

AT A MEETING of the CHILDREN AND YOUNG PEOPLE SELECT COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Wednesday, 25 May 2016.

PRESENT

Chairman:

p Councillor Ray Bolton

Vice-Chairman:

p Councillor Roz Chadd

Councillors:

p John Bennison	p Tony Hooke
a Ann Briggs	a Roger Huxstep
p Zilliah Brooks	p Warwick Lovegrove
p Rita Burgess	p Ken Moon
a Christopher Carter	p Jackie Porter
a Criss Connor	p Bruce Tennent
p Philip Fawkes	p Ken Thornber
p Judith Grajewski	p Malcolm Wade
p Marge Harvey	p Christopher Wood

Substitute Members:

p Keith Evans

Co-opted Members:

p Caroline Edmondson: Primary School Parent Governor Representative
p Andrew March: Secondary School Parent Governor Representative
a Urzula Topp: Roman Catholic Schools Representative
p Gary Walker: Special School Parent Governor Representative
a Jeff Williams: Church of England Schools Representative

At the invitation of the Chairman:

p Councillor Peter Edgar – Executive Member for Education
p Councillor Keith Mans – Executive Lead Member for Children’s Services

123. **BROADCASTING ANNOUNCEMENT**

The Chairman announced that the press and members of the public were permitted to film and broadcast the meeting. Those remaining at the meeting were consenting to being filmed and recorded, and to the possible use of those images and recordings for broadcasting purposes.

124. **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Ann Briggs, Chris Carter and Roger Huxstep. The conservative standing deputy, Councillor Keith Evans, attended in their place. Apologies were also received from Councillor Criss Connor, and co-opted member Jeff Williams.

125. **DECLARATIONS OF INTEREST**

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Personal interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 4 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

Councillor Jackie Porter declared a general person interest, as she is a Chair of a Pre-School which received early years funding from the County Council.

126. **MINUTES**

The Minutes of the meeting held on 20 January 2016 were confirmed as a correct record and signed by the Chairman.

Matters arising from the minutes:

- The Chairman read salient points from recent correspondence between the Select Committee and Lord Nash, Parliamentary Under Secretary of State for Schools. The Chairman suggested that a further response be drafted to Lord Nash requesting a review of the guidance on Home Schooling, which was agreed. It was additionally requested that the discussed correspondence relating to the recommendation on Elective Home Education be appended to the minutes. This was agreed by the Chairman.

Response to Lord Nash drafted.

Correspondence appended to January 2016 minutes

127. **DEPUTATIONS**

The Committee did not receive any deputations at this meeting.

128. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made two announcements to the meeting:

New Members

In attendance for this meeting was the newly appointed primary school parent governor representative, Caroline Edmondson. Also in attendance was Councillor Judith Grajewski, who was appointed to the vacant conservative position at the May Council meeting. Both new members were warmly welcomed to the Committee.

Appointment of the Director of Children's Services

The Chairman congratulated Steve Crocker on his appointment to the role of Director of Children's Services. This sentiment was echoed by the Committee.

129. **CHILD AND ADOLESCENT MENTAL HEALTH SERVICES**

Representatives of Sussex Partnership NHS Foundation Trust, the provider of Hampshire's Child and Adolescent Mental Health Services (CAMHS) attended before the Committee in partnership with a representative of the collective 'Hampshire Five' Clinical Commissioning Groups (CCGs), in order to present an overview of CAMHS in Hampshire (see presentation, Item 6 in the Minute Book).

A new contract had recently been commissioned for CAMHS between Sussex Partnership Trust and the Hampshire Five CCGs. Improvements to the service were being sought through this contract, specifically focusing on improving access and quality, and providing a more evidence-based service which learns from itself, its service users and partners. A major change to the infrastructure of the service would be the introduction of a single point of access for all referrals, including for self-referrals, which would see one phone number, one website, and one assessment for the whole of Hampshire. Previously these had been split between geographies which had made referral a more complex system to navigate. Work was also ongoing to increase partnership working and commission services from specialist voluntary and community sector partners, such as Catch22 and No Limits. Partnership working with Local Authorities was also a key focus.

