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Date: 12 September 2012

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CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY PANEL

Date: Thursday 20 September 2012

Time: 10 am

Venue: Council House (Next to Civic Centre), Plymouth

Members:

Councillor Bowie, Chair

Councillor Sam Leaves, Vice Chair

Councillors Mrs Beer, Browne, Sam Davey, Jordan, Rennie, Singh, Stark, Kate Taylor and Tuohy.

Co-opted Representatives:

Alderman Purnell – Co-opted Representative

Members are invited to attend the above meeting to consider the items of business overleaf.

Members and officers are requested to sign the attendance list at the meeting.

Bob Coomber
Interim Chief Executive

CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY PANEL

AGENDA

PART I – PUBLIC MEETING

1. APOLOGIES

To receive apologies for non-attendance submitted by panel members.

2. DECLARATIONS OF INTEREST

Members will be asked to make any declarations of interest in respect of items on this agenda.

3. MINUTES (Pages 1 - 4)

The panel will be asked to confirm the minutes of the meeting on 12 July 2012.

4. CHAIR'S URGENT BUSINESS

To receive reports on business that, in the opinion of the Chair, should be brought forward for urgent consideration.

5. TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD (Pages 5 - 6)

The panel will monitor the progress on previous resolutions and receive any relevant feedback from the Overview and Scrutiny Management Board.

6. SPECIAL EDUCATIONAL NEEDS STRATEGY/FUNDING (Pages 7 - 8)

The panel to receive a report on special educational needs strategy/funding.

7. SPECIAL EDUCATIONAL NEEDS TRANSPORT (Pages 9 - 12)

The panel to receive a report on Special Educational Needs (SEN) transport.

8. CHILDREN'S EMOTIONAL WELLBEING AND MENTAL HEALTH TASK AND FINISH UPDATE (Pages 13 - 18)

The panel to receive an update on Children's Emotional Wellbeing and Mental Health.

9. WORK PROGRAMME

(Pages 19 - 20)

The panel will consider its work programme for 2012/13.

10. EXEMPT BUSINESS

To consider passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve the likely disclosure of exempt information as defined in paragraph(s) of Part I of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

PART II (PRIVATE MEETING)

AGENDA

MEMBERS OF THE PUBLIC TO NOTE

that under the law, the Panel is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

NIL.

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Children and Young People Overview and Scrutiny Panel

Thursday 12 July 2012

PRESENT:

Councillor Bowie, in the Chair.

Councillor Sam Leaves, Vice Chair.

Councillors Mrs Beer, Browne, Sam Davey, Martin Leaves, Rennie, Singh, Stark, Kate Taylor and Tuohy.

Co-opted Representatives: Alderman Pauline Purnell

Apologies for absence: Councillor Jordan and Matthew Currie

Also in attendance: Councillor Nicky Williams – Cabinet Member for Children and Young People, Carole Burgoyne – Director for Place, Jayne Gorton – Lead Officer, Michelle Thomas – Director of Operations and Dan O’Toole – Director of Finance, Plymouth Community Healthcare and Amelia Boulter – Democratic Support Officer.

The meeting started at 10.00 am and finished at 11.25 am.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

12. DECLARATIONS OF INTEREST

In accordance with the Code of Conduct, the following declarations of interest were made, as follows –

Name	Minute	Reason	Interest
Councillor Mrs Beer	Minute 16 – University Technical College (UTC)	School Governor at Plympton St Maurice, Chair of Plumtree Children Centre and employed by Devon and Cornwall Police.	Personal

13. MINUTES

Agreed that the minutes of the meeting held on 14 June 2012 were approved as a correct record.

14. CHAIR'S URGENT BUSINESS

There were no chair’s urgent business.

15. **TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD**

The panel considered the tracking resolutions and those present commented as follows –

- regarding minute 3 (3) - Parent Governor Representative. The panel were happy for the election process to commence.

