needed. To do the task justice it would be necessary to further deconstruct each element of the service in order to gain a clearer understanding of whether the early help and prevention services were being effectively targeted at the right families in the right locations and whether they were preventing the need for statutory social care intervention. The level of resource that this would require then needed to be balanced against the outcome of the strategic overview which was identifying a clear need for a realignment of the strategy and a full review of the governance arrangements.

The Committee was of the view that further scrutiny work on the topic at this juncture would be unproductive and it concluded that, based on the evidence that it had heard and the amount of questions that remained unanswered, a thorough service analysis was warranted with a view to a full service redesign being undertaken.

With this in mind, the Committee would like to make one formal recommendation:

Recommendation: It is recommended that a full analysis of the Early Help service is undertaken to inform a strategic and operational redesign.

Work Programme

Children and Young People's Overview and Scrutiny Committee as at 4 June 2020

Remit:

A. Learning Services for 0-19 year olds (Education):

- Vulnerable groups in education
- Attendance, Exclusions and Elective Home Education
- Virtual School for Looked After Children (LAC)
- Employment and Skills; including Apprenticeships
- Special Educational Needs (SEN) planning and assessment; SEN Transport; Education Psychology; behaviour support
- Early Years - Early Years Forum; Early Years SENCo Advice; Portage - Home Teaching Service and Child Development Centre Education Services
- School admissions and transport; School catering and cleaning; School crossing patrols; Music service; Free school meals; Outdoor education; Education Welfare

B. Early Intervention and Children's Social Care:

- MASH and Assessment and Intervention Teams – First contact for anyone concerned about the welfare of a child.
- Vulnerable Children - Supporting children in need and those in need of protection
- Children in Care - Care planning and support for children in care; Fostering and adoption services, including recruitment and training; Small Group Homes and Care leavers
- Commissioning and Planning – Placement Team, Commissioning Unit, Troubled Families, The House Project, Service Support
- Safeguarding and Quality Assurance - Safeguarding Children Board; Child Sexual Exploitation and Missing; Quality Assurance; Conference and Review and Community Cohesion
- Early Intervention - Family Support Teams, Children's Centres, Youth Offending Service and Youth Services

Topics under consideration by the committee:

Topic	Scope	Action	Lead Committee member
<p><u>Ofsted Improvement Plan</u> (<i>Spotlight at every meeting and a quarterly report on each action</i>):</p> <p>Are the actions effective, realistic, achievable?</p> <p>Ofsted Monitoring Visit reports (at appropriate time)</p> <p>Relationship with the Improvement Board</p>	<ul style="list-style-type: none"> • DCM to give update on latest improvement board and what they are looking at. Include what the outcomes are they are looking to achieve. • Each quarter, look at IP and see what improvements have been made and use to inform scrutiny topics. Scrutinise outcomes and impact • Chair will be the link person and report back to OS with the DCS • Once the board report that provisions are in place and working well, OS will identify this as a trigger to scrutinise the outcome of the work being implemented 		Chair
1. Mental Health Provision for Children and Young People	<ul style="list-style-type: none"> • Access to services • Waiting times • Arrangements for assessments • How services are funded • Commissioning arrangements • Gaps • Outcomes • Agency offer /implications on other agencies 	<p>1. Evidence session on 17 October 2019.</p> <p>2. Final report submitted for approval on 4 June 2020</p>	Chair

	<ul style="list-style-type: none"> • Mental Health and Looked after Children 		
2. Sufficiency, Commissioning and Planning	<ul style="list-style-type: none"> • How do we ensure commissioned services meet identified needs and are we able to shape the market to ensure supply can meet demand? Are we using the JSNA effectively • What services do we commission • What level do these services support (EI v high level need) • Pro-active v reactive services • Impact and outcomes for CYP and evidence of value for money (VFM) • Gaps in service provision • What services are in the City • Need for provision • What gaps are there in provision • Cost of out of city placements • Savings made by placing in City • Outcomes of CYP placed in V out of the City • How many foster placements? • Process to apply • Marketing of foster caring • Screening process for foster carers • Issues for not wanting to foster • Gaps in foster carers (age range of children e.g. shortage of teen placements) • Sufficiency Strategy - Review 		
3. Early Help and Prevention services	<ul style="list-style-type: none"> • What targeted services are provided by the Council and its partners – how do 	1. Evidence session on 5 March 2020.	Chair

