

<b>MEETING:</b>	Overview and Scrutiny Committee - People Achieving Their Potential Workstream
<b>DATE:</b>	Tuesday, 9 March 2021
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Held Virtually

## MINUTES

### Present

Councillors Ennis OBE (Chair), Carr, T. Cave, Frost, Hayward, W. Johnson, Makinson, McCarthy, Newing, Phillips, Pickering, Smith, Tattersall and Williams together with co-opted member Ms. G Carter

### 5 Apologies for Absence - Parent Governor Representatives

No apologies for absence were received in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

### 6 Declarations of Pecuniary and Non-Pecuniary Interest

Members of the Committee made the following declarations of non-pecuniary interest in connection with the items on this agenda.

Gemma Carter (Parent Governor Representative) as she is currently the Director of an Alternative Therapeutic Provision in the Barnsley area.

Councillor Smith as he sits on the Maurice Dobson Committee Trust.

Councillor Newing as she works for CAMHS

Councillor Tattersall as she is a Governor at Springwell and Greenacre schools.

### 7 Minutes of the Previous Meeting

The minutes of the meeting held on 9<sup>th</sup> February 2021 were received.

### 8 Children & Young People's Mental Health Services (CYPMHS) in Barnsley

Members of the Committee were invited to consider a report of the Executive Director Core Services in respect of Children and Young People's Mental Health Services in Barnsley.

The following witnesses were welcomed to the meeting:

David Ramsay, Deputy Director of Specialist Services, SWYPFT

Kate Jones, Barnsley CAMHS Service Manager, SWYPFT

Dr Ovidiu Sandica, Consultant Child & Adolescent Psychiatrist and Medical Clinical Lead for Barnsley & Wakefield CAMHS, SWYPFT

Lucy Hinchliffe, Commissioning and Transformation Manager, Barnsley CCG

Lauren Nixon, Children and Young People's Emotional Health and Wellbeing

Transformation Lead, joint appointment for BMBC Public Health and Barnsley CCG

Lesley Pollard, Managing Director, Chilypep

Chloe Whitham, Volunteer, Chilypep

Dave Ramsay introduced the report, providing a detailed report to the background to the performance of Barnsley Child and Adolescent Mental Health Services (CAMHS) from 2014 to date. It was highlighted that the report also covers the work of Chilypep (children and young people's empowerment project) together with MHST (Mental Health School Team), previously provided by Mindspace, but now Compass. A previous OSC raised concerns around long waiting times and the increasing pressures around ADHD cases. There have been a number of key improvements since then, including a 7 day crisis response service with intensive home-based treatment available, a 24-hour response into BHNFT for young people in crisis, work around strengthening pathways and strengthening of the school support service. Covid has brought challenges but has also provided an opportunity to look at new ways of working digitally, which has been well received by children and families. In Sept 2019, 330 children and young people were waiting for treatment, with 230 waiting for more than 12 months. Currently, the waiting list is 66, which means that now no child waits more than 12 months for treatment. Next steps include securing the funding envelope for the new service with the CCG; agreeing priorities for development and a further development of the single point of access to ensure the service is responsive to every request for support. Some of the new ways of working which have developed during Covid will be retained going forward. Lesley Pollard explained that Chilypep has been heavily involved in the waiting list reduction initiative alongside CAMHS and Mindspace. Funding has been extended for one of the programmes (BRV work with boys), albeit some of the programmes were difficult to deliver virtually such as groupwork. The number of referrals received for BRV were double those contracted for during Covid, and there is now a waiting list which is being worked through. A project around personal health budgets was very successful and supported a reduction in the waiting list or prevented young people from being added to the waiting list, but funding for this has not been extended.

In the ensuing discussion, and in response to detailed questioning and challenge the following matters were highlighted:

It was acknowledged that work has been done in developing the crisis service, although there remains a gap in the system, with children having to attend A and E outside of hours. There is an ambition to develop the service up to age 25 included within the specification over a period of time (resource dependent) and also strengthening support to Children in Care up to age 25 on a phased basis. Chilypep are the lead provider for the Wellbeing hub, which may develop differently following lessons learned through Covid.

In terms of transitions, there are transition clinics available for young people transitioning to adult mental health services from the age of 17 1/2 which should help to alleviate anxieties and give a view as to what future adult provision will look like.

