

Time commenced – 18.00pm

Time finished - 20.14pm

## **Children and Young People Scrutiny Review Board 14 December 2020**

- Present:** Councillor Lind (Chair)  
Councillors Hezelgrave, Testro, and Pattison  
Co-optees – Stephen Grundy, Tracey Churchill
- In Attendance:** Fiona Colton, Head of Service Early Help and Children's Social Care  
Robyn Dewis, Director of Public Health  
David Gardner, NHS Derby and Derbyshire Clinical Commissioning Group (CCG)  
Tracy Harrison, Chief Executive, Safe & Sound  
Siobhan Horsley, Senior Specialty Registrar in Public Health  
Helen O'Higgins, NHS Derby and Derbyshire CCG  
Suanne Lim, Service Director for Early Help and Children's Social Care

### **15/20 Apologies for Absence**

Apologies for absence were received from Andy Smith, Strategic Director Peoples Services, Cllr Ross McCristal, Chris Hulse, Connie Spencer, Youth Mayor, Priya Gill, Deputy Youth Mayor

### **16/20 Late items introduced by the Chair**

There were none.

### **17/20 Declarations of Interest**

There were none.

### **18/20 Minutes of the meeting held on 19 October 2020**

The minutes of the meeting held on 19 October 2020 were agreed as a correct record.

### **19/20 CAMHS and Mental Health for Young People Update**

The Board considered a report and presentation of the NHS Derby and Derbyshire Clinical Commissioning Group (DDCCG). The report and presentation were given by the Assistant Director, Learning Disabilities, Mental Health, Children and Young People, NHS Derby and Derbyshire CCG

DDCCG had attended the CYP Scrutiny Board on 19<sup>th</sup> October 2020. They had been asked to provide further detail on:

- How services ensure that CYP excluded from schools, or those non-school education access mental health support.
- The average and longest waits for services
- How the face to face offer was working during Covid

The officer highlighted information from the presentation:

**CYP who are not school educated** – Connections had been made between Changing Lives Operational Lead, CAMHS Specialist Community Advisor Lead, In Year Fair Access and Exclusions Team. Preliminary conversations had taken place about starting a process to find children who are persistently absent, at highest risk of exclusion and who need mental health support. Currently work was ongoing with specific schools to identify pupils who are persistently absent. From January 2021 two new Changing Lives Mental Health Support Teams will be in place in two schools one with a high persistent absence especially for vulnerable groups, but, the teams may take six months to become operational whilst team staff are trained. In Year-Fair Access and Exclusions Teams work with schools intelligence to identify pupils who are persistently absent or at risk of a managed move and more likely to be at risk of having mental health issues, It was planned to develop pathways for these children into targeted early intervention support via either the Building Sound Minds service or Changing Lives Mental Health Support Teams.

**Access to CAMHS** – Data from October was available for Derbyshire Healthcare (DHcFT). DHcFT had always been doing some digital consultations alongside face to face contact, but this increased dramatically during the initial COVID lockdown. DHcFT have been increasing the amount of face to face activity since September. The October data showed 361 contacts where face to face appointments with children in a Covid safe environment took place during lockdown. Comparing numbers of overall appointments in September/October 2019 versus the same two months of this year, this has gone up considerably with DHcFT completing 135% of the number of appointments completed last year. Access to CAMHS increased during COVID but face to face appointments went down dramatically. In future data it was expected to see that the number of face to face appointments had been increasing since October.

**CAMHS demand** - Since September, when pupils returned to schools there had been a rise in the referrals pattern across most services; this was not dissimilar to last year's pattern in terms of its increase.

**CYP Mental Health Waiting Times** – There had been a variable pattern: sometimes wait times dropped down because of seeing more urgent cases. Chesterfield Royal were seeing people very quickly in urgent scenarios which affected average wait times.

Derbyshire's average wait times had risen, up to 37 weeks. It reduced to 25 weeks at time of October data and it was believed this should be improving still further. Prior to the COVID Pandemic it was 14 to 15 weeks and the CCG want to get back to this wait time for core CAMHS appointments.

**CYP Mental Health Services wait to first contact** – all providers send information on mental health data set, which can be broken down to different

primary network levels. However, because of a national data glitch it was not possible to separate out the providers. A totality waiting list was shown for longest waits which was in days.

