

**SHEFFIELD CITY COUNCIL**

**Children, Young People and Family Support Scrutiny and Policy Development  
Committee**

**Meeting held 19 December 2016**

**PRESENT:** Councillors Steve Ayriss (Deputy Chair), Andy Bainbridge, Olivia Blake, John Booker, Terry Fox, Craig Gamble Pugh, Kieran Harpham, Karen McGowan, Mohammad Maroof, Peter Rippon, Colin Ross, Alison Teal and Cliff Woodcraft

**Non-Council Members in attendance:-**

Waheeda Din, (Parent Governor Representative - Non-Council Voting Member)

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**1. APOLOGIES FOR ABSENCE**

1.1 Apologies for absence were received from the Chair (Councillor Ian Saunders) and Councillors Abtisam Mohamed and Josie Paszek, and Joanna Heery and Peter Naldrett (Education Non-Council Voting Members).

**2. EXCLUSION OF PUBLIC AND PRESS**

2.1 No items were identified where resolutions may be moved to exclude the public and press.

**3. DECLARATIONS OF INTEREST**

3.1 In relation to Agenda Item 7 (Sheffield's Emotional Wellbeing and Mental Health Transformation Programme – In Response to Children in Mind), Councillor Craig Gamble Pugh declared a personal interest relating to the Child and Adolescent Mental Health Service (CAMHS).

**4. MINUTES OF PREVIOUS MEETING**

4.1 The minutes of the meeting of the Committee held on 21<sup>st</sup> November 2016, were approved as a correct record, with the exception of Item 3 – Declarations of Interest, and referring to Councillor Olivia Blake, by the substitution of the words 'Chair of the Carers and Young Carers' Board', for the words 'Chair of Sheffield Young Carers' Board' and, arising therefrom, the Policy and Improvement Officer (Diane Owens) reported that:-

- (a) in connection with Item 7 – Support and Services for Young Carers, she had liaised further with Sara Gowen (Managing Director, Sheffield Young Carers) and the Chair and, as requested by the Committee, had written to Councillor Jackie Drayton (Cabinet Member for Children, Young People and Families) and Jayne Ludlam (Executive Director, Children, Young

People and Families) to ask that they write to all schools in the City to encourage them to nominate a Young Carer's Champion, with the timing of such letter to coincide with Young Carers' Awareness Day, on 26<sup>th</sup> January, 2017, and they had responded positively to this request, and that she would report back to the Committee on the outcome; and

- (b) in connection with Item 8 – Work Programme 2016/17 following liaison with the Chair and Deputy Chair, it had been decided that a further report on attainment would be submitted to the Committee's meeting to be held in February 2017.

## **5. PUBLIC QUESTIONS AND PETITIONS**

- 5.1 There were no questions raised or petitions submitted by members of the public.

## **6. SHEFFIELD'S EMOTIONAL WELLBEING AND MENTAL HEALTH TRANSFORMATION PROGRAMME - IN RESPONSE TO FUTURE IN MIND**

- 6.1 The Committee received a joint report of the Executive Director, Children, Young People and Families, and Margaret Ainger, Clinical Director, Children, Young People and Maternity, Sheffield Clinical Commissioning Group (CCG) on an update on the progress of Sheffield's Emotional Wellbeing and Mental Health Transformation Programme, which had been developed in response to a national Government document 'Future in Mind'.
- 6.2 The report was supported by a presentation from the various officers in attendance, who included Bethan Plant (Health Improvement Principal – Public Health Team, Sheffield City Council), Matthew Peers (Commissioning Manager, Emotional Wellbeing and Mental Health, Sheffield CCG), Kate Laurance (Head of Commissioning, Children, Young People and Maternity Portfolio, Sheffield CCG), Margaret Ainger (Clinical Director, Children, Young People and Maternity, Sheffield CCG), Sally Shearer (Director of Nursing and Quality, Sheffield Children's NHS Foundation Trust), Helen Kay (Associate Director – Strategy and Transformation, Sheffield Children's NHS Foundation Trust), Laura Abbott (Participation Co-ordinator, Children and Young People's Empowerment Project (CHILYPEP)), Dr Claire Pearson (Clinical Consultant Psychologist, Sheffield Children's NHS Foundation Trust) and Nicola Shearstone (Acting Head of Service, Prevention and Early Intervention, Children, Young People and Families, Sheffield City Council).
- 6.3 Margaret Ainger stated that the presentation would comprise two sections, the first section providing a context of emotional wellbeing and mental health work in Sheffield, focusing on the transformation work in schools, and the second focusing on the progress in terms of other areas of transformation. She stated that there were a number of representatives from different agencies in attendance, together with a representative from CHILYPEP, who would report on young people's involvement in the transformation work.
- 6.4 Kate Laurance reported on why children and young people's emotional wellbeing and mental health was so important in Sheffield, providing statistics and other information relating to children and young people's emotional wellbeing and mental

