



Democratic and Member Support

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7 March 2017

WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 15 March 2017
3 pm
Warspite Room, Council House

Members:

Councillor Mrs Aspinall, Chair

Councillor James, Vice Chair

Councillors Mrs Bridgeman, Cook, Dann, Mrs Foster, Loveridge, Dr Mahony, Sparling, Tuffin and Tuohy.

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

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Tracey Lee
Chief Executive

Wellbeing Overview and Scrutiny Committee

- 1. Apologies**
- 2. Declarations of Interest**
- 3. Chairs Urgent Business**
- 4. Minutes** (Pages 1 - 4)
- 5. Children Services Budget and School Funding Reforms** (Pages 5 - 26)
- 6. Residential Placements - Supply and Quality of Provision** (Pages 27 - 28)
- 7. Update Following Child Sexual Exploitation Review** (Pages 29 - 32)
- 8. CAMHS update** (Pages 33 - 38)
- 9. Tracking Resolutions** (Pages 39 - 40)
- 10. Work Programme** (Pages 41 - 42)

Wellbeing Overview and Scrutiny Committee**Wednesday 23 November 2016****Present:**

Councillor Mrs Aspinall, in the Chair.

Councillor James, Vice Chair.

Councillors Mrs Bridgeman, Cook, Dann, Sam Davey, Mrs Foster, Loveridge, Dr Mahony, Sparling and Tuohy.

Apologies for absence: Councillor Tuffin

Also in attendance: Phil Hughes (Medical Director and Chair of the Clinical Cabinet for the Sustainable Transformation Plan), Tracey Lee (Chief Executive, Plymouth City Council), Craig McArdle (Director for Integrated Commissioning, NEW Devon CCG and Plymouth City Council), Angela Peddar (Lead Chief Executive of the Sustainability and Transformation Plan and Your Future Care), Steve Waite (Chief Executive, Livewell Southwest); Sarah Lees (Consultant in Public Health, Plymouth City Council), Andrew Loton (Performance and Research Officer, Plymouth City Council), Rob Sowden (Performance and Research Officer, Plymouth City Council), David Spencer (Plymouth Hospitals NHS Trust); Ben Chilcott (NHS England), David Northey (Head of Integrated Finance), Ross Jago (Lead Officer) and Kristin Barnes (Democratic Support Officer).

The meeting started at 2.00 pm and finished at 4.16 pm.

Note: At a future meeting, the Panel 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.

18. Declarations of Interest

There were no declarations of interest made by Members in accordance with the Code of Conduct.

19. Minutes

The minutes of the meeting of 21 September 2016 were agreed as a true and accurate record.

20. Chairs Urgent Business

There were no items of Chair's urgent business.

21. Sustainability and Transformation Plan

The Committee received a presentation on the Sustainability and Transformation Plan (attached), presented by; Phil Hughes (Medical Director and Chair of the Clinical Cabinet for the Sustainable Transformation Plan), Tracey Lee (Chief Executive, Plymouth City Council), Craig McArdle (Director for Integrated

Commissioning, NEW Devon CCG and Plymouth City Council), Angela Peddar (Lead Chief Executive of the Sustainability and Transformation Plan and Your Future Care) and Steve Waite (Chief Executive, Livewell Southwest);

In response to questioning the Committee heard that;

- a) the Southwest footprint had been identified as one of 11 sites to pilot the associate nurse programme. Considerable work was being undertaken to encourage young people to consider a career in healthcare and to advance the careers of those already in the industry to maximise resources;
- b) the Sustainability and Transformation Plan was aimed to support work already going on in the patch. Although change was inevitable it should not destabilise the system. The funding situation was improved by the Integrated Fund;
- c) GP and primary care was a recognised local priority;
- d) the Urgent Care Plan is based around preventing admissions, shortening admissions and preventing elective care patients blocking beds. The Discharge to Assess model was one way to achieve this and needed to be scaled up;
- e) the public have been consulted on individual aspects of the plan but may not have seen it in its current format. None of the proposals within the plan would be new to the public. The intention was for consultation to be more engaging and accessible in future;
- f) although nationally there is no rapid move towards adopting capitation budgets this is being considered locally;

It was agreed that:

1. That this Panel echoes what was agreed at Full Council for a full written agreement to be built into the STP Operational Plan to achieve resource equity, and for the STP Operational Plan to be considered by this Panel at the appropriate time.
2. That place based approach to Health and Wellbeing to be accelerated and a capitation from budgets be established
3. Any changes to Acute Services to be considered by this Panel at the appropriate time.
4. All Members to receive a presentation on STP.

22. **Integrated Performance Scorecard**

The Committee receive the Integrated Performance Scorecard (attached) presented by Sarah Lees (Consultant in Public Health, Plymouth City Council), Andrew Loton (Performance and Research Officer, Plymouth City Council), Craig McArdle

(Director for Integrated Commissioning, NEW Devon CCG and Plymouth City Council), Rob Sowden (Performance and Research Officer, Plymouth City Council) and David Spencer (Plymouth Hospitals NHS Trust);

The Panel heard that;

- a) in some areas figures were improving but were still RAG rated red. This was because they were being measured against the England benchmark. For instance the figures for children in care are above the England average but in line with statistical neighbours.
- b) the apparent decline in breast feeding rates could be explained by a change in the way it was reported.

The Panel agreed that Homelessness should be added as an indicator to the Integrated Performance Scorecard and to invite an officer to speak on this item at the next meeting of the Panel.

23. **Integrated Fund Monitoring Report**

The Committee received the Integrated Fund Monitoring Report (attached) presented by Ben Chilcott (NHS England), Craig McArdle (Director for Integrated Commissioning, NEW Devon CCG and Plymouth City Council) and David Northey (Head of Integrated Finance);

The Committee heard that;

- a) The budget savings seen in Housing Services had been achieved via transformation. Many of the variable costs associated with homelessness such as B&B or hostel payments sat outside of the Housing Services budget and so those cost savings would stand regardless of the level of homelessness in the city;
- b) Payments for placements caused the greatest pressure on the Children, Young People and Families budget and this continued to be a challenging area.
- c) The NHS and Livewell Southwest were working together to drive down the cost of expensive packages of care provided outside the city. The intention is to manage these cases in a different way, bringing them closer to home and making services such as mental health care more accessible.
- d) The total budget of the Integrated fund is around £1 billion, of this around £5 million is set aside as a contingency.

24. **Tracking Resolutions**

Ross Jago raised that he had not yet completed minute 14 on page 74 and indicated that he would attend to this as soon as possible.

25. **Work Programme**

The Chair brought NHS England's response to the Select Committee Review in to GP Services to the attention of the Committee. The working Group had requested further information from NHS England. The Chair indicated that she would be writing to the Secretary of State and requested that any members who had evidence from constituents that would support the Committee's position should submit it to her.

