

SCRUTINY FOR POLICIES, CHILDREN AND FAMILIES COMMITTEE

Minutes of a Meeting of the Scrutiny for Policies, Children and Families Committee held in the Library Meeting Room, Taunton Library, on Friday 7 December 2018 at 10.00 am

Present: Cllr L Redman (Chair), Cllr R Williams (Vice-Chair), Cllr N Hewitt-Cooper, Cllr W Wallace, Cllr M Keating, Cllr L Leyshon and Cllr T Munt. Mrs Eileen Tipper.

Other Members present: Cllr M Chilcott, Cllr C Lawrence, Cllr F Nicholson.

Apologies for absence: Cllr M Dimery, Cllr James Hunt, Cllr J Lock, Cllr J Williams, Mr P Elliott, Ms Helen Fenn and Mrs Ruth Hobbs.

24 Declarations of Interest - Agenda Item 2

There were no declarations made.

25 Minutes from the previous meeting - Agenda Item 3

The minutes of the last meeting were agreed.

26 Public Question Time - Agenda Item 4

Questions were received for agenda items and these were heard at the time the Committee considered that agenda item. Where the questioner was not able to ask the question in person the question/s were read aloud by the Council's Monitoring Officer.

Item 6 – Hospital Admission for Self-harm in Somerset

Somerset Parent Carer Forum ask:

In your report you highlight that there is a view that “you have to attempt suicide to get treatment”. At the forum we are sad to confirm this is the view held by many families due to their own experience or what they hear from other families. We are regularly told by families that they have been referred to CAMHS but that the referral has been unsuccessful, and they have been given no other advice other than you don't meet the threshold. What plan do you have to address this?

Response:

Self harm is clearly a sign of emotional distress, but not necessarily mental illness, the DPH annual report focuses on the high number of children presenting at A&E with self harm and then being admitted. However, we believe that the solution is in intervening earlier and teaching children about positive coping skills (many of which are already being used by children which we know from the HWB survey) and also ensuring support is available beyond the borders of specialist services. The comments about accessibility made in the report were also followed by a recognition that many people refer to CAMHS because they are not aware of other services that might in fact meet the needs of the child more appropriately.

The problem in our view is not with CAMHS but with the system as a whole. This report wanted to highlight the fact that mental health needs to be everybody's business and we need support of the Forum to help us find ways to meet these needs. On a practical note one thing we have done since the report is to bring together service providers of early intervention mental health services for children and young people. Forty organisations came together and there are now plans to produce details of those services in an easily accessible place for parents and to look at ways they can work better together.

Somerset Parent Carer Forum ask:

Another area of concern is the families that have children who are self-harming, are being told that because the child is autistic they do not have mental health needs and children are being discharged from CAMHS because they are awaiting an ADOS. Does the data collected allow Somerset to have a clear understanding of the links between self-harming, Autism and mental health needs so as to commission the needed support for this group?

Response:

No I am afraid the data is only collected at a high level and so there is no other medical information attached to this data. I think we should feed this information into the CAMHS commissioning group, which my colleague from the CCG James Slater leads. Issues of diagnoses and on-going mental health problems related to self-harming behaviour were not in scope for any condition. The on-going multiagency (CCG and SCC PH and educational psychology) work around self-harm prevention will be inclusive but any information the Forum has to illustrate how self-harming behaviour is different in relation to children and young people with autism would be welcome.

Somerset Parent Carer Forum ask:

Pages 23-25 highlights the use of schools to support children and young people's mental health needs. The forum has recently completed a project for NHS England collecting case studies of families who have experienced tier 4 CAMHS services. One of the things that came from that is that schools were unable to implement the recommendations from CAMHS constantly due to capacity. This led to an escalation which resulted in admissions. How realistic is it that all schools will be able to implement the framework and how are you going to avoid a postcode lottery resulting in some schools not doing so?

Response:

Excellent questions, which I think is in 2 parts, there is a tiny proportion of Somerset children who require support at the highest level of specialist support (less than 100) this service is commissioned by NHS E and again I suggest we feed back this information through the CAMSH commissioning group to NHE E, as we know from children living with a whole range of conditions from asthma, diabetes and cerebral palsy, a school care plan that is deliverable is so important to enabling them to be at school, make friends and learn – as every other child has the right to do, a recommendation of the suicide review of CYP was that children in receipt of CAMHS had a school care plan – to enable the school to manage risk in an informed way

The Somerset Wellbeing Framework is about a whole school approach to mental health and was developed in consultation with schools, young people and CYP practitioners over an 18 month period. It aspires to change the culture of schools and embed an ethos where mental health is regarded as everyone's business. Inevitably a culture change of this kind will take time to happen but already we can see that this work resonates with schools, the framework was launched in June 2018 and already 41 schools are actively working through the Wellbeing Audit tool with many more registered on the website and using the information and resources to support staff development.

