

**Minutes of the Children's Services and Education
Scrutiny Board**

**5 February 2018 at 5.00 pm
at the Sandwell Council House, Oldbury**

Present: Councillor Underhill (Chair);
Councillor White (Vice-Chair);
Councillors Allen, Preece, Rouf and Shaeen;
Reverend Peter French (Co-opted);
Mrs Tahira Majid (Co-opted).

Apologies: Councillors Ashman, Hickey, L Horton and Phillips.

06/18 **Sandwell Children's Trust Update**

The Executive Director of Children's Services outlined the current position. He clarified that:

- The Trust had appointed to the Senior Management Team posts and all staff had started work except for the Chief Executive who would commence work on 26 February 2018.
- The Trust would go live on 1 April 2018.
- The Council would have formal responsibility for Children's Social Care but the Trust would have responsibility for childcare and protection on a day to day basis.
- All education services and child services such as early help, and youth services will remain under the remit of the Local Authority.
- The Trust will take control of Community Operating Groups (COGS), referral and assessment, child protection, looked after children(LAC), adoption and fostering services and decision making.
- The Local Authority commissions the Trust, the Trust would deliver to specifications and standards set by the Council.
- The Council would monitor delivery and scrutinise the Trust.

The Executive Director advised that there was a Government requirement for Regional Adoption Agencies to be set up. The

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Black Country Regional Adoption Agency would include Wolverhampton, Dudley, Walsall and Sandwell and would go live in Mid-July 2018. Staff from Sandwell would be transferred twice leading up to this date undertaking protected employee regulations (TUPE), the first transfer would be from Sandwell Council to the Sandwell Children's Trust, the second would be from the Trust to the Regional Adoption Agency.

From the comments and questions by members of the Scrutiny Board the following responses were made and issues highlighted:-

- There were many issues still to be resolved, such as the final resource to be transferred to the Trust, which was impacted by increasing numbers of children in social care and the need to recruit more staff to deal with the increase.
- The Council was talking to the Trust and DfES and it was hoped that a final figure would be reached as part of the budget setting process in March 2018.
- Once the resource had transferred and the Trust gone live it would be for the Council to hold the Sandwell's Children's Trust to account.
- There was a report to Council 16 January 2018 to outline the specific role of the Director of Children's Services (DCS).
- There would be a report by Cambridge Education to consider the future shape of Children's Services and Education Services in the Council.
- Education Service's work well, the Councils relationship with schools was positive and there had been a good Ofsted outcome for Special Educational Needs service (SEND) last year.
- The Council should continue to look at the future of Youth Services and Children's Services.
- Under the new Ofsted inspection methodology once Children's Services had been judged inadequate the Council had 70 days (until 10th May 2018) to produce an improvement plan.
- The Council was working with the Sandwell Children's Trust to produce the plan, which the Trust would deliver.
- There would be a series of monitoring visits and a re-inspection of Children's Services in Autumn 2020.

The Chair thanked the Executive Director for the update.

Resolved:-

- (1) that the Board request the Executive Director of Children's Services to provide a report to a future meeting relating to the consultation on the future shape of Children's Services in the Council.
- (2) that the Board request the Executive Director of Children's Services to present the Children's Service Improvement Plan to a future meeting.

07/18

Independent Reviewing Officer Annual Report 2016 - 2017

The Principal Social Worker and Group Head Safeguarding and Quality Assurance outlined the Independent Reviewing Officer (IRO) Annual Report 2016-2017. She outlined the areas of positive performance referred to within the report, particularly evidence that the IRO Unit had directly contributed to improving outcomes for children and young people in care and the IRO Unit's commitment to better deliver its statutory responsibilities to children and young people in care and their parents or carers.

From the comments and questions by members of the Scrutiny Board the following responses were made and issues highlighted:-

- The IRO independently reviewed child plans and assessed child development independently in relation to looked after children (LAC), child protection and foster carer reviews.
- A third of IRO's were agency staff due to an increase in numbers of child protection cases.
- The fine balance mentioned in the report related to the IRO using skill and the right process when working with parents and the child. Starting with positives and building trust to slowly start to address the issues.
- The IRO caseloads were operating at over 100 cases, this number had reduced to under 90 which was above the recommended caseload of 50-70.
- It had been identified that the IRO's should concentrate on the quality of recording notes and increasing feedback.
- In order to increase the participation of children and young people the MoMo (Mind of My Own) App was introduced in October 2016.
- Every child would have a red, amber and green rating (RAG) to

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- monitor their progress.
- The key areas for IRO's to prioritise and work on had been outlined and the Trust would be responsible for performance management arrangements.
- The child could choose the venue for their review.
- The IRO considered the child's strength, physical health and emotional well-being, including if the child was self-harming. The IRO would build any emotional needs into the child's plan.
- It was important for the IRO to plan for the review, to ensure visits in the placement, listen to what the carer and the parents had to say.
- Where emotional well-being needs had been identified the IRO would consult with CAMHS before the review.
- The Trust would receive a budget to provide the service, employ IRO's (agency or permanent) and would manage the process and performance.
- The Executive Director of Children's Services agreed to circulate 2015-16 report and to compare trends and caseload and staffing data to the 2016-17 report.

