

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

CHILDREN AND YOUNG PEOPLE SCRUTINY COMMITTEE

Minutes of the meeting of the Children and Young People Scrutiny Committee held at the County Borough Council Offices, The Pavilions, Cambrian Park, Clydach Vale. on Wednesday 10th October 2018 at 5 p.m.

PRESENT

County Borough Councillor S.Rees-Owen – in the Chair

County Borough Councillors

H. Boggis	H. Fychan	G. Jones
A. Calvert	J. Brencher	S.Powell
J. Davies	L. Hopper	W. Lewis

Non – Committee Members in attendance

County Borough Councillor C. Leyshon – Cabinet Member for Children and Young People

County Borough Councillor S. Evans – Vice Chair of Overview and Scrutiny

Co-opted Members

Mr J. Fish – Voting Elected Parent/ Governor Representative

Officers in Attendance

Ms A Batley – Service Director Children's Services
Ms G Davies – Director of Education and Inclusion Services
Mr P Nicholls – Head of Legal – Litigation, Planning & Environment,
Community and Children's Services
Ms K Webster – Deputy Principal Educational Psychologist
Mr A Lawrie - Director of Primary Community Care and Mental Health
Mr C. Wilson – Assistant Director of Primary Care, Community and Paediatrics
Ms T Gardiner – Clinical Director CAMHS
Mr C Coslett – Cwm Taf Child and Adolescent Mental Health Service

6. CHAIR'S REMARKS

The Chair welcomed Members to the committee and asked everyone to check their headsets were working before proceeding any further.

7. APOLOGIES FOR ABSENCE

Apologies for absence were received from: County Borough Councillor S. Evans, M. Griffiths, J. Harries, M. Powell, G.Stacey and Mr S. Emanuel (voting co-opted Member)

8. DECLARATIONS OF INTEREST

RESOLVED – that in accordance with Members Code of Conduct, there were no personal interests made at the meeting pertaining to the agenda.

9. MINUTES

RESOLVED to approve as an accurate record the minutes of the Children and Young People Scrutiny Committee held on the 12th September 2018 subject to it being noted that Counsellor S.Rees-Owen did not Chair the meeting and that the minutes should be in the name of Counsellor W.Lewis (Vice-Chair).

10. MATTERS ARISING

Minute No. 16 – In relation to advocacy, the Chair confirmed that a quarterly report will be sent out to Members and that this will be linked in with the Corporate Parenting Board. Members were asked to let the Democratic Services Officer know if they wanted to do a piece of work on Advocacy Services. It was agreed that the Democratic Services Officer would send out a report in relation to Advocacy Services.

11. CORPORATE PARENTING BOARD ANNUAL REPORT 2017/18

Councillor Leyshon, the Chair of the Corporate Parenting Board, presented the report to Members.

Under the Leaders Scheme of Delegation (the 3A) the Corporate Parenting Board, comprising of a cross party membership, was formed to take the lead in ensuring that the Council fulfils its responsibilities as corporate parent's to children who are looked after and formulate Council policy in respect of children who are looked after and children in need.

It was felt that it would be beneficial for the Children & Young People Committee to have sight of the Corporate Parenting Board Annual Report, in order to further aid transparency and continue the good synergy between Scrutiny and the Board.

On the 18th July 2018, the Corporate Parenting Board approved the Annual Report for the 2017/18 Municipal Year and felt it would be beneficial for the Children & Young People Scrutiny Committee to have sight of its content.

Firstly, Members were advised that Councillor Hopkins wanted to extend his thanks to everyone on the Committee as well as Board Members, officers and NYAS for such a transparent method of working.

The Chair of the Corporate Parenting Board then presented Members with the key points in the report.

To conclude, the Chair of the Corporate Parenting Board gave thanks to Counsellor Hopkins, all Elected Members and officers for their continued hard work.

It was noted that the Board would continue to build upon the great work already established and continue to prioritise the safe reduction in the numbers of children looked after, in order to deliver the best possible outcome for young people. Members were also advised that the Board would also continue to work on the 'Children Looked After Website' and it was emphasised that the website is a useful resource in providing information around services and the support that is available to young people.

Members scrutinised the report in detail and put forward their questions.