We are conscious that capacity is and will remain an issue with schools being able to manage what they do to educate children and young people alongside actively promoting wellbeing. We have therefore designed the framework to include Pillars of Wellbeing that underpin good mental health with themes that schools recognise as being part of their everyday provision; building a sense of belonging, positive relationships and healthy lifestyles. These areas are fundamental to wellbeing and education so fit well with what schools already offer.

Alongside this, schools are being supported by the Schools Health and Resilience Education Team (SHARE) who providing dedicated Mental Health support at a universal level across all 39 secondary and middle schools over a three year period. The team are working to the framework delivering wellbeing-based activities for staff, parents and young people. Alongside this, the school nurse team are taking an active role in supporting emotional health and wellbeing through the delivery of school-based clinics and as active members of school Wellbeing Action Groups.

To further support schools to adopt a whole school approach to wellbeing and mental health, SCC Public Health is providing a range of training opportunities accessible to all schools. These include a programme of PSHE CPD delivered by an organisation called LIFEbeat and bitesize specialist mental health sessions around topics such as self-harm, eating disorders and bereavement and loss. There is also further Mental Health First Aid on offer and plans to cascade training to parents through a combination of parent workshops and webinars.

The expectation is not to create CAMHS provision in schools but to develop an environment where staff and pupils understand and are able to promote positive mental health and can provide support and early intervention activities at school level. Further government investment (Green Paper) is expected within the next 2 years that will enable greater capacity and leadership in mental health. The Somerset Wellbeing Framework is laying down the foundations for this.

Item 7 - 2015-2020 Somerset Local Transformation Plan for Children and Young People Emotional Health & Wellbeing

Somerset Parent Carer Forum ask

Point 15 in the report highlights the development of the overarching & integrated Health & Social Care Strategy for Somerset (Fit for My Future). From attending the events around the county, we can see that Mental health needs

are being looked at separate to the children and maternity work stream. How are you going to ensure that the mental health needs of children and young people do not get lost/loss priority within this approach?

Point 19 - You highlight the extensive local consultation and engagement in the past. Please can you clarify when this took place, how many people were involved and the type of responders e.g. organisations, children, parent etc?

Response:

We are working very closely with colleagues to ensure that that the mental health needs of children and young people do not get lost or loss priority. It is acknowledged that the LTP is a plan which (in its initial iteration) pre-dated the Somerset CYPP 2016-2019; and also that effective partnership working requires joint planning & commissioning. Therefore, Somerset CCG has committed to conducting this review in partnership using existing partnership arrangements. Somerset CCG is an active member of the Somerset Children's Trust (SCT) & in 2018 the SCT Chair is the CCG Director of Quality & Safety (also SCCG Lead Director for Children). SCT's work programme - set out in the Somerset Children and Young People's Plan (CYPP) - includes a programme for Improving Emotional Health & Wellbeing (EHWB). This programme board will oversee & deliver the review and ensure it is embedded into the next iteration of the CYPP. Also, as a continuation of strategic planning and development of health & social care in Somerset begun by the Sustainability & Transformation Plan, work has commenced on an integrated Health & Care (H&C) Strategy, called "Fit for My Future". This work will encompass CYP MH/LD albeit through two overlapping workstreams, each with a service development collaborative: children & maternity; and mental health & learning disabilities. Therefore, a key challenge for the review work will be to ensure that the LTP's achievements, aspirations and legacies are incorporated into future plans for services in Somerset by the FFMF strategy and its governing structures.

Regarding local consultation and engagement the LTP has benefited from extensive local consultation & engagement through its lifespan, and this is acknowledged by NHS England. As such, the refresh builds on sound foundations. The Children's Trust has recently conducted an extensive programme of engagement in preparation for the next iteration of the Somerset CYPP. The refresh & review will both be informed by the findings of that work. Similarly, the Fit for My Future programme has conducted an extensive programme of engagement, by which the review will be informed. The Programme Board includes a range of partner representatives, including a member of the Scrutiny Committee and a representative of the Parent Carer Forum and this helps to ensure a cross section of views are heard.

