

**Children and Young People Scrutiny Review Board
04 September 2023**

Present: Councillor Lonsdale (Chair)
Councillors Trehwella (Vice Chair), Cllrs Amin, Kozlowski and Pattison

In Attendance: Kerry Hodges, Principal Public Health Manager
Rami Khatib, General Practice Dentist
Harman Kaur, Deputy Youth Mayor
Suanne Lim, Director Early Help and Children's Social Care
Rose Lynch, Senior Commissioning Manager, NHS Midlands (East)
Adam Morby, NHS England
Muhammad Muntasir Youth Mayor

Edward Sinclair, NHS England

06/23 Apologies for Absence

There were apologies from Cllrs Wright and Fowke, Andy Smith Strategic Director of Peoples Services,
Tracey Churchill, Co-opted Member Catholic Diocesan Rep

07/23 Late items introduced by the Chair

There were none.

08/23 Declarations of Interest

There were none.

09/23 Minutes of the Meetings on 19.06.23

The minutes of the meeting on 19.06.23 were agreed.

10/23 Children's NHS Dentistry Update

The Board considered a report and presentation from the Senior Commissioning Manager NHS Midlands (East) Services which gave an update on Children's NHS Dentistry.

Since the last update in September 2022, the commissioning of all NHS dental services was delegated to Derby and Derbyshire Integrated Care Board (ICB)/Joined Up Care Derbyshire (JUCD) on the 1st April 2023. The integration of dental services with the ICB gave an opportunity to work at place level and enabled providers to work together.

The restoration and recovery of NHS dental services since the COVID-19

Pandemic helped dental practices to deliver increasing levels of Activity. However, there was a backlog of NHS dental care from the period when dental services were not operating at full capacity. The presentation gave access data, and public health overview information from the last 12 months across the ICB including:

- **Delivery Trend for Derby & Derbyshire ICB since the Pandemic April 2021 to June 2023** - Since the Pandemic trends are now moving in the right direction towards recovery.
- **Number of children and young people seen pre and post pandemic (30 June 2016 to 30 June 2022)** - From June 2019 to June 2022, there was a decrease of 8,406 children and young people not being seen.
- **Proportion of children and young people who have received NHS dental care in the 12 months preceding the quarter end 30 June 2022 within Derby City** - Children aged 0-4 years have had the lowest access rate. It was estimated across Midlands that there were around 709,000 appointments lost in primary care dentistry since the start of the pandemic.
- **Number of new patients seen (April 2022 – February 2023)** -This was data for whole of the ICB, it showed new children who have accessed dentistry across Derby and Derbyshire. In the last 12 months 1,391 more children have been seen, numbers are increasing.
- **Derbyshire Public Health Overview** - Surveys are undertaken every year of 5-year-old children to understand the epidemiology of their oral health. Nationally 28.6 have some dental decay, 3.46 teeth as average, Derby & Derbyshire ICB was below the national average in terms of decay. Across the ICB Derby was one of the worst areas for dental health and has the most children with abscesses and ulceration who need urgent treatment. Derby was the most deprived area within the ICB, there has been a decrease of 35% in dental access from 2019.
- **Access Figures** up to end of June 22 54% of children in Derby were being seen in a practice, by June 2023 figures had increased to 61.4%. Access was recovering but it could be better. The publication of a Dental Recovery Plan was awaited. It would have measures to help commissioners improve access across the board, including vulnerable groups and children, more commissioning incentives would be available.
- **Waiting lists** – before the pandemic waiting times were 52 weeks, they rose to 104 weeks. Waiting times have now reduced to between 75 weeks to 68 weeks and 52 weeks, but backlogs in the system are causing delays.
- **Children in Care (CiC) / Looked After Children (LAC)** – Dentistry was now included in CiC Care packages so information about their dental health will follow them as part of the assessment of health.
- **CiC** – with no access to a dentist can be triaged through the Community Dental Service to a dentist in primary care with interests in working with children, so there was now a pathway for CiC without access to dentistry in place.

