

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 14 June 2019 at 10.00 am

Present: Cllr L Redman (Chair), Cllr R Williams (Vice-Chair), Cllr M Dimery, Cllr N Hewitt-Cooper, Cllr James Hunt, Cllr J Lock, Cllr W Wallace and Mrs Eileen Tipper.

Other Members present: Cllr M Chilcott, Cllr C Lawrence and Cllr T Munt.

Apologies for absence: Cllr J Williams, Elliot, Ms Helen Fenn and Ruth Hobbs

74 Declarations of Interest - Agenda Item 2

There were no declarations.

75 Minutes from the previous meeting - Agenda Item 3

The Committee agreed that the minutes of the last meeting, subject to a few amendments were accurate and the Chair signed them.

76 Public Question Time - Agenda Item 4

The Chair of the Committee invited Mr Nigel Behan, of the UNITE Trade Union, to ask a question about agenda item 6 Family Support Service update.

He noted it was stated in the report that: "Phase 3 will consider the integration of additional child and adults services to achieve a holistic 'think family' model."

Question 1 - What planning has been undertaken (and modelling) in considering the possible various options of a holistic 'think family' model?

In response it was stated that the Council was currently only at the end of Phase 1 and are still focused on the safe transfer and embedding on Public Health Nurses in to the Council. Also a part of the Council and Somerset Clinical Commissioning Group strategy included 'Fit for Our Future' and this would look at further strengthening locality working among professionals who supported children and families, across the health and care systems.

Question 2 - Are there other Local Authority examples (evidence) of the proposed Phase 3 service which have been studied, analysed, assessed (outcomes etc.), can these studies etc. be shared and what Lessons have been Learnt so far?

In response it was explained that Somerset had been recently invited to attend an event at the Houses of Parliament focused on 'family hub' delivery. The Head of Service for Public Health Nursing had attended and in addition would be using the evidence gathered from other areas such as Doncaster and Hertfordshire, to inform future developments in Somerset.

77 **Scrutiny Work Programme - Agenda Item 5**

The Chair of the Committee explained 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 again requested that the Impact of Universal Credit on children's lives in families in receipt of Council services be considered at a future meeting. It was also requested that the subject of safe routes to school as part of the school building programme be considered at a future meeting.

The Chair invited Officers from the Council's SEND team to speak about the proposed SEND workshop at the July meeting and an overview was provided.

The Committee agreed that the next meeting would be a 2 agenda item meeting with a financial budget monitoring report, with a 2 hour (approx) SEND workshop. It was also suggested that members of the Health and Well-being Board be invited to the meeting.

It was noted that the Outcome Tracker had been refreshed and updated and it was accepted.

78 **Family Support Service (FSS) Update - Agenda Item 6**

The Committee received an update on the progress of this phase of change for Public Health (PH) nurses within the Family Support Service, since the Cabinet approval in February 2018 and subsequent decisions regarding Council early help services in September 2018 and February 2019.

Regarding Phase 1 of the Transfer of Specialist Public Health Nursing to the Council the following achievements were hailed:

- Accommodation plan completed;
- IT deployment completed in first three days of transfer;
- CQC registration in place;
- Clinical governance and incident reporting processes agreed and ratified by Governance Group;
- Employment and processes completed on time for first month payroll.

It was stated that the Somerset vision was for - Healthy, happy staff and communities and it was recognised that it was easier to build strong, healthy individuals than repair broken ones. A diagram was shown of a green valley with snow-capped mountains beyond and the valley contained 4 'base-camps'. The base camps were Early Identification, Development of People and Ideas, Empowering all, and Prevention. It was suggested that continued improvements in those areas would help all to scale the mountains.

Looking back Members were reminded that the key objectives for the first 12 months following the transition had been:

- Compliance with Care Quality Commission regulated standards;
- Integration of all Operational Teams in Public Health;
- Joint planning with Public Health Commissioners to transform services to meet service specification;
- Compliance with key performance indicators;
- Workforce development supported by the Council;
- Contribute to the Fit for Our Future strategy by developing locality working to support children and families, across the health and care system.