Regarding out of area placements Somerset CCG delegates the management of out-of-area placements to its Provider, Somerset Partnership FT (SPFT). This is intended to promote clinically-led decision-making & management of these complex cases.

As at 30/11/2018, there were 14 Somerset children & young people under the care of a Tier 4 CAMHS or LD service. Of this 14, 13 were out-of-county. The

Providers are in different locations in England, the furthest away being in Staffordshire.

To put this number in context, the SPFT CAMHS caseload (Tier 3, Community Eating Disorders Service & Enhanced Outreach Service) is c1,200 children & young people. In other words, the vast majority of Somerset children & young people receiving CAMHS treatment are receiving it in-county from the local provider.

Recent investments in CAMHS in Eating Disorders & Enhanced Outreach (crisis resolution & home treatment) have enabled local treatment of cohorts of children & young people who (a few years ago) would have been treated out-of-county. These services are sometimes referred to as “Tier 3.5”, largely because they include options for local in-patient treatment.

The “tiering” model currently in use predicts for Somerset a Tier 4 population of about 60 children & young people. Looking at this Tier 4 case-load and the caseloads & waiting-times of Tier 3.5 CEDS & EOT, we are relatively confident that (at this level) the clinical need is being met. In relation to that part of the question about support offered to parents, families & carers, further information has been requested.

Item 8 – SEND Update

Somerset Parent Carer Forum ask:

Please can you clarify when the Autism Education Trust (AET) training to mainstream schools will be rolled out. Will it include academies early years settings and colleges? Will the basic level also be given to transport escorts to ensure a constancy for children and young people?

We often have parents asking for information about the bases and special schools and there is still an element of mystery around what each one does. Will the capital work to increase spaces also included work to ensure the offer is clearly communicated with local families?

Response

AET training for schools will be available from March this year, with bookings currently being taken. This training will be available to all education settings, including early years and FE colleges on a traded basis. Tier 1 training is recommended for all and would be suitable for all school based staff. The Autism and Communication Advisory Service will also adapt and deliver training for travel escorts. There are a number of useful resources which are available free on-line: <https://www.autismeducationtrust.org.uk/> Schools and parents are able to download Autism Standards and Guidance for free using this link.

Work has been undertaken to clarify the offer from Special Schools and this information is available. A Service Level Agreement (SLA) for those schools who currently have an Autism Resource Base on their schools site is currently under review and plans are to have these finalised by the end of February 2019. This will ensure clarity around the offer from the Autism Bases. If your

child is in the process of obtaining an EHCP, or identifying a suitable placement, the SEND Casework Team will consult with settings which are appropriate to meet their needs and provisions that you wish to be consulted.

Paediatrics and CAMHS have weekly triage meetings. Autistic children with MH needs will be seen by CAMHS; at the same time many ASD children with behavioural/emotional needs should have intervention from ASD and behavioural services.

It is also important for all children to have intervention for behavioural & emotional difficulties from appropriate tier services.

Cassandra Davies asks:

Why is it that the local area needs assessment has not incorporated those who are learning disabled and/or are autistic and display behaviour that may appear challenging.

Guidance around these services is specified under NICE Guidance NG93 and is not currently commissioned by Somerset CCG.

Those who experience these needs are the most likely to have complex support needs in terms of education and mental health.

These young people are not having their needs identified in the strategic needs assessment and therefore not as part of the statutory assessment process.

This is a legal issue and means that these young people are experiencing discrimination under the SEND Strategy, Joint Commissioning Strategy and the Statutory Assessment Process.

What is being done to address this? What is being done to address the high figures for SEMH and below average figures for ASD?

It appears that many SEMH cases may be cases of undiagnosed Autism.

The previous autism strategy showed that most young people in Somerset were diagnosed with autism between the ages of 14-19 yrs.

By this time the opportunity for early help interventions has well and truly passed. Failing to identify autism in a timely way means that autistic young people

may have experienced many years without reasonable adjustments appropriate to their needs and therefore suffered discrimination and even trauma in education.

Receiving appropriate autism specific support, early on in a timely manner means that educational needs can be met early on.

Reducing the risk of MH issues and the need for higher level interventions, so is more cost effective.

How does the Joint Commissioning Strategy specifically address these historic failings?

