

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

Monday 2 March 2020 at 10.00 am

To be held at the Town Hall, Pinstone Street, Sheffield, S1 2HH

The Press and Public are Welcome to Attend

Membership

Councillors Mick Rooney (Chair), Mike Levery (Deputy Chair), Mike Chaplin, Julie Grocutt, Francyne Johnson, Alan Law, Joe Otten, Kevin Oxley, Colin Ross, Jim Steinke, Alison Teal, Sophie Wilson and Cliff Woodcraft

Education Non-Council Members

Alison Warner, Sam Evans, Peter Naldrett, Vacancy and Vacancy

Healthwatch Sheffield

Alice Riddell (Observer)

Substitute Members

In accordance with the Constitution, Substitute Members may be provided for the above Committee Members as and when required.

PUBLIC ACCESS TO THE MEETING

The Children, Young People and Family Support Scrutiny Committee exercises an overview and scrutiny function in respect of the planning, policy development and monitoring of service performance and other general issues relating to learning and attainment and the care of children and young people within the Children's Services area of Council activity. It also scrutinises as appropriate the various local Health Services functions, with particular reference to those relating to the care of children.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda.

Members of the public have the right to ask questions or submit petitions to Scrutiny Committee meetings and recording is allowed under the direction of the Chair. Please see the website or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Scrutiny Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last. If you would like to attend the meeting please report to the First Point Reception desk where you will be directed to the meeting room.

If you require any further information about this Scrutiny Committee, please contact Alice Nicholson, Policy and Improvement Officer on 0114 27 35065 or [email alice.nicholson@sheffield.gov.uk](mailto:alice.nicholson@sheffield.gov.uk)

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

**CHILDREN, YOUNG PEOPLE AND FAMILY SUPPORT SCRUTINY AND POLICY
DEVELOPMENT COMMITTEE AGENDA
2 MARCH 2020**

Order of Business

- 1. Welcome and Housekeeping Arrangements**
 - 2. Apologies for Absence**
 - 3. Exclusion of Public and Press**
To identify items where resolutions may be moved to exclude the press and public
 - 4. Declarations of Interest** (Pages 1 - 4)
Members to declare any interests they have in the business to be considered at the meeting
 - 5. Minutes of Previous Meeting** (Pages 5 - 14)
To approve the minutes of the meeting of Committee held on 3rd February, 2020
 - 6. Public Questions and Petitions**
To receive any questions or petitions from members of the public
 - 7. Pupil Outcomes/School Performance 2018/19 - Analysis Data and School Improvement Strategy**
The Chief Executive, Learn Sheffield, to report
 - 8. Children and Young People's Mental Health Transformation Programme - Update** (Pages 15 - 32)
Joint report of the Director of Inclusion and Learning Services (Sheffield City Council) and the Director of Commissioning and Performance (Sheffield Clinical Commissioning Group)
 - 9. Voice and Influence of Children and Young People**
The Task and Finish Group on the Voice and Influence of Children and Young People to report
 - 10. Scrutiny Progress Report 2018/19 to 2019/20 and Work Programme Issues for 2020/21** (Pages 33 - 38)
Report of the Policy and Improvement Officer
- For Information Only**
- 11. School Funding - National Funding Formula Update** (Pages 39 - 44)
Report of the Executive Director, People Services

12. Date of Next Meeting

The next meeting of the Committee will be held on a date and time to be arranged

ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest (DPI)** relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.
- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

*The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –
 - under which goods or services are to be provided or works are to be executed; and
 - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.
- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.
- Any tenancy where (to your knowledge) –
 - the landlord is your council or authority; and
 - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.
- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
 - (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
 - (b) either -
 - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
 - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or
- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Audit and Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Gillian Duckworth, Director of Legal and Governance on 0114 2734018 or email gillian.duckworth@sheffield.gov.uk.

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

Meeting held 3 February 2020

PRESENT: Councillors Mick Rooney (Chair), Mike Levery (Deputy Chair), Mike Chaplin, Julie Grocutt, Francyne Johnson, Alan Law, Joe Otten, Kevin Oxley, Colin Ross, Jim Steinke, Alison Teal, Sophie Wilson and Cliff Woodcraft

Non-Council Members in attendance:-

Alison Warner (School Governor Representative - Non-Council Non-Voting Member)
Sam Evans (Diocese Representative - Non-Council Voting Member)

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Peter Naldrett (Parent Governor Representative – Non-Council Voting Member) and Alice Riddell (HealthWatch Sheffield, Observer).