Ross Jago highlighted that the following items would be added to the January meeting:

- Livewell CQC Report
- Children Social Care Budget
- Homelessness
- End of Life Care

Children Services Budget

2017/18



Children, Young People & Families

<u>Description</u>	<u>Budget</u>
	(£m)
Gross Budget	37.333
Income Budget	(3.568)
Net Budget	33.765

Education Participation and Skills

<u>Description</u>	<u>Budget</u>
	(£m)
Gross Budget	138.288
Income Budget	(128.567)
Net Budget	9.721

Children and Young Peoples Budget 2017-18



Description	Budget (£m)
Gross Budget	37.333
Income Budget	(3.568)
Net Budget	33.765

Savings Target

	15/16 (£m)	16/17 (£m)	17/18 (£m)	18/19 (£m)	19/20 (£m)	Total (£m)
<u>Children Young People & Families</u>						
Wrap Around Care & Creative Solutions pilot	1.500					1.500
Restructure savings		1.000				1.000
Peninsular Placements		0.300				0.300
Savings on Care Packages		0.800				0.800
Fostering Sufficiency			0.350			0.350
Regional Adoption			0.100			0.100
Out of Hours Review			0.100			0.100
Targeted Support Review (following implementation of new operating model)			0.100			0.100
Children's Placements			0.750			0.750
Plan to be formulated			0.100			0.100
CYP+F target				0.750	0.750	1.500
Total Children Young People & Families	1.500	2.100	1.500	0.750	0.750	6.600

Children, Young People & Families 2017/18 Budget by Detail

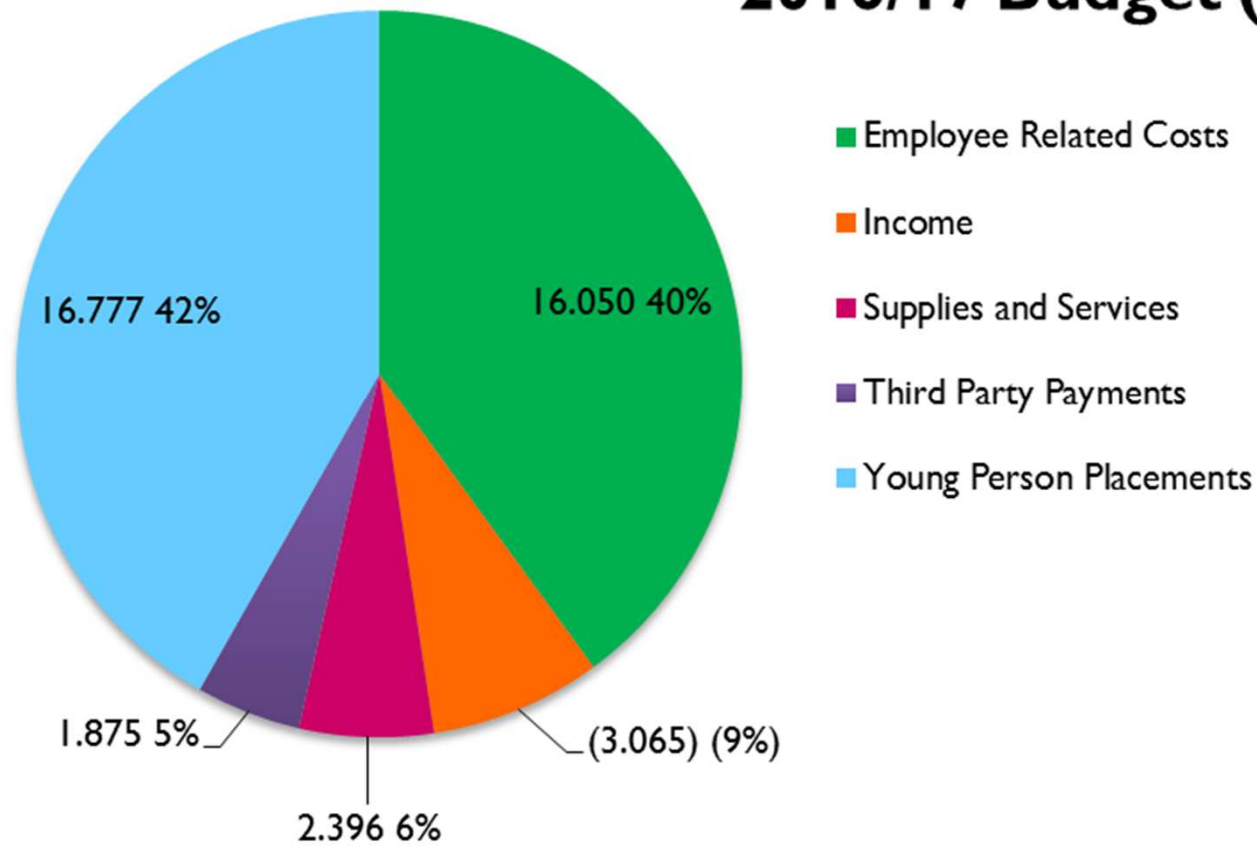


Division	2016/17 Budget	2017/18 Budget	Variance between Budgets	Variance between Budgets
	(£m)	(£m)	(£m)	(%)
Employee Related Costs	16.050	15.667	(0.383)	(2%)
Supplies and Services	2.396	0.907	(1.489)	(62%)
Third Party Payments	1.875	1.881	0.006	0%
Young Person Placements	16.777	18.434	1.657	10%
Income	(3.065)	(3.125)	(0.060)	2%
Grand Total	34.033	33.765	(0.269)	(1%)

Children, Young People & Families 2017/18 Budget by Detail



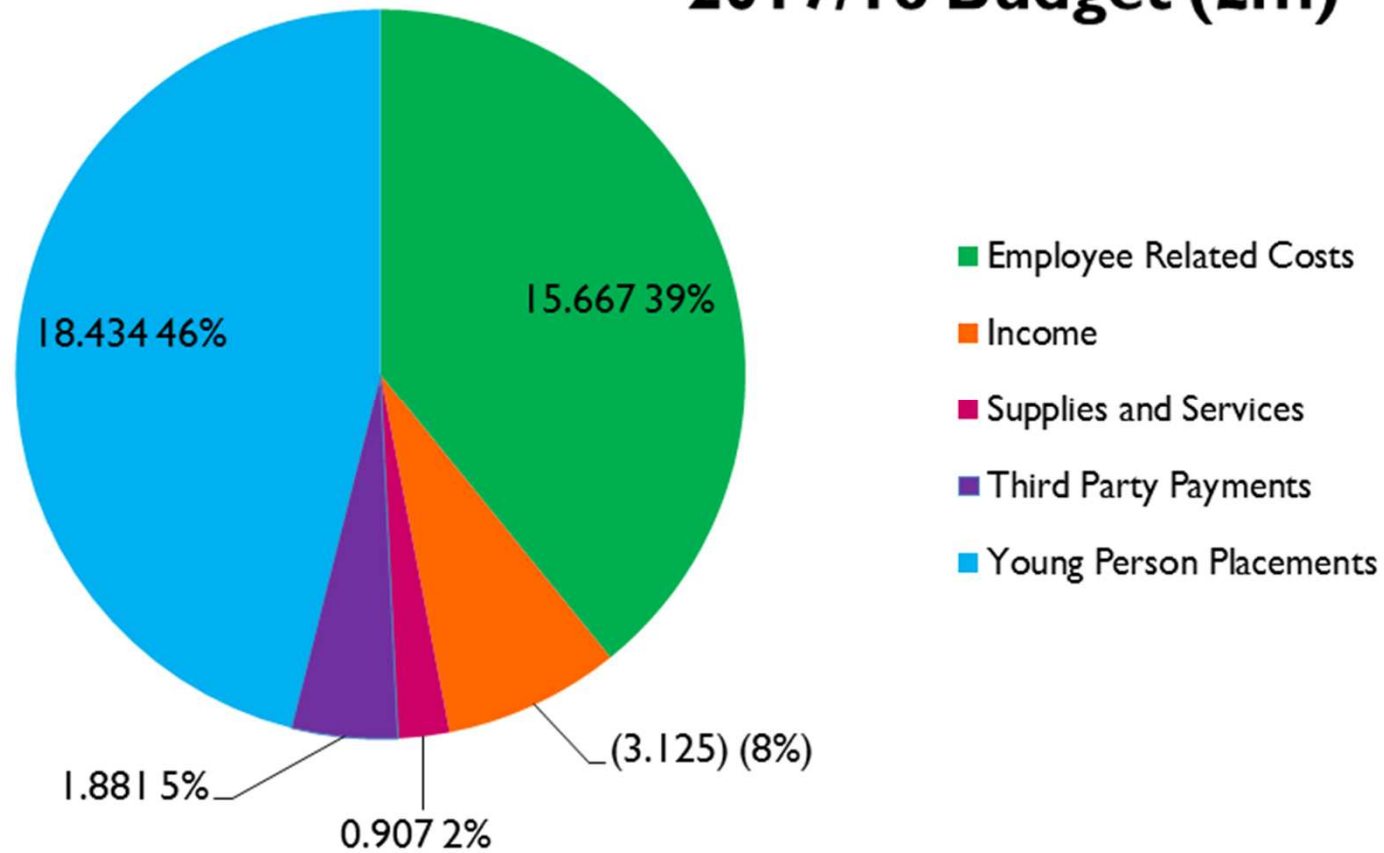
2016/17 Budget (£m)