health issues. Ms Laurance referred to the current system with regard to the range of mental health provision in Sheffield, as well as to the previous scrutiny of children and young people's emotional wellbeing and mental health, by the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee. Reference was made to the Department of Health's guidance 'Future in Mind', which had been published in March 2015, and to the CCG's transformation vision, the main theme of which was to ensure, as far as possible, that every child and young person had access to early help in supporting their emotional wellbeing and mental health needs. Ms Laurance reported on an overview of Sheffield's Local Transformation Plan, together with an overview of children and young people's engagement in terms of the Plan.

- 6.5 Laura Abbott reported on the involvement of CHILYPEP, as part of the Transformation Plan, indicating that the Project had been established for 15 years, and worked, using evidence-based practice, to empower children and young people to have an ongoing involvement in decision-making at an individual, collective and political level, which included work around improving their emotional wellbeing and mental health, personal and social development and relationships, as well as their educational attainment and achievements, their aspirations and ambitions, life skills and employability. The Project aimed to ensure that their voices were heard, and acted upon by those who made decisions that affected their lives, and through their work with the Project, young people were equipped with the skills and tools they needed to develop their own solutions to issues, becoming activists within their communities, and positive role models for others. The Project worked with a number of different agencies and organisations, including the Child and Adolescent Mental Health Service (CAMHS).
- 6.6 Bethan Plant reported on the progress of the Transformation Plan in schools, referring to the schools pilots and what had been learnt from the pilots. Reference was made to the Healthy Minds Framework, the purpose of which was to improve the capacity of schools to contain emotional wellbeing and mental health issues in school where possible, and to ensure that the children who do need to be seen by CAMHS received a better service. Ms Plant reported on the "Let's Talk Directory", which had been commissioned in response to feedback from schools and young people, indicating that it wasn't clear what emotional wellbeing and mental health services were available in Sheffield. Reference was also made to the Future in Mind schools work, and its links to other areas, including the Council's Multi-Agency Support Teams (MAST) and CAMHS.
- 6.7 Members of the Committee raised questions on the first section of the presentation, and responses were provided as follows:-
- The referrals in respect of the 7,000 children between the ages of 5 - 15 years, who had a clinically recognisable mental health disorder, had been received from across the City, and it was hoped that the information received as part of the Health Needs Assessments, together with the work under the Transformation Programme, would enable the Council to identify which areas of the City the children and young people were from.
  - The ten schools involved in the first pilot, in terms of the Transformation

Programme, comprised four secondary schools and six primary schools, all part of the Tapton and Mercia Academy Trusts. Invitations had been sent to all schools in the City, but only these ten schools had responded within the very short timescale provided by NHS England and the Department for Education.

- At the present time, there was a mixed model in terms of the provision of support to schools, particularly in the light of the self-governing arrangements with regard to academies, but it was the aim, through the pilots, to provide a consistent, standardised model in respect of all schools in the City. All schools will be offered a level of clinical supervision, as well as having the ability to buy in additional resources if required. It was hoped that by adopting an early intervention approach, this would reduce the number of children requiring a high-tier level of resource later in their lives.
- There needed to be an equitable City-wide service, and if a consistent, evidence-based model of care was developed, and which could be used by all schools, it was hoped that the academies would become involved.
- The schools pilot would involve offering support to schools across the City, with the aim of linking schools into services from an early stage. MASTs were also involved in the pilot, and there would be a standardised referral pathway through such Teams. In terms of the first pilot, there had been 10 schools involved originally, with one school not engaging. It was planned that at an event to be held on 23<sup>rd</sup> January 2017, the options in terms of the roll-out of the Healthy Minds offer would be put to the primary and secondary representatives from the seven localities in the City. One of the proposed options for roll-out was to work with five or six schools in each locality, with these schools disseminating their learning across the rest of the locality, ensuring maximum possible reach with the resource available. It was hoped that at least 49 schools would be involved in the first phase of the roll-out of the Healthy Minds Framework. If these schools had a role in disseminating the learning of the roll-out, this would increase the reach of this offer.
- MAST had adopted a whole family approach, providing a 52 week a year service. Such an integrated approach meant that they would work with the families of the young children referred in order to identify their needs.
- Attachment training had been offered to all localities as part of the Transformation Programme. There was ongoing work across health, education and care to further support children and young people with attachment issues in school, to ensure they were able to participate fully in education.
- Whilst referrals were received from all over the City, there was no clear evidence to show that there were more incidences of children from deprived areas of the City having issues with regard to emotional wellbeing and mental health. It was, however, accepted that there was a need for a more strategic approach in terms of targeting those schools with greater emotional wellbeing and mental health needs.