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 Inclusion Strategy 2020-25 and Special Educational Needs and Disabilities), the following declarations of interest were made:-

(a) Councillor Julie Grocutt declared a personal interest as members of her family (i) were in receipt of Special Educational Needs and Disabilities (SEND) services and (ii) worked for the Multi-Agency Support Team (MAST); and

(b) Councillor Cliff Woodcraft declared a personal interest as a member of the same church as Tim Armstrong (Head of Special Educational Needs).

4. MINUTES OF PREVIOUS MEETINGS

4.1 2nd December 2019

4.1.1 The minutes of the meeting of the Committee held on 2nd December 2019, were approved as a correct record and, arising therefrom:-

- (a) the Chair stated that, given the time that had elapsed, there was no longer a need to pursue the information which had been requested at the Committee's meeting held on 16th September 2019, and further at its meeting on 14th October 2019, relating to:-
 - (i) information following the receipt of the Ofsted report of the inspection of Sheffield's Social Care Services – July 2019, namely (A) details of the statutory timescale for conducting a missing child interview and the Council's performance against it and (B) statistics of the number of children in care who access and complete higher education courses; and
 - (ii) Elective Home Education, namely (A) what percentage of home educated children are receiving suitable or unsuitable education, (B) what length of time, on average, are children home educated and (C) what systems can be put in place to measure performance of home educated children; and
- (b) the Policy and Improvement Officer reported that she would (i) check whether the information requested on the new Domestic and Sexual Abuse Strategy for Sheffield, which she had received from colleagues, had been circulated to Members and (ii) chase up the information requested from the Chief Executive Officer, Sheffield Futures, regarding the data on those 'Hot Spot' areas in the City in which criminal activity had taken place.

4.2 17th December 2019 (Special)

- 4.2.1 The minutes of the special meeting of the Committee held on 17th December 2019, were approved as a correct record, subject to the amendment of Item 1 – Apologies for Absence, by the addition of Councillor Alison Teal and, arising therefrom, in relation to Item 5 – Make Your Mark 2019 Results, the Chair reported that (a) he had yet to write to schools to encourage them to participate in future Make Your Mark consultation, or write to the Cabinet Member about young people's priority of a curriculum for life, and would make arrangements to do this shortly, (b) he had contacted the relevant Cabinet Member in connection with the request for the Youth Cabinet to have at least one place on the Citizens' Assembly for Climate Change and (c) he had contacted the Leader of the Council in connection with the request that City Council Cabinet Members address a meeting of the Youth Cabinet.

5. PUBLIC QUESTIONS AND PETITIONS

- 5.1 Members of the public raised questions as follows:-

5.2 Tony Tigwell

- 5.2.1 We have recently attended our son's Education, Health and Care Plan review. It was an extremely negative experience. How does the Council quality assure these reviews?

5.2.2 Tim Armstrong (Head of Special Educational Needs) stated that there were approximately 3,400 young people in the City with Education, Health and Care Plans (EHCP) and that, under the Code of Practice, powers in terms of the responsibility to arrange and hold such reviews was delegated to schools and other education providers. The Council was aware that there was a need for improved training with regard to quality assurance linked to such reviews, and officers were working on this at the moment, particularly looking at the provision of training programmes in schools. The Authority was also mindful that certain schools and education providers were better at providing high quality reviews than others. It had been identified that training for Special Educational Needs Co-ordinators (SENCOs) was needed, together with much tighter monitoring by the Special Educational Needs and Disability Statutory Assessment and Review Service (SENDSARS) in order to try and ensure that annual reviews were of the highest quality. In addition, with effect from January 2020, ten reviews were being audited on an individual basis each month, with representatives from Education, Health and Care involved in such audits. It was acknowledged that not listening to a young person's voice during such reviews was not acceptable.