The Building Sound Minds waiting list was between 6 -12 weeks; if a person was referred today for an individual session that would be the waiting time. For group work it would be less than that. There was a huge maximum wait, because neuro development waiting time for diagnostics from University Hospital Burton & /Derby could not be excluded. This was why there are figures of one year to nearly two years. Research showed that we should be seeing about 8% of school population; 828 school children should be seen for neuro development issues and there was a commissioned service for 2,148 places. The reason for long waiting was that referral rates had been growing at a rate of 23% to 26% per year for the last few years, which was completely unsustainable. The waiting list had been closed for a short time, but services will be re-opened from 4<sup>th</sup> January 2021. There was still concern about the number of children on the list and about the length of wait on the time to be seen. This was not for urgent health care treatments but for diagnosis. An additional sum of money was put in this year to try and help bring down and manage the total waiting list. however the best way of managing was by managing demand, for example tackling what was happening with the graduated offer in schools, and getting the help and support to families when they need it, rather than funnelling them into an inappropriate specialist health service which was not designed for the requests coming in.

There are all sorts of reasons why people choose to access an NHS psychologist rather than schools' psychologist or even referring to alternative services. In some cases, it was just misunderstanding. But people do choose to go for Educational Health Care Plans (EHCP's) rather than getting the help they need, perhaps thinking that by getting a diagnosis that gets them an EHCP would give them an additional resource in some way. It was worth noting that this was a possible reason for long waiting lists.

**CYP Mental Health Wait time from first to second contact** - If you've been seen how long you should have to wait for your second appointment, proxy measure of how long it takes to get into treatment. For most services, it would be days, but if you look at longest neuro development pathway the data was thrown completely. The officer would like to come back to give real figures when in a position to do so. It was hoped this would be in the New Year, when a wait time was fixed nationally.

**Number of CYP accessing all Mental Health Services** – The data shows indicates that DDCCG are now meeting the rolling 12-month Mental Health CYP access rate. It shows the number of children being seen was going up and that the 35% target will be met this year. The service has been gradually seeing more people each year, and this achievement is 10% higher than it was two years ago.

**Proportion of CYP Mental Health Access by provider** – The data shows that referrals have been increasing for preventative, early intervention services like Action for Children (Build Sound Minds) and for the digital offer Xenzone (Kooth). Some new services came online during COVID. As these services

become established, it was expected that the percentage of the people they are seeing will increase which will release resource for CAHMs team to see those most in need people.

**Proportion of CYP Mental Health Access by Referral Source** – At the October meeting councillors asked where referrals were coming from. There are now more from carers and relatives, with a slight increase for social services and police. There are also education referrals and a wide range of other professional referrals. The rise indicates that services are beginning to reach demand from across the system.

The Changing Lives service referrals were low between April to December 2020, as they were a new service. Changing Lives offer was digital but was now switching to face to face. DDCCG will bring data to show how this was impacting on numbers. Building Sound Minds had gone digital but moved to a blended digital and face to face offer in November. CAMHS are now moving to more face to face assessments with a blended offer to.

There are clear signs that the strategy of introducing targeted early interventions was working; there are referrals from a better range of sources, and waiting lists are coming down. There has been increased investment in the core CAMHS team by over £1m and investment in other areas. There was £1.2m of investment to introduce more crisis response services within CAMHS, and into the Enhanced Home Support Service to provide care in people's homes. This may take pressure off core CAMHS by seeing young people for more routine appointments.

A Councillor noted the fantastic progress made on approaching and seeing more people and trying to reach children and young people at risk of exclusion. The councillor asked, if the referral rate was rising, does the Trust know what the projected demand will be moving forward, and does the Trust have the resources and capacity to meet that demand. The officer confirmed that a target capacity of 35% of children with diagnosable mental health problems had been met this year, this was an improvement on the national target of 25%. However, a gradual programme of increasing capacity and increasing access over the next few years to get to a much higher level of capacity, would be dependent on the government continuing to provide resources. Derby and Derbyshire was on track to increase the number of children being seen with the resources they had been given; but, it was not possible to predict any future outcomes.

A councillor asked whether the service was still only allocated funding which was sufficient to meet one in three children who had need of the services. The officer confirmed that that one in three children was the national level and that was what they had been given. Derby and Derbyshire are doing well in comparison to others. They had been using a phased approach, and by introducing the voluntary sector and by trying to divide resources, they are probably getting more impact and getting more children seen than if they had put all their resources into the top tier. Some funding went into the top tier, some went into targeted early intervention and some went into specialist areas such as eating disorders. Staff shortages also needed to be considered; there was a need to grow and develop staff capacity. Derbyshire Healthcare would

have liked to have appointed more senior staff but instead have appointed junior people to train as a better way of meeting their recruitment strategy “grow your own”.

