

Time commenced – 18.00pm

Time finished – 19:45pm

Children and Young People Scrutiny Review Board 29 March 2021

Present: Councillor Lind (Chair)
Councillors Hezelgrave, Kus and Testro
Co-optees – Tracey Churchill, Stephen Grundy and Chris Hulse

In Attendance: Pauline Anderson, Director of Learning, Inclusion and Skills
Betty Barker, Parent Carer Forum
David Gardner, Assistant Director Mental Health
Derby & Derbyshire CCG
Helen O'Higgins, Head of All Age Mental Health,
Derby & Derbyshire CCG
Priya Gill, Deputy Youth Mayor
Suanne Lim, Service Director for Early Help and Children's Social
Care

31/20 Apologies for Absence

Apologies for absence were received from Cllr Pattison

32/20 Late items introduced by the Chair

There were none.

33/20 Declarations of Interest

There were none.

34/20 Minutes of the meeting held on 22 February 2021

The minutes of the meeting held on 22 February 2021 were agreed as a correct record with the addition of Tracey Churchill as an attendee at the meeting.

35/20 Children and Adolescents Mental Health Service (CAHMS) and Mental Health for Young People

The Board considered a report prepared and presented by the Assistant Director for Mental Health Derby and Derbyshire Clinical Commissioning Group.

The officer outlined the context of the report and explained that he and his colleague had attended this meeting previously, to give reports on waiting times for CAMHS and targeted early intervention services and to discuss what the Trust and other providers are doing about access for children and young people to mental health services. The officer explained that, over the course of this year, a strategy had been in place to increase the access from 25% to 36%, where it is now. It was intended to increase that access still further over the

next few years, in line with the national strategy. The Board had previously learnt about targeted intervention services, which had been put in place for children and young people (CYP) to access at an earlier stage before specialist CAMHs services, to enable schools and families to access those services where therapies were needed; these services had begun to take some of the pressure of the CAMHs Team so the team were able to deliver more complex support. The Board had asked for information about waiting times for the new services. The officer explained that they had hoped to talk about the Futures in Mind (FIM) refresh strategy for children and young people with mental health at this meeting, but this had been put back until September this year. However, there had been some announcements about funding and resources. The officer would not be able to give a full refresh, but would highlight key areas for the Board to comment on before the report was published in September.

The officer explained that during 2021 the number of appointments delivered by CAHMs had increased considerably, 186% compared to previous year, which was largely due to use of digital technology and seeing people virtually rather than face to face. One unexpected positive was that many people preferred virtual appointments and it was their favoured choice, others, however, preferred to wait for face to face appointments.

The demand for CAMHS was then highlighted, there had been similar demand patterns seen in other children and young people's services. When schools returned in September there had been a rapid rise in referrals; this dropped again and was now beginning to rise. There was no data available for February to March yet, but it was anticipated that the demand would rise back up again.

The officer explained that waiting times for CAMHs in the City and South were around 15 weeks but that rose during the peak of pandemic, then declined. The February data shows the wait time was 19 weeks but with the return of schools it was anticipated the waiting times would rise again.

The CCG was concerned about eating disorders. One of the changing patterns was in the problems being presented during lockdown when the schools were closed. The Board were informed there was an increase in eating disorder problems and in self harm, but a decrease in bullying. The pattern and presentation of eating disorders was also changing. Before COVID the Trust had been trying to improve services for people with eating disorders and wait times for children with an eating disorder to be seen were set, as it was so clinically serious. Derby and Derbyshire are doing well in largely meeting targets. The CCG are planning to invest in preventative services, such as education and information about eating disorders to families and schools. The CCG was also working with NHS England around provision and was aiming to increase home support capabilities.

The officer then talked about targeted intervention services which are run by Action for Children in Derby and Derbyshire. The officer highlighted that, for the City the approximate waiting time was 8 weeks for one to one appointments. If people do wait any longer they are contacted and offered digital and group work and other opportunities, but people do prefer face to face appointments. There are also groups running for individuals and parent groups. The Board were

informed that advice to schools was available through specialist community advisers, and mental health teams in a school's initiative.

The officer then explained the wait times for the mental health teams in schools or the Changing Lives Service. The wait times for the pilot scheme are about one week, with a maximum wait time of two weeks. This was a new initiative and two new schools would become involved with delivery of services in May 2021. Staff for the Changing Lives Service were recruited in January and were in training. The Board were informed that because children were not in schools it was difficult to generate referrals, but as they come back into school more involvement with Changing Lives Team was expected.

