



Buckinghamshire Council

Children's & Education Select Committee

Minutes

MINUTES OF THE MEETING OF THE CHILDREN'S & EDUCATION SELECT COMMITTEE HELD ON THURSDAY 7 JANUARY 2021 IN VIA MS TEAMS, COMMENCING AT 2.00 PM AND CONCLUDING AT 3.42 PM

MEMBERS PRESENT

D Barnes, E Culverhouse, D Dhillon, A Hussain, N Hussain, D Johncock, P Kelly, R Stuchbury, J Ward and T Green

OTHERS IN ATTENDANCE

C Pease, M Skoyles, A Cranmer, Mr S James, T Vouyioukas, Rowsell, F Habgood, Mrs D Rutley, S Taylor and K Sutherland

Agenda Item

1 APOLOGIES FOR ABSENCE

Apologies were received from Cllr Julie Ward, Cllr Shade Adoh, Cllr Mike Collins, Cllr Robert Jones and Cllr Paul Turner. Sir Francis Habgood joined the meeting at approximately 3.00 pm.

2 DECLARATIONS OF INTEREST

Cllr Dominic Barnes declared that his wife worked for a grammar school in Buckinghamshire.

3 MINUTES

Cllr Dev Dhillon, the Chairman, advised that the actions had been discharged apart from the action under item 7, Educational Standards; the Chairman advised that the number of children in elective home education was 738.

Cllr Johncock referred to item 7, Educational Standards, page 10 of the agenda pack, which stated that information on the high number of exclusion rates for black and minority ethnic (BAME) children and how it would be addressed would be included in the next report to the Select Committee; Mr Simon James, Service Director, Education, confirmed the information would be included in a future report but agreed to circulate the it separately.

ACTION: Mr James

Cllr Johncock also referred to item 8, Work Programme on page 12, which stated that a sub-group to discuss the recruitment of social workers would be set up. The Chairman advised that the Select Committee members should have received an email before Christmas advising that,

due to Covid restrictions and officer workload, it had been decided to postpone this work until there was increased capacity.

Cllr Stuchbury requested an update on the number of children who required a laptop. Cllr Stuchbury had raised the query during the last meeting, but it had not been included in the minutes. Mr Vouyioukas, Corporate Director, Children's Services, stated that over 850 laptops were distributed to disadvantaged pupils during the first two lockdowns; there was now the impact of the third lockdown and the issue on the Department for Education (DfE) website for ordering laptops needed to be resolved. Mr Vouyioukas advised that he continued to discuss the issue with the DfE and offered to discuss the matter with Cllr Stuchbury outside of the meeting.

ACTION: Mr Vouyioukas

Mr Mark Skoyles referred to item 6, Family Support Service, One Year On, the first bullet point on page 7, and requested clarity on the information provided. Mr James confirmed that there were 16 Family Support Service centres and agreed to email Mr Skoyles regarding the number of youth centres and their management arrangements.

ACTION: Mr James

RESOLVED: The minutes of the meeting held on 5 November 2020 were AGREED as an accurate record.

4 PUBLIC QUESTIONS

There were no public questions.

5 CHAIRMAN'S UPDATE

The Chairman requested that members of the Select Committee raise any further questions directly with the relevant officer.

6 CHILDREN'S MENTAL HEALTH

The Chairman welcomed Dr Eleanor Rowsell, Head of Psychological Therapies, Bucks Child and Adolescent Mental Health Services (CAMHS); Dr Joe Clacey, Consultant Child and Adolescent Psychiatrist/Medical Lead for Bucks CAMHS and Ms Debra Rutley, Executive Headteacher at Aspire Schools, to the meeting to advise on the mental health impact of Covid-19 and what was being provided to support children and families. Mr James introduced the report which outlined the provision from CAMHS and the schools' system; Mr James referred to the data in point 7 of the report and advised that the most up to date information would be provided after the meeting.