Engagement and innovation were also key parts of the new contract. Efforts were also being made to better engage with service users, their families and professionals to make services more child-focused, ensuring that young people are at the centre of the service. The service was also working on new health promotion tools aimed to improve access to the service, as well as to reduce the stigma of mental health issues for young people. One particular innovation being piloted by the Trust was to offer

Updated presentation slides sent to members.

apprenticeships and training places to young people affected by mental health in the Trust.

It was heard that approximately 27,000 children are in need of mental health services in Hampshire at any one time. National benchmarking data shows that approximately 18,000 of these require Tier 1-2 services, and 9,000 will have needs benefitted by specialist Tier 3 services. Currently, approximately 7,000 children are seen by Tier 3 services in Hampshire. A large proportion of children in care were in receipt of CAMHS and a new bespoke pathway had been introduced to improve access and timeliness of assessment. Further work was being proposed in partnership with Children's Services to develop an enhanced service that met the needs identified in the recent parliamentary report on this area.

Additional work had also taken place to review pathways for those children with a disability, as the new contract had reduced the expected timescales for assessment to two weeks, and the time awaiting treatment to four weeks. These timescales were challenging but, with assistance from other organisation also involved in health and social care needs for these young people, were achievable.

Sussex Partnership Trust worked closely with Autism Hampshire on assessments and services for those children referred to the service with these conditions. Autism Hampshire provided support to the child and their family by attending diagnostic meetings, providing 1-2-1 consultations and providing access to further information and support, even if the child does not receive a diagnosis of autism.

Hampshire was above the national average in relation to the number of referrals and treatments for eating disorders. CAMHS provided a specialist eating disorder service in the County, and the new contract had introduced new quality and waiting time standards for the service, including enabling referrals to be made to the service at the first signs of an eating disorder developing, rather than once the individual has fully developed a disorder.

Members further heard that Hampshire CCGs had been in receipt of an additional £2.3m from central government as part of the 'Future in Mind' report publication and programme. Within these monies was an additional £700,000 for eating disorder services. The funding would be divided based on the populations of each CCG area. The programme had set out specific categories where additional monies should be spent, centred around the four priorities of:

1. Emotional Wellbeing and Mental Health in Hampshire is everyone's business;

2. Earlier recognition and intervention for mental health problems in children;
3. Improve information and advice available for children, young people, families and professionals with regard to motional wellbeing and mental health;
4. Ensure all children, young people and families have access to timely, evidenced based, high quality specialist mental health support, when it is needed.

Councillors Hooke and Thornber left at this point in the meeting.

In response to questions, Members heard:

- There isn't a clear picture of why there are a higher number of eating disorders in Hampshire, but nationally there was a socio-economic factor as those affected tended to be middle-class females from affluent families. However, national promotion of the dangers of eating disorders aimed at young males was expected to have an impact on the number of males seen by the service in future.
- The service offered to children in care was much more joined up, of higher quality, and provided equity of service across the County. The Director of Children's Services stated his confidence that children in care being referred to the service were able to access assessment and treatment much quicker than in the past. Both the Trust and Children's Services were committed to working in greater partnership to do more to improve the lives of all children in care.
- The implementation of a single point of access was a challenge, especially as in comparison to national benchmarking figures, Sussex Partnership Trust had approximately 50% of the staff required for the size of the population, and were seeing 150% of the number of children expected to present to the service.
- An important role of the single point of access would be to map where the gaps are in terms of referrals, and where Tier 3 referrals might better be met by Tier 1 or 2 services.
- It was hoped that the partnership work taking place with Autism Hampshire would help to destigmatise autism services. There are approximately 50 referrals for assessment per month, with higher demands seen in the Havant, Fareham and New Forest areas. The average waiting time for a first appointment was approximately six weeks, with a full assessment and diagnosis taking place within 18 weeks.
- Approximately 75% of children referred to assessment for autism are diagnosed with a condition on the spectrum, and a report following assessment is usually drafted within two to four weeks of the assessment taking place, although this is sometimes longer for

complex cases.