The officer explained the digital offer available for children and young people and highlighted the capacity and use. The service was used frequently for counselling, 955 hours had been used and 178 hours had been used of the moderated chat option. The officer explained that since March participation workers had been going into schools to actively promote the use of the service and targeting those schools where there are more with children with Mental Health problems. The CCG were currently in the process of procurement of a new digital platform; there was also an adult version available which the CCG were taking forward with a focus on parents.

The CCG was planning to put resources aside to improve communications. The services available have been advertised through various websites and the local SEND offer. However, the CCG was now trying to focus on children themselves, the digital platforms they use, and the means of communication they have. They are working with MH2K, a group of citizen researchers largely drawn from Derby children, to help the CCG find out how they can focus on children to ensure the CCG are getting the message out to them.

The officer then explained how the CYP Mental Health Transformation Plan was being refreshed. The first target was to increase the capacity for crisis responses and to deliver intensive home support. There was a gap in the ability to provide wrap around care for the most troubled children or those children needing the most supervision. This gap left children struggling in foster placements, or placements which could breakdown, or even staying on paediatric wards when should not be there. To provide wrap-around support the CCG needed to provide a health offer and work with local authority colleagues covering community support available.

The Trust are continuing to reduce wait times where possible. Because there was difficulty in recruiting staff, the CCG have invested in a digital offer to support CAMHs team to provide CBT annual diagnostic assessment work which can be done on-line. They are working with a company who provide specialist staff to provide interventions, which will help those children on the waiting list for therapy.

Working with partners, the CCG are rethinking the way in which some of the NHS England commissioned wards operate, particularly with new types of presentation for children coming with Eating Disorders which were not caused by anorexia nervosa but are a form of self-harm affecting physical health and could be life threatening .

The officer then highlighted the Investment Plans for the future. There was funding coming into system, available to use for the crisis response for the community. The key aim was to build on foundations made over the last through years during FIM Programme. It was hoped to expand the resource around crisis response and to look at that across all mental health issues, such as children on pathways around autism, eating disorders or with complex behaviour issues. The funding was available for three years. During the first phase the CCG was aiming to get more psychiatric cover, including staff for intensive home support to go into children's homes, a Strategic co-ordinator post to interface between CAMHs services and local authorities, CYP nursing support overnight to the 24/7 helpline, increased Eating Disorder support to paediatric wards, and to develop intensive home treatment support.

There was discussion at the last Scrutiny Board around children and young people who are not attending school, and how they access support. The CCG Trust has been exploring ways for health and City Local Authority to work in partnership, to ensure CYP not attending school have access to the same mental health support opportunities as those children who are attending school. During 2021/22, the CCG would work with Action for Children to build pathways for this group of children and young people.

New Changing Lives Mental HSTs will be looking at identifying children and young people and young carers/school refusers, when known to school, and work with schools to understand their Mental Health needs. They work with the In Year Fair Access and Exclusions Team, there was a joint consultation planned with young people/young carers/school refusers later in the year to understand more about their needs and how they can be supported.

Consultation will inform how Derby and Derbyshire CCG (DDCCG), Action for Children and Derby City Council will work together going forward to facilitate a wider provision of support. In Derby City, there was a proposed Elected Home Educated termly newsletter, and an interim approach to raising awareness of the Mental Health offer. Additionally, Changing Lives would work closely in partnership with both the Head of the Virtual School in the City and the County, to create a priority passport system for looked after children (LAC) to access appropriate 'early intervention'

The officer then highlighted "Neuro Development" where waiting lists were skewing some of the Trusts other figures. One of the Written Statements of Action (WOSA) was to reduce the waiting list for Neuro Development. It was found that parents and carers want timely help and the Trust were probably providing an inappropriate service. There were proposals in two stages: investing over £700,000 to £800,000 for increased assessments to reduce the waiting list; then work around managing the demand through a root and branch review of service. This piece of work was led jointly by SEND Boards of both County and City. A different kind of wide-ranging pathway was needed which supports children at a much earlier stage. There was a need to get to a situation where both children and families can live and thrive, rather than just survive. Resources are available, but people don't know how to access them.

The Board were impressed with the work going on which they felt was fantastic, as well as the level of commitment and dedication to ensure the children and young people are getting the very best. It was hoped that more funding would be provided by government to meet demand going forward. The Board thanked both officers and team for the work they were doing.