16. **UNIVERSITY TECHNICAL COLLEGE (UTC)**

Jayne Gorton, Lead Officer gave an update on the University Technical College (UTC). It was reported that -

- a. there would be no more than 600 pupils in attendance at the UTC;
- b. the UTC would specialise in marine engineering and advanced manufacturing. Students would be encouraged to undertake workplace based experience;
- c. the UTC is on target, the deadline was extremely challenging with a vast majority of building work to be completed in time for the opening of the UTC in September 2013.

In response to questions raised, it was reported that -

- d. the first round of recruitment for a principle was unsuccessful. The second round pulled in candidates from further afield, all with educational backgrounds. The successful candidate would be in post by January 2013;
- e. the overall number of staff would be between 80 to 100;
- f. there would be limited take of places during the first year. Other UTC's across the country that had been running for two to three years were now full and would hope the Plymouth UTC's uptake of places would increase over two years;
- g. Plymouth City Council, University of Plymouth and City College were equal partners. The UTC would have a governing body and representations on that body would need to be set up over the next 12 months.

Agreed that the Project Manager to update the panel on progress made on the UTC in January 2013.

17. **CHILDREN'S EMOTIONAL WELLBEING AND MENTAL HEALTH TASK AND FINISH UPDATE**

Michelle Thomas, Director of Operations and Dan O'Toole, Director of Finance, Plymouth Community Healthcare (PCH) gave an update to the panel. It was reported that -

- a. a single point of access for referrals and simplifying the model to support young people through the process was being looked at;
- b. every child receives a risk assessment and care plan. The care plan details the treatment the child would receive and the length of treatment;
- c. Rapid response and quick access back if they require the service again.

In response to questions raised, it was reported that -

- d. an urgent referral would be seen within two weeks, other referrals to be seen within 18 weeks;
- e. the benchmarking exercise was conducted by Oxford and they compared their services to the services provided by PCH. Work was continuing with Oxford to further improve services at PCH;
- f. early intervention was a main priority and looking at identifying issues sooner.

Agreed that the Children's Emotional Wellbeing and Mental Health Task and Finish Action Plan is continually monitored by the panel.

18. **UPDATE DATES FROM PARTNER ORGANISATIONS**

- a. Children and Young People's Trust Board

The panel noted the update from the Children and Young People Trust Board. Panel members reported that Derriford Hospital was not very child friendly and the benefits of having all the specialists in one room discussing a child's needs.

Agreed that the panel explore hospital appointments for children and young people and the co-ordination of consultants when seeing patients.

- b. Corporate Parenting Group

The panel noted the update from the CPG. It was reported that the Awards Evening was a success and needed to be continued and the Chair of the Corporate Parenting Group was exploring ideas on how the event would be supported in the future.

c. Local Safeguarding Children Board

The panel noted the report from the Local Safeguarding Children Board.

19. **WORK PROGRAMME**

The panel noted the work programme and agreed to recommend to the Overview and Scrutiny Management Board the following items for inclusion:

- Primary school attainment to include secondary school attainment;
- School Transport to be brought forward to September;
- Hospital appointments for children and young people and the co-ordination of consultants when seeing patients.

20. **EXEMPT BUSINESS**

There were no items of exempt business.

TRACKING RESOLUTIONS
Children and Young People Overview and Scrutiny Panel

Date/min number	Resolution	Explanation / Minute	Officer	Progress	Target Date
5 Jan 2012/ Min 61	<u>Agreed</u> that – I. information is provided to the panel on primary school attainment with a comparison at a neighbourhood level.	School Attainment	John Searson	More comprehensive information to be provided to the panel at the next meeting.	Nov 2012
12 July 2012/ Min 16	<u>Agreed</u> that the Project Manager to update the panel on progress made on the UTC in January 2013.	University Technical College	Jayne Gorton/ Amelia Boulter	Added to the work programme for the panel to receive an update.	Jan 2013
12 July 2012/ Min 17	<u>Agreed</u> that the Children’s Emotional Wellbeing and Mental Health Task and Finish Action Plan is continually monitored by the panel.	Children’s Emotional Wellbeing and Mental Health Task and Finish Update	Jayne Gorton/ Amelia Boulter	The panel to receive an update at the next meeting.	Sept 2012
12 July 2012/ Min	<u>agreed</u> to recommend to the Overview and Scrutiny Management Board the following items for inclusion: <ul style="list-style-type: none"> • Primary school attainment to include secondary school attainment; • School Transport to be brought forward to September; • Hospital appointments for children and young people and the co-ordination of consultants when seeing patients. 	Work Programme	Jayne Gorton/ Amelia Boulter	Work programme items sent to Overview and Scrutiny Management Board for approval. To be added to next work programme.	Nov 2012