The councillor then asked that with the need to reduce waiting times, where the current waiting times should be and what actions are being taking currently to try and achieve that. The officer confirmed that they were aiming for 18 weeks waiting time for this year, but 12 weeks was what it should be and what they are aiming for in future. The Trust want targeted services to be significantly less than that. The officer highlighted that for urgent appointment waiting times, children need to be seen, there was a need to get to a four-hour same day response within three years; this was the government’s target. In future this committee should expect to see urgent waiting response times gradually being reported.

A councillor asked in relation to exclusions, how was the service reaching people out of education, children that are home schooled that a school refuses for instance. The officer confirmed that children excluded from school need to be referred to us, and can be referred through normal routes such as the GP. However, we are expecting referrals to be made through the work we have done with the care teams, who are in contact with excluded children. There was work ongoing to try to make direct links between those teams and the new services. For example, the Changing Lives Teams in schools. There was a need to undertake awareness-raising through networks to make people become confident of the connections.

A councillor requested that thanks from the Board be passed to the service for the work they had done in such difficult circumstances. The organisation has been very agile in how it has responded and got in touch with young people in Derby as quickly as possible. However, the one in three level of funding issue was worrying. The councillor asked if the Board could put their influence behind urging the government to fund the service more clearly, as there was a need for it.

The councillor also asked whether Home Educated children are more likely not to access the service, because the only people who can refer them are their parents who may not be aware of the service. Also do Home Educated children have different mental health issues and are they more likely to need CAMHS support. The officer confirmed that those children that have been excluded and are in home education are likely to have mental health problems and do need to have access. Children who are in Home Education because they have been bullied, or they are sensitive, should have some access to support services. A digital offer was available and was a way for a child to access these services. There are options available, but children and young people and parents need to be informed about their existence.

The councillor then asked about young carers; was there any noticeable greater need of mental health services by young carers especially with long waiting lists for services. The officer confirmed that young carers are likely to have some degree of emotional problems and would benefit from the Building Sound Minds programme, who run carer support groups. They are always happy to hear from young carers who need emotional support and resilience.

**The Board recommended:**

- 1. That DDCCG and Health should work together in partnership with LAC in relation to bridging the gap between those children and young people that are school refusal and suffering from mental health issues; and those that are home schooled who possibly also have mental health problems, and also young carers.**
- 2. That the Chair of Children and Young People's Board write to the government on behalf of the Board stating their concerns in relation to the lack of funding for Children's Adolescents Mental Health service (CAMHS) in Derby particularly, and the impact that lack of funding was having on children and young people in Derby.**
- 3. The Chair should also highlight in the letter that every effort to increase the recruitment rate and the career path for CAMHs and make it attractive to people, so that a workforce can be established that was equipped and competent and to deal with issues.**

## **20/20 Topic Review – Early Intervention Youth Outreach Support – Youth Alliance**

The Board considered a report and presentation of the Chief Executive for the Safe and Sound Charity active member for Derby Youth Alliance. The report and presentation were given by the Chief Executive.

The officer gave an overview of the Youth Alliance, explaining that there are several youth provision organisations all doing different things to support young people and provide activities, engagement and interventions.

Youth Alliance was a collaboration of organisations, social enterprises, charities, the Council, Police, Derby Homes, who have got together to form a partnership to understand what each organisation does, and to work collaboratively together to try and give the best appropriate youth provision for children and young people in the city.

The Youth Alliance focuses on the priority areas and areas where support for young people and their families was needed most. The response was underpinned by contextual safeguarding, so the focus was on the families, schools, environment and place, rather than just the individual children and young people.

Members of the Youth Alliance, Community Action Derby are the alliance vanguard. There are also five other children's charities involved; Children First Derby; Derby County Community Trust; Derby Cultural Educational Partnership; Safe and Sound; and Sporting Communities. Surrounding them there was a network of trusted providers who offer a variety of quality opportunities and activities for young people across physical activity, sports, culture and the arts. This was not an exclusive alliance; any other organisation can be a part of the

alliance. It allows us to find the best solutions to support the young person, family or place, looking at what's already in place rather than duplicating it and to working with those giving the provision already. All providers must have certain policies in place for safeguarding and health and safety. They must have the right insurance and understand what the Alliance is trying to achieve.

The Alliance works to improve the quality of all the provision across the city, to make sure there is training available providing mentorship for some of the smaller organisations to enable them to work collectively and upskill them in the process. It is a good opportunity for organisations across the City to work together and share good practice, with the focus on children and young people rather than funding.