- **Contract Reform** – new measures are being introduced, giving dentists more funding for their increased workload. Delays during the pandemic meant more complex dental work was needed, leading to longer treatment time. Skill mixes were introduced; Therapists can now undertake extractions and other treatments that dentists normally do.
- **Cost of Living Crisis and the impact on patients** - children, and young people up to age 25 received dentistry free but once they leave education they must pay. Low-income support schemes are in place to help. Practices were hit by the cost-of-living rise, the cost of utilities rose, and retention of staff was difficult. Practices moved from the NHS to the private sector so they could remain viable. It was hoped to bring practices back into the NHS.
- **Workforce Data** – has just been released for 2022-23, there are 49 fewer dentists in Derby now.
- **The Workforce Plan** - The Plan was awaited and should offer different incentives for patients', different methods of commissioning, types of services and a change in service delivery.
- **Recovery Initiatives** – some practices did not take up the different incentives offered. Work was done with local dental committees and regional committees to understand why practitioners did not utilise these incentives and if they could be offered differently.
- **Collaboration and Future Strategy** – work will set out a broader framework to organise dental commissioning differently.

The officers were asked about the incentives and if leaflets were used to publicise. Officers explained there are programmes to inform the public about oral health. Education, information, and prevention was the key and focusing on prevention was a high priority.

Another councillor asked if lost hours were due to 50 dentists leaving the NHS in Derby. It was explained that the 50 dentists did provide activities but detail of their working pattern and hours was unknown. It was hoped that new incentives would encourage dentists to return to the NHS. When the Recovery Plan was released, Commissioners should have more freedom and the ability to commission and deliver activity differently.

A councillor asked if dentists are taking on new clients. Officers explained that few Practices were taking on more patients. However, the new schemes, incentives, and engagement with committees should help Practices to take on more patients. It was a statutory requirement now for Practices to update the NHS website with availability for new patients as Healthwatch had identified lack of up-to-date information was a major barrier for patients.

A councillor asked if the 54% to 60% of people being seen were the whole population figures. The officer confirmed it was. The councillor asked if 30% of children of the population of Derby don't have access to a dentist how was this being addressed. She understood that some of the 30% could be accessing private dentists but the numbers were unknown.

The officer explained that a third of children are not accessing a dentist, and that deprivation was a key factor, the poorest people in Derby, and children in Derby have not got access to an NHS Dentist. A range of initiatives had been created to focus efforts to get NHS dentistry to the 30% of children not being seen, in the most deprived areas of Derby. These initiatives included oral health promotion, weekend working, community dental work. Some were more successful than others, but it depended on dentists picking up the work. The ICB perspective supported the service and recognised more must be done to target children in deprived areas who most need dental care.

The Board agreed to note the report and asked for a further update in 2024

11/23 Children's Mental Health Issues after COVID

The Board considered a report and presentation from the Director of Public Health which provided an overview of Children's Mental Health after COVID. The presentation highlighted the impact of COVID on children and young people, families, and services. There was a sharp rise in the proportion of children experiencing a mental health disorder.

Headline data - NHS Digital produced a report in 2017 about the mental health of children and young people in England. Follow-up reports have also been produced. Children aged 7 to 16 years with a probable mental disorder went from 1 in 9 pre-Covid to 1 in 5 post-Covid. Young people aged 17 to 19 years went from 1 in 10 pre-Covid to 1 in 4 post-Covid.

There were a range of risk and protective factors that impact on the likelihood of having poor mental health. Risk factors included physical illness, academic failure, and social economic disadvantage. Protective factors are experience of success and achievement, good housing, and range of sport and leisure activities. These risk and protective factors can exist within the child's family, school, and community environments.

There are several **early years impact areas** that increase the likelihood of poor mental health for example if a child is on a Child Protection Plan if they are Looked After Children (LAC), or a child in absolute low-income families.

The graphs showed that the trend across all areas excluding CIC was worsening position post COVID and Derby's position was significantly worse than nationally. However, opportunities to identify child or parental mental health at the earliest point has remained high after COVID. The number of **new birth visits** undertaken by the health visiting team has increased, and 6-to-8-week reviews and 12-month reviews are significantly higher than the national rates.

School readiness the number of children achieving a good level of development continued to decline post COVID. This decline was greater in males, but for both males and females the Derby rate was below the national rate. There are several inequalities which affect success of school readiness they are: first language not being English, whether the child was SEND, and gender, boys are more likely to achieve a poor readiness score.

Adverse childhood experiences (ACEs) are traumatic events occurring in childhood which have a lasting, negative impact on an individual's health and social outcomes in adulthood. Contributing events include abuse, neglect, and household challenges. If a child has 4 or more ACEs they have increased risks, being 30 times more likely to attempt suicide, 10 times more likely to use problematically use drugs, 6 times more likely to problematically use alcohol, 4 times more likely to have depression, low life satisfaction, and anxiety. The percentage of secondary school pupils with social emotional and mental health needs has increased post COVID, 1 in 31 school children with SEND are identified as having social, emotional, and mental health as their primary need.