Children, Young People & Families 2017/18 Budget by Detail



2017/18 Budget (£m)



Children, Young People and Families



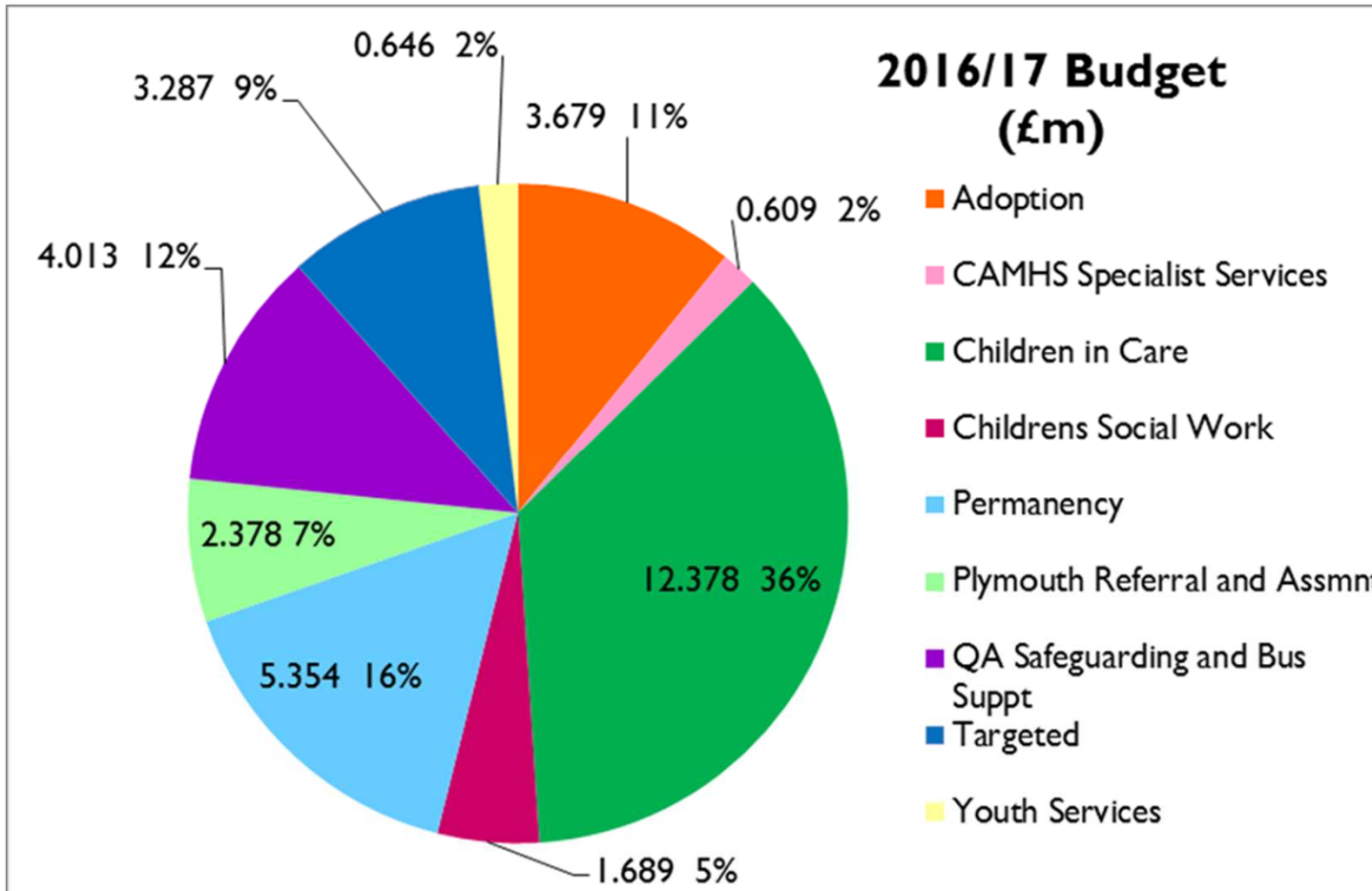
Division	2016/17 Budget	2017/18 Budget	Variance between Budgets	Variance between Budgets
	(£m)	(£m)	(£m)	(%)
Employee & Premises Costs	18.529	17.013	(1.516)	(8%)
Looked After Children	18.569	19.876	1.307	7%
Income	(3.065)	(3.125)	(0.060)	2%
Grand Total	34.033	33.765	(0.269)	(1%)

Children, Young People & Families by Service



Division	2016/17 Budget	2017/18 Budget	Variance between Budgets	Variance between Budgets
	(£m)	(£m)	(£m)	(%)
Adoption	3.679	3.207	(0.472)	(13%)
CAMHS Specialist Services	0.609	0.609	0	0%
Children's placements	12.378	10.352	(2.026)	(16%)
Children's Social Work	1.689	3.560	1.871	111%
Permanency	5.354	6.066	0.712	13%
Plymouth Referral and Assmnt	2.378	2.458	0.080	3%
QA Safeguarding and Bus Suppt	4.013	4.067	0.054	1%
Targeted Family Support & Youth Services	3.933	3.445	(0.488)	(12%)
Grand Total	34.033	33.765	(0.269)	(1%)