- Whilst older children tended to have more developed emotional wellbeing and mental health issues, it was still important to ensure that younger children's emotional wellbeing and mental health needs were addressed. This was so that Services were able to intervene as early as possible, identify need and provide appropriate support.
- The Every Child Matters Survey, which was a voluntary survey of schools undertaken in 2015, had indicated that 36% of Y10 children in Sheffield had feelings so bad that they couldn't cope at least once. If the result of this, and other surveys, highlighted the fact that a particular issue was the cause of the problems, the schools involved would be asked to make further enquiries. The CAMHS School Link Pilot was a national pilot to raise awareness and improve knowledge of mental health issues amongst school staff. As the pilot involved the Department for Education and NHS England, it was hoped that if the results of the pilot were evaluated externally, this would put some pressure on academies to become involved in the process.
- There were also plans to roll out the MAST Early Help Model, which would involve early intervention in terms of offering support, in order to stop problems escalating. This would involve MAST working closely with CAMHS and other professionals.
- It was not possible to predict any further financial cuts to services, therefore work could only continue based on current resources.
- The central goal of the Healthy Minds Framework was to enable schools to support children and young people's emotional wellbeing and mental health needs within the school setting by providing advice and guidance within a clear framework, which would give school staff the confidence and ability to support emotional wellbeing and mental health issues of children and young people. The Framework had always been designed to try and ensure that if a child or young person needed a CAMHS referral, this process would work more efficiently.
- For the Healthy Minds Framework to be effective, it was essential that a school's leadership team engaged and led the model. The Programme Team was working with Learn Sheffield to ensure engagement from school leaders by integrating mental health into Learn Sheffield's school improvement strategy. Learn Sheffield also had a role in facilitating the roll-out of the pilot, ensuring that schools were engaged in this.
- A considerable amount of work had been undertaken with regard to ensuring that the transition of children and young people from CAMHS to the Adult Mental Health Service went as smooth as possible. Although there was only a relatively small number of children and young people that had left CAMHS, and who had met the threshold in terms of the Adult Mental Health Service, the agencies worked very closely with those who transferred to the Adult Service.

- Whilst it was not always easy to identify specific issues causing problems for children and young people in terms of emotional wellbeing and mental health, there was evidence to show that there was a link between such people and inequalities in society. Where there were inequalities, this put families more under pressure, which often resulted in a knock-on effect on children in the family. The rise in children and young people suffering emotional wellbeing and mental health issues was also due to an increased awareness of such issues, where people were more able to talk about their problems.
- Whilst there was a commitment required from schools in terms of the whole school training, the training sessions being offered would provide flexibility to fit into the school day, meaning that sessions could take place on half days and in twilights. The clinicians who were providing the training were very flexible in their approach, and had spoken to other clinicians in connection with what should be included and how it should be delivered.
- Families from BME communities did not access CAMHS as much as white British families, therefore it was difficult to provide a breakdown of the figures. The agencies were aware that families from such communities were under-represented, and work was being undertaken to find out why this was the case.
- MAST worked very closely with schools in connection with identifying low or non-attendance of pupils, and looked at the reasons for this. One of the reasons for this could be linked to emotional wellbeing and mental health issues.