During the consideration of the report, issues/concerns were raised, questions asked/answered and further information was provided on:

- Officers wished to publicly acknowledge the continued support and co-operation of all staff, including new and previous employers who had all been very helpful both before and after the changes;
- It was asked if the numbers of school nurses had risen or fallen and if they would be focused on a health education role? In response it was explained that there were 16 full time equivalent school nurses for the 256 schools in Somerset. It was thought unlikely the number would increase as there was a clear budget for the service to work within and the team were determined to use the available resource more effectively across the 0-19 range;
- It was stated that the overall approach for the School nursing service would be to change from being task orientated to doing more school-based development programmes. An example was given in Bridgwater where the PH nurses were attending new parents' events at schools and participating in school assemblies to raise awareness of various topics;
- It was noted that the PH nurses, after some initial reservations, had embraced the changes and they had seen many transitions over 20 years and they know that a one size fits all approach would not work and there would be different needs in each community, for example some areas in the County had a 3 tier (by age) school system meaning for some children middle schools were an extra transition point;
- Regarding the two- and a half-year health checks it was noted that 85% of families take up the offer, and the set target for the rate of age expected development of 80% had been too ambitious, as only 69% of children were achieving their age expected development;
- The service was continually looking to develop and improve all areas and encouraged families to opt in and engage if they wanted to and a review was conducted each time contact was made;
- It was explained that the 'Red Book' referred to was a child's personal health record, from the ante natal period onwards and parents were encouraged to take it with them to any appointment with the child, so information can be added and updated over time;
- Finally, it was asked if the PH nurses wore uniforms and it was stated they did not wear uniforms and there were no plans for them to do so.

The Chair of the Committee thanked Officers for the overview and presentation and the update was accepted.

79 **Self Harm Update** - Agenda Item 7

The Committee considered this report that provided an update following the submission last December of the Annual Report of the Director of Public Health 2018 on Emotional Health and Wellbeing entitled 'Looking through the Lens of Self-Harm'. The report had looked at the issue of emotional resilience and had investigated emergency hospital admissions for self-harm.

It was noted that many of such admissions were single occurrence events, typically following an attempted paracetamol overdose. A key aim was to promote emotional resilience in young people and reduce the stigma associated of asking for help, as it was reported that 77% of young people did not know who to approach. The service was aiming to provide the right information, advice and guidance to help service users help themselves and target support to those who need it most.

The report had reflected that the increase in the number of admissions appeared to have been due to rising rates amongst girls and young women aged between 10 and 24. Those rates were found to peak at around the age of 15 and were mainly for single admissions to hospital.

It was clear there was an increasing pattern of self-harm in Somerset which reflected the emotional distress young people were experiencing as they internalised their problems. It was acknowledged there was a need to develop a greater understanding of self-harming behaviour, and what support was needed to help young people, their parents, teachers and others to better promote positive emotional health and wellbeing and resilience.

Members attention was drawn to the report and the 8 recommendations that had been highlighted in the annual report and an update was provided on each and it was noted that overall good progress had been made on all 8 areas.

In respect of Recommendation 1 it was reported that last June the Council had launched the Somerset Wellbeing Framework which provided schools with the guidance and support to develop a 'whole school approach to mental health. This would enable schools to look at every aspect of school life in relation to wellbeing including the curriculum, the environment, pupils, staff and parents too. The Clinical Commissioning Group (CCG) commissioned the SHARE (Schools, Health and Resilience Education) service and to date 8256 students and 388 parents had benefitted from the service. In addition Public Health were funding a series of self-harm awareness sessions to schools and allied professionals that would be delivered by the Educational Psychology service.

Recommendation 2 had recognised a need to develop more accessible guidance and information about self-harm for young people. It was reported that through funding from NHS England and the CCG a Schools Self-harm project had launched, with one worker in place who would be joined by a second. Part of their brief was to develop more accessible guidance and

information and the first phase would be to develop a shared protocol which would include a new early intervention pathway. Once completed it was envisaged all key stakeholders would be invited to sign up to the protocol before it was launched and promoted.