The aims of the organisation are:

To share information and intelligence on issues that affect children and young people. There is responsibility on organisations to share information, there are forms and processes in place. Organisations work to a format and share information on activities and on the effectiveness of what they do.

To identify and collaborate on effective initiatives like youth violence strategy ASB, violence, knife crime, mental health and exploitation. Young people are at risk of all of these if they are vulnerable. If these issues are tackled together, there would be more success than if it was tackled independently in different pockets or boxes.

The Youth Alliance allows young people to have a voice including Derby Homes Youth Forums, Safe and Sound Participation Group. Children and young people and their families can influence what is being done and feedback to policy makers, enabling them to make decisions which are more informed by the views of children and young people.

The Board were informed that the pilot started two weeks ago. It was funded by Derby City Council, Derby Homes, Police, Youth Offending. Police Crime Commission (PCC) and an independent Housing Association. Collective funding was available to use to tackle Derby youth violence strategy. It would help those children and young people most in need in priority wards. The officer then explained the referral process to the Board.

A councillor asked if was planned to further expand the Alliance and bring in other local groups to work with them. The officer explained they were looking to expand in future but for the pilot they did not want to grow too much. Work was undertaken with other organisations and they were not working in isolation. Any organisation, if they fitted the safeguarding and other criteria, could be a part of the Alliance. Hopefully it will grow to have everybody in the City who support children and young people on board

The councillor asked if the whole city was covered or just specific areas? The officer confirmed the work was citywide, but it was dependent on where the referrals came in as to where energy was focused; it was about prioritising response as they cannot be everywhere. They would be directed by their

fundings and would focus on a particular area with the greatest need rather than spreading themselves too thin and not be able to make an impact.

The councillor asked if there were any noticeable trends in the issues mentioned like Anti-social Behaviour, Mental Health, Exploitation? The officer explained it was too early to give a view on trends in the pilot of the Alliance. However, from experience the trends in city revolve around vulnerability and isolation of young people through Covid. A lot of services have closed, and children and young people feel they do not have the places to go to. The biggest gap was that young people are unaware of what was on offer; part of Young Peoples Group's work was to try and publicise the activities available. There was also concern around the risk for children with SEND.

The Board thanked the officer for the presentation. They found it was helpful and a valuable contribution in terms of the topic review and one they hoped to be able to delve into deeper as the topic review progresses.

The Board then discussed and agreed a timescale for the collation of evidence and preparation of recommendations in relation to the Topic Review. They agreed that two working groups should be set up at the end of January and beginning of February (w/c 25.01.21 and w/c 08.02.21). The groups identified in the scoping document Community Action, Fire Service, Derbyshire Constabulary and the Community Safety Partnership and the Alliance would be invited to attend. It would be beneficial to hear from these service providers and learn more about what the Alliance are doing in co-production with other organisations. The Board would like to put forward recommendations that were meaningful and productive. They felt it was important that youth support was central to the Council's Covid response. It was important to learn more about the Alliance and the views of children and young people.

**The Board noted the recommendations at 2.1 and 2.2 of the report and for 2.3 agreed a timescale for the collation of evidence and preparation of recommendations in relation to the Topic Review. There would be two working groups one in late January and the other in early February, at which the organisations listed in the scoping document and the Alliance would be asked to attend to present evidence. All Board members were also invited to attend.**

## 21/20 Young Carers Report

The Board considered a report and presentation of the Strategic Director of Peoples Services. The report provided an update on the numbers of young carers and the work carried out with them. The report and presentation were given by the Head of Service Early Help and Children's Safeguarding. achievement in SEND.

The officer informed the Board that it was a statutory responsibility of the local authority to provide services for young carers. It was taken on by the council and moved to Early Help services in 2015, before that it had been a commissioned out-service. The officer explained that young carers come from



right across the City and can be any age from 8 to 17. Currently there were 40 young people on the register. Referrals for young carers come in from a range of agencies, including Children's Centres, Social Care, Early Help, NHS, Health Visitors from vulnerable families in refuges, charities and Schools. Often referrals come from vulnerable children's meetings, when looking at the details of assessments.

The officer highlighted a piece of work recently undertaken with Lister House Surgery. It was explained that Young Carers can be unseen, they don't want to talk about what the tasks they are doing at home such as personal care, washing, showering, shopping and often childcare. There had been real commitment from the Safeguarding GP about getting GPs in general to recognise young carers. Focussed work with Lister House Surgery involved banners around the surgery to highlight the issue and getting parents to understand tasks they are asking their children to do may mean that they can access extra support.