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SPECIAL EDUCATIONAL NEEDS

Performance against National Indicator 103



Introduction:

National Indicator 103 reports on the local authorities' performance in issuing statements of Special Educational Needs (SEN). This indicator has two separate elements;

- The number of final statements of special educational needs (SEN) issued within 26 weeks excluding exception cases as a proportion of all such statements issued in the year
- The number of final statements of special educational needs (SEN) issued within 26 weeks as a proportion of all such statements issued in the year.

There are exceptions which permit the period of 26 weeks to be exceeded in certain limited circumstances, for example, delays in receiving health advice or parental request for extra time to amendments to the proposed statement.

Our local performance has been a cause for concern as demonstrated in the table below. An action plan was put in place in October 2011 to improve performance.

	National 2009-10	Plymouth 2009-10	National 2010-11	Plymouth 2010-11	National 2011-12	Plymouth 2011-12
26 weeks excluding exceptions	95%	45% (76/168)	95%	66% (133/201)	N/A	80% (98/122)
26 weeks including exceptions	87%	44% (74/168)	88%	60% (121/201)	N/A	75% (92/122)

Background:

The current Team Manager rejoined the Special Services Team in September 2010 and was appointed to the Team Manager role in October 2012. A review of challenges for performance was undertaken and an action plan agreed. The action plan addressed a number of systemic problems leading to inadequate performance. These were related to both PCC internal processes and requirements from other agencies to contribute to the process of assessment.

Since taking over the role, the Team Manager has introduced the following measures to address this situation:

- Monthly team meetings: report on PI's presented each month.
- PI's a priority in team Action Plan with activities allocated to named staff.
- Regular 1:1 supervision undertaken with all team members where PI's are discussed.
- Termly meeting of senior officers which focuses on team priorities and tries to problem solve.
- Casework team asked to drill down on individual cases if deadline missed and report on what caused this at team meetings.

- School Medical Officer (SMO) now attends Single Multi-Agency Panel; this has raised awareness and SMO now regularly updates team on situation with medicals.
- Agreement reached with SMO that reports can be sourced direct from Health Professionals involved with the child, whether Child Development Centre, CAMHS or Derriford Acute Paediatricians. If no Health Professional involved, SMO will arrange medical.
- All new assessments now allocated to a named officer who has responsibility for ensuring timescales are met and case presented at appropriate Panel.
- Final statements to be issued during school summer holidays if due date occurs during this period.
- Team manager has introduced written procedures for Statementing Officers to ensure consistency of approach.

As a result of these actions significant improvements in team performance have been achieved, as demonstrated in the above table.

A further action has been agreed to progress the relationship with Health. Children's Integrated Disability Service Manager and Team Manager to attend Paediatric Interface Meeting (provider/commissioner meeting) in September 2012 to discuss issues regarding provision of reports by CAMHS and Speech and Language Therapists.

Current position:

There has been a significant increase in requests for statutory assessment since April 2012. 191 requests have been received in the period 1st Jan – 31st August 2012, representing a 41.48% increase in requests for assessment compared to the same period last year. Of these, 144 have been initiated, 26 refused and 21 await consideration. This has had a significant impact on the workload of the team and will continue to do so if this trend continues.

During the period April-August 2012, the number of Statements drafted and issued compared to the same period last year shows an increase of 57% from 53 to 83.

With regard to medical advice, although new agreements have been reached with main health professionals we need to monitor whether these work in practice and become embedded. In particular, the CAMHS service has not yet been able to engage in our process to date. This is an important factor as there are a high number of pupils undergoing statutory assessment are being seen by the CAMHS service. We are still therefore exposed to the possibility of late medical advice impeding our ability to issue Proposed Statements.