The Lancaster Model (TLM) was a series of on-line school-based health questionnaires delivered by the School Nursing Service in every school, which can be completed by parents or children and young people at key transition points. It gives the opportunity to identify needs.

School absences, unauthorised absence was greater in secondary school, just below national rate. For persistent absence, the rate in Derby was highest in state funded special schools at 38.6%. Children who were in receipt of Free School Meals or had Education Health Care Plan were more likely to be absent. This was a risk factor as being absent from school would impact on ability to experience success.

Exclusions – there was an increase in exclusions in secondary schools over the last year, most were from one school. In secondary schools there are specific factors which make it more likely you will be excluded: eg gender, first language not English, being male, ethnicity.

CYP Mental Health Disorders, percentage of children 7 – 16 and 17 to 19 has increased, greater in 17 to 19. 31.2% of females in 17 – 19 group will have a probable mental health disorder.

Childhood poverty within Derby, 28.4% of children aged under 16 live in absolute low-income families and 1 in 4 children aged under 16 live in areas amongst the 10% most deprived in England, these are risk factors for mental health. If a child in a lone parent family, you are more likely to be living in poverty.

Derby City Council Citizen Survey showed that 18 to 24 years showed loneliness was an issue with 43% describing their mental health as somewhat poor or poor. 100% of full-time students knew where to access support but only 20% of 18–24-year-olds who were not students did.

Mental Health Services and Waiting Times - there were more young people receiving support for mental needs. 68% children had not had a care contact appointment recorded. Community providers noted an increased need to deliver face-to-face appointments for children and young people who had long waits and who present with more acute needs.

Hospital Admissions - 71% of those admitted to hospital for a mental health condition in Derbyshire were female compared with 64% of those admitted in the East Midlands. In Derby the figure for 15- 19-year-olds admitted was 88% of females.

Mental Health Critical Periods – A child with significant mental health conditions was less likely to achieve academic success and could be a victim of bullying. The total cost for society of Mental Health was £105 billion.

Key Points

- The pandemic intensified the occurrence of mental health risk factors in a short period of time.
- C&YP indicators of mental health show deterioration in the latest years of data.
- There was a rise in loneliness and families in poverty. Reductions in school attendance and attainment.
- There was a rise in C&YP probable mental health disorders to now 1 in 5 of 7- to 16-year-olds.
- There was an increase in the number of C&YP referrals to services and waiting for help.
- Widening gap of inequalities for females and vulnerable children like SEND, children in care.
- The cost-of-living crisis was further compounding the pandemic effects and recovery.

A Board member asked about unauthorised absences and was concerned that by missing school due to mental health issues a child's condition could worsen. How could they access help, would the school help. Who would deal with these issues if a child left school, would it still be the school or a third party. The officer explained that Derby and Derbyshire Mental Health Pathway Services are commissioned by ICB. There were several programmes in place to support schools such as "Changing Lives", each school should have a designated person trained to support the school, identify mental health concerns, and deliver the appropriate interventions. Young People could also access early intervention programmes like "Sound Minds" for mild to moderate mental health issues. If a child left school, then a referral would not be picked up by the school, but there are other routes to referral.

Another Board member was concerned that a Risk Factor for the impact of social media was missing. The officer offered to check with colleagues and advise the Board. The Board felt that social media should be included in the report as a risk factor and agreed to recommend it.

A Board member asked for clarification on "Development during reception". The officer explained there was a checklist of skills in place for children entering Reception year. It covered areas like social and motor skills, Children should have these basic skills and be ready to learn when they enter Reception.

A Board member asked if work was done to reduce exclusions in schools. The officer confirmed there was. Primary and Secondary schools work to prevent exclusion. In year Fair Access Panels exist consisting of multi-agency staff who meet to discuss what can be done for children. All schools bring their pupils at risk of exclusion to these panels. LAC children would never be permanently excluded.

The Board noted the report and asked that a Risk Factor for social media be added to the presentation and report and circulated to the Board.

12/23 Monitoring Safeguarding Practice

The Board considered a report and presentation from the Strategic Director of Peoples Services which provided assurance that safeguarding practice was robust and responsive to the needs of children and families in Derby.

The report contained workforce information, risk analysis and implications for safeguarding for the Department and Derby City.

The officer reported the ways in which safeguarding practice was monitored, and that it was a statutory duty of the local authority.