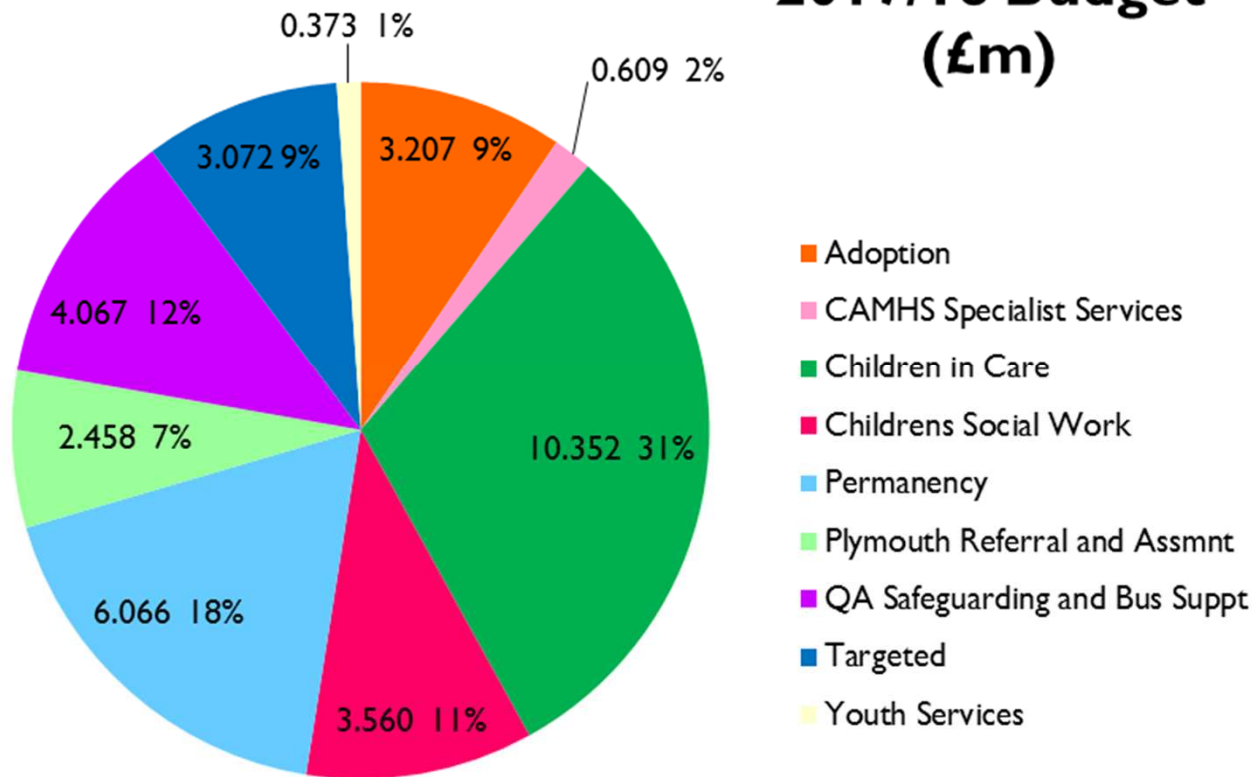
Children, Young People & Families by Service



Children, Young People & Families by Service



2017/18 Budget (£m)



Education, Participation & Skills Gross Budget Summary



	Gross Budget	
	2016/17	2017/18
	(£m)	(£m)
DSG	184.708	*191.251
Pupil Premium	7.011	TBC
Education, Participation & Skills Revenue Budget	30.413	28.147
Total Budget	222.132	219.398

£3.707m was transferred out of this budget to Adult Social Care for Children's Centre's (Commissioning in 2016/17)

* Increase in gross budget is due to an increase in pupil numbers, additional early years funding due to the 30 hours initiative and high needs post 16 funding due to be paid via DSG from 2017/18

Revenue	2016/17	2017/18
	(£m)	(£m)
Gross	134.945	138.289
Income	(124.912)	(128.567)
Net	10.033	9.722

Education, Participation & Skills

Detailed Budget Breakdown

2017/18



Function Name	Statutory Service	Gross Budget	Revenue Funding	DSG Funding	Grant Income	Income from Schools	Other Income
		(£m)	(£m)	(£m)	(£m)	(£m)	(£m)
SEND	Yes	24.448	4.474	(16.837)	(0.259)	(0.200)	(2.677)
School Improvement	Yes	3.149	1.294	(0.864)	0.000	(0.475)	(0.515)
School Support	Yes	5.575	0.869	(3.275)	(0.909)	(0.503)	(0.020)
External Funding	Yes	1.995	0.000	0.000	(1.532)	0.000	(0.463)
Admissions	Part	0.301	(0.056)	(0.282)	0.000	(0.075)	(0.001)
Organisation	Part	0.784	0.698	0.000	0.000	0.000	(0.087)
Inclusion, Attendance & Welfare	Part	0.558	0.270	(0.039)	0.000	(0.220)	(0.030)
Transport	Yes	4.363	4.054	(0.078)	0.000	(0.092)	(0.140)
Skills and Employability	Part	0.349	0.349	0.000	0.000	0.000	0.000
Sports Development	Part	0.262	0.224	0.000	0.000	0.000	(0.038)
School Funding	Yes	70.344	0.000	(60.154)	(10.190)	0.000	0.000
Savings Target*	N/A	(2.453)	(2.453)	0.000	0.000	0.000	0.000
Education, Participation & Skills Total**		109.676	9.722	(81.529)	(12.890)	(1.564)	(3.971)
Adjustments from DSG Gross Budget (Including Academy Recoupment, Central Licences & Post 16 FE direct payment to FE Colleges).		109.722	0.000	(109.722)	0.000	0.000	0.000
Total		219.398	9.722	(191.251)	(12.890)	(1.564)	(3.971)

Education, Participation & Skills

Detailed Budget Breakdown

2017/18



Savings Target

	15/16	16/17	17/18	18/19	19/20	Total
	(£m)	(£m)	(£m)	(£m)	(£m)	(£m)
Education Participation and Skills						
SEND Integration	0.300					0.300
Early Help	0.300					0.300
Community Meals		0.130				0.130
Staffing Savings incl EVRS		1.139				1.139
SEND Review			0.300			0.300
Plan not yet formulated				0.250	0.250	0.500
Plan for Education			0.400			0.400
Total Education Participation and Skills	0.600	1.269	0.700	0.250	0.250	3.069

Estimated £1.37m shortfall in ESG in 2017/18. Still awaiting outcome of central government consultation (deadline for responses is 22nd March).

