

Medway Council
Meeting of Children and Young People Overview and
Scrutiny Committee

Tuesday, 3 December 2019

6.30pm to 10.15pm

Record of the meeting

Subject to approval as an accurate record at the next meeting of this committee

Present: Councillors: Kemp (Chairman), Opara (Vice-Chairman), Aldous, Barrett, Cooper, Sylvia Griffin, Hackwell, Hubbard, Johnson, Mahil and Mrs Elizabeth Turpin

Co-opted Members with voting rights on educational issues only:

Fay Cordingley (Church of England Representative) and David Lane (Parent Governor Representative)

Added members without voting rights:

Anna McGovern (Medway Youth Council), Christina Arena (Medway Youth Council), Nicola Forrest (Head Teacher Representative) and Geoffrey Matthews (Teacher Representative)

Substitutes:

Councillors:
Price (Substitute for Howcroft-Scott)
Tranter (Substitute for Ahmed)
Williams (Substitute for Carr)
Lisa Scarrott (Substitute for Michelle Dewar – Medway Parent and Carer Forum)

In Attendance:

Gill Burns, Director of Children's Services, NELFT
Carol Campbell, Assistant Director Children's Services, Medway Community Healthcare
Paul Clarke, Programme Lead - School Organisation and Capital Services
Katey Durkin, Head of Finance Strategy
Aeilish Geldenhuys, Head of Public Health Programmes
Brid Johnson, Integrated Care Director, NELFT
Sameera Khan, Assistant Head of Legal Services
Teri Reynolds, Democratic Services Officer
Penny Smith, Director of Business Services, Medway Community Healthcare
Ian Sutherland, Director of People - Children and Adults Services
Andrew Willetts, Head of Partnership Commissioning, Resources and Youth Justice
James Williams, Director of Public Health

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462 Apologies for absence

Apologies for absence were received from Councillors Ahmed, Carr, Howcroft-Scott, Purdy and Thorne. Apologies for absence were also received from Maggie Cane (Healthwatch Medway), Akinola Edun (Parent Governor Representative) and Clive Mailing (Roman Catholic Diocese representative).

463 Record of meeting

The record of the meeting held on 11 November 2019 was agreed and signed by the Chairman as correct.

464 Urgent matters by reason of special circumstances

There were none.

465 Disclosable Pecuniary Interests or Other Significant Interests and Whipping

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

There were none.

Other interests

Councillor Cooper declared that she was a governor at Rivermead School which was referred to within the Appendix of Item 5 (Emotional Health and Wellbeing Contract and the Local Transformation Plan (LTP) – Update).

Councillor Johnson declared that he is a Trustee of Medway Asthma Self-Help who are part funded by Medway Community Healthcare, which was referred to at item 6 (Integrated Child Health Service – Update). However, this was not closely aligned to the report and therefore he would stay and take part in the discussion and decision of this item.

Councillor Mrs Elizabeth Turpin declared that she was a peer support volunteer for Medway Community Healthcare, which was referred to at item 6 (Integrated Child Health Service – Update).

466 Emotional Health and Wellbeing Contract and the Local Transformation Plan (LTP) - Update

Discussion:

The Head of Service Partnership Commissioning, Resources and Youth Justice introduced the report which updated the Members on the contract for the Medway Young People Wellbeing Service, awarded to the North East London NHS Foundation Trust (NELFT) and arrangements through the Local Transformation Plan for children and young people's mental health and emotional wellbeing. He highlighted that treatment of 4/5 pathways had improved, with 26% of patients waiting more than 18 weeks compared to 46% six months previously. He also referred to the transformation needed to support children much earlier and highlighted some of the plans for the next 12 months working with educational leads in these developments.

Two representatives from NELFT were also present to answer questions. They explained that there were two separate work streams, patients with generic mental health issues and patients with neuro-developmental issues, such as Autistic Spectrum Disorder and ADHD. All referrals were triaged by a clinician. In relation to generic mental health issues, targets for assessment were; emergency cases to be seen within 4 hours, urgent cases to be seen within 4 weeks and then everyone else to be seen within 18 weeks. This was based on 35% of young people in need of mental health services meeting the threshold, which was a reflection of national funding for mental health services for children and young people.

For neuro-development issues (this was relevant for children over the age of 11) there was a much longer waiting list, which officers explained was an area of focus and sign posting to services that could support a child while awaiting diagnostic assessment was carried out. It was recognised how distressing the wait time was for families but it was emphasised that in many other areas, there was no clinician service at all for this age group of children. The point was also made that the development work with education leads referred to above would also help address the demand on this service.