How does the Joint Commissioning Strategy plan to address the issues of discrimination of young people with complex neurodevelopmental disability?

Currently these young people are not having their educational needs identified as part of the statutory assessment process?

Current assessment services are limited, and no pathways are made available to NHS England commissioned complex neurodisability services which provide multidisciplinary team assessment.

Paediatric services in Somerset refuse to make referrals to these services on parent request. Access to these pathways does not incur local cost but appears to be an attempt to hide the needs of those with complex neuro developmental disability.

Failing to identify the provision and reasonable adjustments needed around support and ineffectively using SEND investment on inappropriate provisions. Early access to more specialist services supports young people to meet their potential, reduces the risk of MH issues and helps to prevent the need for more involved and costly provision in the longer term.

Response

The local area needs assessment refers to all CYP with SEND and partners are committed to effective joint working between Health, Education and Social Care. This includes the groups you refer to, those with ASC and learning disabilities.

There are currently six groups leading the work on improving our local area in relation to Special Educational Needs and Inclusion. One of these groups is the joint commissioning group and has a number of participants working towards more effective commissioning practices and improving outcomes for children and young people with complex needs.

There are a number of other workstream relevant to your question, including 'Identifying and Managing Challenging Behaviour'. This group is jointly led by the Designated Medical Officer and a Strategic Manager from the Inclusion Service and will include engagement from parents. Planning for this will come from feedback from the planned parent roadshows. The initial focus is on accurately identifying the underlying cause of behaviour presentations, to facilitate early intervention and accurate support for children and young people.

However currently Paediatrics and CAMHS have weekly triage meetings to discuss children .Autistic children with Mental Health needs will be seen by CAMHS; at the same time many ASD children with behavioural/emotional needs should have intervention from ASD and behavioural services and from paediatrics perspective, the majority of ASD diagnoses are made between ages 4-7. Some children with High functioning -ASD are diagnosed later and there is clear guidance in place for referrers considering ASD. Specifically MDT assessment forms a core part of managing all children with complex ND and paediatrics will work with families to ensure appropriate teams are involved.

Marianne Evans asks:

I would like to ask a question to be asked at the meeting, I'm unable to attend. I ask on behalf of families with children with epilepsy, which is a neurological medical condition. Why is it that EHA's are not being carried out so that services can be implemented to help the vulnerable.

Also, when a child with epilepsy has an EHCP awarded why are they not using a neuropsychologist to help implement a person centred approach to their educational healthcare plan. Children with epilepsy are known to struggle with memory problems and also have additional needs too which are not being recognised. What is being done to bring young people's diagnostic services in

line with NICE Guidance, in order to support the Joint Commissioning Strategy? (E.g. Occupational therapist)

Response

The Local Area is aware that the implementation of the EHA as the primary method for accessing support for children and young people with additional needs has presented some difficulties for GPs. The refinement of this process is ongoing with multi-agency support.

Parents of children with draft EHCPs should ensure they are happy with the content of the plan and feel that it has had sufficient input from the appropriate professionals, including health professionals. If there is some uncertainty about this it is recommended that you continue to work with your Case Work Officer to finalise the plan.

Many children with epilepsy will have SEND so will have High needs funding or an Education health and care assessment. Others should have support through a Medical Plan.

Family Voice Somerset ask:

Are the SEND consultations Jointly commissioned?

Are the SEND consultations including the recent survey by Public Health?

The public health responses questions the delivery of your 5 key strategic outcomes, in emphasising inclusion, quality, timely and positive experiences.

Response

The health and well-being survey asked children about their health and well-being and we did generate a report about children who self identified as SEND and their health and well-being, but the survey did not ask children for their view on the SEND strategic outcomes, so I do not understand the question and as I had a prior commitment was not present when the question was asked

Why is the local offer not included in the joint commissioning partnership. When can we expect a time line for a local offer that reflects what is local, what is available and not just a website? There are still to many gaps missing from the Children and families act 2014 and SEND COP

Please can all the autism bases and other bases recently re commissioned that are missing or currently ask families to contact the LA for the SEN policy, please consider the 6.79 SEND COP where this information must be on a website.

Response

Work to agree final Service level agreements are in progress and when complete will be available

When will families be informed or offered a consultation on the restructuring of the SSE services that also include more than the PIMS services?

Has all 700 PIMS consultation invitations been sent, please could this be followed up as many families on our social media group have questioned that they were not aware. The breadth of the consultation needs to be questioned in

terms of it being more accessible to parents who may have caring responsibilities.