A councillor felt that this report was a lot to absorb and requested a copy of the slides. The whole issue of demand management on Neuro Development showed that there must be a breakdown of trust between parents and the whole system in place to support them. The councillor asked if the CCG consulted with users' groups and young people who have been referred, to see how their need could be met better. The Officer explained that the digital offer works well for some but not others, a third of adults prefer this way of contact. The Trust CCG use an organisation called MH2K for consultation which works with children and young people between the age 14 and 25 who are recruited as citizen researchers; they work together, and they take on various projects around engagement. One recent project was around digital procurement. A focus group was formed which they ran to look at key questions. They gave information around what good digital offers would look like. They gave a good broad picture of what the different age groups might need. They also helped shape the "survey monkey" survey to provide appropriate questions. They looked at the 24 hours helpline and how this could be promoted to children and young people. It was found that young people would be more likely to message rather than use the phone to contact people.

A councillor stated that nationally there was a large increase in mental health issues, a real concern being with young people who may not have developed a strategy to deal with this. The increase in numbers in eating disorders and drop in bullying was surprising, as you would think there would be an issue with cyber bullying also. The councillor asked if the officer could explain to the Board the increase and types of issues that children presented in Derby and Derbyshire.

The officer explained that data from Casualty was not available yet as it has not flowed through. However, anecdotally they were hearing of a rapid increase in the number of children presenting who have self-harmed. This reflected what the CCG's digital providers were hearing and was a signal of emotional distress. There was a need to create resilient schools and communities and allowing the opportunity for children to express themselves and to be listened to. There was not always a need for in-depth therapies but for listening and general support. There was a catharsis going on as we come out of lockdown. There are some real vulnerabilities expressed, but the full impact has not been seen yet. Liaison teams are reporting seeing more young people coming through. The good news was that these children are being reviewed and seen by staff. It was a concern and there was a need to know if it would be temporary or long lasting. The case of eating disorders was similar; if caused by lockdown it would be expected to diminish but the fear was that this was a cultural change in how things are presented. Organisations like First Steps does a lot of good work with children with eating disorders in Derby and across the county. The CCG want to work with them and other providers as to how to provide education and support for schools, and advice to people who feel worried and powerless and want to know how to help. The CCG think that early targeted intervention

services are key. There was a need for a therapist, a need for some support, but not the full wrap round care like the full team of multi-disciplinary teams and social worker teams working around a child or young person. This was the reason for the increase of children and young people on the waiting list, and why the waiting time to be seen was now weeks rather than days.

A councillor was reassured that the team was responsive and agile and open to change and was acting quickly. He thanked the officer and colleagues in CAMHs for the work undertaken during the Pandemic.

The Chair asked if there were any further recommendations and if the Board would like an update in a few months to see how demand was going, as lockdown was lifted, and society reopened.

The Board asked if an update on the demand and response could be brought back in the new Municipal Year. The officer asked if the update could be brought in August, if possible as they could then bring the draft Plan for comment by the Board.

The Board resolved

- 1. To consider and note the report and presentation.**
- 2. Requested an update report on the CAMHs and Mental Health for Young People demand, and response and the draft Plan be brought back in the next Municipal Year in August.**

36/20 Monitoring Safeguarding Practice

The Board considered a report prepared and presented by the Director for Early Help & Children's Social Care. The report provided a recent overview of how Derby Children's Services monitors the quality of safeguarding practice. The report also outlined current pressures and performance within the Board.

The officer informed the Board of the results of a recent Social Work Survey. In December 2020 children's social workers in Derby City Council were asked to complete the Local Government Association Social Work Health Check survey against Employer Standards and Covid 19 response by Local Authorities. The results were available in February 2021. In Derby 67 out of a possible 100 social workers responded which represented 41% of the social worker workforce. Overall, the results were either consistent or better in comparison to the regional and national position on most indicators. There were particularly high scores for overall satisfaction and desire to stay in Derby. Senior Leaders have addressed areas of development such as control over workload. Managers monitor caseloads monthly to an upper maximum and minimum caseload; details are then reported through to the Director of Children's Services, Chief Executive and Cabinet Member. Issues around health and wellbeing of staff were also addressed, weekly lunchtime reflection sessions took place, engagement and attendance were encouraged. The sessions were led by Director of Children's Services, Service Directors and Heads of Service. Flexible office-based working was available where appropriate. All eligible frontline workers were offered access to vaccinations.