5.3 Jane Edwards

5.3.1 (a) In the statement of action, dated April 2019, Section 7.2.2, it was stated that an offer that outlines a variety of options for post-16 year olds giving outcome-led choices 5 days a week by June 2020. No one at our son's review was aware of this. Can you update us please.

(b) Much is promised in the Inclusion Strategy. We need rapid change as the Council is failing families now. What assurances can you give to those families on the 'burning bridge' (a term used by a Council consultant)?

5.3.2 Tim Armstrong (Head of Special Educational Needs) stated that the Authority was working to develop the offer in terms of options for post-16 year olds, although progress on this was not as good as was hoped. Regardless of this, there was still a range of services currently on offer. The Authority was aware that currently, there were not clear enough pathways. There were clear plans to address the issue regarding the pathways as part of the work to be undertaken on the Strategy. It was accepted that there could be a perception that the Authority was making an offer that was not possible to deliver, with similar concerns being expressed by a number of families, as well as concerns being raised at meetings of the Inclusion Improvement Board. Delivery was a major issue for the Authority, and there was a need for adjustments in its budget allocation in order to meet demand.

5.3.3 In response to queries raised by Members of the Committee, it was reported that it was the Council's responsibility to ensure that all EHCP reviews were undertaken and monitored, with the responsibility for the delivery of such reviews being delegated to schools and other education providers under the Code of Practice. Whilst schools and other education providers led on the reviews, the Council had an oversight. If parents were not happy with any element of the reviews, they had a right of appeal. The parents would also receive a questionnaire for them to complete in order to provide feedback on their reviews. The Annual Review

meeting was only one part of the process, and it was important to ensure that the young person's needs were being met and, as part of the ongoing work to address this, the need for training for schools had been identified.

5.4 Julie Grafron

5.4.1 Can we start improvements to the service with clear, honest communications. I have recently received a letter from the SENDSARS (which was actually addressed to our daughter, and not us), and which was written in a very challenging and combative manner. We therefore ask that managers change the quality and tone of the information contained in letters sent to parents.

5.4.2 Tim Armstrong stated that it was accepted that the contents of such letters needed addressing, but stressed that some of the wording in them was required by law. Work would continue at looking at how the content, and manner in how such letters were written, could be improved.

5.5 RESOLVED: That the Committee requests that the Head of Special Educational Needs meets with the parents who had raised the questions to discuss their respective concerns.

6. SHEFFIELD INCLUSION STRATEGY 2020-25 AND SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

6.1 The Committee received a joint report of the Director of Commissioning, Inclusion and Learning, Sheffield City Council, and the Director of Commissioning and Performance and Deputy Accountable Officer, Sheffield Clinical Commissioning Group (CCG), providing an update on the development of the Sheffield Inclusion Strategy in response to the local area Special Educational Needs and Disabilities (SEND) inspection, including the development of joint commissioning intentions. Attached to the report was the consultation document on the commitments where, following initial consultation feedback which identified that some of the language used in the consultation document was not clear, the five commitments in the consultation had been rewritten, together with the main Sheffield Inclusion Strategy 2020-25 consultation document. In addition, an updated draft of the Sheffield Inclusion Strategy 2020-25 was circulated at the meeting.

6.2 In attendance for this item were Tim Armstrong (Head of Special Educational Needs), Sapphire Johnson (Head of Commissioning – Children, Young People and Maternity, Sheffield CCG), Joel Hardwick (Head of Commissioning – Inclusion and Schools) and Councillor Abtisam Mohamed (Cabinet Member for Education and Schools).

6.3 Tim Armstrong introduced the report, indicating that he welcomed the excellent co-production of the Strategy, which had involved the Parent Carer Forum, the Sheffield CCG and the Authority meeting on a weekly basis. He referred to the consultation on the draft Strategy which had been extended due to the General Election and, as part of which, 160 online responses had been received. Feedback had also been sought from focus groups, partner organisations, including those in

the voluntary sector, and various committees and boards across the City. There had been a wide spread of comments, with several referring to the nature of the text used in the document, which had resulted in the draft Strategy being written into plain English and further consulted on. Further comments received related to issues regarding provision and how the Authority and CCG would be able to resource the commitments in the Strategy. Mr Armstrong referred to the five commitments, and concluded by indicating that the Authority was very clear as to where it was in terms of the Strategy, whilst being aware that there was still a considerable amount of work to undertake on its implementation.