Webinars and online questionnaires give more flexibility.

The PIMS service is also referenced in the schools building protocols, Have the PIMS team been involved with the building development for all the new schools and extensions?

In 2014 a document was created to list many of the health conditions known to Somerset, and listing if they would need PIMS, health care plan or EHCP. Many of the staff who worked on this service have left the services they represented. This document shows:

- 147 health conditions that the hospital and the LA recognised as needing PIMS support.
- 130 health conditions that may or would need a school health care plan and PIMS
- 98 health conditions that may or would need an EHCP and PIMS
- 96 Health conditions that may or would need an EHCP, school health care plan and PIMS

How are these requirements being jointly commissioned in line with children and families act 2014 section 25 and 26.

What is the process for commissioning the equipment to support children with SEN who have a medical condition with the requirements (for CFA2014 section 25&26)?

Response

The LA and CCG are currently developing our joint commissioning arrangements.

Please could we have more information on the actual protocols being suggested and the pathways between “Maintained schools must make arrangements to support children with medical conditions” and “Health professionals may be commissioned in a variety of ways”

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Who will be overseeing that the health plans meet safeguarding requirements to safeguard children?

Where are the joint commissioning for the duties of School Nurses who ideally should be the Practitioner from health working with schools to identify the children who need health referrals, to support early intervention and to support other health conditions that do not require support from PIMS (a further link above)?

Response

The service is a Public Health Nursing Service and so does not provide medical care or advice to children with complex physical health needs, they provide signposting support for health care advice and support for the school and parents. But provide Public Health support and interventions for all children of school age in Somerset. The community paediatric nurses undertake a lot of the health care planning for children with complex needs and support training for schools. Some School Nurses do fulfil medical care, as they have paediatric community nurses within the service but this is not the case in

Somerset. There is no standardised capacity within School Nursing and Somerset has one of the smallest School Nursing workforces in the South West, which SCC inherited from the NHS.

When will the joint commissioning pathway for visual needs be consulted on? The learning difficulty clinics who assessed for visual difficulties were stopped without consultation. Visual difficulty pathways appear to be difficult to understand, including CVI. Visual Difficulty clinics are included in The British Association for Child Community Health page 10.

Are the Communication services also being jointly commissioned? It would be very good if the SCC communication services including Facebook and twitter could share the publications from the short breaks newsletters, calendars and other events that frequently are not able to be added to the local offer. The recent pre action letter sent to SCC raises the persistent concerns of consultations, including families and listening to the voices that families raise of the concerns and safety of many families. Will this letter be responded to by 12pm today (Friday) unlike many of the families who write many times in desperation, past their crisis point.

Response:

In order to answer your questions regarding SEND consultations we would need to be clear about which consultation you are referring to, however we remain committed to consultation with parents and families. Somerset Parent Carer Forum have a strategic lead in representing parents and families and we are confident that they ensure all relevant consultations are widely shared through a number of channels.

The Somerset Parent Carer Forum will be hosting a series of roadshows in January through to March where the local offer will be a main focus. All families, carers and young people will be invited to attend and contribute their views.

The review of PIMS services has been lengthy and detailed to ensure we are able to meet the needs of those who access the service now, and who may do so in the future. Close links are in place with Health colleagues, and these are now being formalised and strengthened to ensure a robust offer to children and young people with physical, medical and sensory needs. A working party is scheduled for January, where parents, Health professionals, SENCOs, and advisory teams will come together to explore pathways for effective joint working. This is the next step on our journey towards a jointly commissioned service which meets the needs of children and young people in a holistic and person centred way.

Item 9 - Young Carers Service – (Budget proposal CAF 20)

Somerset Parent Carer Forum ask:

We note from the report that the redesign of the service is now being undertaken by adults commissioning. The needs of young carers is very different to that of adult carers, acknowledged by many councils having separate services. We would like to know how the adult commissioning team

are using the expertise of the existing Young Carers service to help support this work?

Family Voice Somerset ask:

What are the young carers requirements that need to be met by the local authority?

With the proposed changes of service to lose all the current staff, how will the requirement for providing personal advisors; assistance that welfare, education and training needs to be met; services if a CIN; type of grants available?