Education, Participation & Skills

Detailed Budget Breakdown

2017/18

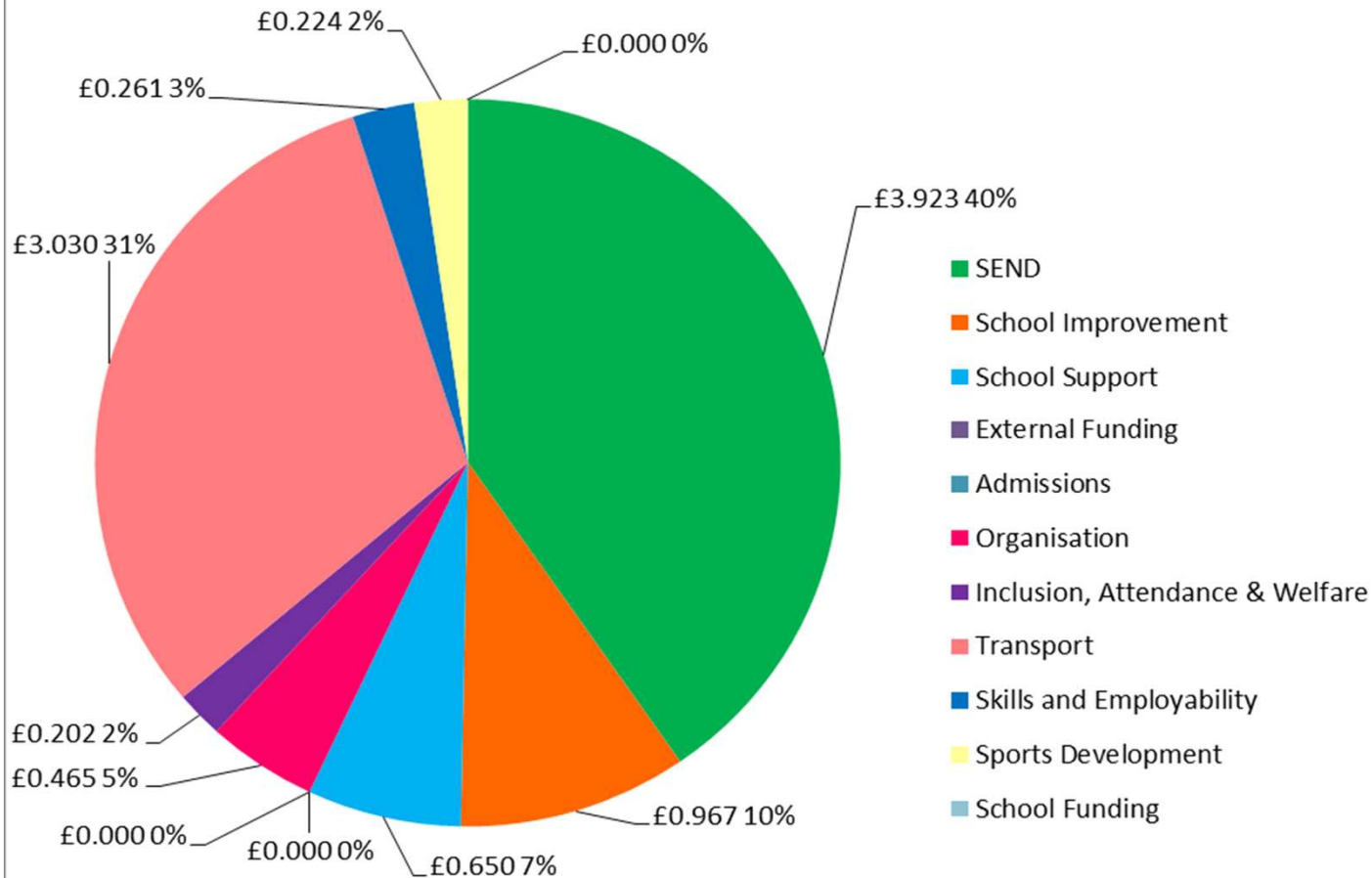


Function Name	2017/18 Revenue Budget Funding	
	(£m)	(%)
SEND	3.923	40%
School Improvement	0.967	10%
School Support	0.650	7%
External Funding	0.000	0%
Admissions	0.000	0%
Organisation	0.465	5%
Inclusion, Attendance & Welfare	0.202	2%
Transport	3.030	31%
Skills and Employability	0.261	3%
Sports Development	0.224	2%
School Funding	0.000	0%
Education, Participation & Skills Total	9.722	100.00%
Savings Targets Included In Service Areas		

Education, Participation & Skills Detailed Budget Breakdown 2017/18



2017/18 Revenue Budget Funding £m



Schools Funding Reforms



Dedicated Schools Grant (DSG)

- Funding received by PCC for Schools
- School budget allocated with Schools Forum

Education Services Grant (ESG)

- 2016/17 funding received by PCC for PCC
- 2017/18 funding split PCC and Schools via DSG

Schools funding

Estimated funding based on Government proposals and 2016/17 pupil numbers (figures not comparable with 2017/18 actual funding due to changes in pupil numbers and other formula changes)



Type of funding	2016/17	2017/18	2017/18 Decrease in funding	2018/19	2019/20 (full implementation of formula)
	(£m)	(£m)	(£m)	(£m)	(£m)
Schools Block	140.417	140.417	0.000	143.713	147.836
High needs Block	28.557 **	28.557	0.000	28.615	28.615
Central services for LA ongoing responsibilities <i>(includes ESG retained £0.572m)</i>	1.030	1.030	0.000	1.056	1.069
Central Services for LA historical responsibilities	2.631	2.631	0.000	2.631	2.631
ESG general fund	1.619	0.249	1.370*	0.000	0.000
	174.254	172.933	1.370	176.015	180.151

*ESG general funding grant ends in March 17 with transitional protection until August 17. Reduction in funding is due to academy conversions (£0.784m) and cessation of grant (£0.835m less transitional protection of £0.249m = £0.586m).

** Includes contribution to High Needs block from Schools block in 2016/17.

SCHOOLS FUNDING

2017/18 – 2019/20: high needs block



- ❑ Funding previously allocated based on 2012/13 spend
- ❑ **Forecasting overspend of £1.088m 2016/17**
 - ❑ significant increase in the need for special school places
 - ❑ Increased number of children requiring a higher level of support
 - ❑ additional ECHPs being requested
 - ❑ increase in the cost of independent school places
- ❑ Plymouth increased funding £0.058m
- ❑ Cornwall gain £3.9m
- ❑ Portsmouth gain £2.9m
- ❑ Coventry gain £3.6m

SCHOOLS FUNDING DSG

2017/18 – 2019/20



	16/17
	(£m)
Central Services for LA ongoing responsibilities	0.458
Central Services for LA historical responsibilities	2.631

<input type="checkbox"/> Licenses	0.170
<input type="checkbox"/> Schools Forum	0.006
<input type="checkbox"/> School Admissions	0.282
	0.458
<input type="checkbox"/> Excellence Cluster	1.376
<input type="checkbox"/> Sports Facility	0.110
<input type="checkbox"/> Legacy pension cost	0.637
<input type="checkbox"/> Capital borrowing	0.512
	2.631

SCHOOLS FUNDING ESG

2017/18 – 2019/20



	16/17
	(£m)
Central Services for LA ongoing responsibilities	0.572

<input type="checkbox"/> School administration	0.246
<input type="checkbox"/> School Finance	0.087
<input type="checkbox"/> Education Welfare Service	0.215
<input type="checkbox"/> Asset Management	0.060
<input type="checkbox"/> Standing Advisory Committee for Religious Education	0.010
	0.618

Education Services Grant has reduced by 25.3% over the three year period 2013/14 to 2015/16 inclusive.

SCHOOLS FUNDING ESG

2017/18 – 2019/20



	16/17
	(£m)
ESG General Fund	1.619
Corporate funding	0.400
Total Spend	2.019

<input type="checkbox"/> Health & Safety	0.013
<input type="checkbox"/> Data Systems	0.090
<input type="checkbox"/> Outdoor education centres	0.040
<input type="checkbox"/> Finance/Access & Planning	0.120
<input type="checkbox"/> Education Welfare	0.054
<input type="checkbox"/> Asset Management	0.089
<input type="checkbox"/> National Curriculum Assessment	0.012
<input type="checkbox"/> School redundancy costs	0.170
<input type="checkbox"/> Legacy pension costs	1.431
	2.019

SCHOOLS FUNDING ESG

2017/18 – 2019/20



- ❑ Government have given permission to LAs to charge schools for this funding gap.
- ❑ 2017/18 schools are not able to fund this due to the delay in the funding formula and already struggling financially
- ❑ This would amount to a charge of approximately £50 per pupil for mainstream maintained schools, and £210 per pupil for maintained special schools.
- ❑ For example, this additional charge would reduce Shakespeare Primary School by £20k and Plymouth High School for Girls by £30k.

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WELLBEING OVERVIEW AND SCRUTINY PANEL

15 March 2017



PLYMOUTH
CITY COUNCIL

Residential Placements – Briefing on Supply of Placements

CURRENT PROVISION IN PLYMOUTH

Over the last five years residential providers have been supported to open children's homes in Plymouth, with the aim of ensuring there is a good supply of placements for local children; reducing the need to place out of area. Providers have been willing to work in partnership with Plymouth to do this, citing the positive relationships they have with the local authority and the quality of wrap-around support for placements as reasons to invest in the city.