6.8 As part of the second section of the presentation, representatives of the agencies in attendance reported on the other areas of the Transformation Programme. Matthew Peers referred to the Youth Information and Counselling Service (YIACS), which comprised a one-stop shop for young people aged between 13 and 25, having a range of health and social care needs. He also reported on crisis care, which included a Section 136 Place of Safety and a Crisis Café (to be renamed when launched). The Section 136 Place of Safety would be based at Becton, and would be operational from April 2017, and would ensure that young people experiencing a mental health crisis were not held in a police cell. The Crisis Café would be based at Star House, and would be housed as part of the YIACS development, and provide a place of support for young people to go when they needed urgent emotional wellbeing support. Matthew Peers also reported on the Children and Young People's Suicide Prevention Pathway, including access to specialist services, services regarding young people suffering with eating disorders and quality and performance issues in terms of children and young people's provision. Mr Peers concluded by referring to suggested areas of work for consideration and further scrutiny.

6.9 Members of the Committee raised questions on the second part of the presentation, and responses were provided as follows:-

- In terms of the crisis support available, the Crisis Café would initially be open until 9.00 pm on weekdays and until 1.00 pm on Saturdays, at a later stage.

Discussions were being held with Sheffield Futures and other providers in terms of utilising other proposed crisis cafés in the City to ensure as much coverage as possible across the week. Ideally, there would be a space, within a café or other suitable premises, where young people could go, in crisis situations, 24 hours a day, seven days a week. In Sheffield, the Section 136 suite would be available 24/7, whereas the crisis café opening hours would not necessarily be on this basis. Section 136 Places of Safety were organised through the Police, by contacting the 24-hour helpline, through the Emergency Department at the Children's Hospital for children up to 16, and at the Northern General Hospital for children over 16.

- Statistics in terms of suicide rates amongst young people, particularly those living in the harder to reach communities, were very difficult to analyse on the basis that the numbers were so low.
- In terms of interaction with charities, there were plans for the delivery of a two-day training session, known as 'Safe at Last', for the voluntary sector.
- There were different pathways and timescales in respect of the various different referrals. This would involve young people with more serious problems being seen within a week, whereas young people with psychosis would be seen within two weeks, and those with eating disorders within four weeks. A waiting time of between eight and 12 weeks was considered routine.
- Research had been undertaken in terms of waiting list therapy – some young people had gone elsewhere and no longer needed CAMHS.

6.10 RESOLVED: That the Committee:-

- (a) notes the contents of the joint report now submitted, the information reported as part of the presentation and the responses to the questions raised;
- (b) gives its general endorsement of the Emotional Wellbeing and Mental Health Transformation Programme, and welcomes the new initiatives being planned and tested, together with the commitment to parity of esteem between mental health and health; and
- (c) requests:-
  - (i) the Chair to write to Learn Sheffield, requesting that they contact all schools in the City to encourage them to engage with the Programme, and to nominate someone from their senior leadership team to act as a lead for emotional wellbeing and mental health in school; and
  - (ii) a further report on the progress being made in respect of the Programme be submitted to the Committee in 12 months' time.

**7. WORK PROGRAMME 2016/17**

- 7.1 The Policy and Improvement Officer (Diane Owens) submitted a report attaching the Committee's Work Programme for 2016/17, advising that there were probably too many items for the remaining meetings, so one item may need to become a briefing paper, or be moved into next year's Work Programme. Ms Owens stated that she would liaise with the Chair and Deputy Chair on this matter.
- 7.2 RESOLVED: That the Committee approved its Work Programme for 2016/17, as set out in the report of the Policy and Improvement Officer, noting the issue now raised.

**8. SCRUTINY PREVENT TASK GROUP - UPDATE ON RECOMMENDATIONS**

- 8.1 The Executive Director, Children, Young People and Families, submitted a report providing an update on the recommendations from the Scrutiny Prevent Task Group. The Task Group had been established in the Autumn of 2015, to explore the implementation of the Government's new Prevent Duty in Children's Services and Schools in Sheffield. The Task Group had reported to the Committee in December 2015, and made a series of recommendations, and the report now submitted set out a number of key developments in 2016, together with an update on the recommendations.
- 8.2 The Committee notes the contents of the report now submitted.

**9. UPDATE ON DESTINATIONS OF LEARNERS AFFECTED BY THE WITHDRAWAL OF A-LEVEL COURSES AT PEAKS CENTRE, AND REVIEW OF POST-16 PROVISION**

- 9.1 The Committee received and noted a report of the Executive Director, Children, Young People and Families, providing an update on the destinations of learners affected by the withdrawal of A-Level courses at Peaks Centre, and a review of Post-16 provision.

**10. DATE OF NEXT MEETING**

- 10.1 It was noted that the next meeting of the Committee would be held Monday, 20<sup>th</sup> February 2017, at 1.00 pm, in the Town Hall.