Action required:

1. Continued management oversight of performance against NI 103 in order to achieve performance targets.
2. Single Multi Agency Panel to continue to scrutinise requests for Statutory Assessment of SEN.
3. Monitoring the impact of increased numbers of requests for Statutory Assessment and risks reported to Single Multi Agency Panel on a 6 monthly basis.
4. Work with Health Commissioner to improve engagement with CAMHS and Speech and Language Therapy Service in order to access statutory advice within timescale.

Jo Siney
Children's Integrated Disability Service Manager
Education, Learning and Family Support
6th September 2012

CHILDREN AND YOUNG PEOPLE OVERVIEW & SCRUTINY PANEL

20 September 2012



PLYMOUTH
CITY COUNCIL

SEN Transport

The transport budget is always under pressure due to the responsive nature of the service. Delivery plans for 2011-2012 were all achieved resulting in savings being made and the 2011/12 budget coming in on target with an underspend of £12,515.

Delivery Plans 2011 - 2012

1. Concessionary transport ceased with effect from September 2011. (Savings September 2011 to March 2012 - £98,978). Some families now qualify for free travel under the Low Income Policy (see below).
2. Special School routes (rolling programme) - The Transport Team reviewed all routes in readiness for the Autumn Term including a full review of transport to Downham School which has moved to the new Cann Bridge site in Estover starting in September.
3. To reduce the cost of early years transport with effect from September 2012. A review of assessment places in nurseries in the city has been carried out as part of the SEN review, whereby nurseries will be provided with additional funding for individual pupils at a nursery within their locality. (Savings to be identified)

Support for Families on low income

PCC have received a grant totalling £176,368 in 2012/13 which is split between the Children's Services Transport Team (£116,368) and the Sustainable Transport Team (£60,000).

I can confirm that the statutory free travel scheme will not change for 2012/13 and the Green passes will continue to be valid for free travel.

Last academic year a total of 193 free bus passes were issued to children who qualify for free travel under the government low income policy. To date, at the start of this academic year, 153 passes have been issued, with new applications being received on a daily basis.

School children may be eligible for statutory free travel from Plymouth City Council if they meet all the criteria listed below:

- 1) Is attending one of his/her three nearest schools (or the nearest RC school), and
- 2) The school measures between 2 and 6 miles from home, and
- 3) The pupil is eligible for free school meals or the family are in receipt of the maximum award of Working Tax Credit.

16 – 19 Bursary Fund (previously Educational Maintenance Allowance (EMA))

For students aged between 16 and 19 years and who might struggle with the costs for full-time education or training they may be eligible for a bursary.

Students in the following groups may receive the maximum bursary of £1,200 a year:

- young people in care
- care leavers

- young people claiming income support in their own name
- disabled young people who receive both Employment Support Allowance and Disability Living Allowance in their own name

To receive the maximum bursary the course must last for 30 weeks or more. If the course is shorter than 30 weeks, you may receive less.

Other students facing genuine financial difficulties may be awarded a bursary at the discretion of their school, college or training provider.

Unlike the EMA which was a national system, schools, colleges and training providers are responsible for awarding bursaries to students. With the exception of the £1,200 bursaries for students most in need, the individual establishments decide on the amount. They will also have decided when bursaries are paid, and will have set conditions that students should meet to receive a bursary, for example, linked to behaviour or attendance.

Passenger Assistants

The Passenger Assistant budget is always under pressure due to the reactive nature of the work. When a Passenger Assistant is off sick the post always has to be covered in order to meet the authority's statutory duty of transporting children with Special Needs to school or college. This problem has been addressed in two ways:

- 1) Very close monitoring of sickness absence, well-being meetings and prompt referral to Occupation Health for those on long term sick.
- 2) Recruiting to our relief pool of Passenger Assistants from Network Health (Pertemps). These employees are paid only for the hours worked and also they are not paid if they are off sick.