This process has been incremental, to ensure that provision is sustainable and would meet local needs.

- 2012: One children's home in Plymouth offering two beds. This was operated by an adult LD specialist and rarely offered placements which met the needs of Plymouth children. This home was deregistered as a children's provision.
- Spring 2013: Phoenix Learning and Care opened two two-bedded homes in the city (one home has since been scaled back to a solo home on Ofsted advice).
- December 2013: Cambian Group opened two solo homes in Plymouth.
- 2014: period of stabilisation for the new homes.
- Spring 2015: South West childcare opened a solo home in Plymouth.
- Summer 2016: South West Childcare opened a two bedded home in Plymouth.
- December 2016: South West Childcare opened a two bedded home in Plymouth.

As a result of this work there are currently ten children's home beds within the city boundary, spread over a mixed market of three residential providers. At the present time nine Plymouth children are placed, representing 90% occupancy of local beds by local children.

Cambian and South West Childcare also have 16+ provision within Plymouth, run by staff with children's home experience so that this enables a step-down from residential care

FUTURE DEVELOPMENT

South West Childcare are opening another 2 bedded home in Plymouth in early summer 2017. Discussions are already taking place to consider which children would be suitable for these beds, including considering whether any child currently placed at distance from Plymouth could be brought back to live locally.

Beaufort Care, a provider with homes in the south of England, is expanding into the south west. The provider plans to open two 3 bedded homes in the Ivybridge area during 2017. Regular meetings are taking place to discuss plans to ensure these homes will meet Plymouth needs. The provider has also met with Devon and Cornwall commissioners, as well as CCG and Virtual School representatives for Plymouth.

Therefore it is expected that during 2017 two more beds in Plymouth will be available, with six more within commutable distance of the city.

All children's home beds are currently commissioned via a framework contract, which gives no guarantee of business to the providers. Plymouth commissioners are currently considering how best to secure the local children's home beds for Plymouth children for the future, in a way which gives the providers security in order to invest in and maintain the provision at a good standard and a fair price.

Author: Liz Cahill

Job Title: Strategic Commissioning Manager

Department: Strategic Cooperative Commissioning

Date: 6 March 2017

WELLBEING OVERVIEW AND SCRUTINY PANEL

15 March 2017



PLYMOUTH
CITY COUNCIL

1.0 Introduction

1.1 The commitment to ensuring that all children and young people are safeguarded from all aspects of child sexual abuse, including Child Sexual Exploitation (CSE) remains high across the council, and partner agencies in Plymouth.

1.2 This CSE Scrutiny Report was completed in spring 16, and sets out specific recommendations to ensure effective partnership working, and that risk in relation to CSE is effectively assessed and addressed at a public awareness level and on an individual basis where appropriate.

1.3 This briefing outlines both the corporate and partnership arrangements already in place, and provides an update on actions to respond to the recommendations.

2.0 PCC CSE Up-date, Including Commissioning Plans

1. Agreed that the members were assured that strategies and action plans are in place to tackle child exploitation in Plymouth. It was felt however that the CSE implementation plan required refinement and should return to scrutiny in the future.

5. Agreed that the Cabinet Member with responsibility for Co-operative Commissioning should explore how more robust and resilient services for victims of CSE should be developed in partnership with other statutory agencies and non-statutory agencies already providing services. This will be subject to scrutiny in the future.

7. Agreed to recommend to the Cabinet with responsibility for Co-operative Commissioning that Voluntary and Community Sector organisations delivering support for those subject to Child Sexual Exploitation in the city are invited to join System Design groups supporting the four Integrated Commissioning Strategies.

8. Agreed to recommend to the Cabinet Member with responsibility for Co-operative Commissioning that consideration is given to formally commissioning a Child Sexual Exploitation service which would include and appropriate step-down service.

2.1 There remains council-wide commitment to preventing CSE and protecting children and young people at risk. This ranges from detailed training and guidance for social care staff to agreed licencing arrangements for taxi drivers, including ensuring that their attendance at appropriate CSE training is a condition of their license.

2.2 The Children Young People and Families(CYPFS) and Education, Learning and Participation services continue to ensure that appropriate safeguarding arrangements are in place, including:

- Appropriate arrangements for children missing education.

- Proposals to improve arrangements for children missing from home and from care, through the transformation programme.
- CYPFS CSE action plan, monitored at monthly management meetings.
- Ensuring that appropriate quality assurance audits have been undertaken in relation to CSE and sexually harmful behaviour.
- Contribution to the Plymouth Safeguarding Children Board Child Exploitation sub group.

2.3 At a strategic commissioning and system level, the local needs analysis highlights the fact that children vulnerable to CSE are often the victims of childhood trauma. In order to meet this need a range of service improvements could be made by a more integrated response to need.

- To address this the children's partnership System Design Group has been established involving social care, PCC targeted support services, drug and alcohol services, third sector partners and CAMHS.
- A task and finish work stream has been initiated to review our response to trauma recovery, including CSE, as one of the key priorities to re-shape our service model across existing resources.
- The preferred model, as outlined in the Integrated Commissioning Strategy for Children and Young People, has partnership agreement and aims to form a collaboration with our VCS and Health partners to create an integrated model of care for vulnerable children and young people. This includes a clear pathway and support offer for those vulnerable to and experiencing CSE. This has been done with representation on the SDG and Vulnerable Children's System Optimisation Group (SOG) – Barnardos are represented, and other providers such as the NSPCC are invited as appropriate.

2.4 This will be monitored and reviewed through the System Design Group, and the CYPF Transformation Programme, within the Support and Provision Project.

3.0 Plymouth Safeguarding Children's Board (PSCB) and CSE

1. Agreed that the members were assured that strategies and action plans are in place to tackle child exploitation in Plymouth. It was felt however that the CSE implementation plan required refinement and should return to scrutiny in the future.

2. Agreed that the Plymouth Safeguarding Board should be promoted as the lead body with regards to Child Sexual Exploitation.

3.1 The PSCB strategic and operational Missing and Child Exploitation sub-groups provide citywide leadership around CSE and feed into and are informed by the Peninsular MACSE Strategic group.

3.1.2 The strategic sub-group has asked all member agencies to provide them with assurance that plans are in place to tackle CSE. Those who have not provided plans have been subject to challenge by the PSCB.

3.1.3 The CSE action plan is now more refined, with a move to more focused priorities and themed discussions in the sub group. These include:- awareness raising, professionals training, data capture, voice of the child and family, prosecution, Child Protection response and disruption, black ethnic and minority and hard to reach communities.

3.2 PSCB CSE Training

3. Agreed that the Plymouth Safeguarding Children Board should promote CSE training more widely and review its pricing structure to allow small community groups with limited resources to undertake this training. This would be subject to a report at a future scrutiny meeting.

3.2.1 The PSCB promote their courses widely on line through their website and through PSCB agency representatives. They now have a link through the Octopus Project, who disseminate all the training information directly out to the voluntary sector. An impact on practice survey is undertaken 3 months after attendance on the CSE course. This shows that 100% of respondents reported it improved their knowledge and skills in working with CSE.

3.2.3 Understanding Child Sexual Exploitation Training -4 courses have been run from July 2016 to present, with a total attendance of 93 participants. This course carries a standard cost of £75, regardless of the size of agency. Cost of training is subject to regular review as part of the annual PSCB training plan.

3.2.4 In addition, the PSCB also worked with the Adult Safeguarding Children Board and Plymouth City Council to develop and run taxi-driver training. A successful pilot led to the training being rolled out, with to date over 300 drivers already trained. The next phase is the introduction of the workshop being made mandatory for all 1300 drivers to attend.