ACTION: Mr James

Dr Rowsell explained that CAMHS was an NHS commissioned service, delivered by Oxford Health; CAMHS commissioned online services and also worked in partnership with Barnardo's. Mental Health Support teams had been developed and several structured clinical pathways were in place along with an outreach service. Nationally, there had been a 51% reduction in CAMHS referrals in April 2020, compared to April 2019, which was probably related to the closure of schools; however, by September 2020 there was a marked recovery. The national benchmarking exercise normally covered the whole year but in October 2020 the rates were already 22% higher than in 2019 comparable levels. The chart in point 6 shows graphically, that there were large fluctuations which related to school terms; there was usually a significant rise in October/November. The increased referrals locally since August 2020 had mirrored national figures and had continued to rise.

There was an increase in referrals for the mental health support teams which was a new

national project. It was part of the natural service development but demonstrated that there had been an increase in demand for the mild pathways. There had been a 42% increase in the crisis assessment area of the service and there had been a 32% increase in eating disorder referrals which was of concern nationally. The number of paediatric assessments and admissions had risen by 50% compared to the same period last year and it was a concern that young people presenting to the service were so low weight that they needed a paediatric assessment and admission. There had also been an increase in Obsessive Compulsive Disorder referrals and a slight increase in drug and alcohol and bi-polar disorder. CAMHS had looked at the impact of other pandemics and had anticipated higher levels of anxiety and depression; however, post-traumatic stress disorder (PTSD) had not been noted at this stage.

Dr Joe Clacey explained that, in addition to his role as the Consultant Child and Adolescent Psychiatrist/Medical Lead for Bucks CAMHS, he also led the Crisis and Outreach Service and one of the significant concerns was an increase in self-harm presentations. There had been a 42% increase in the relevant time period; young people were also presenting with increased amounts of reported thoughts of suicide. There had not been an increase in very severe outcomes i.e. those suffering severe long-term harm, completed suicide or admissions to psychiatric inpatient care. Increased referrals had led to considerable pressures throughout the wider system. Self-harm referrals also involved colleagues in social care and the multi-agency safeguarding hub (MASH) and work had been undertaken, due to Covid-19, to allow information sharing and improved links. Staffing had been prioritised/increased in acute pathways, but this removed staff from other areas. It was unclear what aspects of the lockdown had caused the increase; it was likely to be multi-factorial and it was clear that the service would not see a reduction in demand soon.

Dr Rowsell summarised that there was a flexed workforce to cover the priorities. There had been a very rapid move to digital services and a large proportion of work was carried out online. There was a national issue in recruitment and the Eating Disorder team had only been able to recruit one extra member of staff. The Buckinghamshire Mental Health Covid-19 Strategic Response Group, chaired by Oxford Health and Public Health, had produced an action plan focussed on vulnerable groups; there was also a specific action plan for children and young people which included a Children and Young People Suicide Prevention Group.

Debra Rutley, Executive Head of Aspire Schools, explained that Aspire Schools looked after the children who sat outside mainstream school; there were four school sites with two specific mental health school sites, one in the north and one in the south of Buckinghamshire, referred by schools and supported by CAMHS. A home tuition service was also offered for primary to year 11 students who were too unwell to attend school, along with a behaviour support service which worked with all the secondary schools in Buckinghamshire to provide a mentoring service for students. There was also a teaching school which provided training and support for teachers and school leaders.

Aspire became involved in a Wellbeing Project which was developed during lockdown for lockdown; it had gone ahead as planned and was combined with the DfE programme to produce a larger offer. There was a training package for all schools and school leaders, specific coaching and one to one support for school leaders and staff and specific training for teaching staff. Bespoke wellbeing support, in relation to Covid-19, was also available within primary and secondary schools for children and young people. Generally, it was a much broader offer than what was available across the rest of the country. To date, 90% of schools had undertaken the training and 250 additional school staff had received specific enhanced training e.g. on the impact of Covid-19 on mental health. 20 head teachers were receiving coaching support and 50 teachers were being offered coaching, supervision and mentoring support. 13 schools were

receiving specific additional support for young people of concern. The aim was to provide a safe environment for children; parents would be encouraged to bring their children back to school. The Wellbeing Project had resulted in the teachers and leaders feeling more knowledgeable and supported along with the children and families.