The Chair gave thanks to Councillor Leyshon for presenting such a detailed report. A Member queried how children outside of RCT fit into the figures that were presented to the Committee. It was advised that there are 703 children looked after and out of those there are 32 children in residential care and 52 children are out of the County Borough. Members were advised that further figures would be provided to the Committee at the next meeting. The Director of Children Services advised Members that there is only a small percentage outside of Wales and that further figures can be provided to the Committee.

A Member queried how many young people move out of Wales. The Director of Children Services emphasised that even if the young person moves out of RCT then we still have a duty of care towards them. Members were advised that figures would be provided to the Committee. The Chair emphasised that the Committee wished to know the cost of children who are outside of the authority.

In relation to foster care, a Member questioned whether it is fewer children in foster care or problems with access. The Director of Children Services advised that they are continuing to place children in foster care and that this is still a challenging area. Overall, the Children Looked After numbers have gone up on a national level, however in RCT it is flat lining slightly. They are continuing to recruit foster carers. It was emphasised that children are only placed in residential care if there is a need; however, the Service Director emphasised that some children actually do better in residential care. The Chair clarified to Members that in the next Committee meeting they would be receiving a report on foster care in RCT and that these issues would be addressed. A Member praised the support that seems to be available to foster carers in the County Borough.

A Member stated that the figures show that children are still in the wrong settings. He questioned if the work of the Corporate Parenting Board will have an impact on the figures. Members were advised that when a young person comes into care, the system has already failed them. It was emphasised that there is a need to get to the

young person earlier. However, the Director noted that the service has been noticing problems at an earlier stage and that 50% of children looked after are under 4 years old, therefore it appears that we are identifying issues sooner.

A Member queried if, over time, the reason that children have come into foster care has changed e.g. has the health condition of the child now become a more predominant factor. Members were informed that there are multiple reasons why a child will come into care. This can include substance misuse and Mental Health problems. However; the majority come into care due to neglect and that it is not very often that a child will come into care due to a health related issue.

The Chair queried if Members know the correct procedure for referring a matter to the Corporate Parenting Board. Members felt that it would be useful to receive the referral procedure in writing and it was agreed that arrangements would be made for this to be sent out to Members.

The Chair queried the problem with education in primary schools and emphasised her concerns that young people do not often realise that they are in fact a young carer. It was felt that staff need more training to identify young carers. Members were advised that schools do have the information for checking on young people but that the information does not always get to the governors. The Chair of the Corporate Parenting Board advised Members that 19% of children are referred from the education system. It was agreed that further information would be provided to Members.

A Member queried what initiatives are used in residential care during the school holidays. The Chair of the Corporate Parenting Board advised Members that a variety of activities is used and that this can include canoeing, swimming and wall climbing. It was agreed that a list of activities would be provided to Members.

Following discussion, Members **RESOLVED** to:

- Recommend the report to Cabinet
- Agree that Members will need to receive an advocacy training session and a guidance note on the correct referral procedure to the Corporate Parenting Board and that the Democratic Services Officer would arrange this.

12. CHILD AND ADOLESCENT MENTAL HEALTH SERVICE UPDATE.

Following a brief introduction, the Committee received a presentation from the Child and Adolescent Mental Health Service (CAMHS).

To begin, Members were advised about local CAMHS services, such as Primary CAMHS and Specialist CAMHS.

In relation to waiting times in Primary CAMHS, Members were informed that in February 2018, action was taken to meet the waiting time targets and that this was achieved. However, by the summer of 2018, waiting times had increased. CAMHS

advised that there is a constant focus on performance and that they will continue to use the CAPA model to improve the position.

CAMHS will be making an additional bid for funding from the Welsh Government as previous funding had in fact improved the service. There has also been a focus on upskilling staff to deliver a more psychological focused service. Members were advised that CAMHS would also continue to work with Balsamee (based in Wales) to develop a mobile app designed to support families of behaviourally, or mentally ill children. Going forward, the focus will be on early intervention to reduce the later impact on other Health and Local Authority Services.

In Conclusion, CAMHS advised Members that they are continuing to focus on managing demand and capacity for all services. A key area of focus will be on integrating Bridgend CAMHS Services. CAMHS will continue to support, act on feedback from external reviews, and continue with ongoing work such as working with education psychologists.

Members scrutinised the presentation in detail and put forward their questions.