Members then raised a number of questions and comments, which included:

- **Presentation of information** – comment was made that the report was quite technical, included too many acronyms and was difficult to fully understand for Members who were not experts in the field. Officers responded that they would reflect on this issue to ensure Members were presented with the information they needed but in a way which was helpful to Members for effective scrutiny.
- **Engagement with young people** – in response to a question about how officers would engage with young people from various backgrounds, officers explained that this was an area of focus via the Local Transformation Plan and the service would be joining up with groups such

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as the Youth Police Action Group, Medway Youth Council and the Medway Children and Young People Council.

- **SAFE peer mentoring** – the scheme, which raises awareness of emotional health and wellbeing in schools by pupils being peer mentors, was referenced in the report to potentially reduce referrals to NELFT as the needs of pupils are addressed earlier. In response to a question about the evidence behind this hypothesis, officers confirmed that there was national data sets which did demonstrate a positive impact of the scheme and therefore this would be something that would be explored via the Local Transformation Plan to be rolled out to all schools.
- **Trailblazer scheme** – in response to a request for further information about the scheme, representatives from NELFT explained that together with the Council they were trying to acquire funding for the scheme to be implemented in Medway, which developed a workforce with Cognitive Behavioural Therapy skills to support children and young people in school settings and would help reduce the demand on current services.
- **Safe havens** – in response to a question, it was confirmed that one of the four safe havens proposed for Kent and Medway would be within the Medway boundary and discussions were currently taking place to determine a suitable location.
- **Did not attend** – in response to a question about what follow up occurs when patients do not attend their appointments, representatives from NELFT confirmed that follow up was proactive and carried out via text, phone or in writing. It was recognised that patients were often reliant on their parent/carer bringing them to the appointment and there were often a number of reasons why that may not occur. If the patient was very high risk, for example high risk of self harm, then there would be a home visit or liaison with the Police where necessary.
- **Access to services** – in response to accounts given about difficulties of families and schools accessing the service or making referrals, NELFT representatives confirmed there was one telephone number which all calls could be made to, clinics were also open on Saturdays and referrals could be made by anyone, therefore they were concerned about these accounts and suggested further communication on how to access services would be explored. It was also confirmed that a consultation line for schools to call to share concerns or ask for advice was also open for half a day twice a month.
- **Staff vacancies** – in response to questions about staff vacancy rates, NELFT representatives confirmed that vacancy rates were much improved. The fact that NELFT ran services across Kent and Medway helped in terms of opportunities for staff and keeping staff within the organisation. Where vacancies did occur, these were back filled with agency staff which was costly to the budget and impacted on continuity of care for patients,

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therefore incentive programmes were provided where necessary to help with recruitment and retention.

Decision:

The Committee noted the report and requested an update in 12 months.

467 Integrated Child Health Service - Update

Discussion:

The Head of Public Health Programmes introduced the report which provided an update on the progress of the Medway Integrated Child Health Service, including key outcomes for children and next steps for service development. Representatives from Medway Community Healthcare (MCH), the provider of the service, were also in attendance to answer questions.

Members then raised a number of questions and comments, which included:

- **GPs kept informed of medication updates** – in response to a question about the impact of poor patient to GP ratios in Medway on this aspect, officers confirmed that a significant restructure of GP services in Medway was underway which was providing the ability to pool resources and MCH were working across Primary Care Networks to ensure they were fully briefed. For individual patients, MCH liaised with named GPs to keep them updated on patient care.
- **Single Electronic Patient Record** – in response to a question about the implementation of a single electronic patient record system across universal and specialist community health services, officers explained that all staff were now using this system which was improving services and safety for patients.
- **Children who wait beyond 12 weeks for their initial appointment** – officers explained that delays were generally not service related but were usually around the health of the child or parent, i.e. sickness causing appointments to be missed.
- **Mitigating risk of mobilisation issues for the future** – in response to a question about how risks of recurring mobilisation issues could be mitigated against, officers explained that the service had brought together 19 different services from four providers and this had inevitably caused some difficulties at the start of the contract. Many of the services had been operating paper based records which made transition difficult. Now the services had been integrated into one contract which was now using electronic based records, this would help to reduce the risk of difficulties caused by contract changes in the future.