The following key points were raised in discussion:

- A committee member referred to the table under paragraph 7 of the report and asked for the actual number of cases being dealt with in order to understand the demand on the service. Dr Rowsell advised that the chart in paragraph 6 showed that there were 1,182 referrals in November 2020; the average was 716 per month (during 2018-2021). There were 22 referrals to the Eating Disorder Service during November; the average over two years had been nine. The Mental Health Support Team had received 60 referrals; the average was 35.
- In response to being asked what neuro developmental covered; Dr Rowsell explained that there were two neuro developmental pathways, an existing one in Oxford Health CAMHS which saw young people with an autistic spectrum disorder or attention deficit hyperactivity disorder (ADHD) and a neuro collaborative pathway, which was relatively new, and was a multi-agency pathway. Dr Rowsell stressed that there was a huge demand on neuro development services.
- A Member highlighted that the Council was considering a £2.7m reduction in Children's Services and a £2.9m reduction in Community Services; and asked which elements of the service were funded by the Council. Mr James clarified that Clinical Commissioning Group (CCG) and the NHS funded CAMHS; it was not a council funded service.
- In response to being asked how self-referrals were defined; Dr Rowsell stated that she encouraged self-referrals as it was preferable to obtain the information from the individual themselves , there was an open door system via the single point of contact and anyone was able to ring for a consultation which could become a self-referral, if appropriate. There was also an online referral form.
- Clarification was requested on the meaning of the conversion rate in the table in paragraph 7 on page 17. Dr Rowsell explained that national CAMHS service data was used to compare with what was carried out in Buckinghamshire. Buckinghamshire received more referrals than the national mean. The percentage of urgent referrals was only 3% in Buckinghamshire, nationally the figure was 12% which was good. Approximately 3,000 referrals were accepted which was higher than the national average. The conversation rate was 60% but the national conversion rate was 70%. However, because Buckinghamshire received such a high volume, the proportion accepted was lower and reflected the remodelled CAMHS service and the introduction of the single point of access.
- In response to being asked where a young person would be signposted to if they were not accepted into the CAMHS; Dr Rowsell explained that there were several options, depending on need, such as Kooth (an online service) or the Family Support Service.
- When asked what the main cause of the increase in the referrals for eating disorders was; Dr Rowsell explained it could be related to a number of things such as a change of routine, the limited contact with other systems such as GPs and schools, information on social media or a delay in seeking help due to Covid concerns.
- A member asked how the service was coping with the increase in suicidality. Dr Clacey advised there was a crisis team which operated 24/7 and staffing had been prioritised to ensure cover as it was a concern.
- The Chairman asked Ms Rutley if further training sessions were planned for headteachers and teaching staff. Ms Rutley confirmed it was an ongoing programme and would be run

until the end of the academic year. There was a website called ‘Connecting Bucks’; all the training information was available along with signposting.

- A member of the Committee asked about waiting times. The waiting time was approximately one month. Dr Clacey added that there no such thing as a waiting list for the Crisis Team or those requiring an urgent assessment.
- When asked if the service was sufficiently resourced; Dr Rowsell explained that, unfortunately, it had been challenging to fill vacancies and they did not have all the resources to meet the increase in demand; there had not been an increase in funding and resources had been managed/re-directed.

The Chairman, on behalf of the Select Committee, thanked Dr Rowsell, Dr Clacey and Ms Rutley for their attendance, the excellent verbal updates and the report.

7 BUCKINGHAMSHIRE SAFEGUARDING PARTNERSHIP

The Chairman welcomed Sir Francis Habgood, Independent Chair of the Buckinghamshire Safeguarding Children’s Partnership whose role was to ensure children and young people were safeguarded in Buckinghamshire by providing leadership, support, challenge and quality assurance. Sir Francis emphasised that he did not represent any single organisation; he represented the partnership and he also chaired the Safeguarding Adults’ Board. It was the first time there had been an independent chair for both partnership/boards; it was a positive factor as there were similarities and crossover. Sharing a Chairman would prevent gaps and help provide a smooth transition from childhood to adulthood.