Recommendation 3 had suggested that all schools should adopt the Somerset Wellbeing Framework to support and promote positive emotional health and wellbeing and, where appropriate, could consider developing school based self-harm policies. Members heard that part of the Schools self-harm project was to promote the development of a school's self-harm policy. To date the worker had been into thirty-four schools to introduce the project and hear more about the needs of the schools. 4 schools had signed up to pilot some new training devised by the self-harm project and 5 schools had booked the project for their September INSET days.

It was noted that Recommendation 4 had suggested that Health and care services ensure that the mental health of children and young people be given greater prominence, ensuring that prevention and early intervention was offered along with treatment. It was reported that through the Emotional Wellbeing and Mental Health Collaborative Group, partners had been fully engaged in developing a whole system-wide programme to improving the social, emotional and mental health of children and young people, entitled 'Resilient Young People'.

Recommendation 5 had recognised the importance of developing stronger individuals, families and communities as being central to improving resilience. A joined-up approach to this would provide a far greater impact than organisations operating independently. It was noted that the Improving Lives Strategy (2018-2019) embraced the spirit of this recommendation and included in the Future in Mind Strategy was a Stronger Communities theme and this would help deliver this recommendation.

Regarding Recommendation 6 had recognised an increased national investment in mental health, which provided a significant opportunity to invest in improving emotional health and wellbeing and that early intervention would be paramount. It was reported that the emotional wellbeing and mental health collaborative group had been working with the CCG and had submitted a bid to be a trailblazer area. If successful this would allow for increased early intervention services based around education, with additional resources to fund Education Wellbeing Practitioners and a designated lead in 44 schools across the County.

Recommendation 7 recognised the need for us to deepen our understanding of self-harm practices and understand more about the emotional resilience of children and young people and what could be done to improve it. Members heard that a bid had been submitted to NHS England to fund the setting up of a self-harm register to improve the data and the understanding of self-harming behaviour in children and young people. The Self-harm steering group were working on a baseline data set including monitoring the schools attended by young people who were admitted for self-harm. A key element to this work would be talking and listening to a range of stakeholders to help develop understanding.

Finally, Recommendation 8 – acknowledged the need to continue to listen to what children and young people were saying about their experiences and to work with them in designing the solutions. It was noted that the CAMHS Participation Group had been engaged with the self-harm schools project and would continue to share their experiences and ideas with the Project Workers.

During the consideration of the report, issues/concerns were raised, questions asked/answered and further information was provided on:

- It was asked if the SHARE service was being evaluated? Also, if self-harm could be embedded in to Schools' behaviour policy? And were there plans to analyse schools with high self-harm rates against those with low rates? In response it was explained that as SHARE was commissioned by the CCG they would carefully overview contract management. Every school should have an up to date behaviour policy and self-harm policy and they should be linked. On the issue of self-harm rates between schools, there was a county wide matrix to register all reported incidents and this would help to differentiate and possibly flag a safeguarding need;
- There was a question about the reported peak of admissions for girls at the age of 15 and it was asked about the peak age for admissions (if there was one) for boys? In response it was explained that this information could be provided;
- There was a question about governance and money and if it would be possible to increase intervention without more money. The DCS noted in response that there would be a discussion about the future arrangements and it would be important not to undermine partnership arrangements to avoid duplication. Providing funding and support would prove challenging but accountability through the Health and Well-being Board would remain unchanged;
- Regarding data sharing between partners (including hospitals) it was asked if that information was being shared with others to allow intervention if necessary? In response it was noted that there was a self-harm register although it was clear that some information was not 'triangulated' and shared between partners. It was noted that Bristol had adopted a register, and this had helped to reduce admissions;
- There was a question about the Council's quarterly newsletter 'Your Somerset' and if this was available electronically and in other formats? It was noted from Members' comments that it did not seem to be delivered to every house in Somerset as it should be;
- On the subject of the appropriateness of information being offered to young people by teachers and other professionals in the 24hour social media age it was asked how this could be most effectively done and how best to encourage young people to express their feelings. In response it was stated that everyone should be reassured that it was quite normal to feel normal things. Public health grapple with those issues, and it was important to normalise talking about mental health and enable everyone at whatever age to have those conversations;
- There was a brief discussion about the availability of cheap paracetamol and the appropriateness of the warnings on the packets

and it was noted that companies did not appear to be interested in making changes and everyone was encouraged to complain to shops where they were sold cheaply;

- On the topic of funding, the Chair of the Health and Well-being Board (HWB) noted that the HWB did not have any funding and was looking at find ways forward and highlighted a willingness amongst partners to make data sharing, easier, fairer and equal.