Response:

Adults Services have not been asked to redesign the Young Carers service. Adults commissioners have experience working with the voluntary and community sector and have been asked to identify opportunities for greater involvement of the community and voluntary sector in Young Carers support to enable Young Carers to share experiences, support each other and get some respite from their caring roles. Adults commissioners have worked with the Children's Participation and Engagement team to ensure that young carers needs are understood and young carers are involved in developing options for community based support:

- Engagement with Young Carers took place during the October half term – these sessions facilitated by Participation and Engagement team in Children's Commissioning looked at:

- 1.What a day in the life of a Young Carer is like
- 2.What help Young Carers access now
- 3.What opportunities Young Carers want for a good future

- The engagement gave the following key insights:

Young Carers shared many emotional issues related to their role. Stress and worry were commonly used words to describe how they felt.

Young Carers value the Young Carers service.

They value having time together and developing relationships with other people that understand their situation (staff and other young carers).

They value the relationship they have with their key worker in the Young Carers team and the support they provide (particularly regarding emotional stress and worries about their caring role)

We also identified that the Young Carers get other forms of support and this differed depending on the needs and age of the child.

Young Carers were aspirational and hopeful for their futures but also knew the barriers they needed to overcome to reach their goals.

- Adults commissioners have also conducted research into what other authorities are doing to involve communities in young carer support and how this is funded. Feedback from the Somerset Parent Carer Forum, Carers Voice and the Young Carers Team is also being sought.

- On 14th December Adults commissioners are holding an engagement event with the voluntary and community sector facilitated by SPARK to:

Share feedback from the Young Carers engagement in Oct Half term holiday

Explore what community-based services already exist for young carers

Identify what support communities could provide together to enable as many young carers to benefit as possible.

Discuss funding opportunities to maximise collective resources.

Adults Commissioners will present the outputs of the engagement process and options for community involvement to Cabinet in February. Should the decision be taken to commission any voluntary and community sector activity to enable young carers to spend time together and, share experiences and gain some respite from their caring roles, the Adults Commissioners have committed to including young carers in the tender process to ensure that they are involved in the decision making process. They will work with the Young Carers team to ensure that this is appropriately planned to fit around the young carers education and caring roles.

Item 10 – 2019/2020 Capital Programme

Somerset Parent Carer Forum ask:

Appendix B of the report highlights the proposed changes to several education provisions to increase capacity. While we welcome this investment and acknowledge that the additional spaces are needed we note many are academies. Can you confirm that robust service level agreements are in place with these settings, which are being remodelled/extended so as to protect the investment of public money into these sites which are not owned by the local authority?

Response:

As part of the expansion process, Academies are required to submit a significant change application for an increase in places of more than 30 pupils. This application (which makes it clear that additional places are required for basic need and being funded by the Local Authority) is made to the Education and Schools Funding Agency and is approved by the Regional Schools Commissioner. An increase in additional places requires a variation to the Academy's Funding Agreement. The Funding Agreement is the Secretary of States contract with the Academy Trust.

27 Scrutiny Work Programme - Agenda Item 5

The Committee Chair introduced the reports that make up the work programme agenda item and the importance the Committee should attach to planning its future work.

The Committee then considered and noted the Cabinet's Forward Plan of proposed key decisions in forthcoming months.

The Committee considered and agreed its own work programme and the future agenda items listed. It was noted that the CYPP would be re-considered at the January meeting.

In addition, it was agreed that the Chair and Vice Chair would hold a meeting to discuss future agenda items.

Attention turned to the Tracker and it was agreed to send each tracked item to the named officer to ensure that the Tracker was brought up-to-date.

28 **Annual Report of the Director of Public Health 2018 – Hospital Admissions for Self-Harm in Somerset - Agenda Item 6**

The Committee considered this report from the Director of Public Health that provided analysis of available data to help understand the apparent high rates of self-harm in Somerset. It was explained that the picture was highly complex, with only hospital admissions being easily measurable. Such admissions were typically the result of paracetamol overdoses by young women rather than self-cutting (as self-harm is often discussed).

It was reported that most admissions for overdoses were 'one-off', rather than repeated incidents. This implied that an approach based on universal (tier 1), or more specialist (tier 2) services would be more effective than one based on more complex tier 3 and 4 services. It was also noted that the protective and preventative benefits of emotional health and wellbeing should be taken into consideration in all services for children and young people, especially girls between the ages of about 13 and 20.