- The autism referral and assessment service for North East Hampshire differs to the rest of the County, with Frimley Health NHS Foundation Trust currently providing this service for children of primary school age. The Trust had recently given notice on their intention to withdraw from providing these services, and therefore a new provider was currently being sought by North East Hampshire CCG.
- The service was focusing on improving the transition for children moving into adult mental health services. This process began at approximately 17.5 years, and is in partnership with professionals from both children's and adult mental health team. Many young people find the transition period difficult, and the difference in approach hard to adjust to between child and adult mental health services. Services try to be cognisant of this, and factor this likelihood into handover plans.
- There are primary mental health workers in schools training teachers and other professionals to assist children to equip themselves with the skills needed to manage their own mental health. Targeted awareness work was taking place as part of the preventative agenda, and schools had an important role to play in terms of pastoral care and helping students e.g. with exam-related stress.
- The commissioning of the counselling service from No Limits had taken into consideration the seasonal pattern of referrals, and the service was able to flex to provide additional resource where there is geographical need.
- The service had nationally been historically underfunded, and it was estimated that an additional £3.5m was needed in Hampshire to ensure the service was fully staffed for future demand and more challenging targets, and would bring the service in line with national benchmarks. More could be done, however, to drive efficiencies and make the service of higher quality within the current resource.

RESOLVED

That the presentation is noted.

130. **HAMPSHIRE SPECIAL EDUCATIONAL NEED AND DISABILITY REFORMS IMPLEMENTATION**

The Director of Children's Services and his representatives attended before the Committee in order to speak to the report on the special educational need and disability (SEND) reforms and their implementation in Hampshire (see report, Item 7 in the Minute Book).

It was heard that the pilot inspection on the implementation

of the SEND reforms had now taken place. A report hadn't been drafted by OFSTED because of its 'pilot' nature, but oral feedback was given on the day. The challenges made by OFSTED were expected and in line with the self-assessment and action plan completed by the service prior to the inspection. It was thought that OFSTED would focus on the conversion of SEN statements to Education, Health and Care Plans (EHCPs), but the inspection was much more focused on SEN provision in mainstream schools.

Overall, the feedback received from OFSTED was very positive. In terms of improvements, the inspection team had suggested that SEND services were planned and considered at a more strategic level, and that there is more consistent engagement with health services. The department would now seek to put the action plan into progress, and to ensure that the local authority was ready for the real OFSTED inspection, now that the programme had been rolled out nationally, as it could take place at any point in the next five years.

In terms of referrals into the service, this had continued to increase, and approximately 500 had been received in the first quarter of 2016. In previous years, this would be close to the annual number of referrals. The number of referrals across Hampshire was fairly evenly spread. It was still unknown as to why there were so many more referrals, but it was thought that, post-SEND reform, schools were taking less action prior to referral, which resulted in some inappropriate referrals being made. In addition, EHCPs now extended to post-16 education, and referrals were being received from colleges and sixth forms, even though the child being referred had managed to successfully complete a school-based education and received the qualifications required to study at a higher level.

The March 2016 deadline for all children transferring a new school to have an EHCP had been missed, but the service were confident that all starting a new school in September 2016 would have an EHCP. The new timescales for the completion of EHCPs was 20 weeks, whereas SEN statements were previously 26 weeks. A larger number of professionals were involved in the writing of EHCPs, and this also had a delaying effect on timescales.

In response to questions, Members heard:

- That the need to transfer SEN statements to EHCPs was a temporary issue which would eventually resolve itself. Once this had been completed, staff would be able to transfer back to the 'business as usual' of undertaking assessments or other parts of the service.
- Some additional monies were received from the Department for Education to pump prime projects

designed to deliver services more efficiently and effectively. However, in terms of EHCPs, the main reason for the delay was the agreement between the local authority and parents/guardians that EHCPs should be high-quality documents, and drafted taking into account the views of the child, parents/guardians, and professionals, rather than being a copy and paste exercise.