	<p>we know if they are working to prevent escalation of need?</p> <ul style="list-style-type: none"> • Services from universal to level 3 • Gaps in provision • What are the issues being seen in schools that could benefit from EH • What concerns are schools referring to the front door? What is the conversion rate of contacts that go to EH? • Evidence to suggest how many CYP we keep out of CIN, CIC etc...numbers of step up and step downs • How successful is our Troubled Families programme in supporting prevention and how is it being mainstreamed (funding due to finish 2021) • How the process works in relation to multi-agency partnership working 	2. Final report submitted for approval on 4 June 2020	
4. Front door and MASH	<ul style="list-style-type: none"> • Agencies understanding and application of thresholds – are we seeing evidence of application • Reasons that referrals do not meet threshold criteria • Issues being referred into SC • Understanding of other service options • Impact of inappropriate referrals on SW's, agencies, outcomes for CYP 		
5. Effective partnership working	<ul style="list-style-type: none"> • What processes for working together are in place – do they work? • Partnership v duplication • Impact of good partnership working on resources and CYP outcomes 		

6. Management of risk	<ul style="list-style-type: none"> • What RA measures are in place? • How are these shared? • How do we manage risks to children and how do we know children are safe? 		
7. The child and family experience – the voice of children	<ul style="list-style-type: none"> • Process for child and families experience being heard • How does this inform assessment and outcomes • How is this monitored • Impact on intervention when happens v does not happen • Outcomes for CYP when embedded v when not 		
8. Effectiveness of the Safeguarding Children's Partnership Board	<ul style="list-style-type: none"> • Understanding of boards function across agencies • Priorities • Marketing of service offer • Impact of work carried out on CYP and families 		
9. Management oversight	<ul style="list-style-type: none"> • SW experience (caseloads, case management, wellbeing etc..) • Regularity • Effectiveness • Staff absence due to work related issues • Vacancies • Impact on SW/service and CYP as a result of good supervision • Average no of cases 		

	<ul style="list-style-type: none"> • Outcomes being achieved for CYP • Areas of improvement to better manage or lower caseloads 		
10. Children and Families Services (CaFS) budget	<ul style="list-style-type: none"> • Consider budget at budget meeting 		
11. Children Missing Education (CME)	<ul style="list-style-type: none"> • To understand the definition of CME • Explore the arrangements in place for children missing education, including: <ul style="list-style-type: none"> – the strategies and procedures used to ensure that children missing education are identified early and in a timely manner, – how safeguarding risks are minimised, – how the LA and other stakeholders are fulfilling their roles and responsibilities within the process. • To consider data in terms of the number of CME and their age, ethnicity, gender, location and identify any gaps, and explore how the information is used and acted upon; • To examine case studies 	<ol style="list-style-type: none"> 1. Presentation/evidence session on 11 July 2020. 2. Final report submitted for approval on 17 October 2020. 	Chair
Permanent exclusions	<ol style="list-style-type: none"> 1. Reasons why CYP are excluded 2. Exclusions Policy/Process followed 3. Data - Age, Gender, Area, school type (primary, secondary, special) 4. What is in place to prevent exclusions 		

Elective Home Education	1. Comparisons with other areas <i>(Individual piece of work with feedback to OS for discussion of recommendations)</i>		Cllr. Kanneganti
Education, Health and Care Plans (EHCP)	1. Review of out of city placements 2. Provision in the City - can needs be met in the city 3. Level of resources available and are these being utilised effectively 4. Ideas to increase resources or better use resources available		
Special Educational Needs and Disabilities (SEND) Strategy	1. Pre-decision scrutiny	15 August 2019	Committee
Admissions Appeals	1. No of appeals 2. Reasons for appeals 3. Reasons for appeals being granted, not being granted 4. Alternative options 5. Impact of families of appeal being rejected		Cllr Kanneganti
Overview of strategies that will be going to Cabinet for approval	1. OS will see strategies in advance 2. Any comments and/or recommendations will be considered prior to approval of strategy being made.		Chair
Sufficiency Strategy	1. What are the main outcomes this strategy is looking to achieve 2. Impact on CYP/services/budget 3. Timescales for seeing sustainable change	Presentation/Evidence session 11 July 2019	