Members were reminded that Somerset had a 'red dot' for self-harm admissions to hospital, meaning that its rate of admissions was much higher than England as a whole. Previously it had been assumed this was a result of effective admission and assessment of self-harm at Somerset hospitals. However over recent years the rates in Somerset had risen still further meaning a rate much higher than the national average.

There was a discussion and in response to a question it was stated that analysis of the figures showed that the majority of self-harm admissions were for overdoses, particularly of paracetamol and other painkillers, and were predominantly taken by young women. Overall such admissions were 'one-off', which seemed to indicate that they might be a response to a personal crisis rather than a symptom of longer term mental ill health. It was further explained that evidence suggested that those overdoses were very rarely attempted suicides, and there did not appear to be a clear link between self-poisoning and the bulk of 'low level' self-harm, which was predominantly self-cutting.

It was stated that this behaviour suggested that the most effective response would be to strengthen the support available to young people, especially girls, at Tiers 1 and 2 (universal services and those for relatively common and low-level need). This would help to promote their own resilience in the face of the unavoidable difficulties of adolescence; however, evidence suggested that availability of such support was patchy and uncoordinated in Somerset. Rather than being a health problem that needed treatment in the NHS, support can often be provided through schools, although it was noted parents, GPs and other professionals would benefit from more available guidance and services to improve young people's wellbeing.

In summary the conclusion seemed to be that evidence pointed to the most effective interventions being the overall promotion and support of mental health and emotional wellbeing for all young people, especially girls, rather than providing specialist services. The Chair of the Committee reflected that the mental health and well-being of others was a matter for all, not just the NHS.

The report was accepted and it was requested that a further update be considered at the June meeting.

29 2015-2020 Somerset Local Transformation Plan for Children and Young People Emotional Health & Wellbeing - Agenda Item 7

The Committee considered this report that explained that Somerset CCG was required by NHS England to “refresh” the 2015-2020 Somerset Local Transformation Plan (LTP) for Children & Young People’s Mental Health & Learning Disabilities (CYP MH/LD). As part of that process the CCG would work with its partners to review both its strategy & the commissioned services currently in place in Somerset and would then embed those findings into local joint plans.

It was explained that after a period of some dislocation & challenge the review would ensure that strategic plans and services for CYP MH/LD in Somerset were both fit-for-purpose and in line with those of other local health & care communities.

In response to a question it was stated that in order to ensure that the review and refreshed plan supported the Children & Young People’s Plan (CYPP) 2019-2022 the review would report to the Programme Board overseeing Programme 3 (Improving Emotional Health & Well-being) of the Somerset Children’s Trust. The review would also explore longer-term issues beyond the span of the LTP, i.e. 2020 and beyond, and this would feed into the “Fit for My Future” programme as well as the CYPP.

It was reported that increased funding had permitted the CCG to deliver significant investment into local services, such as a stand-alone Community Eating Disorders Service (CEDS) and an expanded Enhanced Outreach Team (EOT - crisis & home treatment for CYP). The establishment & growth of those services represent significant achievements by the NHS and partner agencies in Somerset.

There was a discussion of the report and it was noted that the LTP Programme Board included a range of partner representatives, including a member of this Committee and a representative of the Parent Carer Forum. Members also voiced concern at the combining of mental health with learning difficulties as a workstream and it was confirmed this was the adopted approach of the CCG. The Committee thought that this was not an appropriate link and an unfortunate policy and suggested that thought be given to amending it.

The update was accepted.

30 Special Educational Needs and Disability (SEND) update - Agenda Item 8

The Committee considered this report that provided a summary of the activity and progress made by the Local Area Improvement Network (LAIN) and Officer led activity since the previous update, last June. Members were reminded that

the progress against the SEND Strategy Outcomes were monitored through the Local Area Improvement Network (LAIN), which was accountable to the SEND Improvement Board, Children's Trust Board (as part of the CYPP) and to the Health and Well-Being Board.

It was reported that the LAIN has 6 programmes and each programme had a committed SEND champion to lead the programme and worked collaboratively across multi-agency partners to increase the pace of transformation across the Local Area. The LAIN also assisted SEND inspection preparation and communications to partners. The 6 LAIN programmes had been broadly shaped into 3 themes, all which supported the 5 Somerset SEND strategy objectives.

The report contained an update on 'getting a good operational grip', 'resetting the strategic partnerships' and 'making it feel different'. Members considered the report and answers were provided to questions about resources and capacity particularly to support geographical equity. It was also noted an application for a Special free school had been made to the Department for Education for South Somerset to provide for children with social, emotional and health needs and speech, language and communication needs.