We currently employ 151 PCC staff (76%) and 47 (24%) Network Health Staff. The PCC employees are mainly allocated to permanent on-going routes, with Network Health Staff covering for sickness and leave. Currently, however, if a PCC employee leaves the authority their posts are being filled with Network Health employees, which means some Network Health employees, are being used to cover permanent on-going routes (currently 28). Up to now the % split between the two employers has worked reasonably well and is manageable. It is anticipated that the % split will remain at around this level, with new PCC staff being employed in the near future to the vacant on-going routes, in order to maintain this balance.

On-going variables

There are a number of variables which can affect the budget position at any point which need to be taken into account:

- Increase in the complexity of need for the children requiring transport both challenging behaviour and medical requirements to both mainstream and special school provision.
- Due to the increase in complexity many children require one to one support in taxis rather than on minibuses where numbers of children travel with one Passenger Assistant (Escorts) which can also affect the number of routes allocated.
- Requests now being received for two Passenger Assistants to escort one child, where a child received 1:2 support at school this is also required for transporting the child.
- Due to very complex autism and behavioural issues some children require to be transported on their own in a minibus with two Passenger Assistants rather than a taxi. There are currently 3 children requiring this level of support.

- Due to a child's severe medical needs an Ambulance has been provided as we are unable to recruit suitably trained medical staff to escort the child in a taxi.
- PCC minibus fleet vehicles increased costs in servicing and parts due to their age. Procurement is currently in the process of seeking approval for replacement of these fleet vehicles.

Conclusion

The delivery plans were all achieved in 2011/12 and service came in just under budget. The projection for the 2012/13 budget is also currently looking favourable, but again the on-going variables listed above need to be taken into consideration as they could have an adverse impact depending on the level and numbers of pupils requiring additional support. We also need to take into consideration the level of sickness and the impact of any adverse weather conditions as we move into the winter months.

Julie Roantree

Principal Transport & Allowances

People Directorate

7 September 2012

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CHILDREN AND YOUNG PEOPLE OVERVIEW & SCRUTINY PANEL

20 September 2012



PLYMOUTH
CITY COUNCIL

Plymouth Community Healthcare update report to Task and Finish Group on Children and Young People's Emotional Wellbeing and Mental Health

1. Background

- 1.1 Plymouth Community Healthcare attended the previous overview and scrutiny panel on 12 July 2012 to provide a report on the work they have been carrying out with regards to the waiting times within its CAMH service.
- 1.2 This report has been prepared to provide an update to the panel on current progress and to answer the specific questions raised at the last meeting.

Summary of the waiting list position of the service as at the end of August 2012:

2. Waiting times achievement as at August 2012

- 2.1 Plymouth Community Healthcare (PCH) are contractually required to ensure compliance with the national standard of no more than an 18 week wait between referral and treatment in the Plymouth Child and Adolescent Mental Health Service (CAMHS) for 95% of referrals.
- 2.2 PCH achieved this standard by the end of March 2012 and have improved compliance for the service overall to date, as follows:

Team	% treated < 18 weeks (July 2012)	% treated < 18 weeks (April 2012)
Plymouth MDT	100%	94%
CAMHS Neurodevelopmental	95%	79%
Primary Mental Health Workers	100%	100%
CAMHS Outreach Team	100%	100%
Early Years (Infant Mental Health)	100%	100%
Children in Care CAMHS	100%	100%
Severe Learning Disability CAMHS	100%	100%

- 2.3 The panel requested that an update be provided regarding the average length of time that CYP have waited to be treated by the service. Overall, although the service is contractually required to see an individual within 18 weeks, the mean and median length of waits are much shorter as shown in the following table:

Team	Longest Wait (weeks)	Mean Length of Wait (weeks)	Median Length of Wait (weeks)
Plymouth MDT	15	8.3	8.0
CAMHS Neurodevelopmental	16	7.5	7.0
Primary Mental Health Workers	11	6.4	7.0
CAMHS Outreach Team	0	0.0	0.0
Early Years (Infant Mental Health)	10	4.3	4.0
Children in Care CAMHS	11	6.5	5.5
Severe Learning Disability CAMHS	13	7.8	8.0

3. Specific Information Requests

- 3.1 The panel requested confirmation of how many patient appointments had to be cancelled due to the day of industrial action undertaken by medical staff on the 21st June 2012. This event resulted in the cancellation and reappointment of 12 appointments by the CAMH service.
- 3.2 The panel also asked whether PCH have received an increase in CYP being referred to the CAMH service from service families. Although this type of information is not recorded by PCH the service believes that it has not experienced any significant increase in the number of these types of referrals.