The officer explained that service provided respite activity, allowing young carers to move away from their daily tasks and not think about their parents. Varied activities can be undertaken like paddle boarding or orienteering, even the opportunity of watching a DVD. The Early Help service has a full-time counsellor within its service, part of whose work is for priority families but with some time to offer therapeutic work to children and young people if they want it, this would often be an art activity.

The service also works with young carers on targeted interventions. Once an assessment was received it was analysed to gauge the level of support needed. It could be intensive support about coming to terms with a parent's life limiting illness, or it may just be a need for respite. The young carers are split into age ranges groups of juniors (8 to 11) to seniors (11 to 17). This enables them to access age appropriate activities.

During the summer it was not easy to get young carers to join in outside activities as they often had parents who were shielding due to illness. Virtual contact was done with children asking what support they needed, shopping was done for them, activity packs like art, creative work, reading books were provided for them. Telephone counselling work was undertaken.

A councillor asked how young carers were managing with education now, particularly as they were looking after people who are shielding. The officer explained that it had been challenging during March to July. The children were asked if they needed any help with schoolwork. Early Help services had weekly contact with every school in the city to ask if there are any vulnerable young carers who needed help. Focused work took place with young carers, it was found that they are only doing half of schoolwork that was expected, approximately 15 hours per week. The Board were informed that about 85% of young carers had returned to school, some could not because of shielding issues. Up until the October half term the team were working with young carers in their gardens. The officer stated that these young carers had missed out, they have not had a break.

Another councillor thanked the officer for the presentation which was very informative. It was reassuring that the 40 young carers in the City were contacted every week. The councillor asked if there could be more young carers in the City other than those 40 who had been recognised and whether the service had worked with schools so that reasonable adjustments were made for those children known to be young carers. Was the service informed by the school if someone was a young carer even on the lowest level of care, are the schools able to understand that a young carer has specific needs because of their responsibility which may impact on schoolwork or attendance?

The officer confirmed that there was likely to be many more than 40 young carers in the city; part of the team's role when they inherited this service was to try and raise the profile of these children. The service knows about those children who have the greatest caring responsibilities. The team learn about other young carers through their own work, from social workers or schools, those young people who are doing a little bit of caring. The team does more work where the young person's responsibilities are quite intense. The Early Help Team in Locality 2 do the intensive work and one of the first things they would do would be to contact the school about homework and timekeeping. Young carers should not receive a late mark if they are slightly late. The schools are often asked if they have any children who have caring responsibilities. It was an ongoing piece of work to find out where these children are. In a normal year banners would be in place in libraries and schools also at the Council House, to try and discover those young people who are most vulnerable because of their caring responsibilities.

A councillor recognised the need to get the message thorough that the Early Help Service was available to support and keen to help young carers. It was important that schools recognise these young carers, as it was a safeguarding issue. The children are at risk of their education deteriorating because of caring for a family member. The Board extended their thanks to the Early Help Team.

**The Board noted the report and asked that their thanks be passed on to the Early Help Team for all the work they had undertaken to support these young carers.**

## **22/20 Partnership Approach to Tackling Childhood Obesity**

The Board considered a report and presentation of the Strategic Director of Peoples Services. The report provided and update for the Board on a partnership approach to tackling childhood obesity. The report and presentation were given by the Senior Specialty Registrar in Public Health.

The Board were informed that the Strategy was developed to last from 2020 to 2030 as a long-term approach was needed. The final draft strategy was approved in 2020.

The focus of the strategy was on four main areas.

- Families and Early Years – looking at children within this setting
- Education and Schools – looking at children within this setting

- Health and Care Professionals – supporting their development around this issue
- Obesogenic Environment – kind of environment and culture that we live in that makes us at risk of obesity, and being overweight, limits healthy choices.

The final strategy was recently approved by the Children's Partnership board in 2020 and will be going to Joined Up Care Derby January 2021. The oversight of the strategy will take place there in future.

The officer outlined the two objectives of the strategy

- Supporting those children who are already overweight or obese to be able to access joined up support that's wrapped around them. It should be long term support, as this was a long-term issue in terms of reversal or improvement. Systems are in place to identify children who need the support and then provide the support that's most effective for them in their situation.
- Develop and improve preventative approaches for current and future generations. There was a need to take a whole systems approach, which would co-ordinate all existing efforts around prevention. Any gaps would be targeted as the system and level of understanding of what was happening will support the use of resources. An environmental approach would then be thought about.