3.3 PSCB CSE communications plan (Relevant to Recommendations 2 & 4)

4. Agreed to recommend to the Plymouth Safeguarding Children's Board that a comprehensive and wide ranging communications plan should be developed in relation to CSE. In particular this should include a high profile awareness raising campaign in which all partner agencies should play a key part and should be particularly focused at General Practitioners and Schools.

3.3.1 Communications and awareness raising have been considered at specific themed sessions of the strategic MACSE, and the Corporate Communications Officer attended to advise. This has informed the PSCB CSE action plan.

3.3.2 This year's CSE Awareness Day will take place on March 17th. The PSCB has worked with partner agencies across the peninsular to promote an awareness campaign around CSE. This will use the NWG toolkit and support the Barnardos "See Something-Say Something" campaign. A media strategy is in place, including a family who are prepared to be interviewed about their experiences.

3.3.3 A very successful CSE Conference was arranged for professionals across the City in November 16, in conjunction with the PSCB training department, Plymouth University and Barnardos. There were national speakers and the feedback was very positive.

3.3.4 A CSE resource of information/resources is held on the PSCB website for all agencies to access and is regularly updated with new research and information.

3.3.5 The PSCB has tasked the education reference group to review the quality of awareness raising activity in schools and report back on next steps.

3.3.6 The PSCB has promoted a NHS CSE pocket Guide, which has been distributed to all acute and community trusts in Plymouth and Devon as well as every GP and practice nurse receiving a copy. An electronic version is available and has gone out to main NHS providers, dentists and pharmacists.

4.0 Scrutiny Arrangements

6. Agreed to recommend to the Co-operative Scrutiny Board that the Scrutiny Panel responsible for Children's services will receive regular updates from the Local Safeguarding Children's Board to include the annual report and specific updates on progress in tackling CSE.

11. Agreed that the Scrutiny Panel with responsibility for children and young people will receive the quarterly report written by Barnardos' on their BASE service.

4.1 The recommendation to request quarterly updates from the PSCB regarding tackling CSE to be presented to the Wellbeing Overview and Scrutiny Committee has been raised at the PSCB Exec.

4.2 The report has been discussed with Barnardos and the agency is aware that the Wellbeing Overview and Scrutiny Committee will request updates on the BASE service.

5.0 Office of Police and Crime Commissioner (Relevant to Recommendations 9, 10)

9. Agreed to recommend to the Office of the Police and Crime Commissioner that consideration is given to the further development of the Sexual Assault Referral Centre in Plymouth to ensure that young people in Plymouth who have been subject of CSE are able to receive the appropriate support without having to visit Truro or Exeter.

10. Agreed to recommend to the Office of the Police and Crime Commissioner that they consider how through partnership an advocacy service can be developed to support CSE victims akin to an IDVA used in domestic abuse cases.

5.1 The Assistant Director, has raised these recommendations with the Office of the Police and Crime Commissioner. An advocacy service to support CSE victims has now been set up.

Author: Siobhan Wallace

Job Title: HoS QA and Safeguarding

Department: People: Children Young People and Families

Date: 6.3.17

CAMHS Transformation

Report to Scrutiny



Future in Mind, published in 2014 describes ten important changes to be achieved throughout the country through CAMHS transformation. In particular it explains that children and young people's mental health is everyone's business and not only the domain of CAMHS services. It also states that the right support at the right time for children, young people and their families can both improve lives and save money in the long run.

The ten important *Future in Mind* changes are:

- Improve public awareness so people think and feel differently about mental health
- Ensure children and young people have timely access to clinically effective support
- Make a step change in how care is delivered towards a system built around needs
- Increase the use of evidence based treatments with services focused on outcomes
- Make mental health support visible and accessible for children and young people
- Improve care in a crisis and in the right place at the right time and close to home
- Improve access to evidence based programmes of intervention and support
- Achieve a better offer for the most vulnerable children and young people
- Improve transparency and accountability to drive further improvements in outcomes
- Professionals are trained in child development and mental health

NEW Devon CCG has outlined a strategy that ensures a strong core CAMHS services and effective access to specialised support whilst shifting services upstream towards prevention and early intervention. The CAMHS transformation submission therefore identified four big system priorities that will underpin this plan.

Priority 1: Crisis response

We want to ensure timely and effective responses when children and young people are facing a crisis to ensure that co-ordinated and appropriate support and a mental health act assessment is available 24 hours a day/7 days a week for those who need this and in accordance with the Crisis Care Concordat.

Priority 2: Early intervention

Our purpose is to promote and support the emotional, psychological and social wellbeing of children and young people. Early help programmes can support the drive for early intervention and enable cultural change in the way first contact services such as schools can support children and young people with mental health problems.

Priority 3: Children in care

We know that children in care are significantly more vulnerable to emotional and mental health problems and we want to ensure that there is a flexible and integrated system to support children in care and in particular where they have identified mental health needs.

Priority 4: Specific Service Response

- Increasing access to ensure at least 30% of those with a diagnosable mental problem.
- Reduce numbers of children and young people waiting and waiting times.
- To ensure that delivery of the pathway for Eating Disorders is sustainable and can be delivered across the whole area.

DEVELOPMENTS AND IMPACT TO DATE:

Priority 1: Crisis response

Our focus on crisis prevention and response has improved the response to children presenting in crisis with self-harm and other mental health and behaviour difficulties at hospital and the community. We have invested in the service to increase the CAMHS outreach workforce from 4.6FTE to 10FTE so that a more rapid support can be offered through extended hours 7 days a week to de-escalate crisis and prevent re-occurrence.

This team have seen a total of 313 children and young people referred as an urgent referral from the hospital since April, and are now able to respond to all of these referrals the same or next day. They have also responded to the 62 urgent referrals in the community within 7 days.

The service is compliant with the requirement to undertake Mental Health Act Assessments within 4 hours of request.

As a part of this crisis approach we have also secured the sustainability of a Place of Safety ensuring that those being detained on a section 136 aren't held in police cells for mental health assessments. This has been an extremely welcome development from all partners, parents and young people and has delivered better outcomes for those young people at a point of crisis, since it opened in April 2015, 46 young people from Plymouth, Devon and Torbay were assessed in the place of safety rather than in a police cell, and the majority of them returned home with support and without admission to a tier 4 Mental Health Unit.

Priority 2: Early intervention

This is an integrated approach with the third sector, schools and our community CAMHS team in Livewell South West, with investment from Schools Forum into a co-commissioning approach, which has secured:

- A whole school approach, including identifying workforce development needs within school staff teams. Each school has undertaken an audit to review need for training that support whole school approaches to mental health, with a bespoke set of priorities to reflect the need in their communities. The Zone is working with schools to support meeting this need over the next 2 years (to August 2019).
- A new online support service for young people started in September 2016, alongside a face to face counselling service in secondary schools. Prior to this all schools had bought in varying services, with little quality assurance. These services were procured by Plymouth City Council with the support of the CCG GP leads. 872 young people have accessed support online with 185 accessing "chat" with a counsellor and 314 accessing self-help documents. Significantly 13% of these have identified as BME which is a good reach in the city. A further 98 young people have accessed face to face counselling in schools. However there is currently a waiting list for this support, partly arising as the service is only just reaching full capacity so has is not yet delivering to full capacity or yet delivering group work. The steering group with Schools, CAMHS, the VCS provider and commissioning are scheduled to meet to develop a plan to resolve this.