	4. Decision to be made when to scrutinise outcomes outlined above.		
Children's Commissioner report	1. To receive the report of the Children's Commissioner	Emailed to all Elected Members/ Briefing for all Elected Members	Chair
Ofsted Inspection Framework - Education	1. To receive an informal briefing on the new framework		Committee

Schedule:

Date /Time /Venue	Topic(s)	Purpose	Lead Committee Member
6 June 2019 at 10:00am, Civic Centre –public session	Work Programme planning session	To explore suggestions for future scrutiny topics	N/A
9 July 2019 at 4:00pm	1. Training Session - Ofsted	1. To improve understanding of the outcomes of the recent Ofsted inspection, and the actions contained within the implementation plan, including expected outcomes following implementation, responsibilities and timelines	Committee
11 July 2019 at 10:00am, Civic Centre – Public session	1. Strategic Measures 2018/19 Qtr.4	1. This allows the committee to use this information to identify areas of future work, as appropriate	N/A
	2. Budget Information 2018/19 Qtr.4(Outturn)	2. This allows the committee to use this information to identify areas for future work, as appropriate	N/A
	3. Children Missing Education	3. To understand the definition of CME and to explore the arrangements in place for tracking children missing education.	Chair
	4. Sufficiency Strategy	4. To receive the strategy and action plan to identify potential topics prior to implementation and set a date to look at whether predicted outcomes have been achieved.	Chair
15 August 2019 at 2:00pm (Special meeting)	1. Special Educational Needs (SEND) Strategy 2019-23	1. Pre-decision scrutiny	Committee
	2. Sufficiency Strategy 2019-20		

		2. To receive the strategy and action plan to identify potential topics prior to implementation and set a date to look at whether predicted outcomes have been achieved.	Committee
5 September 2019	1. Financial Performance 2019/20 Qtr. 1	1. This allows the committee to use this information to identify areas for future work, as appropriate	Committee
	2. Medium Term Financial Strategy (MTFS) Mid-year update 2019/20 and further savings proposals 2019/20	2. This allows the committee to comment/ask questions about the additional savings proposals within the MTFS for 2019/20	Committee
	3. Safeguarding Children's Board Annual Report	3. To receive the final report of the SoT SCB and to allow the committee the opportunity to ask questions about the new arrangements	Committee
	4. Children Missing Education (CME)	4. The committee to receive and agree their findings and recommendations	Committee
	5. O&S Statutory Guidance	5. To receive a summary of the statutory guidance following the Select Committee review of the effectiveness of Overview and Scrutiny	
17 October 2019	1. Process for Considering Overview and Scrutiny Topics	1. To receive and adopt the new process to be followed when scrutinising future topics	Chair
	2. Mental Health	2. To explore the mental health arrangements for children and young people.	Chair
	3. CME Report		Chair

		3. The committee to receive and agree their findings and recommendations	
5 December 2019 (Cancelled)	<ol style="list-style-type: none"> Petition – Youth Hub Strategic Measures 2019/20 Qtr.2 Financial Performance report 2019/20 Qtr.2 Annual Delivery Plan 2019/20 Mid-Year Progress Report Medium Term Financial Strategy (MTFS) 2020/21 (Budget Consultation) 	<ol style="list-style-type: none"> To receive a petition referred from City Council on 17 September 2019 This allows the committee to use this information to identify areas for future work, as appropriate This allows the committee to use this information to identify areas for future work, as appropriate This allows the committee to use this information to identify areas for future work, as appropriate To provide feedback on the budget proposals 2020/21 	<p>Committee</p> <p>Committee</p> <p>Committee</p> <p>Committee</p>
5 December 2019 at 11:00am (Informal Briefing Session)	<ol style="list-style-type: none"> Adult Learning and Skills Schools Funding Formula 	<ol style="list-style-type: none"> To receive a briefing on each item to aid awareness and understanding of these two areas. 	Committee
9 January 2020 (Rescheduled to 24 January 2020 at 10:00am)	<ol style="list-style-type: none"> Petition – Youth Hub Strategic Measures 2019/20 Qtr.2 Financial Performance report 2019/20 Qtr.2 Stronger Together Annual Delivery Plan 2019/20 Mid-Year Progress Report 	<ol style="list-style-type: none"> To receive a petition referred from City Council on 17 September 2019 This allows the committee to use this information to identify areas for future work, as appropriate This allows the committee to use this information to identify areas for future work, as appropriate This allows the committee to use this information to identify areas for future topic work, as appropriate 	<p>Committee</p> <p>Committee</p> <p>Committee</p> <p>Committee</p> <p>Committee</p>