The report stated that there used to be a Children’s Safeguarding Board, but it was changed from a board to a partnership in 2019. There were three statutory partners in the partnership; the Local Authority, the Police and the CCG who all had joint and equal responsibility. A key priority was to make sure all three partners took on the responsibility and to ensure a business plan was in place and an annual report was produced. An effective quality assurance framework needed to be in place and a key responsibility was learning and development which was embedded, and made available to statutory partners and other organisations, after a study of case reviews.

A small business unit covered both the children’s safeguarding partnership and adults safeguarding board; the team supported the senior leaders who lead the sub-groups across children’s and adults safeguarding areas. There were several partnership boards across Buckinghamshire; links between the boards were important and a new domestic abuse board would be set up from April 2021. Sir Francis stressed the need to have a robust process to ensure learning was captured from the case review recommendations. The final page of the report showed the aims/priorities for 2021; most of which had been completed. There was a [new website](#) and an online conference would be arranged.

The following key points were raised in discussion with Members:

- In response to whether councillors would be able to attend the forthcoming event on 21 January 2021; Sir Francis advised he would check availability and let the Chairman know.
- Clarification was requested on the point that there were no serious case reviews regarding 22 child deaths; Sir Francis explained that none of the child deaths were of a safeguarding concern; they were medically related.
- A member of the committee highlighted that there was a planned reduction in the Children’s Services budget of £2.8m and asked if the Children’s Safeguarding Partnership was partly funded by Children’s Services; Sir Francis assured the Select Committee that all the funding partners would continue to provide the same level of funding. Mr

Vouyioukas added that the financial commitment from the Council would not be withdrawn from the Children's Safeguarding Partnership.

- Sir Francis confirmed that the Joint Protocol document referred to in paragraph 1.8 had been agreed but he was unsure if it had been published. It was agreed that Mr Vouyioukas would identify if the joint protocol document had been published and send to Mrs Sutherland for circulation.

Action: Mr Vouyioukas/Mrs Sutherland

- In response to being asked if it would be of benefit to merge the Adult Safeguarding Board and the Children's Safeguarding Partnership; Sir Francis advised that it had been discussed but it was not the right time for them to be combined in Buckinghamshire.
- The Chairman referred to the three-year business plan mentioned on page 40 and asked for details of the plan. Sir Francis stated that the plan had been published and the three key areas were the principle of making safeguarding personal (understanding the lived experiences of the child), learning and development for the statutory partners and practitioners and ensuring the business process framework was in place.
- In response to being asked how the return to home interviews were carried out and the difficulty for an abused young person to be open, Sir Francis explained that it was essential to understand the underlying cause of why someone had gone missing and an independent person allowed a more open conversation. Mr Nash advised that the return to home interview was not a one-time event; there was a statutory obligation to hold an interview within a timeframe and a follow-up interview would be held if necessary. Richard Nash, Service Director, Children's Social Care, chaired the exploitation sub-group which ensured the correct procedure was carried out when a child went missing.
- Following a question on how the partnership was involved with the Children's Services Improvement Plan; Mr Vouyioukas stated that the safeguarding partnership had no connection or involvement with improvement plan.

The Chairman thanked Sir Francis for the report and for attending the meeting.

RESOLVED: The Select Committee NOTED the progress made by the Buckinghamshire Safeguarding Children Partnership during the last year.

8

WORK PROGRAMME

It was agreed that the item "Support to Care Leavers", lead officer Mr Nash, would be presented at the meeting on 4 March 2021.

Cllr Stuchbury requested early sight on the effect of Covid-19 on children's education and the 11+ when it became available.

The Chairman thanked all the Children's Services officers, school staff, teachers and care workers on behalf of the committee for all their hard work.

RESOLVED: The Children and Education Select Committee NOTED the work programme.

9

DATE OF NEXT MEETING

Thursday 4 March 2021 at 2.00 pm.