The Chair thanked the officers for the update and congratulated them on the news they had recently won an award through the Faculty of Public Health. He reiterated that it was important for all Members to raise awareness of mental health issues and that it was OK not to be OK. It was requested that weblinks be sent to Members for the 'Life Hacks' training.

80 **Proposals to implement the new Somerset Safeguarding Children Partnership arrangements** - Agenda Item 8

The Committee considered this report, requested at the last meeting, to provide an update on the progress towards the new safeguarding children arrangements to be known as the Somerset Safeguarding Children Partnership, replacing the Somerset Safeguarding Children Board.

Members heard that the 3 Somerset Safeguarding Partners (Avon & Somerset Constabulary, the Clinical Commissioning Group and the Council) had the responsibility for this and they continued to work towards new arrangements, working together to safeguard and promote the welfare of all children in the local area.

It was reported that it was being proposed that arrangements between the partners remained informal in legal terms at a regional level. The regional Safeguarding Partners had agreed to establish a non-binding memorandum of understanding between themselves, the terms of which had yet to be agreed, while they explore opportunities for further and closer joint working to create efficiencies across the region.

The Committee were interested in the proposals for Scrutiny arrangements as the report referred to 'those remaining in Somerset' with the possibility of future contractual arrangements to be delegated to a regional level. Attention turned to the appendix of the report which noted it would be vital to ensure that core child protection responsibilities remained at the forefront of the new Somerset Safeguarding Children Partnership.

It suggested that Scrutiny arrangements fell into three broad areas: Independent scrutiny arrangements; Local scrutiny arrangements; and Regional scrutiny arrangements.

Members heard that it was not currently planned to have an independent chair of the Somerset Safeguarding Children Partnership Executive, but the 3 key Safeguarding Partners were exploring the option of an Independent Chair for the Quality and Performance function and/or independent auditors. It was also noted that, unlike the current Independent Chair of the Safeguarding Board,

there would be flexibility under the new arrangements to appoint more than one person to carry out independent scrutiny activity.

In response to a question it was explained that it would be expected any independent scrutineer would have the experience and skills to carry out robust scrutiny and in the longer term, the 5 Local Authority areas in the Avon and Somerset Constabulary region would look to appoint a pool of independent scrutineers with appropriate experience, knowledge and skills to undertake scrutiny activity across the region.

Turning to the local scrutiny arrangements it was noted that although it was no longer a statutory requirement to present an annual report to the scrutiny committee it was envisaged that the Council's scrutiny function would play an important part in providing challenge.

Members also heard that the Safeguarding Partners were exploring the possibility of a system for regional partners (outside Somerset but within the Avon and Somerset Constabulary area) to scrutinise the local Somerset arrangements. Regional opportunities for independent scrutiny would become clearer over the next few months e.g. peer reviews, and external challenge.

There was a brief discussion about possible arrangements and it was noted that terms of reference for any regional activity would need to be developed to ensure that collective resources were maximised to ensure an effective and efficient process. It was thought most scrutiny would be provided locally at the start of the new arrangements.