6.4 Joel Hardwick reported on the joint commissioning developments regarding SEND and Inclusion, and Sapphire Johnson reported on the Clinical Commissioning Group developments and responses in respect of the draft Strategy.

6.5 Councillor Abtisa Mohamed reported that there was still a considerable amount of work to be undertaken in connection with the Strategy, and that the Action Plan contained therein remained fluid and flexible, as well as being inclusive of all parents and young people in receipt of a service. Councillor Mohamed stated that whilst some schools performed better than others, there was a clear commitment from schools to work under the Strategy. The Authority fully recognised the challenge ahead, and how it needed to address the needs of parents and young people, and that there was a need for the Authority to make changes to its budget allocation in order to reflect such need. An allocation of the additional Government funding would be used towards the implementation of the Strategy. She stressed that there was a need for the Authority to ensure that it listened to the views of all parents and young people across the City, particularly those who may find it difficult to approach the Council.

6.6 Members of the Committee raised questions, and the following responses were provided:-

- The Authority had built on existing arrangements in connection with the Primary Inclusion Panel over the last six months, and there was now both a primary and secondary lead to work across the respective sectors. Schools have viewed this as a very positive development. Many young people had needs covering different service areas, and every effort was made, where possible, to resolve any underlying problems whilst keeping them in mainstream schools.
- The increase in terms of referrals to the Child and Adolescent Mental Health Service (CAMHS) by 46% between 2018/19 and 2019/20 was viewed as a serious concern, albeit a trend that was seen nationally. The waiting times for assessments depended on which pathway the child or young person had been referred to the service on. The current waiting times for assessments at The Ryegate Children's Centre (neurodevelopment assessment, including autism spectrum conditions) were approximately six months for younger children and 18 months for older children. Whilst such waiting times were not necessarily increasing, there was still a need to address the backlog. On the basis that the children and young people would still have needs whilst waiting for their assessments, the services were looking at what support could be put

in place, both pre and post-assessment, which included working closely with schools and the social care team. There was a case of 'double-running', where efforts were being made to reduce the backlog of referrals, whilst looking at adopting a better system in future in order to stop such backlogs recurring. Keeping children in schools helped with their general wellbeing and for this reason, additional mental health resources were being targeted in schools, such as the Healthy Minds Project. Additional resources were also being invested in terms of trying to identify any signs of mental health issues as early as possible in order to reduce the risk of problems escalating later on.

- Every effort was being made, in terms of commissioning, to look at providing increased specialist provision closer to home in order to ease the pressure on families in terms of having to travel to access services. Part of this work involved looking at adopting a locality-based approach.
- Based on the evidence showing the link between children and young people with SEND and school exclusions, the Authority and CCG work together to commission a number of elements of support to children at risk of exclusion, including outreach from special schools and input from specialist health services. This was alongside the development of more integrated resource places, looking to develop more specialist secondary school places and working with Learn Sheffield in connection with a review of alternative provision in the City. It had also been identified that it was important to have a wider curriculum that met the wider needs of children with SEND. It was important that there was clarity in terms of which children needed to be in mainstream or specialist provision, and a key approach in the Strategy was to try to ensure that whichever provision the children required, that it was as close to their home as possible. There had been an increase in resources through locality funding for pupils with additional needs into mainstream schools, and work continued with the headteachers in each locality, as well as their being support from lead SENCOs for the City and in each locality.
- There were already key workers in attendance and inclusion teams and Multi-Agency Support Teams (MAST), who worked closely with families in terms of helping them to co-ordinate the different elements of the services they received. It was important to ensure that the right person worked with families, at the various different stages of their school life. Some families needed more help than others in this regard. Not all children and young people with SEND had a key worker, as they were only used when they were needed.
- The contract in terms of NHS autism services was currently in the process of being transferred to the CCG from NHS England, and the CCG was working with the provider to put an action plan in place, which would include a number of specifications/targets, such as reducing waiting times. A number of Key Performance Indicators (KPIs) would also be handed over as part of the contract. The CCG anticipated this would be provided by the end of March 2020.
- There were KPIs and targets in the CAMHS contract, as well as an

improvement plan that the providers are working to. Whilst it could not be confirmed, it was believed that the target waiting time to second appointment (which was usually the point at which intervention started) of 82% of children and young people to be seen within 18 weeks, as at the end of December 2019, had not been met.