The report also provided an update on the implementation of changes to the Physical Impairment and Medical Support team (PIMs) team, with feedback from the engagement events which had been held with families and updates from plans to co-produce a new service delivery model.

A series of events for parents had been held across Somerset and over 700 invitations were sent to parents/partners. Parents were asked to identify what they felt was currently working well children and young people. It was noted that when asked what wasn't working so well the comments focused on the need for education and health care professionals to interact and a lack of clarity regarding who co-ordinates support for a child with multiple needs.

The current operating model in Somerset was reviewed and models from other areas were considered. Opinions were sought on 3 proposed models for Somerset and parents were asked to comment on the perceived benefits and drawbacks of each model.

It was explained that a co-produced service design would realise efficiencies for the Council with a minimum impact on the level of delivery, whilst improving the clarity of co-ordination of support to the children and young people in line with parents and young people's wishes. Officers would arrange a task and finish group to assist with the design of the new integrated PIMS and Sensory service.

The update was accepted.

31 Young Carers Service Update - Budget savings proposal CAF20 - Agenda Item 9

The Committee considered this report that explained that Officers were identifying opportunities for greater involvement of the community and voluntary sector in Young Carers support. It was explained that following the withdrawal

of the proposal submitted to the meeting of the Cabinet last September an engagement exercise was being undertaken.

It was noted that this was different from a consultation as an engagement exercise was focused on obtaining general feedback and opinions whereas a consultation would be focused around specific proposals and there were no proposals currently for the Young Carers Service.

Officers had been working with the existing service and Young Carers to look at options to ensure the continuation of providing good outcomes for Young Carers and a sustainable service offer for the future. The current service model would therefore continue while the engagement work was undertaken so that Young Carers continued to receive support.

The report set out that the previous savings proposals were to be re-presented to Cabinet in February 2019 to provide assurance that the voluntary sector had the capacity to provide support services to the standard provided by the Council and the ability to access funds which were not open to the Council. It was noted that any future proposals would achieve a £200K saving to the Children's budget for 2019/20.

It was explained that Officers were now exploring how the Young Carers services could be delivered differently in the future to ensure good outcomes for Young Carers as well as achieving good value for money, so the Council could ensure the provision was fit for the future.

It was noted that there were engagement events planned in different locations across the County and all Members were encouraged to attend. The report was accepted.

32 **2019-2020 Capital Programme - Agenda Item 10**

The Committee considered this report that set out the proposed capital programme for 2019/20. Members noted that the programme primarily related to the assets which were held or used by the Council to operate or support the services provided to Somerset residents and included such assets as Schools and Highways. It was noted that capital expenditure involved the acquisition, creation or enhancement of fixed assets with a long-term value to the Council. It did not therefore support the day-to-day running costs of Council services which were met from the Revenue Budget.

It was reported that previously capital programme approvals had been given on an annual basis with only consideration given to future years. However, some larger projects, lasting more than one year, would require further approvals to complete them. It was now proposed to set out the approvals for the anticipated Capital Programme up to 2022/23 and this would allow for better project planning of whole schemes and enable commissioners to procure under best value frameworks.

Attention turned to the 'Schools basic need programme' and it was noted that in 2018/19, the Council approved a programme to provide additional schools

basic need places over four years. This was in part funded by up to £120m of borrowing. A further investment programme was proposed for 2019/20 and the subsequent three years, but this has now been reviewed in the light of the financial pressures on the Council.

It was noted that the proposed schools programme for 2019/20 and beyond would be based on available grant, S106 contributions and the existing borrowing approval given in February and May 2018. The programme had been designed to meet the identified needs up to 2021 and appendix B of the report showed the basic need requirements that funding sought to fulfil.

In response to a question it was stated that the schools and number of places and where they would be needed in Somerset between now and 2021 had been estimated having taken account a wide range of information and would be subject to change as the programme developed over the next few years. Looking ahead Members heard that the Council would continue to seek further funding to support the addition of school places and avoid the requirement for borrowing.

The Committee agreed to note the report.

33 Any other urgent items of business - Agenda Item 11

After ascertaining that there no other items of business the Chair thanked all those present for attending and closed the meeting at 13:27 wishing everyone a Merry Christmas and a Happy New Year.

(The meeting ended at 1.27 pm)

CHAIRMAN