

## **Minutes of the meeting of Children and Young People Scrutiny Committee held at Herefordshire Council Offices, Plough Lane, Hereford, HR4 0LE on Tuesday 14 November 2023 at 2.00 pm**

**Present:** Councillor Toni Fagan (chairperson)  
Councillor Liz Harvey (vice-chairperson)

**Councillors:** Ben Proctor, Frank Cornthwaite (substitute), Clare Davies, Jim Kenyon.

**Co-Optees:** Stuart Mitchell, Anna Eccleston (online), Sam Pratley (online) Kate Joiner

**In attendance:** Councillor Ivan Powell (Cabinet Member Children and Young People), Simon Cann (Clerk), Liz Farr (Service Director, Education, Skills and Learning), Darryl Freeman (Corporate Director - Children & Young People), Maria Hardy (Lead Commissioner Children, Young People & Maternity), Debbie Hobbs (Parent Carer Voice) Rosalind Pither (Head of Additional Needs), Dr Katie Powell (Consultant child and Adolescent Psychiatrist H&W NHS Health and Care Trust), Sonya Upton (Associate Director of children's services and specialist primary care H&W NHS Health and Care Trust), (Danial Webb (Statutory Scrutiny Officer).

### **Officers:**

#### **162. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Robert Highfield and Jan Frances (Co-opted Families Representative).

#### **163. NAMED SUBSTITUTES**

Councillor Frank Cornthwaite substituted for Councillor Robert Highfield.

#### **164. DECLARATIONS OF INTEREST**

Councillor Ben Proctor explained to the committee that in relation to item 7 (Special Educational Needs and/or Disability (SEND) Action Plan) on the agenda, he was married to the executive principle of the Royal National College of the Blind. The committee acknowledged this and felt it did not constitute a pecuniary interest and that Councillor Proctor could remain in the meeting during the item.

#### **165. MINUTES**

The minutes of the meeting held on 26 September 2023 were agreed as a correct record and signed by the Chairperson.

#### **166. QUESTIONS FROM MEMBERS OF THE PUBLIC**

Questions received and responses given are attached as Appendix 1 to the minutes.

#### **167. QUESTIONS FROM MEMBERS OF THE COUNCIL**

No questions were received from members of the council.

#### **168. CO-OPTED MEMBER RECRUITMENT UPDATE**

The statutory scrutiny officer introduced and gave an overview of the report.

The Statutory scrutiny officer explained that the chair's intent was that the co-opted members should become full participating members of the Committee and receive all of the support - in terms briefings and opportunities for personal development - that elected members would have within the context of the Committee.

The Committee voted unanimously in favour of the following recommendations:

##### **Resolved**

##### **That the Committee:**

**a) Notes the recent activity to recruit co-opted members to the Children and Young People Scrutiny Committee; and**

**b) Recommends to full Council that the candidates in paragraphs 12 to 18 of this report should be appointed to the Committee; and**

**c) Agrees the suggested amendments and recommend to full Council to change the Constitution with regard to the recruitment of co-opted members.**

#### **169. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES**

The Associate Director of Children's Services and Specialist Primary Care Herefordshire and & Worcestershire Health and Care NHS Trust introduced the report and gave a slide presentation to the Committee. The key considerations included:

- Understanding of children's emotional and mental health needs and services provided to meet these needs in our community
- Understanding of children's neurodiversity needs and services provided to meet these needs in our community
- Child and Adolescent Mental Health Services (CAMHS) including current waiting times, demand, work with partner agencies and use of specialist inpatient hospital resource (Tier 4 beds)

Following the presentation the report was opened up to the Committee, the principle points of the discussion are summarised below.

1. The Cabinet Member for Children and Young People gave an assurance about the connectivity to the work that was taking place within the Children and Young People's Partnership Board and the Herefordshire and Worcestershire Health and Care NHS Trust. A meeting had been arranged between the Cabinet Member for Children and Young People, and Elaine Cook-Tippins and Dr Katie Powell of the NHS Trust to discuss a range of issues.