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- **Health Visitor vacancy rates** – officers confirmed that vacancy rates among the Health Visiting Service were very low and it was considered this was because staff were supportive of the system and model in Medway.
- **Autism Diagnosis** – in response to a question about diagnostic pathways for Autism, representatives from MCH explained that children were now provided with three hour assessment appointments which were comprehensive multi-disciplinary assessments that resulted in a decision of diagnosis or not at the end of the appointment (unless there was the potential for underlying issues that require scans or blood tests). The service was also beginning to provide training for parents ahead of this assessment and was providing a better co-ordinated offer.
- **School Readiness Screen** – in response to a query about this screening officers confirmed Medway was the only area in the country to offer this additional check which would help to identify issues affecting a child's readiness for school, such as speech, incontinence or sleep issues. The screen had tried to be aligned with the school admissions application process but uptake was still relatively low and further ways of raising awareness of the screen and its benefits were being considered. Officers welcomed the suggestion of working with primary schools to join up with them during Reception visits to raise awareness of the screen further.
- **Social Prescribing** – in response to a questions about social prescribing, MCH representatives explained that this provided a vehicle to help families engage in social activities which they might otherwise find difficult to access for a variety of reasons. So far the programme had enabled over 130 children and young people to access groups and services and this was being expanded further through partnership working with the Council and third sector organisations to increase the offer.

Decision:

The Committee noted the report.

468 Draft Capital and Revenue Budget 2020/21

Discussion:

The Head of Finance Strategy introduced the report which updated on the progress towards setting the Council's draft capital and revenue budgets for 2020/21. It was based on the principles of the Medium Term Financial Strategy (MTFS) 2019-2024 approved by Cabinet in September and reflected the latest formula grant assumptions. She explained that the draft budget reflected certain amendments, such as the deficit on the Dedicated Schools Grant (DSG) High Needs reserve for Special Education Needs and Disabilities (SEND) no longer being recovered from the general fund, following a consultation published by the Government in October, which stated its intention that DSG deficits should be recovered from DSG income and not general funds.

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A Member raised concern about the human cost in delivering services such as children's social care, Special Education Needs and Disabilities Services and school transport with current funding. In response the Director of People – Children and Adult Services explained that the plan to address the high needs DSG deficit would need to be a three year plan as it would not be possible to resolve the cumulative deficit, which was projected to be £10.3 million by the March 2020, in one year. He also added that the Association of Directors of Children's Services was raising the issue of adequate funding which was needed to meet the requirements of the 2014 reform in SEND.

The Director also explained that following the inadequate finding of the recent Ofsted Inspection and the action and redesigning of children's services that would be required as a result and was ongoing, there may be some realignment of budgets across services as the budget setting process progresses.

Decision:

The Committee noted that Cabinet had instructed officers to continue to work with Portfolio Holders in formulating robust proposals to balance the budget for 2020/21 and beyond and requested its comments to be forwarded on to the Business Support Overview and Scrutiny Committee in January.

469 Ofsted Inspection of Medway's Children's Services - Action Plan

Discussion:

The Director of People – Children and Adult Services introduced the report which detailed the Action Plan that had been submitted to Ofsted on 28 November 2019 and identified priority actions to address the areas for improvement required. He explained there would be quarterly monitoring visits by Ofsted that would occur for the next two years. He also reported that an Independent Chair had been appointed for the Improvement Board and that the Council was currently working with the Department for Education to identify a new partner in practice for the Council to work with.

Members then raised a number of comments and questions, which included:

- **Independent Chair** – in response to a request that the Independent Chair of the Improvement Board be invited to meet with the Committee, the Director undertook to take forward the request.
- **Rate of assessment closed with no further action** – in response to a question about the disparity between performance on this and the target and benchmarking figures, the Director explained that rates in Medway, of closing cases with no further action were high compared to other areas and statistical neighbours, therefore this was an area of focus to determine whether cases were being closed too early. Analysis on this would be reported back once known.