- Ofsted regulate the service, in 2022 there was a full inspection of childrens' services the overall outcome was "Outstanding". This provided key assurance around quality of practice.
- The service monitors Safeguarding Practice through performance measures.
- There are Internal Quality Auditing processes.
- There are a lot of internal and external meetings ranging from practitioners to Chief Executive and the Lead Member who have kept oversight of what's happening with children's services in Derby.

The Inspecting local authority services for children (ILACS) Performance Indicators were explained and included:

- CIC Statutory Visits completed.
- Child Protection Plan (CPP) Statutory visits completed,
- CPP Reviews completed on time.
- Completing review and assessments within a high percentage timescale.
- Initial Child protection conference completed within 15 working days of Section 47.

National Benchmarking data for the Performance Indicators available for the East Midlands and statistical neighbours, showed DCC were averaging higher than regional and national neighbours.

There were 3266 children in care in June 2023. Derby was an area of deprivation and vulnerable families are less resilient.

Derby received higher than average referrals into safeguarding services. The average number of Multi-Agency Safeguarding Hub (MASH) referrals this calendar year was 643 per week and 22,510 in total. The nature of referrals was detailed. 83% were due to Abuse and Neglect (Domestic Abuse, Emotional, Neglect, Sexual and Physical). The service worked with safeguarding partners to ensure families receive intervention at the lowest safe level and to prevent escalation into statutory services.

In addition to Ofsted external inspections the service had embedded a quality assurance ethos. Case auditing was undertaken across the service. The

quality assurance framework had been reviewed. Speaking to children, parents, carers, workers and looking at the files had provided evidence that activity was effective.

The officer highlighted that sufficiency of competent and experienced child-care social workers was a national challenge and had been for several years. There were not enough social workers and local authorities have been reliant on using agency social workers to meet compliance. To manage increasing demand Derby launched a pilot scheme in 2022 to redesign the role and function of social workers. The purpose was to reduce social workers high caseloads and to increase their retention and reduce reliance on agency social workers. Outcomes included a reduction of agency social workers from 18 to 1.5, a reduction in staff absence and low vacancy and turnover rates, which stabilised staffing.

A Councillor asked about Safeguarding Referrals and asked what proportion were from the public and how important were they alongside MASH concerns. The officer confirmed about 6% come from the public either anonymous or named. Every referral was considered equally in terms of the information presented. There was a threshold document which each referral must meet to initiate any action.

The councillor asked what the process for referrals was. The officer explained there were two methods a phone line and an online referral form that will guide whether this was the right process for the information provided. The Team manager and Social Worker look at the referral and check if concerns have been raised by anybody else, they then reach a decision. The threshold document was on Derby Safeguarding Children's Board (DSCB) website. The process was transparent.

A councillor asked how the 20,000 referrals as of last year compared to other Local Authorities (LAs) or cities of a similar size. The officer explained that every LA had seen an increase in referrals. However, Derby City does have a high level of referrals, which was disproportionately higher for Looked After Children, Child Protection and Child in Need populations. A lot of work goes into considering the referrals received. There was little in place to enable children or families to be engaged at a lower level. Work was needed in terms of the resilience of Derby City as families should not be drawn into statutory services as much as they are.

The Chair stated that the main message from the reports received at this meeting seemed to be that the lower levels or "safety nets" are missing. services should not all be delivered by DCC. Derby was not catching everyone who needs to be helped before they are in the situation of accessing Derby's statutory children's services. The officer was asked if she had any ideas for improving the situation. The officer suggested challenging Derby's partners in universal space around engaging our communities to be more cohesive and understand where they can support and provide a first line of defence together. Also constituencies and communities can be very powerful on a supportive level.

The chair stated the work was very important and noted the reduction in agency staff to 1.5. and that consistency for this group of people was important, she thanked the officer for bringing the report.

The Board noted the report and thanked the officer.

13/23 Topic Review Scoping Report

The Board considered a report which allowed the Board to agree the scope of the Topic Review which was agreed at the meeting on 19 June 2023. The title of the Review was "To examine if the way of managing schools is conducive to children's mental health and wellbeing" The Scoping document was set out at Appendix 1 of the report.

The Board discussed and agreed the Scoping Document.

14/23 Work Programme and Topic Review

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 discussed the work programme set out in appendix 1 to the report and made suggestions for further items to be included. A request was made for a report on Reinforced Autoclaved Aerated Concrete (RAAC) in Derby Schools to be brought to the next meeting.

They were informed that currently no schools had been closed due to RAAC in Derby. However, if the situation changed a report would be brought to CYP & Skills Scrutiny Board.

The Board agreed the Work Programme

MINUTES END