2. The Cabinet Member for Children and Young People explained that they would like to hear more about support for children and families on waiting lists. A request to share more information about ACE (Adverse Childhood Experience) was made, with a view to opening up discussion about how trauma informed responses should be handled in future.
3. In response to a question from the Committee, the Consultant Child and Adolescent Psychiatrist from Herefordshire and Worcestershire Health and Care NHS Trust explained that if a child was undertaken for a CAMHS appointment, the clinicians there were trained and skilled in what to screen for in terms of ACEs. The clinician team were also trained in how to put in a MARF (multi-agency referral form). If concerns about a child hit a threshold the team would communicate (with parental or child consent) with social care and other primary care services, but would not routinely link in with other services unless asked to.
4. In response to a question asked by the committee it was explained that mechanisms were in place to stop children falling through the gaps during long periods when they weren't at school and that CAMHS continued to promote its services at the end of school terms. The largest number of referrals came from GPs and it was noted that data demonstrated that the mental health and wellbeing of some children improved when they were away from school - as they were removed from bullying/hostile environments and had less anxiety around school work. However, many children with needsneurodiversity-related were found to struggle with the lack of routine.
5. The Associate Director confirmed to the Committee that Herefordshire had shorter waiting lists for referrals than Worcestershire.
6. The Committee discussed and highlighted the importance of pastoral care and good nutrition in relation to the mental wellbeing of young people.
7. The Consultant Child and Adolescent Psychiatrist highlighted the distinction between mental health and mental illness. A separate cohort of individuals with learning disabilities and neurodevelopmental needs was identified, these had specific needs that were not related to mental illness. It was pointed out that there was a general misunderstanding that those with mental health or neurodevelopmental difficulties needed to seek assistance from CAMHS and that changing this narrative would be extremely helpful. It was also noted that there was a lot that schools and universal providers could do to encourage good mental health/wellbeing to prevent people reaching the stage of mental illness.
8. The Committee raised concerns about people not knowing where to turn for support with their issues, especially the growing cohort of children with autism and ADHD who were on waiting lists for a diagnosis.
9. In response to a question from the Committee, the Assistant Director explained that the national target for assessment treatment was 18 weeks and that this figure was set by government. The Assistant Director pointed out whilst waiting, people were sent a letter with emergency contacts and signposting for online counselling and forums such as Kooth, which were accessible immediately.
10. It was explained that all referrals that came in were reviewed by a specialist mental health clinician and prioritised in relation to urgency. If urgent factors were identified then a child could be seen or parent contacted on the same day.
11. The Committee heard about the WEST (Wellbeing Education Support Teams) pilot scheme and the timelines, selection criteria and funding involved. It was

explained that 48% of schools in Herefordshire were involved in the scheme and that selection criteria had included areas of deprivation, education factors and sign up from schools. The initial aim was to target the most vulnerable children and young people and areas of need first. An announcement on extension funding for the pilot was anticipated after the next election.

12. In response to a question from the Committee the Consultant Child and Adolescent Psychiatrist explained that children with lower level depression and anxiety who attended schools where WEST wasn't in place would be referred by GPs, schools or CAMHS to [the CLD Trust](#). For children who were homebound there was an assessment service for mental illness, which would link up with social care to assist with family support and intervention where required.
13. A sharp and disproportionate (compared to boys) rise in the percentage of girls being recorded as having a probable mental disorder between the year 2017 and 2021 was largely attributed to an almost 400% increase in reported eating disorders over that period and these types of disorders tended to impact girls more than boys.
14. The general rise in recorded mental disorders during the period 2017-2021 was put down to factors around Covid, such as children being exposed to increased domestic violence and alcohol abuse, along with reduced access to traditional support networks such as friends, teachers, teaching assistants, youth centres and wider family care.
15. The Committee highlighted concerns about the general lack (especially in rural areas) of wider support networks, such as youth clubs and youth centres, available to children. It was noted that these had historically provided a 'pressure valve' for young people to speak with other young people and adults outside of the family and system.
16. The Committee highlighted the importance of ensuring the working partnership was utilising the strong family relationship and day-to-day connections that schools had with parents and children.
17. The Assistant Director explained that there was a mental health lead in each school and they worked very closely with social care in relation to the most vulnerable children.
18. The Lead Commissioner Children, Young People & Maternity NHS Herefordshire and Worcestershire ICB explained to the Committee that each school had a public health school nurse, who was permanently attached to the school and was required to respond to needs identified in the school by young people, family members or teachers. The nurses provided one-to-one support to pupils and advice for teachers and parents in dealing with lower level anxiety and depression that might be influencing attendance and other areas of performance.
19. The Lead Commissioner Children, Young People & Maternity NHS Herefordshire and Worcestershire Integrated Care Board explained to the Committee that an all-age autism strategy was currently being consulted on, which contained significant recommendations on redesigning the pathway to services.
20. The strategy would aim join up local authorities with health, education and voluntary sectors to support the delivery of the things those with neurodiversity related needs were saying were most important. In broad terms the strategy had six key priorities, it was all-age and covered areas including employment, housing and managing long term health needs rather than focusing on diagnosis. It was

noted that there were clearly times when an individual would require a diagnosis, but that a diagnosis alone would not help the individual to cope with autism. Therefore the strategy would focus on individuals developing skills that they would need to manage their lifelong circumstances, access to education, employment and leisure facilities.

21. The Committee heard that data relating to outcomes had been impacted and compromised by a recent cyber-attack on the NHS system, but going forward more detailed information would be available on outcomes.
22. It was explained that the assessment paperwork for the CAMHS service had been reviewed and developed so that at the point of assessment the young person could say what they want, why they were there and what their expected outcomes were.
23. It was explained local provisions had not changed specifically in relation to the needs of children experiencing gender dysphoria, although this could change as part of a newly commissioned under 19s national service.
24. The Corporate Director Children & Young People, stated that they would be happy to work with the Committee in terms of exploring how the strong relationships between schools and families could be fully utilised by the Council and agencies within the wider partnership.
25. The Statutory Scrutiny Officer suggested that a training session for the Committee members be put in place to sharpen their understanding in regards to youth provision and what the Council and the partnership could and were required to provide.