The officer reported on the pressures and performance. It was highlighted that during February 2021 there had been an increase in demand for children in care and child protection, with 65 more children in care compared to the same period in 2019 a rise of 11%. There are 549 children in care in Derby at the end of March 2021. There are 79 more children subject to child protection plans compared to the same period in 2019, a rise of 20%. The Cabinet Member, Chief Executive and Director of Children Services are regularly updated on the position. This was no different to national figures and was probably a direct result of the Pandemic. The impact of Covid was increasing risks for children.

The officer explained that overall performance remained good over the past six months, September 2020 to February 2021. There was only one area of slippage; 59% of Initial Child Protection Conferences were held within 15 working days, a drop from 95%. The officer highlighted that no child was left unsafe as Social Workers would put measures/interventions in place as soon as a need was identified and would not wait for a Child Protection Conference to take place and a Plan to be put in place.

Regarding serious safeguarding incidents, the officer highlighted that newborn babies have been found to be particularly vulnerable, especially during COVID, and there had been a national rise of deaths of children under one years of age. In response the Derby and Derbyshire Chief officers Groups agreed to strengthen safeguarding arrangements. It was agreed that the safety and welfare of babies was a whole partnership priority; assurance of management oversight would be established to evidence and sustain improvements. A partnership lead would be appointed to co-ordinate the strategic response to improve the safety and welfare of babies and drive forward safeguarding arrangements (Dedicated Safeguarding Nurse and Chair of Child Death Overview Panel). The Strategy was attached to the report and contained three steps to baby safety. Safe Sleep, Safe Handling and Safe Space. The officer highlighted that serious incidences remain very low and they are rare. Since 2015 there have been 13 Serious Case Reviews where a baby has died in Derby and Derbyshire, of these only 3 were in Derby.

The Board resolved:

- 1. to note the content of the report, current pressures and plans in place to address future challenges**
- 2. to revisit the Survey of Social Workers at a future meeting**

37/20 SEND Focus – Progress on Written Statement of Action

The Board considered a report and presentation of the Strategic Director of Peoples Services. The presentation was given by the Director of Learning, Inclusion and Skills

As a result of a SEND Inspection in June 2019 the local area was asked to complete a written statement of action (WSOA), which was a plan to show how you the Local Authority (LA) would remedy the significant failings in the local area at that point. The WSOA was approved on 17th December 2019, there

being a gap between Inspection, the report coming out and putting together a plan. Since December 2019 the LA have been specifically working on reporting on this WSOA.

The officer explained that this was a formal, detailed presentation used in a meeting with the DfE and the NHS Improvement team, who are monitoring this LA before being re-inspected.

The Board were informed that Ofsted have re-opened their Inspection window and are hoping to start inspections from summer 2021. Derby is due an Inspection from June 2021, but, Ofsted may have fallen behind in Inspections so it could be delayed to later in the year. The officer explained that the report was broken down into sections each section explains the actions that are being taken.

Section 1 - Failure of the local area to take the joint commissioning actions required to implement the reforms across education, health, and social care.

The local area are the Council and its Commissioners from the CCG, who are the reporting officers on this. They are working together to produce a SEND data and quality dashboard, and moving this through all the new governance, which are the SEND Boards, (SEND Delivery Board, SEND Local Area Board and the Impact and Analysis Board).

Officers had been asked to produce a high level SEND single operational guide clearly defining SEND processes for work in progress, to be finalised against a revised deadline. The officer explained that more time was needed to present to parents and include in the local offer.

The officer explained that a clear SEND Joint Commissioning plan based on areas outlined in our Commissioning Strategy had been developed and was now completed; a plan had been approved by Board. It was developed with parents, parent groups, health colleagues and across the Council, and responds to what parents said they wanted to see, which was improving visibility and accessibility of service, consideration of support, self-help tools and strategies for families that don't meet thresholds for specialist services, or when waiting for services.

It was highlighted that Joined up Care Derbyshire were to complete a Review of Community Paediatric arrangements, including community nursing to ensure appropriate out of hours support was available to meet the health need of children and young people with SEND. The data review was complete, and findings were being collated to work up a proposed plan. The officer explained that the Occupational Therapy System wide review was delayed a month but was still expected to meet a deadline of the end of March.

Section 2 – The lack of an overarching co-produced strategy for improving provision for and outcomes of children and young people with SEND.

The officer explained that this was her area of responsibility. The new Strategy or Vision "Living my best life and the five priorities beneath" was now in place

and had been presented at a recent CYP Scrutiny meeting. The service was developing a local area communication and engagement plan for SEND. It was decided that the best way to progress was to have a calendar where month by month it could be seen how we are communicating and what our engagement would be with the local area that month. The officer then explained that a Local Area newsletter had been set up with a termly circulation, three per year, to keep up communication about work undertaken in SEND. It was a good means of sharing what had been happening in SEND with all partners. The newsletter also contained information about the calendar events described above. The next request for content will be sent mid-March. The officer could let any interested Board member have a copy.