The Chair began by asking CAMHS to explain the CAPA Model in more detail. Members were advised that the CAPA model is an improvement on the previous system. There is a long assessment period and it is a more refined process that works in collaboration with families to see what option is best for the young person. Members were reminded that the CAPA model is still in its infancy.

A Member raised a concern regarding adolescents and self-harming. The Member felt that schools should be provided with a toolkit on mindfulness and emphasised that schools could be a key partner to CAMHS. In relation to educational psychologists, a Member questioned if CAMHS did not have either enough staff or did not have enough funding to employ more educational psychologists. The Member also pointed out to the Committee that it is very difficult for a young person to navigate the system and questioned whether the young person is ever made to feel that they are a part of the conversation. Members were advised that mental health problems with children has significantly increased and that the school counselling system needs significant investment. In relation to CAMHS, there has been a national shortage of clinicians and a significant investment has been made in training the current rota of staff. It was noted that there has also been an increase in DBT services across the board, however, it was emphasised that there are significant financial challenges in the NHS.

A Member commented that it is important that the young person knows the system and emphasised the need for joint up thinking. Members were advised that a young person is discharged at 18 years of age and that the young person can request further intervention for up to 2 years following this. However, it was emphasised that the young person can come back into the system at any point.

Discussions ensued and a Member raised concerns regarding the 29-week waiting list to be assessed when the target time is 29 days. It was emphasised that a young person's mental health can seriously deteriorate during this time. Members were informed that 29 weeks is the longest period and that the average waiting time is

approximately 12-14 weeks. The majority of client's are waiting a shorter period again. The Chair asked what is the target waiting time. The Committee was advised that the target waiting time is 28 days and that they are currently 94% within target. The average wait is just under 6 weeks; however, CAMHS recognise that this is still too long a wait. If a young person is seriously ill then the crisis team will see them straightaway. Members were reminded that the target list is constantly being reviewed.

A Member questioned what the difference is between the average waiting time of 12-14 weeks and average wait of 6 weeks. Members were advised that the average wait of 12-14 weeks was the primary CAMHS figure and the 6-week wait was for the specialist CAMHS service.

Further discussions ensued and a Member commented that it was pleasing to see that the cash injection from the Welsh Government had worked; however, the Member sought further clarification on this issue. The Committee was advised that the Welsh Government have invested in CAMHS and that there is still a responsibility on the health board to look at waiting times.

In relation to waiting times, a Member queried if there were any provisions in place for the child to be seen by a clinician while they were on the waiting list. Members were informed that a check is done when the referral comes in. If the child does not meet the CAMHS criteria then the child will be referred to other organisations that are similar in nature. If they are assessed as a crisis then a clinician on an urgent basis will see them. If it is not a crisis then they will remain on the waiting list.

Referencing the integration of the Bridgend CAMHS, a Member queried what impact this has had on waiting times. Members were informed that the service is being managed as a whole and that the waiting times in Bridgend are the best across the service. Members were also informed that there are provisions in place for travel between the services.

Concerns were then raised regarding the differences between male and females. A Member sought clarification in relation to the differences between boys and girls in the 5-11 group and the change in figures by the 12-17 age group. Members were advised that there are more behavioural problems by adolescence and that, unfortunately, boys tend to go down the criminal justice route. However, girls tend to internalise and get referred to CAMHS. A Member stated that this explanation was not good enough. The Member expressed concerns as to how the system is treating boys. The Member stated that it seems to be that the system is letting boys down and that there is a need to encourage boys to be more open with their feelings. It appears to be best practice in other countries; however, it seems to be a consistent trend in the UK for boys to act out physically and are not encouraged to open up emotionally. The Member emphasised that boys are not being encouraged to express themselves emotionally and that this is not good enough.

Members were advised that unfortunately, boys cannot express distress and instead, they tend to act out physically. Earlier intervention will be key in tackling this problem. Initiatives in schools have been a key focus in this area and the aim is for it to become socially acceptable for boys to talk about their feelings. Members were

informed that once the young person is referred to CAMHS there is a range of treatments available, including music therapies, which can be used to encourage boys to open up emotionally. The Member stated that this explanation is reassuring and that it is good to know about the percentage increase in the 5-11 age group, which shows that boys are beginning to get the support that they need. The Member noted that the difference between boys and girls is something that has to be a consideration for CAMHS and that it will be useful to monitor the trends as time goes on. It was agreed that this is a national problem and that there needs to be more of a joined up approach between different services.