- There had been a number of reviews of services, with 12 being completed in 2019. It was also envisaged that a review of the Speech and Language Service would be completed by the end of March 2020, and a review of the Occupational Therapy and Physiotherapy Service would be complete by September 2020. There were KPIs in both these contracts, which allowed commissioners to monitor waiting times. In addition to such monitoring, a considerable amount of work had been undertaken with families in terms of seeking their views on the service they had received.
- Whilst progress had been made, there was still a considerable amount of work required in terms of post-16 provision. Such work would include the voluntary sector as the Council recognised its strengths and, in some cases, where the voluntary sector could be more flexible than the maintained sector.
- The reason for the increase in the number of referrals to CAMHS was due to a number of factors, including population growth, increased understanding and awareness of mental health issues, vulnerabilities exacerbated by austerity and socio-economic factors and societal factors, such as increased use of social media and screen time and issues with healthy attachment and attunement in early years. There was also a spike in referrals around exam time, where a number of children and young people suffered from stress and anxiety. The various service providers were constantly looking to identify any issues at an early age in order to stop the problems escalating.
- Schools would be receiving increased funding with effect from April 2020 and, through using the Sheffield Support Grid data to more accurately and consistently identify need, that funding would be targeted on the areas of the City where need was greatest. In addition to this, there were also plans to increase locality working and, as part of this, work would be undertaken to assess demand and need in particular areas, and resources would be targeted to those areas of higher demand and need. It was acknowledged that there was never going to be sufficient funding to provide a perfect service for all, so services needed to look at what could be done with the funding available. It was also acknowledged that there was a need to be realistic in terms of what could and could not be done, and as part of this, families would continue to be asked what was most important to them. If more funding became available, there was a need for a clear understanding as to what was required City-wide, and using the data collated, the various different services would be redesigned in order to identify precisely what expertise was required, and where. As well as an increase in funding for schools, direct support for families had also been provided through the use of key workers.
- All prospective SENCOs were required to achieve a Masters qualification within a period of three years of commencing in the post. There was no

standard job description for a SENCO as their roles varied across different schools.

- The consultation on the Strategy was not held in isolation, but formed part of a much broader conversation in terms of the Strategy. The consultation had been aimed at all families with children and young people with SEND, and not just those with Education, Health and Care Plans (EHCP). A total of 160 comments had been received to the online consultation, with each being assessed and evaluated. A number of schools would invite parents to visit the school and provide feedback, and the Council was encouraging other schools to adopt this approach. In addition, the Locality Headteachers were constantly monitoring performance in their respective areas.
- There was a need to review the EHC and other panels, and as part of this, officers had reviewed 30/40 cases with the aim of finding ways of improving the experience for parents throughout the process. A key aim was to stop the process where parents felt forced to fight for what they considered was best for their children, which appeared to be the case for a number of families at present. It was acknowledged that such Panels were not always the best forum for holding the reviews.
- There were ongoing problems in terms of recruiting specialist staff, particularly mental health practitioners and educational psychologists. In the meantime, efforts were being made in terms of looking what provision could be put in place in order to support existing specialist staff, which could include colleagues in the voluntary sector.
- A number of KPIs were mandated as part of the NHS standard contract and national performance monitoring framework. The CCG talked to families in terms of what they feel should be included in some of the service specifications that were part of the contract, and used family feedback as part of the performance monitoring process. This was something the CCG was working to do more frequently and consistently in future.
- There were a number of contractual mechanisms in order to address non-compliance in terms of KPIs, and the services would look at those areas where providers were struggling to meet the KPIs. There were a number of routes to follow as part of the contract monitoring process, some of which were more informal, but others more formal, such as escalating issues to the Contract Management Board (a director-level meeting) and issuing contract performance notices and financial penalties. The CCG and Authority always aimed to work in partnership with the providers in terms of providing assistance so that they could deliver what was required under the contract. Details of any failures in terms of KPIs were reported to the Inclusion Strategy Board and performance of providers was constantly reviewed.
- The consultation undertaken as part of the co-production of the Strategy had involved seeking the views of parents, carers, teachers, headteachers and health and social care staff. In addition, a number of focus groups had been arranged with staff delivering the services.