- There were not many experts in SEND reforms that Hampshire could use to speed up the EHCP process. Liz Flaherty, who was leading on this work for Hampshire County Council, would be assisting OFSTED with their inspections, so therefore it could be assumed that Hampshire was already a leader in this field.
- There were some aspects of the service which needed to be undertaken in a different way, e.g. the use of IT. The rollout of the Capita programme across Children's Services would enable children to be better tracked through the EHCP process.
- The hours of SEN provision in mainstream schools would always match need. It was up to schools to determine spend on SEN provision.

RESOLVED

That an update is received in six to twelve months' time.

131. **PUBLIC HEALTH IN SCHOOLS**

A representative of the Interim Director of Public Health and the Director of Culture, Communities and Business Services attended before the Committee in order to present on public health in schools (see presentation, Item 8 in the Minute Book).

It was heard that Sport Hampshire and Isle of Wight had been leading on early intervention projects for young children. As evidence-based projects could not be easily found, the County had decided to pilot a programme centred on play and activity for Year R children, 'Family Funs'. A research project has been commissioned from Solent University who would provide analysis and outcomes on the project by the end of the academic year. National figures showed that the number of children becoming overweight between Year R and Year 6 was significantly increasing, whereas the number of children who were underweight remained relatively stable. Obesity and being overweight was closely aligned to socio-economic factors, in particular, those living in areas of deprivation. From a Public Health perspective, all children needed universal services providing weight education, as well as more targeted services for those who are overweight. In addition, a continued culture

change was required in schools, such as through the healthy schools programme.

The proportion of children receiving a healthy school meal had increased, but more work was required to change pre and post-school club snack offerings, which tended to be higher in sugar content. Health Visiting services also have a responsibility to assist with child weight monitoring, although the service had found it difficult to get parents and guardians to commit to, and engage in, weight programmes (such as the MEND (Mind, Exercise, Nutrition... Do It!) scheme). Many parents aren't able to recognise that their children are overweight, or that their diet isn't appropriate for children.

The healthy child programme took account of vision and hearing, but it was under consideration as to whether hearing tests were still required in children of school age, given that most are diagnosed with hearing difficulties prior to starting Year R.

Child dental health promotion was still an important aspect of the public health service, but Hampshire had a level of child tooth decay lower than the national average, with the exception of the Borough of Havant, which was positive. Approximately £180,000 per annum was spent on child dental health promotion and prevention.

In response to questions, Members heard:

- Parent interaction and coaching as part of sport in schools was actively encouraged, but was for schools to determine. In terms of public health commissioning and services provided by the County Council, the recruitment of coaches was ongoing and these could be a resource deployed to schools and community groups through programmes such as sportivate. Any school would need to ensure that parents and guardians were deployed within school activities in the right way, and had the skills required to work well with all types of children.
- Funding had been secured for Sport Hampshire and IOW until March 2017 through sportivate and Sport England. It could not yet be predicted how funding will be secured post March 2017, but the service was actively identifying and applying for grants and funds. As the Sport England strategy had recently been published and this identified the need for local authority activity, it was hoped that resource would be identified as part of this.
- School meals provided through H3CS always included healthy choices. Some schools had private catering contracts. Although options for healthy eating were always available, some children make alternative

Online tooth
brushing

options and this was an issue that should best be tackled by parents/guardians, with assistance from health promotion resources which were available online through schemes such as 'change 4 life'.

- There were YouTube resources available for helping children to know how long to brush their teeth for. These would be provided to the Committee.
- Many schools were considering introducing a mile run (known online as the 'Scottish mile') before or during school hours to increase exercise and energise children for learning. Consideration was being given to introducing some best practice for schools.
- The health promotion 'this girl can' had been extremely successful nationally at getting girls back into sport. It was hoped that this could be built on locally to increase activity in young girls and women. More women were becoming role models and coaches in the County.

resources sent to Committee.

RESOLVED

That the presentation is noted.

132. **WORK PROGRAMME**

The Director of Transformation and Governance presented the Committee's work programme (see Item 9 in the Minute Book).

The Chairman proposed the following amendments to timings for items on the work programme:

- The update on the Children and Young People plan to be received by email.
- The Safeguarding item to move to November.

RESOLVED:

That the work programme, subject to any amendments made during the meeting, is agreed.

Chairman, 25 May 2016