The officer described the prevalence rate for obesity in Reception Year and Year 6. It was explained that an annual national weighing and measurement programme for children took place in schools in Reception and Year 6, the recent released data shown was 2018/19. Derby had tracked the national average until 2018/19 when it diverged. The service was waiting for data for 2019/20. In Reception 12% of children were obese, this had increased to approximately. 24% in Year 6. Derby was tracking the national average in 2012 for Year 6 but since then has been consistently above the national average.

The officer also explained the need to consider the influence of COVID 19. Since the Pandemic anecdotal evidence and emerging data suggested that the rates of obesity in children had increased, including an increase in children who are severely obese. It was likely that this was due to the influence of a significant change in lifestyles during the school closure period and the follow-on period. Actual data will become available as the National Child Measurement Programme (NCMP) begins again in 2020-21.

The Board were informed that Voices in Action (VIA) were contacted about the issue and were asked to find out how the lockdown and school closures affected eating and physical activity for children. Differing responses were received. Some children had a supportive environment, people were at home, healthy meals were available, they ate with their families, did not skip meals, some did more exercise. On the other side some children ate more, they were comfort eating due to boredom or stress, food was readily available, there were no set meal times, they could not do sport, they had no routine. It was quite a

complex picture, but it was clear that there had been a change in children's relationships with food and exercise, sometimes for the better.

The Board were informed that services had changed the way they worked during the Pandemic. Strategy partners had provided a reduced offer during the lockdown period and had moved towards virtual services. However, services did provide a virtual offer on a one to one basis for those children identified as needing support. There was some progress towards implementing the HENRY programme for pre-school children (health exercise and nutrition programme for young children). Referral pathways were developed for very obese children from NCMP to school nursing. There was a lot of work around food provision in the community/voluntary sector for example the Food for Thought Alliance was established.

In the national picture there was a shift to look at obesity again and drawing people's attention to it as a risk factor for COVID 19 prompting a policy paper from government in July which promoted the Better Health (weight loss) Campaign. There was investment into weight management services. There were communications to the public about what's in our food, calories, labelling on alcohol and restrictions on advertising promotions like (Buy One Get One Free).

It was recognised that full access to services to schools was still not in place. So, the priority was to do as much as possible for those children who the service was already aware of. Also, to try to understand the current picture for children in Derby, looking at the current data, sorting out referral pathways so children can easily be given the support they need. Some development work was undertaken about safeguarding protocols for social care colleagues so that they could make referrals into health effectively when they were aware of any issues. Also, re-starting the weighing and measuring in schools programme to establish current data.

A councillor stated that it was great to see the review work that would be taking place and asked how children are being identified and referred to the service. The officer confirmed children would be identified via the standard weight and measurement process in Reception and Year 6, and through schools and relationships with school nursing staff. There was also the Active schools programme, who go into schools and undertake targeted work.

Another councillor thanked the officer for the presentation and acknowledged the difficulties that had been caused by COVID 19 which had stopped essential work with families. Early intervention was really important and will have a vast impact on young people lives in terms of their health long term, their mental health and feeling of self-worth. The officer explained that the service was trying to support a universal approach by working with health visitors in early years, a policy approach using promotions and a targeted approach for those children who need it.

A councillor asked to be kept informed in terms of relevant data that comes out over the next year, to see whether there was an increasing problem of obesity for children or if it was being resolved. Also, to see what strategies or responses would be put in place as a result of the data.

**The Board resolved to note the report and requested that an update report be brought back to the Board in the next year.**

## 23/20 Monitoring Safeguarding Practice

The Board considered a report and presentation of the Strategic Director of Peoples Services. The report provided an overview of Derby's continuing response to COVID 19 and implications for safeguarding practice. The report and presentation were given by the Director of Early Help and Children's Safeguarding.

The report covered three key areas; the response to the second lockdown, how we monitor and assure ourselves of quality, the overall pressures and current performance

The officer explained that a report had been provided to the Board in September 2020 in respect of the initial response to the lockdown and the future operating model, in the knowledge that practice and delivery would be changing. In September the service had started to open all the offices, ensuring that they were Covid safe. Risk assessments had been undertaken and staff had increased contacts with open cases from September. However, Covid rates began to increase from mid-October onwards and contingency plans were put in place in readiness for another lockdown. The experience of going into a second lockdown was that we were ready and confident with plans in place. We were in a strong position. We'd also risk assessed all our young people, to see if direct contact needed to be maintained or if we could undertake virtual contact. The overall response to the second lockdown was unproblematic.