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- **Membership of the Improvement Board** – in response to a question about why the Medway Task Force was not included in the membership of the Improvement Board, the Director explained that the Board comprised of 18 people across partnership agencies and professionals, including a Chief Superintendent from Kent Police. He also reassured Members that partnership working on Child Sexual Exploitation and Missing children was embedded within agencies and the Divisional Commander of the Police had identified a lead to work with the Council on this issue specifically.
- **Supporting staff** – in response to a question about the wellbeing of all staff, including senior staff, while working on improving children services and the support available to them, the Director explained that there was a strong communication strategy to support and hear the voice of all staff across the workforce during the improvement journey, including the establishment of a staff reference group, of which two meetings had been held to date. In addition, there was much external support being offered, including learning from other local authorities who had achieved good and outstanding, following a rating of inadequate.
- **Measure specificity** – a Member commented that some of the measures lacked specificity. In response the Director explained that this was a plan that would evolve and develop as work progressed on the improvement journey and therefore there would be opportunities to amend and expand the detail.
- **Future scrutiny of progress** – a Member suggested that the Committee consider the best way of scrutinising performance, including the possibility of doing this on a themed basis. The Director welcomed this discussion, which could take place at agenda-planning meetings and added that officers were working with colleagues in Democratic Services to provide member training, aimed at Committee Members in particular, to strengthen Member capacity to use performance monitoring data to effectively scrutinise the performance of children’s services and the progress with improvement.
- **Acronyms** – comment was made that the document had too many acronyms and the Director undertook to address this going forward.

Decision:

The Committee noted the report and action plan and that the Director would liaise with the Independent Chair about her attendance at Committee in the future.

**470 Council Plan Performance Monitoring Report and Risk Register Review -
Quarter 2 2019/2020**

Discussion:

The Director of People – Children and Adult Services introduced the report which summarised how the Council performed in Quarter 2 of 2019/20 on the delivery of the two priorities relevant to this Committee and the review of the relevant strategic risks.

Members then raised a number of questions and comments, which included:

- **Lived experience of children** – in response to a question about how the lived experiences of children can be recorded, the Director explained that the service had introduced an improved quality assurance framework to support the audit of children’s cases and focussed on four key questions, which was rolled out in October. It was believed this would give a more granular picture and would be reported on every two months, starting in January 2020.
- **Missing and Exploitation Panel** – in response to a question about what the membership of the Panel was likely to be once reviewed, the Director undertook to report back on this.
- **Rise in child protection plans** – in response to a query about the rise in children subject to a child protection plan and its cause, the Director explained that there had been an increase in referrals which inevitably created in an increase in the number of children subject to a child protection plan. He explained that there was a very high rate of domestic violence notifications from the Police and a pilot scheme was hoped to be rolled out in Medway to address this as it was not considered best practice. He also explained that where there was a judgement of inadequate, this often caused a heightened level of concerns resulting in more referrals.

Decision:

The Committee noted the report.

471 School Admission Arrangements 2021

Discussion:

The Programme Lead – School Organisation and Capital Services introduced the report which detailed the outcome of the consultation on primary and secondary co-ordinated admission schemes and the proposed 2021. There were no changes proposed in either scheme, other than the revision of dates to fit the 2021 admission timeline.

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Members then raised a number of comments and questions, which included:

- **Registering children for the Medway Test** – A Member referred to section 12 of the Co-ordinated Scheme for Secondary Admissions (Appendix 1 to the report) and reported about an issue where a constituent had registered their child for the Medway test but there had been an error, either by the parent or the system, and the registration was not completed. He explained this had been flagged, approximately one week before, but there had been no flexibility in enabling the child to sit the test. He referred to section 12 of Appendix 1, which stated decisions about late registration would be the discretion of the Service's Management Team and would only be allowed in exceptional circumstances. He wondered if this could be reviewed going forward to be more flexible under such circumstances. The Programme Lead explained that he was not aware of the case but had only very recently gained management responsibility for admissions following the departure of the previous manager. He explained that policies would be reviewed going forward and the possibility of this would be considered.
- **Grammar School Places** – A Member asked about the 23% of pupils allocated a grammar school place and how this compared with places available. Officers confirmed that demand for grammar school places exceeded supply when children living just outside the Medway boundary were included. The point was also made that some children were travelling from much further away and officers acknowledged this but explained that the last grammar school to include the Medway Test score as part of their oversubscription criteria would cease to do so in 2020. Although this would take some time to fully have an impact due to sibling links, this would help to prioritise Medway children for Medway grammar schools.

Decision:

The Committee noted the report and recommended the proposed 2021 admission arrangements and schemes to the Cabinet for approval.

472 Work programme

Discussion:

The Democratic Services Officer introduced the report which advised Members of the current work programme.

Decision:

- 1) The Committee agreed the work programme as set out at Appendix 1 to the report, subject to accepting the proposed changes, outlined in italic text on Appendix 1.
- 2) The Committee noted that a Member Development session on the effective scrutiny of performance information would be set up in early 2020.

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2019**

Chairman

Date:

Teri Reynolds, Democratic Services Officer

Telephone: 01634 332104

Email: democratic.services@medway.gov.uk

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