- The waiting times in terms of referrals to services were statutory, details of which were all reported to the Inclusion Improvement Board.
- The Authority and CCG worked closely with the Parent Carer Forum, as well as seeking the views of families and young people and schools, in connection with how the various services were prioritised.
- It was acknowledged that the waiting time of 18 months for some services at Ryegate was not acceptable. This raised serious concerns for all services and the families, and a considerable amount of work was being undertaken in terms of efforts to address this, including the recruitment of additional staff. Given the long waiting time, and the lack of progress in reducing such time, it had been considered that a different approach was required. Such delays were having an adverse impact on how some children and young people were engaging with education, and consequently, could result in an increase in pupil exclusions. Work was being undertaken to look at current health provision in schools, and how this could be provided differently in future. At the present time, considerable staffing was used in connection with assessing children and young people for autism, and it had been suggested that assessments be undertaken differently, with the result of young people being seen and assessed quicker, a solution that several parents agreed with. There needed to be more emphasis placed on meeting young people's needs, rather than diagnosis.
- It was acknowledged that the national Masters qualification for SENCOs was not always totally relevant to their roles and in the light of this, robust local training was deemed very important.
- There was a wide range of staff involved in locality working, and there was a need to link such staff across education, health, care and other services. Efforts were being made to develop training between the different services, so that there would be a collective plan and enable all staff to have an idea of what their colleagues were doing.

6.7 RESOLVED: That the Committee:-

- (a) notes the joint report and additional documents now submitted, including the updated draft of the Sheffield Inclusion Strategy 2020-25 now circulated, together with the information now reported and the responses to the questions raised;
- (b) thanks Councillor Abtisam Mohamed, Tim Armstrong, Sapphire Johnson and Joel Hardwick for attending the meeting and responding to the questions raised;
- (c) whilst appreciating the honesty expressed in the draft Strategy, raises concerns with regard to the obvious difficulties being faced in terms of solving problems, as highlighted by the parents in attendance, who had raised public questions; and

- (d) requests:-
- (i) the Cabinet Member, Tim Armstrong, Sapphire Johnson and Joel Hardwick to attend a meeting of the Committee to be held in or around October 2020, to provide a further update on the Sheffield Inclusion Strategy, following the Ofsted re-inspection scheduled in October 2020;
 - (ii) that all the comments and concerns raised at this meeting be included as part of the ongoing review of the Strategy;
 - (iii) Sapphire Johnson to submit a briefing paper to Members on the position regarding waiting times at Ryegate, and the work being taken to address this, at the earliest possible opportunity; and
 - (iv) that, wherever possible, services adopt a permissive attitude/approach to panels in the EHCP process.

7. WORK PROGRAMME 2019-20

- 7.1 The Committee received a report of the Policy and Improvement Officer (Alice Nicholson) containing the Work Programme for 2019/20.
- 7.2 Ms Nicholson reported that, in terms of the agenda for the meeting to be held on 2nd March 2020, it had been suggested that Members receive a briefing paper on the Schools Funding Formula, and that the item on MAST and Early Years would be submitted to a meeting of the Committee in July 2020, leaving the main items as Pupil Outcomes/School Performance 2018/19, Children and Young People's Mental Health Transformation Programme and reporting of the Voice and Influence of Children and Young People Task Group.
- 7.3 RESOLVED: That the Committee approves the contents of the Work Programme for 2019/20, taking into consideration the comments now made.

8. DATE OF NEXT MEETING

- 8.1 It was noted that the next meeting of the Committee would be held on Monday, 2nd March 2020, at 10.00 am, in the Town Hall.