The officer then explained Monitoring Quality arrangements. There were already very robust systems in place and this had not changed in Covid. There was a monthly assured safeguarding meeting that looked at and received information on current pressures in the service and any challenges that are presented; this was a line of sight directly to the shop floor by the Chief Executive, Cabinet Member and Strategic Director. There was also a monthly Performance and Development Board which received all the reports around audit. The service constantly looks at the three and a half thousands of cases open to the service. Weekly monitoring reports have been developed by the Corporate Performance team, so that Service Directors and Heads of Service and the Strategic Director are aware of data like the numbers of referrals, types of referrals and any emerging trends. So, there was scrutiny on the level of needs and different trends emerging. The Case Audit programme had been resumed; recently a review of supervision arrangements for staff had been undertaken. Staff have been continually delivering services during this period without a break.

The officer then described the pressures on the service. The Board were informed that contact demand has risen by 6% (120 contacts per month) from

April, due to Covid, contacts being the referrals from partner agencies into the Multi Agency Safeguarding Hub (MASH). In any one month there was between 1750 and 2000 contacts that came in from partner agencies who were concerned and worried about a child. All contacts must be considered by a social worker to see if they need further assessment, there was a 16% rise in the contacts which come and move on to the next stage of assessment. Domestic Abuse referrals had risen by quite a significant increase of 27%. The Board were informed that Domestic Abuse accounts for 47% of all contacts that come into the MASH. There was a rise of 5% Early Help cases, by end November there were 1135 Early Help cases open. There was a 2% increase of children with a Child Protection Plan, which was the highest level of risk that a child can be subject to. There are 450 children subject to a Child Protection Plan at the present time. There was a 9% increase of Looked After Children (LAC), currently there are 641 LAC children in Derby. Currently there are three and a half thousand children being worked with by the services across Early Help and Children's Social Care in Derby.

The officer highlighted the performance of the Service who have experienced a huge amount of pressure and increase of workload over the last months during Covid but have maintained a clear and robust focus of what they needed to do. An overview of statutory requirements showed that the additional work performance during Covid by staff was quite phenomenal.

- It was a Statutory duty to ensure that any children presenting with significant need would be presented at a Conference within 15 days. In Derby 95% of Child Protection Conferences took place within 15 working days.
- The statutory timescale for a single assessment was 45 days. In Derby 96% of single assessments were completed within timescales.
- In Derby 96% of Children in Need Reviews were completed in timescales, those reviews must happen every 3 months
- In Derby 86% of Child Protection visits were completed in timescales. The timescale of visits are subject to the plan themselves but must be no longer than every 20 days that a child must be seen if on Child Protection plan - reviews must be completed in timescales (every 3-4 months) 94% were completed in Derby.
- In Derby 91% of Children in Care (CiC) in statutory visits were held in timescale
- In Derby all CiC reviews were completed in timescale with a participation rate of 96%

The Board were informed that this was a phenomenal performance All the teams are working hard and there was no let up during Covid. The officer was incredibly proud about social worker commitment and what they had done over the last 12 months. It was reassurance to the Board that the service was doing as much as it could for the children of Derby.

A councillor asked that the Board's sincere gratitude could be given to the social work team for their continued hard work and dedication, also to the staff in the safeguarding services. It was hoped that the message could be passed to them, that they had accomplished fantastic work. The councillor then asked if the officer had a good idea of the projected demand going forward. The officer explained that they were looking at forecasting and now have an algorithm that looks at trying to predict trends over past 6 months. Currently they are working on a three to five-year forecast. This had been done with LAC children over the last year and the predicted numbers of LAC have been reasonably accurate. The officer confirmed that, in terms of demand, numbers will steadily increase. It was planned to bring a report back to scrutiny in the next year on that work. The Corporate Performance Team are looking to see how much they can help us with their intelligence around what the three to five-year landscape would actually look like. This was really important as it would help to plan our services. There was only so much that we can absorb before eventually performance deteriorates or we miss a Child Protection case. We are focusing on trying to get an accurate forecasting of where we are going.

The councillor asked if the officer was confident that there would be the capacity to meet demand moving forward. The officer confirmed that the capacity was available at present time, the service was pressured and stretched but it was safe. The plan was to undertake a forecasting exercise so that we can ready going forward over the medium to long term. There was a lot of latent need in the system and there was uncertainty about what else Covid would bring; the full impact of Covid was still to be experienced.

