

Children, Young People & Skills Scrutiny Review Board 25 March 2024

Present: Councillor Lonsdale (Chair)
Cllrs Amin, Fowke, Kozlowski, and Wright

In Attendance: Alisha Ahmed, Deputy Youth Mayor Elect
Sharon Buckby, Director of Learning Inclusion and Skills
Robyn Dewis, Director of Public Health
Kerry Hodges, Principle Public Health Manager, DCC
Helen O'Higgins, Head of Children and Young Peoples
Mental Health Commissioning DDICB
Harman Kaur, Deputy Youth Mayor
Muhammad Muntasir, Youth Mayor
Nicola Smith Assistant Director of Children's Strategic
Commissioning DDICB
Sam Thiruvathilil, Youth Mayor Elect

38/23 Apologies for Absence

There were apologies from Councillors Trehwella (Vice Chair), Cllr Pattison, Tracey Churchill, Co-opted Member Catholic Diocesan Rep, Gurmail Nizzer, Director of Commissioning, Andy Smith, Strategic Director of Peoples Services, Ven. Matthew Trick, Co-opted Member Church of England,

39/23 Late items introduced by the Chair.

There were none.

40/23 Declarations of Interest

There were none.

41/23 Minutes of the Meeting on 05 February 2024

The minutes of the meeting on 05 February 2024 were agreed.

42/23 ICB/ICP Integrated Care System Update

The Board considered a report from the Director of Commissioning which provided an update on the ICB/ICP Integrated Care System for the Board.

An update on **Neuro Development (ND) Assessments and ND Community Hubs was given**. The Board were informed that the referral rates for Autism and ADHD referrals for CYP were beginning to reduce. The numbers of CYP waiting for an ND Assessment were also going down. However, there was still a significant number of over 3,000 CYP across the NHS footprint in Derby and Derbyshire waiting for an ND Assessment.

The officer explained that CYP ND Community Hubs had been set up with the aim of reducing the flow of CYP onto the clinical assessment pathway. There were 4 ND Community Hubs located in High Peak, Central Derbyshire, Derby City and South Derbyshire. The Hubs were open access, no referrals were necessary and were run by the voluntary sector. They provided support to CYP and their families at the earliest opportunity possible. The Hubs provided an earlier step for Education and Primary Care to signpost to, and they supported the clinical assessment process.

Statistics highlighted that 113 ND Community Hub sessions had been held in the city since 2023. 177 (161 CYP) had attended the Derby City Hub. 94% of people who accessed the Derby Hub had a better understanding of services available, 86% felt more supported and 96% said they felt welcome and safe.

The next steps for ND Community Hubs were detailed. The Hubs would support with screening and triage of referrals, and NHS providers were working closely with schools to make sure all pre-diagnosis support was accessed. The Assessment pathway would be re-designed, NHS providers would work with schools to get them involved in the assessment process as early as possible.

Additional funding was available to support the Partnership for Neurodiversity in schools (PINS). This would strengthen the partnerships between parents and schools, develop schools' confidence and expertise to support neurodiversity in the classroom, improve the school environment to address low level needs to help neurodiverse children engage in learning successfully, and to develop an inclusive culture in schools.

A Board member asked if any demographics could be provided for CYP community health sessions in areas; the officer said it could. Another Board member queried if the threshold had been raised and if data was still falling. It was confirmed that the threshold had not been raised and explained a survey had taken place of children and families of which a third had said that, if the help they needed had been received earlier, they would not have sought an ND assessment. The access route to ND Hubs was queried were they drop in or referral based. The officer re-iterated that Hubs were open to all, and no referrals or diagnosis were needed.

The Youth Mayor asked if the Autism Portal was being promoted and was told that it was promoted in schools and with the Local Offer information; communications was an important area and there was a need to do more. The Youth Mayor offered his help, which was accepted by the officer. The need to share contact emails and posters was highlighted. The Board offered to help with this.

A Councillor asked what was meant by the term ND. It was explained that it included a whole series of presentations in children like ADHD, Foetal Alcohol Syndrome and Dyspraxia. The councillor asked about focus on Autistic children, and the officer explained they would try to support children to understand themselves and to do the best they could. It was explained that the majority of children are in the ND group, their conditions were untreatable, but they could be supported. The Board were interested in the classroom environment and whether ND children can be themselves. The officer explained they could and that inclusivity of education in schools for ND children was very important.

The Board asked if schools were receiving realistic resources to assist. The Service Director for Learning and Skills explained that if an Educational Health Care Plan (EHCP) was in place for a child then funding would be allocated to the school to meet their needs. Health and care colleagues also work with the school to enhance the curriculum in addition to the allocated resources.

The Board asked if the number of referrals into diagnosis would reduce with the new arrangements. The officer explained they were not discouraging people seeking diagnosis or increasing thresholds but making sure they are seeking diagnosis appropriately; the NHS England NICE guidelines were being followed.

The Deputy Youth Mayor elect wanted to know the adverse treatment of Neuro Diverse students by Neuro Typical students was being handled, as the misunderstanding of others can affect a Neuro Diverse person's mental health. The officers could not give an immediate answer but offered to work together to provide a report for a future meeting.