At the end of the discussion the Committee note a number of actions:

**Action: To add the Autism Strategy and associated action plan to the Committee's work programme.**

**Action: For a training session around youth provision to be arranged.**

## **170. SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITY (SEND) ACTION PLAN**

The Service Director, Education, Skills and Learning introduced and gave an overview of the report, identifying a number of key issues.

The Service Director explained that the number of children with EHCPs was increasing at both a national and local level. Herefordshire's increase was slightly below the national average, but nevertheless EHCPs had risen by 10% in the last twelve months and 50% since 2017, with there now being approximately 1,400 children with EHCPs in the county.

It was explained that demand for specialist places had increased in Herefordshire. A number of specialist hubs in mainstream schools had recently been opened to increase the number of places available and plans were ongoing to open more of these hubs.

Following the presentation the report was opened up to the Committee, the principle points of the discussion are summarised below.

1. The Committee heard that additional demands had placed SEND case workers and educational psychologists under increased pressure, but they had prioritised workloads to ensure that families were not kept waiting for plans. The SEND team continued to perform well regarding issuing plans within the statutory 20 week timescale. Nationally the figure for hitting this target was approximately 49%, whereas Herefordshire consistently sat somewhere between 78-95 % month-on-month.
2. It was explained that all children in Herefordshire with significant needs had an offer of a school place, which wasn't always the case in other authorities, where some children with plans could wait years to secure an offer of a school place that met their needs.
3. The Head of Additional Needs explained that in order to mitigate against pressure from rising demands, the SEND team had restructured internally, looked at role descriptions, and worked more tightly on the triage systems with health partners and social care colleagues.
4. It was explained that one casualty of the increased demand was a reduction in some of the early intervention and prevention work that educational psychologists had historically done with schools, such as whole school relational practice and trauma response strategies. However, they were still involved in emotionally-based school avoidance training and the virtual school was still active in that space.
5. The Service Director, Education, Skills and Learning explained that it was too early to measure the impact of cuts to early interventions, but they had been noted as a risk. However different ways of maximising resources and working with schools were being implemented to mitigate the impact. Herefordshire was also part of a programme, working with regional colleagues, to test DFE (Department for Education) reforms over the next few years.
6. The Committee heard that head teacher termly conferences provided insight about what worked well in schools and the directorate had been working with colleagues in Bedford, which had enabled them to focus on the network of specialist needs coordinators. Furthermore a network of three schools had been set up to peer review one another.
7. The Corporate Director, Children & Young People pointed out that significant work had been done as a partnership to embrace the peer review from last year. It was also suggested that scrutiny could achieve a lot through working with agencies and political supporters to reduce the need for EHCPs and make it easier for families to access services without having to go through what was a lengthy process.
8. In response to a question from the Committee the Lead Commissioner Children, Young People & Maternity stated that one of the most effective way to support families was to get to them very early on in family life. Providing and signposting support during the first thousand and one days of childhood would reap great benefits for children and parents in relation to positive mental wellbeing. It was important to set a direction where families would be empowered to help themselves, but that additional targeted support was available when required.
9. The Committee heard that government reforms introduced in 2014 had had the unintended effect of increasing the number of EHCPs being put in place. It was hoped that a child readiness project encouraging multi-agency working with

families to provide intense support in early years would help meet needs and stop them from escalating to a point where an EHCP was required.

10. The Committee stressed the importance of pastoral care in schools and it was explained that recruitment in these relatively low paid roles was proving problematic.
11. The Committee praised the report, but expressed disappointment at the omission of detailed dashboard information within it. It was acknowledged that detailed data may not sit well in public information documents, but was vitally important for scrutiny to be able to carry out its role properly. More detailed information was promised in future reports of this nature.
12. The Committee stressed the importance of working on ways to enable and encourage people to access services, support and advice. It was noted that providing families with the tools to support themselves and their children would potentially lead to a reduction in requests for EHCPs.
13. The online Parent Carer Voice Early Years information booklet that had been coproduced with input from Herefordshire Council and other agencies was praised by the Committee.
14. A discussion around funding for early intervention remaining a council priority took place and the Committee voted by majority to make the following recommendation to the executive:

### **Recommendation**

**That:**

- a) **The executive ensure that early intervention in schools is funded adequately in Herefordshire Council's 2024-2025 budget.**

### **171. CHAIR'S UPDATE**

The chair thanked co-opted member Kate Joiner for attending the LGA webinar on youth vaping.

The chair explained that the service director for improvement had advised that a briefing on restorative practice was being prepared and that elected members had had a briefing on the latest Ofsted monitoring visit.

A request had been made to the Scrutiny Management Board for a task and finish group to consider the forecast overspend and escalating costs of children's services and the potential risks they posed to the 2024/25 budget.

### **172. WORK PROGRAMME**

No changes or updates. The statutory scrutiny officer pointed out that any issues regarding the work programme could be picked up and discussed during scheduled pre meetings.

### **173. DATE OF THE NEXT MEETING**

Tuesday 23 January 2024 2pm.

**174. APPENDIX 1 - PUBLIC QUESTIONS (Pages 9 - 30)**

The meeting ended at Time Not Specified

**Chairperson**