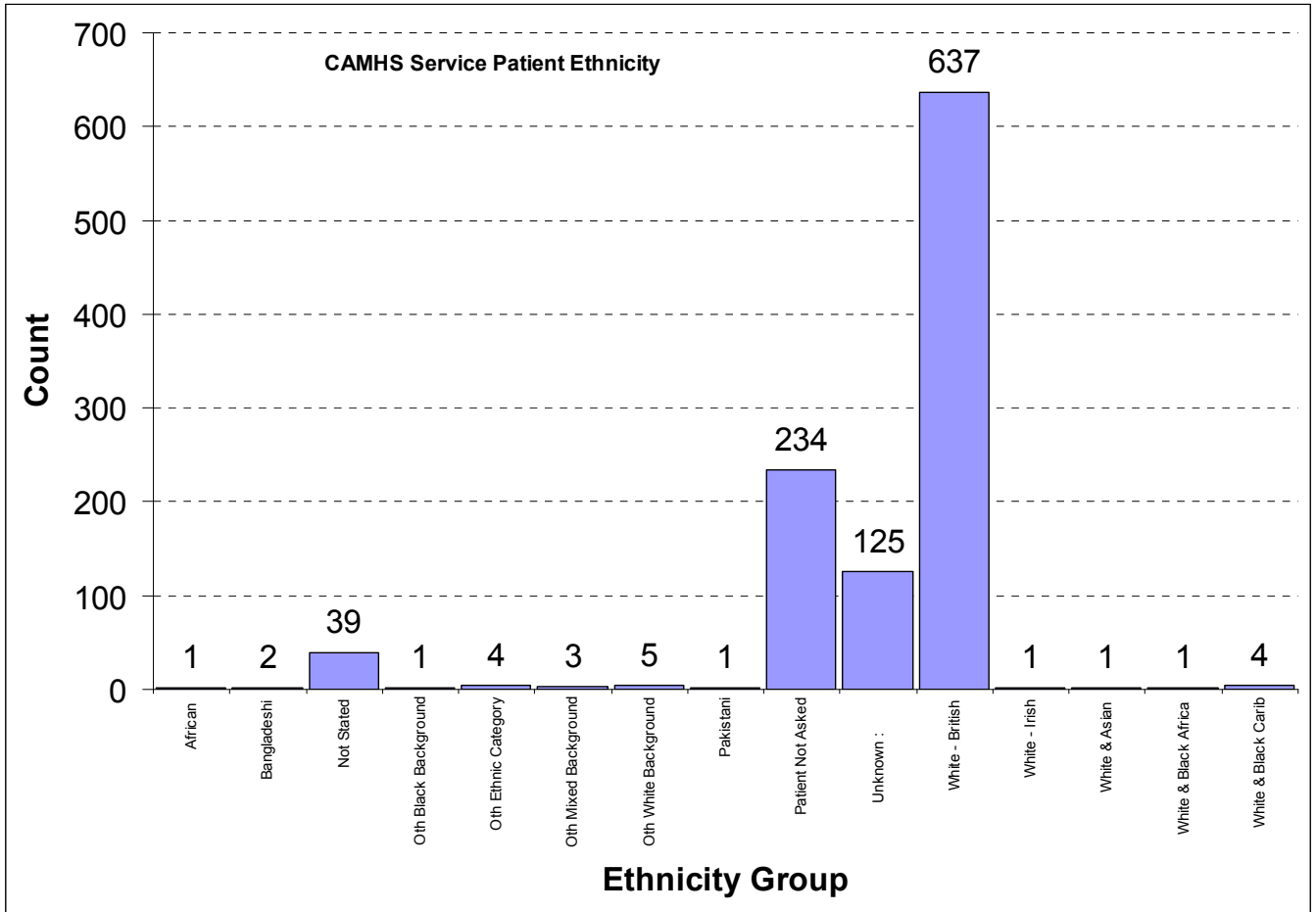
4. CAMHS Demographic Information

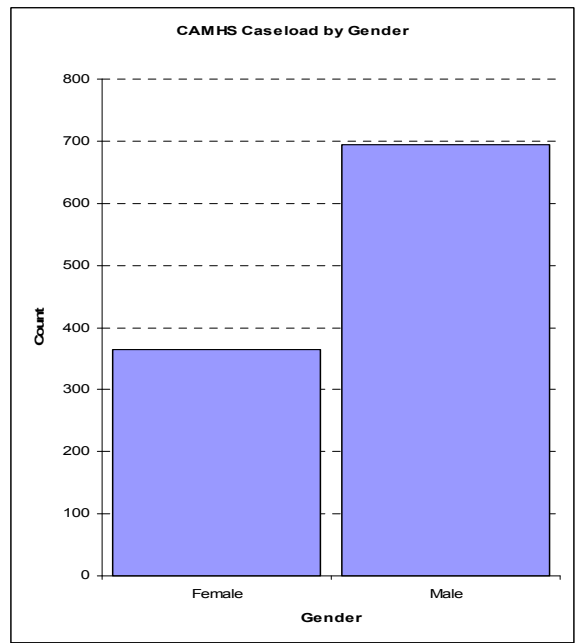
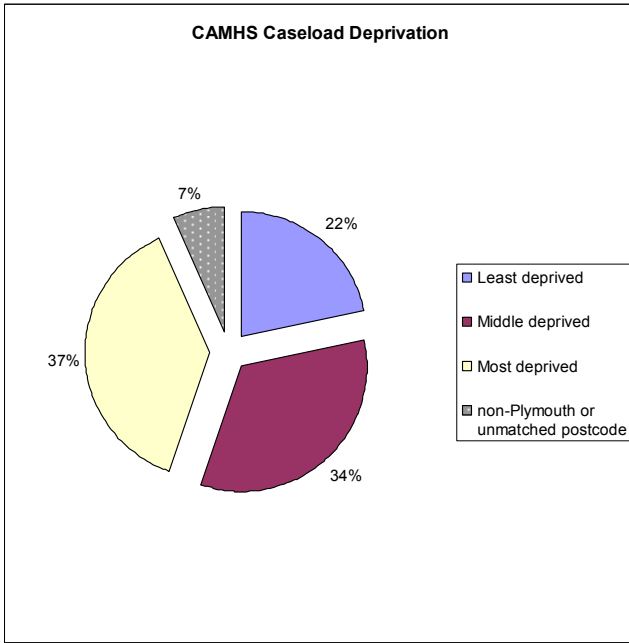
- 4.1 The panel requested PCH to provide a summary of the demographic information for the CAMH service as at July 2012. This has been shown separately in the attached Appendix A.