Report to Children and Young People and Family Support Scrutiny & Policy Development Committee Monday March 2nd 2020

Report of: Dawn Walton, Director of Commissioning, Inclusion & Learning and Brian Hughes, Director of Commissioning and Performance and Deputy Accountable Officer, Sheffield CCG

Subject: Update on Children and Young People's Emotional Wellbeing & Mental Health Transformation Programme

Author(s) of Report: Owen Jones, Commissioning Manager, SCC/SCCG, Bethan Plant, Public Health Lead, SCC, Nicola Ennis, Service Manager, CAMHS, SCFT.

Summary:

This report provides an update on the Sheffield Future in Mind children and young people's emotional wellbeing and mental health transformation programme.

Its purpose is to specifically focus on reporting progress requested by the Scrutiny Committee in relation to progress on:

- combatting the stigma of mental health;
- the Sheffield Healthy Minds programme
- update on waiting times & access to CAMHS
- how do CAMHS see their role in the Ofsted improvement plan for SEND in the city?

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	X
Other	

The Scrutiny Committee is being asked to:

- 1.1. Consider the update on progress made and detail provided in this report.
- 1.2. Consider how the Scrutiny committee can continue to use its influence to pressure Central Government to provide increased pace on the roll out of the Mental Health Support Team model, confirming long term funding investment.
- 1.3. Recognise the challenges and increased service demand. Acknowledging the importance of establishing robust early intervention and early identification of children and young people experiencing emotional wellbeing and mental health problems.
- 1.4. Given the increasing complexity and demand lobby nationally for increased investment for emotional wellbeing and mental health services in line with parity of esteem with physical health.
- 1.5. Continue to improve and develop services for those Children in Care, Care Leavers and those children and young people who have previously been in care but are now Adopted, in Kinship Care or on Special Guardianship Orders.

Background Papers:

List any background documents (e.g. research studies, reports) used to write the report. Remember that by listing documents people could request a copy.

[2019 Sheffield Local Transformation Plan for Children and Young People's Mental Health](#)

Category of Report: OPEN/

Report of the Director of Commissioning, Inclusion & Learning (SCC) and Director of Commissioning and Performance, (SCCG), Update on Children and Young People's Emotional Wellbeing & Mental Health Local Transformation Programme

1. Introduction/Context

- 1.1. Sheffield's Local Transformation Plan (LTP) for Children and Young People's Emotional Wellbeing and Mental Health was first developed in 2015 in response to the national publication of Future in Mind (2015).
- 1.2. Future in Mind highlighted five priority areas for the transformation of children and young people's mental health:
 - Being accountable and transparent;
 - Caring for the Most Vulnerable;

- Developing the Workforce;
- Early Intervention and Resilience and
- Improving Access.

1.3. In March 2019, a report was provided to the Scrutiny Committee on the Local Transformation Plan (LTP) for children and young people's mental health which outlined the implementation of our LTP and progress to date.

1.4. This report provides an update with regards to the transformation of the Sheffield Community Child and Adolescent Mental Health Service (CAMHS). It includes reference, as requested to how CAMHS see their role in delivery of the recommendations from the Written Statement of Action/Improvement Plan for Special Educational Needs and Disabilities (SEND) in Sheffield.

1.5. The Sheffield CAMHS is provided by Sheffield Children's NHS Foundation Trust and is commissioned by Sheffield Clinical Commissioning Group (SCCG) & Sheffield City Council (SCC). Specialist inpatient mental health services are commissioned by NHS England (NHSE).

2. Waiting Times

2.1. The following provides an outline of clinical acuity, activity and waiting times within the CAMHS service.

2.2. Sheffield Community CAMHS has seen a significant increase in demand and accepted referrals, for example when comparing 18/19 to 19/20, there has been a 46% increase in demand and 60% increase in referrals accepted. This increased demand reflects the national picture.

2.3. Through our Future in Mind programme and following consultation with children, young people and families Sheffield has introduced the Sheffield Healthy Minds programme which is being rolled out across all primary and secondary schools. Delivering this whole school early intervention model means that need is identified earlier. Hence we would expect as a result and due to increased awareness of emotional wellbeing and mental health (EWBMH) to find that demand increases for EWBMH services.

2.4. As well as increasing demand, Sheffield Children's NHS FT Community CAMHS team have been tracking increasing levels of acuity in the clinical needs of the children and young people in their presentation to CAMHS. One example is through monitoring the number of referrals that have direct reference suicidal ideations- which is an increasing pattern in Sheffield. From October to December 2019, there were 94 direct references, which is a significant indication as to how young people presenting to CAMHS are attempting to express their mental health need and the risk this presents to themselves and the services commissioned to provide help.