The Chair thanked the Principal Social Worker and Group Head Safeguarding and Quality Assurance, and the Executive Director of Children's Services.

Resolved:-

- (1) that the Board request the Executive Director of Children's Services to circulate the Independent Reviewing Officer report 2015-16 to Board Members.

08/18 Update on Children's Mental Health

Diane Osborne, Commissioning Manager for CCG provided a report and gave a presentation to provide an overview and update on Child and Adolescence Mental Health Services (CAMHS) provision locally. Rob Willoughby, Children's Society and Sarah Hogan, Black Country Partnership Foundation Trust were in attendance to respond to questions.

The Commissioning Manager highlighted publications that helped to shape the Sandwell Local Transformation Plan (LTP):

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- Five year forward view: NHSE/PHE/CQC 2014
- Future in Mind – NHSE 2015
- Improving mental health support for our children and young people: Social Care Institute for Excellence 2017

Sandwell and West Birmingham Clinical Commissioning Group worked with the Local Authority and third sector partners to develop the Plan. NHS England planning guidance for the five year Forward View for Mental Health required all LTP's to be refreshed annually.

Sandwell's 2017-18 refresh was submitted in October 2017, was fully assured by NHS England in November and was approved by the CAMHS Board and the Health and Wellbeing Board. The document was published on the CCG website and on the Local Authorities 'Local Offer' website.

Sandwell's LTP detailed current provision, the future vision and progress so far. The LTP had been in place for over two years, the refresh would reflect local progress, showcase the impact and outcomes to date, and inform on future ambitions.

The Commissioning Manager outlined the tiers of service 1-4. She advised that there was a misconception that all tiers of CAMHS were all provided by CCG which was not the case. She described the tiers of service, as follows:

- Tier 1 – Universal provision, supporting all young people's emotional health and wellbeing and improving resilience. e.g. school nurses, teachers, youth workers, play leaders, support workers etc commissioned by all partners.
- Tier 2 – Low level intervention needed, emotional and behavioural issues (anger, anxiety, stress, some self-harm) none specialist. Multiple Voluntary Organisations commissioned by Local Authority E.g. Children's Society, Black Country Women's Aid, Kaleidoscope etc.
- Tier 3 – Specialist provision, diagnosed conditions. CCG commission from the Black Country Partnership Foundation Trust (BCPFT).
- Tier 4 – Very specialist and complex cases, requiring in-patient treatment. NHSE commissioned.

From the comments and questions by members of the Scrutiny Board the following responses were made and issues highlighted:-

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- Public Health had 66 schools engaged in tier 1 provision (Charter Mark) and were actively working with schools to promote tier 1 provision. The demand was greater than the capacity to deliver.
- Increased provision at tier 1 could avoid issues elevating to tier 2.
- Current tier 2 provision was commissioned by the Council – contracts were issued in February 2017 for three years.
- The tier 2 provision was making a positive impact locally. The Numbers of referrals to tier 3 specialist services were reducing as children's needs were being met before issues escalated.
- Transforming children and young people's mental health provision: a green paper was currently out for consultation until 2 March 2018. Although massively useful to look at Children and young people's mental health many of the actions coming from the green paper would not come into effect until 2022 at the earliest.
- Best practice at Lewisham Council was shared in relation to the green paper – a 'Virtual Mental Health Lead' who would attach to schools.
- Public Health indicated that with respect to looked after children there were often difficult factors to take into consideration, such as if a child's mental health was the reason they were looked after or if being a looked after child had contributed to their mental health.
- It was hard to see where a virtual mental health lead would sit in the current mental health offer, as a more wholistic approach was taken in this area.
- The Group welcomed the Single Point of Access established in Sandwell, for all children and young people's referrals to tier 2 and 3 services. The telephone number was 0121 569 2611.
- It was confirmed that the eligibility criteria for CAMHS services varied across the Country. In Sandwell eligibility age was 18 years in other areas this would be 16 years and a few areas were trying out provision up to 25 years.
- There was a disparity between the age of Local Authority responsibility for looked after children (25 years) and the age for LAC access to CAMHS services (18 years). At the age of 18 years. Young people were no longer treated under paediatric services and there would be a cost implication for equivalent adult mental health care.
- The Children's and Wellbeing Emotional Health Group had been re-formed to consider and move forward the whole Emotional Health and Wellbeing (EHWB) agenda, including