An update on **Childrens' Mental Health** was provided by the officer, who informed the Board that help, and support was available through a graduated response. The aim of Joined Up Care Derby (JUCCD) was to help all children and young people to thrive. Since 2015 through the Children and young people mental health transformation programme, partners have built the offer available to meet the different types and levels of need CYP experience. The officer gave details of how to access local CYP mental health support, which included a 24/7 helpline and mental health support service and a dedicated website, Derby & Derbyshire Emotional Health, and Wellbeing website. Additionally, professionals can access Derby and Derbyshire Mental Health Pathway Guidance, and CAMHS specialist Community Advisers provide consultations to all professions from statutory, community and voluntary organisations.

Key progress during 2023-24 in the CYPMH Community was highlighted and included:

- Kooth, a universal digital support service with articles, podcasts, and self-help tools. CYP registrations increased so more capacity was commissioned.
- Compass Mental Health Support Teams in schools (MHST). There are centres of excellence in schools' networks. It provided confidential emotional health and wellbeing support for CYP with mild to moderate emotional health and wellbeing needs.
- Child and Adolescent Mental Health Services (CAMHS) Eating Disorders Service – by Q3 the expanded Team was able to see 100% of urgent referrals in 1 week and 98% routine referrals in 4 weeks.
- CAMHS Core Recovery Service – During 2023 the service was re-configured to create a triage and assessment team which reduced waiting times into the service from 30+ weeks to 16 weeks by December 2023. The focus in 2024-25 will be to reduce internal waits for CYP to access specialist interventions and therapies.

In CYPMH Urgent care was also detailed, the Board were informed that CAMHS Urgent Care Services expanded their offer working with partners to enhance support and care around CYP when they needed it most. The services were accessed by professional referral and included a 24/7 helpline.

Next steps for the service were described, work in prevention and health inequalities with a focus on the needs of children in care, with learning disabilities and autism. Key areas of need were:

- CAMHS long waits for routine care due to the high level of need.
- Eating difficulties and complex eating problems – there was more demand from CYP with specific eating problems.
- Sufficiency of placements for CYP with complex needs – a specialist beds offer was being worked on to provide intensive healthcare for children with the most complex needs.
- Cliff edge of care – for those children who do not meet the threshold for adult services.

A Board member asked what level of children were being recognised as needing help and support. The officer explained that from 2017 one in nine children under 18 had a probable mental health diagnosis from 2023 it was one in five children under 18. In Derbyshire a survey “my life my view” showed that one third of school aged children were depressed, just under one half had anxiety, the issues were linked to the internet and bullying. The councillor asked what could help to relieve pressures earlier in young people’s lives? The officer highlighted that the whole school environment was important, each school has its own community. The education framework helps schools around training staff about mental health literacy. However, the most important thing was to listen to young people as their voice shapes the work needed.

The Board resolved:

- 1. To note the Report.**
- 2. That Officers bring back a report to a future of the meeting of the Board on “How the adverse treatment of Neuro Diverse students by Neuro Typical students was being handled, as the misunderstanding of others can affect a Neuro Diverse person’s mental health”.**

43/23 School Pupil Health Checks/Childhood Obesity

The Board considered a report from the Director of Public Health. The report provided an update on School Pupil Health Checks and Childhood Obesity.

The officer explained the system of health checks. Health Visitors provide 5 health checks: antenatal, newborn, 6 to 8 weeks, one year and two/two and a half years. In Derby more checks are provided at 3 and 6 months and at three and a half years. Parents/carers are also sent a health questionnaire by the Public Health School Nursing Team before their children begin school.

As the age 4 to 5 children have their hearing, vision and weight checked by the Public Health School Nursing team. Measurements of weight are delivered using the National Child Measurement Programme (NCMP).

Further checks are done as children progress through school. They take place at 10/11 years (Year 6) and 13/14 years (Year 9) and are delivered by the Public Health School Nursing team using a digital programme called The Lancaster Model.

It was highlighted that 80% of children living with obesity remained obese as adults. They are stigmatised due to their weight, the impact of which included

bullying, poor educational outcomes, increased risk of depression, anxiety, and social isolation.

The officer explained that the NHS spends approximately £6.5 million annually on treating obesity related ill health. The origin of chronic disease because of excessive weight starts in childhood and included type 2 diabetes, cardiovascular disease (CVD) and poor mental health. Moderate to extreme obesity could shorten life by 3 to 10 years.

The officer highlighted the trends in the data and explained in 2022/23, 20.0% of reception aged children in Derby were overweight or obese, compared to 21.3% nationally. Locally the proportion was decreasing down from 10.5% in 2021/22 to 9.2% in 2022/23. However, it meant that in a typical reception year class of 30 children 3 would be living with obesity.

In year 6 the figure for overweight and obese children doubled from 20% in reception to 40.3% in year 6. The figure was a lot worse than the England average of 36.6%. Derby had gone from being better than the England average at reception to significantly worse at year 6. Also, unlike reception aged children, the proportion of overweight or obese year 6 children was increasing both locally and nationally in recent years, particularly for children who are obese (on or above 95th centile). This meant in a typical year 6 class of 30 children 8 (26.2%) are living with obesity.