Discussions ensued and a Member commented that, in his opinion, we are not letting boys down and that due to physical differences; boys and girls will never be at the same level. Members were advised that, unfortunately, all young people are facing increasing pressures, particularly in light of social media. However, girls are simply more eager to talk about their feelings. Boys tend to hide their fears and we need parents to understand that sometimes bad behaviour can come from emotional distress. Members were informed that initiatives are being developed to deal with this issue. Regular meetings are set up with schools where there have been high exclusion rates and every comprehensive school has a counsellor available. There has also been a positive impact where staff have been given appropriate training in this area.

Following further discussions, a Member queried why Bridgend CAMHS had a 100% target rate and asked why were the two models working differently. A Member questioned if more clinicians were willing to go to Bridgend. Members were advised that the two models work the same way but that, unfortunately, there were different people willing to work weekends in Bridgend. It is at the good will of the clinician to work weekends, it is not something that CAMHS can instruct them to do. The Chair queried if they were running a service based on volunteers. Members were advised that there were more clinicians willing to work weekends in Bridgend. There was a similar problem in Bridgend previously, however resources were put there and the numbers changed very quickly. A Member questioned why the success rate in Bridgend could not be achieved here. The Member was informed that it is a capacity issue. There is a staff shortage in the Cwm Taf area, however the position in Bridgend could easily change if a member of staff were to call in sick.

A Member queried the 100% take up rate. Members were advised that this refers to specialist CAMHS only. There is a difference of a 14-week average wait and an average wait of 6 weeks. In Bridgend, 80% of clients are seen within 4 weeks. This is actually nearer to 100% but the percentages can fluctuate. The average wait in the Cwm Taf area is 6 weeks. The Chair voiced her concern about this and stated that these figures are disturbing. The Chair emphasised that the service is aimed at young people who need help and yet the service is run on staff shortages. It was agreed that the service should not be relying on staff working overtime. Members were informed that in Bridgend, there are more people willing to work overtime and it was emphasised that there is an urgent need to get more permanent staff on board. The Voting Elected Parent/Governor Representative suggested that the service seems to be a 'postcode lottery'. He expressed his concern that a staffing issue is effecting the service. A Member pointed out that on a team of four; there are three sets on the sick and a 180 young person waiting list. The Committee was advised

that primary CAMHS consists of four individuals and only one is on long term sick. It was pointed out to Members that only one young person has been waiting 29 weeks.

A Member questioned if we could be doing more to support the current team and questioned whether Bridgend staff could do more to support the staff based in the Cwm Taf area. Members were advised that the Cwm Taf area needs more staff and that this needs to be linked up with Bridgend.

Discussions ensued and the Chair raised concerns about the young people who do not meet the threshold for CAMHS. The Chair sought clarification as to how bad it would need to get before it is acted upon. The Chair was advised that there is no child that they would not see. If the child did not meet the threshold for CAMHS, then they would work with the referrers to see what other services are available.

Following this, the Chair asked how a young person with learning difficulties would be treated in the system. Members were informed that the young person would either be transferred to the learning difficulties team or dealt with by CAMHS.

The Chair also sought clarification regarding the percentage drop out rate and take up rate. Members were advised that the take up rate is approximately 10-15%. The first choice for a young person is a two-hour appointment slot and during this process, the dropout rate is approximately 10% or more.

Following further discussions, the Chair asked the Director of Children Services to provide Members with any additional comments on the presentation by CAMHS.

The Director of Children Services began by informing Members that how boys present themselves emotionally can be a very difficult area. An advisory group was set up to look at this issue and 27 recommendations were put forward to the Welsh Government. Following this, a discussion group was set up to look at the issue in more detail. The Director advised Members that four children in every class will have mental health issues and therefore it is an area of concern. The aim is to roll out a 'whole school approach'. This would involve promoting staff training and to get staff to work with educational psychologists and primary mental health services.

The Chair thanked the Director of Children Services.

To conclude, Members **RESOLVED** to:

- Acknowledge the contents of the Child and Adolescent Mental Health Services report.
- Agreed that the Democratic Services Officer would send out the presentation in colour to all Members
- Receive an updating report at future Meeting of the Children and Young People Scrutiny Committee

Meeting Closed at 7.00pm

Cllr S. Rees Owen (Chair)