Section 3 – The number of significant weaknesses in the Education Health and Care Plan process, timeliness, quality, and outcomes of plans.

The officer explained that a huge amount of work had been done, but, some work had been delayed due to COVID restrictions as work with schools and working on schools' sites had been difficult. The graduated response had now started, and training had been provided to 33 pilot schools. A Steering Group was in place. The graduated response pilot was being delivered by two teaching schools St Martins and St Giles and was about getting expertise from our special schools into mainstream schools and supporting children with special educational needs in mainstream schools.

The officer highlighted that the School Improvement Team are overseeing an Inclusion Dashboard. The work was well established and ongoing, lots of inclusion indicators are in place, and it was being used to support and challenge inclusion in all schools across the City.

Officers had been asked to implement a SEND identification flag on health systems to alert professionals to children with additional needs. Reviewing the use of markers in health systems had been undertaken, but the officer explained that anything to do with connection of DCC systems to health systems was complex, but it was now intended to do this via the Liquid Logic roll out, which was on track.

Officers had been asked to develop and implement a revised process for Annual Reviews, to improve the consistency of reviews, professionals attending reviews and the quality of the EHCPs. The officer explained that a revised process for annual reviews had formed a part of the training SENCO programme; new letters and materials for parents and an operational guide were now in development. The DfE annual review training had been attended, and the recommendations would be adapted and rolled out as part of CPD programme with EHCP team and SENCOs. However, a digital process was not in place as the implementation of Liquid Logic system had been delayed nationally there were some new elements in the programme which were not available.

The officer explained that ongoing transitions were being delivered by Opportunity Areas (OA) who are managing the transition portal. There was an effective transition portal in its second year now. Transition between year 6 and year 7 had a strong SEND element and was improving how information was

shared between schools. Also, there was effective transition between year 11 and Post 16 into Derby College and other providers. There are good transition leads in schools, and work was reviewed annually and going well.

Section 4 – The long-standing systemic issues with waiting times to access some key services.

The officer highlighted some of the work for the health outcomes, including the Neuro-development pathways described earlier in the meeting by health colleagues and single operating guide (see Section 1). The Board were informed that some of the timescales for this work have been affected by NHS staff being deployed onto the frontline during COVID. However, the neuro-developmental pathway work was going well. Currently there was work on the non-recurrent one-year plan to buy more assessments in response to the waiting list, and strengthen the early help offer. This was subject to CCG and Clinical Lay Committee Approval (CLCC).

The timescales to track performance in wait times for the Occupational Therapy Service had been revised. The Board were informed that the longest wait time had increased from 187 to 190 weeks, again due to COVID. The School Nursing services have been significantly impacted by COVID, previous actions now continue to be delivered e.g. Chathealth, virtual drop ins. However, activities identified on the service's COVID response plan will take priority if resource is limited. A plan was in place to undertake an audit of school nursing wait times; work is complete pending outcome of this audit. Health Visiting (HV) services were also impacted by Pandemic; antenatal contacts were at 106 for February so still need improvement. If HV targets continue to be above the national average, except for antenatal, work will be deemed to be on track.

Section 5 – Poor parental engagement with plans for the local area SEND provision and high levels of personal dissatisfaction.

The officer drew attention to the following comments from a representative of Parent Carers Together about the view of parental engagement and how the LA have been working.

[29/03/2021 19:01]

"I would just like to comment on the WSOA and the changes that have happening for our children/parents/ young people. There has been a positive change in mindset amongst the LA, parents feel they are being treated as equals more so and being involved in their children and young people's education and care moving forward. We feel that the WSOA is on the right track and that the officer has taken our parents and their needs seriously, and looked at the problems to find realistic solutions. We have been involved on all levels throughout, we are confident that the officer will do everything in her power to improve the outcomes needed".

The Officer felt that great work had been achieved together; everything we do now was co-produced, and we see ourselves as one team. The local offer website had been updated, there are videos of young people uploaded, there was a long way to go on the local offer but it was constantly being improved.

The officer highlighted that that a new web-based customer feedback and traffic light system working with parents and communities in getting easy feedback, called “bang the table” was being brought in, but there was a need to check to see if it can be launched during Purdah. Also, work had taken place building on the development of forums (SENCo networks and SEND Ambassador forums) to connect the voice of CYP with Local Area SEND governance.