5. Conclusion

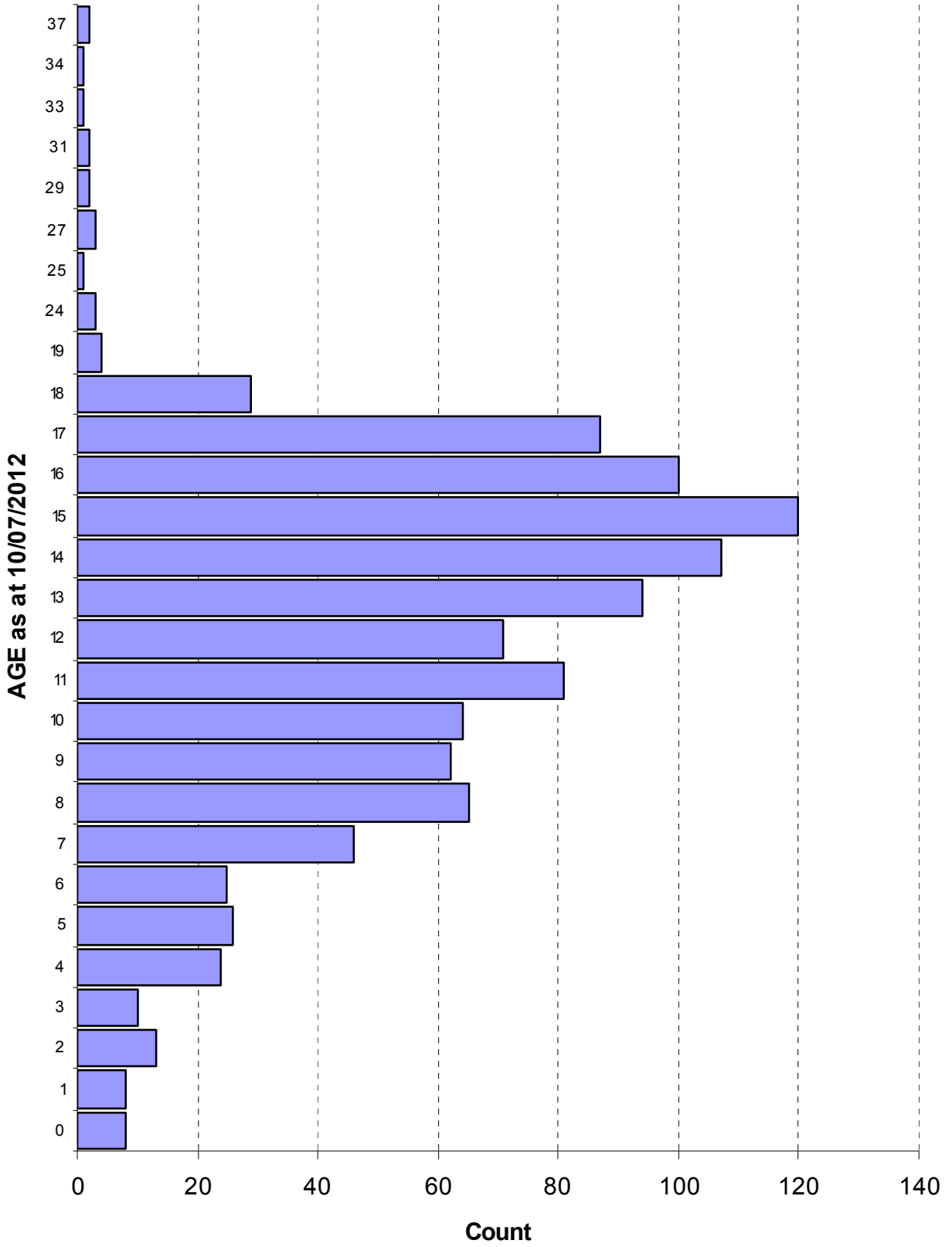
- 5.1 The Plymouth CAMH service is now operating at the eighteen week referral to treatment national standard across all departments.
- 5.2 Following an external review commissioned by Plymouth Community Health Care, we are in the process of service improvement and redesign. This is being done in partnership with stakeholders and we are looking forward to The CAMHS services continuing to improve in line with the review and to provide children and Young People of Plymouth with an efficient and high quality Service.

Summary of Demographic Information for Plymouth CAMH Service





CAMHS Caseload Age Breakdown



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Topics	J	J	A	S	O	N	D	J	F	M	A	M
Children's Health												
CAMHS Task and Finish (under regular review)		12		20		1		31		21		
Child Poverty #												
Early Year Interventions #												
Hospital appointments for children and young people and the co-ordination of consultants when seeing patients #												
Task and Finish Groups												
Youth Service					TBC							
Children and Young People with special educational needs and disabilities succeed in gaining employment #									√			
Updates												
Government Policy Changes												
Strategies and Plans												
Children and Young People's Plan (Action Plan)												
Youth Justice Action Plan												
Training and Development												
Development Session for panel members				20								

Key:

New Item = #

N.B – items will be automatically deleted from the work programme once they have been considered by the Panel.