During the consideration of the report, issues/concerns were raised, questions asked/answered and further information was provided on:

- To whom would the Committee make recommendations? Would the Committee be able to consider the proposed arrangements for the regional partnership executive and forum? Who would be the lead representatives in the 3 partner organisations and would they be named? In response it was noted that the Director of Children's Services (DCS) would be the Council's Rep/Lead Officer in the partnership and the role for the Council's Scrutiny Committee would be scrutinising the input of the Council to the partnership arrangements;
- It was asked if there would be an opportunity for Members to scrutinise the regional arrangements and how would Members know if the desired outcomes, such as any agreed key performance indicators (KPI's) were being met? In response the DCS noted on the 'regional question' that there were no proposals for regional accountability, each area of the partnership would be accountable, and the plan was for regional co-operation (collaborative model) not a governance structure and the Council in Somerset would not be able to scrutinise its partners. There were no plans for KPI's as the focus would be on effectively delivering on 'the front line' and it was envisaged there would be enough detail available to monitor 'front-line' delivery. The Council's strategic direction had been set out in the Children and Young People's Plan (CYPP), and

it was stated that it was already known that most of the work currently being undertaken between the 3 partners was very good;

- Members expressed concern about knowing what details and questions to ask as they would not know what to ask for and/or about if they were not aware of everything, making it difficult for them to hold the partnership to account. In response the DCS noted that KPI's remained for Children's Services but they did not tell the whole story of achievement or performance and the Committee would be able to hold him to account for the Council's contribution to the partnership and make any recommendations to him;
- A question was asked about who would scrutinise and how much information would they have? Would there be a distinction between safeguarding and protection? Would the responsibilities of scrutineers be clearly defined? Were there plans to get feedback from stakeholders and how would information be disseminated? In response the DCS noted that the Council would be seeking greater engagement with relevant agencies. He acknowledged that under the previous arrangements the Children's Trust focused on 'welfare issues' and safeguarding and protection did overlap, although the 3 Lead partners would not be delivering safeguarding on 'the ground'. Regarding the scrutiny role there would be no barrier to the Committee interviewing other partners and/or visiting areas, including the 'front line', to check if the arrangements were working on the ground;
- The DCS confirmed the Committee would only be able to hold the Council's contribution to the partnership to account and independent scrutineers would be accountable to the Council and be able to attend Committee meetings;
- It was suggested that any boundaries that existed between the partners should be permeable as the Council and its partners should avoid working in 'silos'. The DCS stated that scrutiny would be a responsibility of the 3 partners to bring together, it would be separate from the Committee although Members could question the independent scrutineers or Lead Officers;
- There continued to be confusion as it appeared the partnership would be in the middle, with each partner scrutinising their own element, and Members asked for clarity about what governance and scrutiny would look like locally, and if partnership scrutiny would be a part of that, and who would be available to advise Members locally, such as a partnership officer? In response the DCS suggested that the 3 partners could join up to collectively hold the partnership to account and this might be something Members wishes to explore along with reporting to the Health and Well-being Board;
- Members did not support the idea that the Committee would scrutinise the scrutineers, and the example of the Local Enterprise Partnership (LEP) was cited as this had a joint scrutiny committee with participants of all its members. The DCS referred to page 77 of the official guidance (not circulated) that reportedly stipulated in respect of scrutinising practices that a professional background would be required, and this would therefore be something quite different from what the Committee was used to;

- It was suggested, given the Committee's confusion, that the Chair and Vice Chair met with the DCS and Portfolio holder to discuss this issue in more detail as there did not appear to be a consensus to make a recommendation to the Cabinet for its meeting in July. The DCS noted that he was not seeking authorisation as the proposals had been nationally prescribed although he could include comments from the Committee in his report for the July Cabinet meeting;
- The Deputy Leader of Council stated that she understood that the new partnership would be an outside body and not a Council function, and as such the scrutiny committee could call them in to ask questions but could not direct them as they were a separate entity and the DCS confirmed this to be an accurate summary. The DCS also noted that targeted joint area assessments would continue despite the Somerset Safeguarding Children Board being replaced by the new arrangements.

The Chair stated that he thought the Committee should be involved with any joint scrutiny of the partnership and be given time to consider how this might be best achieved, including the effectiveness/purpose of visits to 'front line' areas. The Chair and Vice Chair undertook to meet with the DCS and Portfolio holder outside of the meeting to discuss the issues further and establish clarity.

81 Any other urgent items of business - Agenda Item 9

The Chair of the Committee, after ascertaining there were no other items of business, thanked all those present for attending and closed the meeting at 12.35.

(The meeting ended at Time Not Specified)

CHAIRMAN