The Children and Young People's Emotional Wellbeing Hub will be developed to provide a single point of contact to access appropriate services, extending into CAMHS and other emotional wellbeing services to support children and young people in Barnsley. The site for the hub has been secured on the second floor of the YMCA building in the town centre, with the lease signed prior to the lockdown. The new-build Youth Zone won't be around for a few years but all the developments

around the town centre will be linked together to avoid duplication of existing services, with 'spokes' in the community. The Children and Young People's Emotional Wellbeing Group is looking at developing workstreams to drive forward service improvements, looking across the whole system to engage young people, particularly those not in mainstream education settings. Dave Ramsay confirmed that CAMHS will support the development of the Hub.

Work is being done by all partners including CAMHS and Educational Psychology around the post-Covid situation. This includes providing training to ensure all staff (including school staff) work in a trauma informed way to support children and young people. CCG funding is being sought to make services permanent. The MHST contract began on 1st February working with schools, and is a key partner in joining up the lower level offer with the CAMHS service, making referrals everyone's business and making links with other early intervention services to ensure a robust offer. Compass, the new provider for MHST's, and Chilypep also have a role to play in supporting schools to embed a positive emotional wellbeing approach across schools, providing training, support and toolkits. Barnsley will be bidding for a share of the £79m of funding for mental health services for children and young people which was recently announced and in particular how funding could be used to support the most vulnerable.

It was acknowledged that it is important to ensure staff emotional wellbeing is supported. This is done through regular supervision, review of caseloads and 'protected time' to enable staff to attend a variety of wellbeing sessions. Occupational Health support and training and development is also available for staff to ensure they have the skills to deliver. Chilypep and Compass staff are supported through staff assessments, action plans, regular team meetings and virtual social gatherings. Staff are doing the best they can in difficult times.

The post of Children and Young People's Emotional Health and Wellbeing Transformation Lead was created to look at the current landscape of children and young people's emotional wellbeing services. A report will be prepared by the end of March which will identify strengths, gaps, funding requirements and will include promotion of service offers. Although there is lots of support available, this can be difficult to navigate and the system needs to be consolidated. Smaller pieces of work (such as TADs) are often commissioned by Area Councils and schools. Rachel Payling has information about Area Council funding as it can differ by area. It was felt that this should be discussed at Area Council Chairs' meetings.

Barnsley has just set up a pilot bereavement service with Compass to support children and young people with bereavement, which will be going Borough wide from 1st April. Within Public Health a 12 month post is being created to support trauma informed practice across the Borough, helping those with adverse childhood experiences (ACEs) and pulling on all services across Barnsley.

Outcomes for young people using Chilypep or Compass services are monitored in a variety of ways. If it is felt that a service isn't working for a young person they can be re-referred to CAMHS. Funding has recently been secured for two trainee Wellbeing Practitioners for 1 year by Chilypep. Development of the Single Point of Contact (SPOC) should also help improve support for young people. The South Yorkshire Eating Disorder Association (SYEDA) deliver a low level intervention for children and

young people with eating disorders and body/self-esteem issues. The current CAMHS service doesn't include eating disorders although referrals for this are increasing in Barnsley and specialist inpatient treatment beds are not staffed up for this because of Covid.

There has been an increase in some children and young people experiencing increased anxiety and depression, particularly those with other neurological problems such as ADHD. The stopping and starting of school arrangements has also been unsettling for lots of young people. Chilypep have seen young people presenting with anxiety, isolation, and stress and worry around the financial impact of Covid on families. It is hoped that the needs of all children and young people will continue to be met, although the wider service developments will take time.

**RESOLVED** that:

- (i) Witnesses be thanked for their attendance and contribution;
- (ii) Information on what each area council commissions regarding emotional wellbeing services be circulated to all members;
- (iii) Services ensure they are promoted via printed literature, as not everyone has access to online facilities, and
- (iv) Services ensure that when they apply for funding for mental health services, they should also incorporate funding to support staff wellbeing.

## **9 Special Educational Needs and/or Disabilities (SEND) Provision in Barnsley**

Members of the Committee were invited to consider a report of the Executive Director Core Services and the Executive Director Children's Services in respect of SEND provision in Barnsley.