- Special schools have had staff trained in Levels 1 and 2 Theraplay® and are delivering targeted interventions based on attachment theory. Schools are building an evidence base to monitor outcomes from using this approach.
- A combination of some school investment alongside CAMHS transformation investment has secured an early intervention approach in CAMHS, increasing the staffing from 5 FTE mental health workers to 17 FTE, to provide consultation, triage and brief interventions in schools and in the community. This is enabling CAMHS to support early help strategies to quickly address difficulties or ensure rapid access to more specialist support, where appropriate. Of the 228 requests for consultation in the community, 36 have been referred for CAMHS intervention, 108 have been given support to access other services and 84 are receiving ongoing early intervention consultation and support in the community.

Priority 3: Children in Care

The CAMHS transformation plan also covers Devon where there has been a less well developed dedicated service for Children in Care. The ambition here was to ensure the whole of the Devon footprint secured an enhanced offer for these young people. In Plymouth we have had a dedicated offer in place for some time that is co-located with the social care teams.

In order to ensure the challenges of delivering a more integrated response to both children in care and those on the edge of care, a multi-agency system optimisation group, chaired by Alison Botham, AD for Children, Young People and Families Services, are continuing to meet and develop new ways of working.

Priority 4: Specific Service Response

- Increasing access to ensure at least 30% of those with a diagnosable mental problem (increasing to 32% in 2018/19 to 35% in 2020/21).

Current estimate is that we are achieving 33% access in Plymouth.

- Reduce numbers of children and young people waiting and waiting times

There has been a reduction in the median waiting time for CAMHS intervention from 8.7 weeks to 5.7 weeks (Jan - Dec 2016), however the numbers waiting for treatment in Dec 2016 had increased to 332 (same as this time last year but growth since Sept). This has been impacted on by the annual trend of an increase in referrals from Sept – Dec and new model of service in early intervention that means initial assessment is carried out more quickly, increasing the numbers now waiting for particular interventions. This does not mean they are not seen by the service, just that they are not yet receiving the right intervention to meet their needs.

The percentage of young people receiving treatment intervention within the required 18 weeks from referral to treatment remains steadily high, (93% in Dec). However this means there are still small numbers who are waiting too long.

In order to address this, the service has hired agency staff to bring the numbers waiting for particular interventions down. This includes additional capacity for CBT, Psychotherapy and solution focussed therapy. This situation is being monitored carefully by the CCG and through regular reports to NHS England.

- To ensure that delivery of the pathway for Eating Disorders is sustainable and can be delivered across the whole area.

A new team has been developed this year to ensure that those with an eating disorder are prevented from going to hospital and do not have long stays if they have to, through good support in the community. The service has reported that they have been meeting the required standards for this cohort of children, however more recently an increase in referrals is putting a strain on

capacity. The CCG and Livewell is scheduled to review this position and examine resource implications at their next CAMHS transformation meeting.

FUTURE DEVELOPMENTS

The CAMHS Transformation plan was refreshed in November and future work includes:

- A whole system review of our Trauma/ Abuse Recovery approach.

This will be managed in the multi-agency Systems Optimisation Group. A model for trauma recovery has been developed and services are due to review how the current pathway and offer against this model.

- Self Harm

Whilst the crisis response has improved capacity to respond to young people presenting with self harm, there is now an opportunity to review the approach across the whole support offer in Early Intervention and Specialist CAMHS to move to a more preventative model. The CCG and Livewell are scheduled to review demand and approach at the next CAMHS transformation meeting.

- Workforce Development

The CCG was required to develop a workforce development strategy and developed this across the footprint of NEW Devon and South Devon and Torbay CCG. There is now the need to localise this plan, describe what the current offer is and the action plan for the future.

- Reporting Data

As part of the CAMHS transformation plan there was a recognition of the need to improve reporting and a Data Improvement Plan was developed that identified service standard and outcome reporting requirements. This is an ongoing piece of work and the service is refreshing its data recording systems to enable this reporting, including outcome reporting, in the future.



Northern, Eastern and Western Devon
Clinical Commissioning Group



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Wellbeing Overview and Scrutiny Committee and Corporate and Place Overview and Scrutiny Committee
Tracking Resolutions – 2016 - 2017

Wellbeing Overview and Scrutiny Committee			
	Resolution	Target date, Officer responsible and Progress	
23.11.16 Sustainability and Transformation Plan Minute 21	<ol style="list-style-type: none"> 1. The Panel echoed what was agreed at Full Council for a full written agreement to be built into the STP Operational Plan to achieve resource equity, and for the STP Operational Plan is be considered by this Panel at the appropriate time. 2. That place based approach to Health and Wellbeing to be accelerated and a capitation from budgets be established 3. Any changes to Acute Services to be considered by this Panel at the appropriate time. 4. All Members to receive a presentation on STP. 	Date:	December 2016
		Officer:	Ross Jago
		Progress:	Recommendations have been sent. An all member briefing took place in February.
23.11.16 Integrated Performance Scorecard Minute 22	<ol style="list-style-type: none"> 1. The Panel agreed that Homelessness should be added as an indicator to the Integrated Performance Scorecard and to invite an officer to speak on this item at the next meeting of the Panel. 	Date	April 2017
		Officer	Ross Jago / Matt Garrett
		Progress	Added to work programme.

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WELLBEING OVERVIEW SCRUTINY COMMITTEE

Work Programme 2016-2017



PLYMOUTH
CITY COUNCIL

Please note that the work programme is a 'live' document and subject to change at short notice. The information in this work programme is intended to be of strategic relevance and is subject to approval at the Co-operative Scrutiny Board.

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme, please contact Helen Wright, Democratic Support Officer, on 01752 307903.

Date of meeting	Agenda item	Prioritisation Score	Reason for consideration	Responsible Officer
20 July 2016	Plymouth City Council Corporate Plan			
	Success Regime and Sustainable Transformation Plan			
	Integrated Commissioning Action Plans / Performance Scorecard			
	Integrated Fund monitoring Report		Standing Item	
21 September 2016	Integrated Fund monitoring Report		Standing Item	
	Integrated Commissioning Scorecard		Standing Item	
	Welcoming City Action Plan			
	Integrated Commissioning Aim: <i>Deliver and integrated education, health and care offer: ensure the delivery of integrated assessment and care planning</i>			
	<i>Community Item (if forthcoming)</i>			
23 November 2016	Integrated Fund monitoring Report		Standing Item	
	Integrated Commissioning Score Card		Standing Item	
	Sustainability and Transformation Plan			
	<i>Community Item (if forthcoming)</i>			
9 January 2017				
15 February 2017	Children Services Budget and School Funding Reforms		Children and Young People Focused Session	
	Residential Placements - Supply and Quality of Provision		Children and Young People Focused Session	
	Update Following Child Sexual Exploitation Review		Children and Young People Focused Session	

Date of meeting	Agenda item	Prioritisation Score	Reason for consideration	Responsible Officer
	CAMHS update		Children and Young People Focused Session	
5 April 2017	Integrated Fund monitoring Report		Standing Item	
	Integrated Commissioning Score Card		Standing Item	
	Homelessness		Items which required scheduling before the end of the municipal year.	
	Community Safety Partnership		Items which required scheduling before the end of the municipal year.	
	CQC Inspection Results		Items which required scheduling before the end of the municipal year.	
	SEND Update		Items which required scheduling before the end of the municipal year.	
	<i>Community Item (if forthcoming)</i>			
Items to be scheduled				
Select Committee Reviews				
March/April	GP Procurement U#pdate			