A councillor thanked the officer for the detailed report. The councillor was concerned that this was a national picture and was worried that at some point, there would be a need to get more staff with recruitment difficulties due to demands. The social worker role was an extremely demanding one; it was important work that could be held to account very severely if things go wrong. The councillor wanted to be reassured that numbers of staff would be available when there was a need to recruit. The councillor also felt that it was good to know that children are in the system and being supported despite Covid. The officer confirmed that there was strong workforce development section, and a good retention rate of social workers in Derby. However, sometimes retention of experience social workers was difficult and this was a national issue. There was no difficulty in recruiting newly qualified social workers, but they needed time to build up their experience. The officer offered to bring a report on Derby's Recruitment and Retention Strategy to the next Scrutiny Board, or the next time monitoring safeguarding was due to be discussed, as it was an important area.

**The Board resolved to note the content of the report, current pressures and plans in place to address future challenges**

## 24/20 Derby Safeguarding Children Board Children at Risk of Exploitation (CRE) Annual Report

The Board considered a report and presentation of the Director of Early Help and Children's Social Care. The report and presentation provided an update on

the work of the multi-agency partnership. The report and presentation were given by the Director of Early Help and Children's Safeguarding.

CSE which has morphed in CRE, encompasses sexual exploitation and child criminal exploitation. There are three planks to success within the city, there was strong governance, excellent partnership working because tackling CRE cannot be done in isolation: robust systems in place to support and identify children and young people who are danger of CRE.

This report covers the previous year's (2018/19) recommendations. All the recommendations that were expected to be undertaken have been completed. There has been training undertaken and delivered for licensed premises, including taxi drivers and hotels. The "Say Something if you See Something" continued and was led by police and licensing partners. Data has been captured and developed, analysis has been undertaken, we have a new system linked to the social care case management system so we can draw out reports. Training has been offered to children and young people. The Early Help service have also provided training sessions in schools also.

The officer reported that data from 18/19 identified 107 cases of CRE exploitation, a decrease from previous the year when there was 132 cases. There was an increase in boys being referred, due to expansion of child criminal exploitation. With the introduction of criminal exploitation there has been a rise in referrals relating to that area, more girls are being referred in that area also. Safe and Sound and Catch 22 are the main providers of interventions and the specialist services. There was also a regional group that provided governance arrangements and consistency of approach when children move between authorities, ensuring the children and young people receive the same level of intervention. Covid has presented some challenges in terms of making sure these children are safe. The Team has ensured that resource packs are on-line so that children can access interventions and professionals have all the tools available to work virtually.

The officer described the impact of training. A diverse range of training had been delivered, given to several different organisations and professions as outlined in the report. Some of the feedback has been positive. The comments from Children in Care demonstrates that individuals were clearly engaged during the training programme.

The officer outlined the priorities for this year. It would be a continuation and strengthening of what we have been doing in the previous year as outlined on page 21 of the main report in the recommendations. This remains a key priority of the city and of the safeguarding partnership. Children say that they feel safer because of the participation that they have had, and we have had a continued, determined focus despite Covid to ensure that we extended and responded to that expansion of CSE to CRE being a place-based risk. We are very much looking at that external risk, which was a key risk for particular children with exploitation. This was about what was happening in the community and what the pull and triggers are in the local community which was forcing children into risky behaviours. We are ensuring that we are looking at place-based risks external to the home and that parents are included with that as part of the safeguarding framework around that child and part of the solution. Parents are



being equipped to ensure that they are a part of the building of local knowledge and resilience for this group of children. We have a continued dynamic education and training programme and we are seeking to improve links with regional groups in order to respond better to any forms of exploitation across the City.

The officer highlighted that this had been a year like no other. But the service continues to have strong partnership working which had been a key priority, particularly over the last twelve months, and will continue to be a priority for the City.

A councillor passed thanks to the team who had worked really hard putting this report together, and also throughout the year protecting children and young people in the City.

Another councillor stated that it was a good thing that there was a strong system in place and that it was there when children were out of schools for some time due to the pandemic, when there was a possibility of being caught up in CRE. We do have an agile system in place, and it was very reassuring for the Board to know that the service was working in that way and that they give the best possible service to the City. The team was thanked for all the work they do throughout the year.

The officer confirmed that this was very much a partnership and multi-agency approach, and no one agency that can take the credit. The lead was in the Council but health, police, the voluntary sector and other partners all have a part to play in this. It demonstrates how well Derby responds as a whole to critical issues across the City.

**The Board noted the Children at Risk of Exploitation report and the work of the Derby Safeguarding Children Board.**

## 23/20 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 Board resolved to note the terms of reference and the Overview and Scrutiny Rules as set out in the Council's Constitution**

MINUTES END