The following witnesses were welcomed to the meeting:

Mel John-Ross, Executive Director – Children's Services, BMBC

Nina Sleight, Service Director – Education, Early Start & Prevention, BMBC

Darren Dickinson, Interim Head of Barnsley Schools Alliance, BMBC

Amber Burton, SEND Service & Strategy Manager, BMBC

Alex Taylor, SEND Participation Officer, BMBC

Councillor Margaret Bruff, Cabinet Spokesperson – Children's Services, BMBC

Nick Bowen, Executive Principal of Horizon Community College and Joint Chair of Barnsley Schools' Alliance

Nichola Smith, Head Teacher, Meadstead Primary Academy and Chair of Barnsley Schools' Alliance Leadership Sub-Group

Yvonne Gray, Headteacher of Cudworth Churchfield Primary School and Joint Chair of Barnsley Schools' Alliance Board

Nina Sleight Introduced the report, highlighting the significant improvements that have been made in respect of SEND provision in Barnsley. Performance is well above national average on a number of indicators. The report sets out the priorities which form the basis of the improvement programme. Significant investment has been made to improve access and support with a focus on how children, young people and families experience the service. The engagement and participation strategy has recently been launched and there is a strong SEND youth forum. Two

priorities at the moment are being really focused on and include the preparation for adulthood strategy and SEND placement sufficiency. There has been a strong partnership response to the impact of the pandemic.

In the ensuing discussion, and in response to detailed questioning and challenge the following matters were highlighted:

The Educational Psychology (EP) service has operated at full capacity throughout the pandemic, albeit virtual in the main. Educational Psychologists have visited on site when possible, in accordance with Covid guidelines. There has been an increase in (virtual) front line contact with increased accessibility as there has been no need to travel. There are issues around capacity because of people leaving and the challenges in recruiting to their posts. There should be a full team in place by September. A new programme of delivery for the EP service is currently being developed, with a better offer for schools and settings targeted at areas of higher deprivation, to be implemented from September. EHCPs written during the current period will still be accurate. There is some confusion about the EP assessment and what it entails and the service is working closely with partners to communicate this. Evidence suggests that quality of assessments remains high. Schools are advised to contact either the EP service or Amber Burton, SEND Service & Strategy Manager, if there are any access issues or concerns around EHCP assessment.

The Strategy and improvement plan is closely monitored and evaluated at all levels. There is a quarterly review of key indicators reporting into Council, Cabinet and the CCG Governing Body. The SEND Oversight Board brings all key partners together. There is a monthly performance meeting which looks at key indicators (quantitative) and is paired with qualitative information which is used to make changes to continually improve the service. The SEND Impact multi-agency group looks at key indicators and areas of biggest impact and where attention should be focussed. There is a range of sub-groups with a particular focus on a specific priorities and regular sessions are held with families who are experiencing the service. All the information obtained, both quantitative and qualitative, is used to ensure the service is on track and is making a real difference to children, young people and their families. A range of outcomes will demonstrate if children's needs are being effectively met through the right support at the right time and within the Borough.

Early identification of educational difficulties can be more challenging if the child doesn't attend pre-school settings and some families experience a range of emotions and difficulties when learning that their child may have some difficulties. More children have been home schooled during the pandemic but there is no indication that there has been a rise in formal Elective Home Education (EHE) for this group of children in particular, although this is being monitored and addressed. A SEND toolkit has been developed for use with the early years sector and some settings support children's needs really well. A good transition into school is essential. Lots of work has been done with the Public Health team around the integrated 2-year health check and a review process is in place for 3 and 4 year olds. Early identification of speech and language needs is crucial as it could impact children throughout their education (including post 16), and we know that if these needs are not met it can lead to poorer outcomes.

Schools and settings have developed much more skill in identifying needs at all stages of a child's education, with lots more specialist interventions as a standard offer. For example, a child on a youth justice trajectory will be picked up much earlier than before. Children with multiple vulnerabilities will be tracked using a range of risk indicators and resources targeted as required.

Members were advised that if a child under 5 attending a setting, presents with some difficulties, parents should talk to a SENCO in that setting. There is also a health notification system which notifies the Local Authority if a child has been identified as potentially having a special educational need through any health processes. When a child is in school, the SENCO should be contacted. Information is shared between early years and school so that the transition into education is watertight. Public Health nursing, family centres and maternity services also have a role in identifying families who are having a baby and building trust through building good early relationships. Statutory timescales for EHC needs assessment are measured by the Department of Education (DfE). In Barnsley 88% of referrals are carried out within timescales, which is better than the national average and has improved over the last 2/3 years. An EHCP does not always result, but the process is kickstarted in an efficient manner.

**RESOLVED** that witnesses be thanked for their attendance and contribution.

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Chair