	<p>5. Stronger Together Vision</p> <p>6. Budget Consultation 2020/21</p>	<p>5. This allows the committee to comment on the vision moving forward</p> <p>6. To provide feedback on the budget proposals 2020/21</p>	Committee
5 March 2020 at 9.30am	1. Early Help and Prevention	1. To explore the range of intervention services provided by the Council and its partners and ascertain their effectiveness and to make recommendations for improvement, where appropriate	Chair
23 April 2020 at 10.00am (Cancelled due to Covid-19)	<p>1. Management Oversight (previously titled Support and Supervision and Social Worker workloads)</p> <p>2. Children Missing Education (CME) – Implementation</p> <p>3. The child and family experience – voice of children</p>	<p>1. To explore the effectiveness of the oversight of and the support for Children's Social Care Social Workers, including personal wellbeing and vacancy management</p> <p>To explore the impact of workloads and how workloads are managed on Social Workers and the outcomes for children and young people</p> <p>2. To enable the committee to monitor the implementation of the committee's recommendations and identify and resolve any barriers to implementation</p> <p>3. To explore the current pathways for the involvement of children and young people and their families.</p>	<p>Chair</p> <p>Chair</p> <p>Chair</p>
4 June 2020 at 3.00pm (To agree completed review reports)	1. Report on Mental Health Provision for Children and Young People.	1. To agree the final draft reports for submission to the Cabinet	Chair

	2. Report on Early Help and Prevention.		
16 July 2020 at 1.00pm	1. Children Missing Education (CME) – Implementation 2. Q4 - Strategic Measures and Financial Performance reports	1. To enable the committee to monitor the implementation of the committee's recommendations and identify and resolve any barriers to implementation 2. To enable the committee to identify areas for future work, as appropriate	Committee
Date TBC (<i>Informal Briefing/Special meeting?</i>)	1. Further Education and Skills – Post Ofsted inspection Action Plan (POIAP) 2. To receive an informal briefing on the new Ofsted Inspection framework	1. To enable the committee to monitor improvements for the end user as a result of the implementation of the measures within the Action Plan. To enable the committee to identify any barriers to implementation and consider potential solutions.	Committee
Future meeting dates TBC			

Active Scrutiny Task and Finish reviews:

Start Date	Topic	Membership	Scope	End Date
March 2020	Youth Services and the City Centre Youth Zone (Hub)	Councillor Elliott (Chair) Councillor Adams and Councillor Williams		

Stoke-on-Trent City Council

Overview and Scrutiny

‘PAPER’ CRITERIA FOR SELECTING WORK TOPICS

Public Interest

*item covered in the media,
high level of public
service user dissatisfaction
Identified by members as a key issue for the public
new government guidance or legislation*

Ability to Change

can you realistically influence

Performance

*poor performing,
budgetary overspending,
issues raised in external reports
Ofsted /CQC and Audit reports*

Extent (relevance)

Defining the topic area, size, expanse, length, stretch, range – eg looking at the library service – this is huge - what it is particularly you want to focus on - is it opening times, the services provided,

Replication (avoid duplication)

*Issue being dealt with by the Executive changes imminent,
Issue being examined by another internal body,
Issue or service area subject to external inspection*

SCOPING WORK TOPICS

Setting out what you want to achieve and how to go about doing it:

- Core questions review is seeking to answer (*no more than 3*)
- What is the purpose of the review (one sentence)
- What will **not** be included?
- What is the timescale?

This page is left blank intentionally