The officer then described how there was continuous feedback on their work from parent carers as a voice in the City, also emails and comments from parents who are working with our SEND teams. There was series of questions on completion of an EHCP to find out how satisfied parents were with the process. A quality assurance framework was being developed, with an overview, completed and reviewed by an impact analysis group.

A Councillor asked if it was known when Liquid Logic systems would be going live nationally. The officer confirmed it was likely to be mid-May, with work ongoing to prepare for the handover

A Councillor asked how hard to reach areas were being reached. The officer confirmed that they were working with vulnerable families and had accessed additional funding to train up parents to be SEND navigators to help other parents navigate the SEND system. They had extended parental support groups and were working more with groups like Umbrella; also, a new SEND bus based at St Giles School had been bought. The officer explained that it was about reaching out and getting into the communities rather than waiting for them to come to the local authority.

The Councillor then asked how SENDIASS was being used. The officer confirmed that this was a real success story. SENDIASS were now involved in all the Boards we have. An internal audit of Tribunals had been commissioned and a Tribunal working group with SENDIASS, Legal and the Team had been set up to look at mediation with families who could be supported, and early solutions could be found so a Tribunal process became unnecessary. SENDIASS have been an important partner, they were still providing impartial support and advice to parents. The number of tribunals have been reduced.

The Chair stated that what stood out was the changing attitudes, and that all partners now work in co-production; there was a positive change in mindset of the local authority which should be recognised. The level of co-production with all partners was fantastic to see. Another Councillor found it reassuring to see progress being made and a strong attempt made to engage with parents, which was great for the children.

The officer confirmed that she would return to a future meeting to give an update.

The Board resolved to note the report and presentation but did not make any further recommendations.

38/20 Education Otherwise than at School (EOTAS)

The Board considered a presentation prepared and presented by the Director for Learning, Inclusion and Skills. The Board noted that the item was requested by the Chair of the Children and Young Peoples Scrutiny Review Board.

The officer explained that this was an introductory presentation to give the Board an opportunity to provide a steer as to a possible direction of travel. The Board were informed that EOTAS was for when a child, or young person, was unable to attend a mainstream or special school, for when a child has to attend a hospital medical school, or for when a child or young person was being educated at home through tuition, but it was not the same as elective home education where parents take their child out of the education system.

The officer explained that to use Schools, Hospitals and Medical Education a child might have complex mental health needs, they may be school refusers and not responding to school life, or they may need high levels of therapeutic support; these children may never return to school.

The Derby City Council hospital medical school runs alongside the PRU and Kingsmead special school, and Derby City Council was currently looking at reviewing how it works; looking at the curriculum, how many children are there and what the growing needs are.

An EOTAS package can be designed so that, when a young person has special needs and an EHCP, it is possible to create a package of education using tuition remote learning, additional courses, and experiences to meet the needs of the child or young person. This can be done in co-production with parents and the young person. The High Needs funding can be used to pay for the package, and the child will not be on role at the school unless a blended education was designed.

There was a need to look at the best interests for the child; this can be right through to Post 16 and up to 25 years of age and not just in statutory education. The Board were informed there was no specific policy or approach at the moment. However, one could be developed within the new SEND strategy; it can be co-produced with parent groups to give a city-wide understanding, data can be collected to establish the numbers of children who are educated other than at school. Parents and families can give feedback, outcomes can be determined so it can be seen if it was a success and if it can lead to a young person living their best life.

The Board considered the report and presentation and put forward the following recommendation.

The Board resolved to recommend to Cabinet that Council co-produces an Education Otherwise than at School (EOTAS) offer for Derby with parent carers and children and young people to ensure that Derby City Council are meeting their statutory duties to produce an offer that Derby can be proud of.

39/20 Work Programme and Topic Review 2020/21

The Board considered a report which allowed the Board to study its Terms of Reference and Remit for the forthcoming Municipal Year. The report set out key work areas, issues, and potential topic review subjects within the service areas, for discussion or inclusion in the work programme.

The Board agreed the work programme set out in appendix 1 to the report.

The Chair updated the Board on the progress of the Topic Review. The Board noted that they were all invited to the Working Group meetings which are continuing. The Working Groups are making good progress and are currently consulting with children and young people it was planned to bring an update report to the first meeting of the next municipal year.

The Board resolved to note the terms of reference and the Overview and Scrutiny Rules as set out in the Council's Constitution

MINUTES END