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- transformation of specialist CAMHS services.
- The Tier 2 Local Authority commissioned CAMHS service required sustainability, and a commitment from the Local Authority to continue to fund after the current contract expired.
- A risk identified was that tier 2 provision was not mandatory and many Local Authorities did not provide the service. The transfer of children's services and the tier 2 funding to the Sandwell Children's Trust could mean that in the future the funding for tier 2 provision could be reviewed.
- In the current CAMHS provision all tiers were in demand, in Sandwell one in five young people had an emotional issue and it was suggested that many more in the community were not getting the support they needed.
- Children and young people struggle with socialisation and conflicts in and out of school, alongside other factors that impact on them and their family such as:
 - Poverty
 - Education
 - Lack of community based facilities for youth
 - Divorce rate
 - Parents at work
- Ofsted inspections of schools now included questions relating to emotional health and wellbeing of children and young people.
- The Board recognised the value of supporting mental health and wellbeing in children and young people at an early stage to prevent progression to tier 3 provision for mental health services.
- Tier 2 services included open access drop in sessions where children and young people could turn up and talk to someone and a digital online facility 'Kooth.com'. Many young people accessed mediated chat rooms and self-help sections via Kooth.com. The approach had modernised the old appointment system and had taken the stigma and worry away from appointments and one to one sessions.
- The new approaches in tier 2 were being shared by providers in primary and secondary schools through integrational participation.

Resolved:-

- (1) that the Cabinet Member for Children's Services be requested to promote the importance of tier 1 and tier 2 services in Sandwell moving forward to the Sandwell Children's Services Trust, and to recognise the value of

supporting mental wellbeing in children and young people at an early stage to prevent progression to specialist tier 3 provision for mental health services.

- (2) that the SEND work group be requested to provide evidence gathered to demonstrate if and how tier 2 provision made a difference to young people, and the impact on tier 3 services.

09/18 **Children's Oral Health**

Valerie DaSouzza, Public Health Consultant provided an update on children's oral health in Sandwell, including access to services. She advised that the level of dental health in five year olds was a useful indicator of the success of a range of programmes and services that aimed to improve the general health and wellbeing of young children.

In the 2015 National Dental Epidemiology Programme survey, 4,196 children were sampled, of whom 2,568 (64%) parental consent was provided to take place in the survey. It was noted that the parents who consented were likely to be more interested in their children's oral health than the general population, which may impact the results of the survey.

From the comments and questions by members of the Scrutiny Board the following responses were made and issues highlighted:-

- Overall levels of decay in Sandwell were lower than the average in England.
- Higher levels of decay were identified in Sandwell Friar Park, Tipton Green, St Pauls and Wednesbury South.
- Children should see a dentist as soon as first teeth appear and fluoride varnish should be applied for all children over three years old, or sooner if risk of decay is identified.
- Access to 44 dental practices in Sandwell was good but uptake was low from families with children under 5 years old.
- There were several initiatives to encourage young people to look after their teeth. Including an event last month, oral health initiatives, health visitors, work with children's centres, including tooth brushing lessons and 20% reduction of sugar in drinks by 2020.
- Water in Sandwell was fluoridated and that would have

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contributed to the survey findings for Sandwell, however there were inequalities across Sandwell.

- There were gaps in dental surgery locations across Sandwell however some areas, such as Smethwick, had several dental surgeries.
- Personal inequalities relating to cultural barriers were unknown as there was no ethnicity data available.
- There were no plans to consider creating dental nurse positions in schools. NHS England worked closely with Sandwell schools to provide school nurses.
- Young people should be encouraged to drink tap water which was fluoridised.

The Chair thanked officers for the report and welcomed the update.

10/18 Chair and Vice-Chair Updates

The Board was advised that the Fostering Work Group was due to meet to consider the feedback from the foster carers, Housing Services, Council Tax and Leisure Services. The Chair suggested that the Work Group contact the Chair of the Foster Carers Forum to arrange to speak to the forum about the Foster Carers Offer.

The Board was advised that the SEND work group had attended a meeting with CCG and Educational psychologists at Connor Road Education Centre and that there would be a work group report to the next Board meeting.

(Meeting ended at 6.35 p.m.)

<p><i>Contact Officer: Deb Breedon Democratic Services Unit 0121 569 3896</i></p>