The officer informed the Board about Derby and Derbyshire's Healthy Weight Strategy. Clear pathways and signposting had been put in place to help children already overweight or obese to access joined up and long-term support.

The Action Plan 2021 – 2024 had two objectives:

- Objective 1 - Support for children who are already overweight or obese.
 - Expansion of weight management services for children
 - Improved pathways between school nursing, weight manager, primary and secondary care
 - A Safeguarding policy including a clear pathway for escalation.
- Objective 2 - A whole systems approach to prevention
 - Development of the whole systems approach at community level in the city
 - Good progress made against system with infant feeding strategy.
 - Healthy start uptake increased by 14% in Derby.

The Board queried the Body Mass Index (BMI) measure being used and highlighted the difference in weights in people of ethnic background. The officer explained it was the best tool available and was mandated to determine the National Child Measurement Programme (NMCP). When a BMI assessment was done it would be under the clinical guidance of a nurse. The Board were interested in the leading causes of obesity. The officer explained there were a variety of factors which needed to be considered including environment, access, poverty, and education. There was also the question of why the levels of obesity had changed and why this had happened. The environment in which we live had many pressures which impact on maintaining a healthy weight. The issues of obesity were ones that needed to be tackled nationally and there should be action at all levels. A Board member agreed that in addition to the work done

locally and regionally there ought to be action nationally on the food and drinks industry.

A Board member asked about “Stop Obesity Schemes”, and it was explained that they are Community Action Schools programmes being in run in schools where there was a high rate of obesity. Work was undertaken with the whole schools, activities, food, it also included referrals for children who had been identified as needing more intensive support for their weight.

The issue of Children’s Dental Health was raised and if it was included in the Schools Health Programme. The officer confirmed it was, there was always a link to dental health in cases of obesity. It was standard procedure to ensure that oral health was strengthened, the impact of sugary drinks was highlighted and how to brush teeth correctly. Training took place in an Early Years setting, families were educated, and free toothbrushes were made available.

A Councillor asked about process for parents when a child of 4 to 5 years was assessed as being overweight by Health Visitors and Childrens Centres. If a HENRY programme was delivered but no improvement was made, would they be referred to another intervention process? Also was it the same children identified as being obese at Reception who were identified at Y6. The Director of Public Health explained that individuals could not be tracked, it would not necessarily be the same children in Reception and Y6 identified as being obese. Regarding the HENRY review, about 14 to 15 of Derby’s GP practices are commissioned to link with parents. Every parent who received a letter about their child’s weight will be linked to a GP for further intervention.

A Board member was concerned about the differences in life expectancy in the different city wards, and what was in place to ensure a good level of health throughout the city. The officer explained that data was used to ensure services are commissioned proportionally across the city. The service was working to ensure support was available where possible. The link between breast feeding and healthy weight was being monitored.

The Youth Mayor suggested that although Derby was doing well comparatively in terms of the national average for obesity, one important factor to think about when it came to obesity, was vaping. He had recently undertaken presentations on community safety in schools and had encountered students who had been exposed to vaping either once or on a regular basis. The impact of vaping in the long-term was unknown. Had vaping been considered as a factor to tackle obesity in the Strategy? The Director of Public Health explained that vaping had not been linked in the Strategy but important work on vaping had been undertaken. A variety of commercial determinants of health are being promoted and made attractive to young people. Work had been undertaken to control access to tobacco for young people. Vaping was another way of introducing young people to nicotine through a different route. Government legislation was in process to make this version of nicotine less accessible for young people. Although there was no correlation with obesity now, vaping should be a priority with strategic planning for the future.

The Board resolved:

- 1. To note the report and officers were asked to consider if “vaping” could be a factor on childhood obesity.**

44/23 Annual Report of Educational Outcomes 2023

The Board considered a report from the Director of Early Help and Children's Social Skills. The report provided an update on the Youth Justice Services in Derby.

The officer reported that the report was for the academic year 2022-23 and captured the work underway last year and the work that schools had been involved with.

The Board noted that many of Derby schools were becoming Academies, and the financial consequences in the reduction of the budget for central services. However, the LA was still accountable in many areas such as risk-assessment, statutory assessment, early years, governor services. The Service commended the work of the Local Authority in this context.

A Board member asked if there were any measures other than exams in place to measure children's achievement. There was a need to take pride in all children's achievements and not just exam outcomes. The officer explained that Key Stage results are a national accountability. Unfortunately, not all children were able to access full education during the pandemic and the teacher assessment results from the period had been criticised. The officer highlighted recent achievements in Derby schools which were not linked to exams success; one was a successful entry to an American Robotics Competition.

The Board thanked the officer for the report which was interesting and positive; the Board were proud of the progress and efforts made by young people.

The Board resolved to note the report.

45/23 Work Programme 2023/24

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 and agreed the work programme set out in Appendix 1 to the report. They also agreed the recommendation to defer the Topic Review to the first meeting of the next municipal year, for the new Board to have the opportunity to discuss and agree continuation of the Topic Review.

The Board agreed the Work Programme

MINUTES END