2.5. Our transformation programme focuses specifically on identifying need as early as possible and ensuring that children, young people and

families receive the right support at the right time. As part of this access and waiting times in community CAMHS are important and are monitored carefully.

- 2.6. Improving waiting times within the Sheffield Children's NHS Foundation Trust Community Child and Adolescent Mental Health Service (CAMHS) remains a key area of focus. Current waiting times for CAMHS are outlined below.
- 2.7. If a child/young person is clinically urgent and deemed high risk, they are seen within 2 weeks
- 2.8. As of the end of December 2019 there were 699 children and young people on the waiting list for a Community CAMHS first appointment, however many of these will have an appointment arranged.
- 2.9. In Sheffield 73% of children/young people are seen within 18 weeks for a first assessment with Community CAMHS (UK national average is 79%).
- 2.10. To manage waiting times, CAMHS hold a weekly patient tracker meeting to review the waits for all children and young people and ensure appropriate triage and escalation for those young people identified at greatest risk.
- 2.11. The Duty and Booking team has now been operational since October 2018. This has improved management of referrals and has been crucial in managing the increased demand that the service is currently facing. CAMHS is currently averaging 390 referrals per month as an average from October to December 2019. Community CAMHS staff will conduct a risk assessment on needs, starting directly at the point of referral.
- 2.12. CAMHS have introduced a new 6 week treatment model and pathway to help improve waiting times and therapeutic support. This treatment model is evidence based and has been adopted by a number of CAMHS services across the country. Triage and risk assessment is maintained within the model which ensures that those children and young people at greatest need are identified and assessed regularly. The service have measured the impact that the 6 sessions model has had alongside the Duty and Booking team since its start in March 2018. 33% of young people that have the 6 sessions in the model moved onto further evidence based treatment interventions within community CAMHS.
- 2.13. Sheffield Children's NHS Foundation Trust have also recruited extra staff above established commissioned levels to help further reduce waiting times and to provide additional clinical staffing capacity.
- 2.14. In order to improve access and to work with schools to support children and young people's Emotional Wellbeing and Mental Health (EWBMH) 33 schools involved in the Sheffield Healthy Minds programme have been part of a direct referral pilot into CAMHS. This means that 33 schools have been able to receive enhanced consultation support and where appropriate refer a young person into CAMHS without having to direct families through to see their GP in the first instance. Also all schools within Sheffield can contact the CAMHS Consultation Telephone Line accessed through the CAMHS Duty team. This enables a school to raise awareness/concern of a need of a young person or

ask advice, regardless of whether they are part of the direct pilot. The Consultation Line model provides advice and guidance on how to provide support and guides the school.

- 2.15. The referral pilot across the 33 schools is working well and is providing schools with direct support from CAMHS clinicians in working with the most vulnerable children and young people. In the first 3 months of the 33 schools referring the CAMHS Duty Team took 66 calls resulting in 13 referrals. Key to its success has been the schools commitment and whole school approach to the Healthy Minds model of working. This means that those schools involved have all the systems and support in place to best meet the needs of children and young people in relation to their EWBMH.
- 2.16. One service development involves providing children, young people and families with support whilst they are waiting for their appointment with CAMHS. SC NHS FT has been working closely with voluntary sector services such as Door 43 and Golddigger Trust to engage and work with the young people whilst they await a clinical appointment at CAMHS. CAMHS staff also ensure during this time that the Duty Team is open for the referrer, young person and family to contact at any point during the time that they are waiting for their CAMHS appointment to keep ahead of any change in need.
- 2.17. Community CAMHS are also working with the voluntary organisation Chilypep to introduce peer mentors who will support young people during the waiting time, this project is due to be implemented by the end of June 2020.
- 2.18. When a child or young person does not attend an appointment it is referred to as 'Was Not Brought'. Sheffield CAMHS is asked to report the number of appointments lost where children and young people were not taken to their appointment. 'Was Not Brought' rates in Sheffield CAMHS are now 4% which is substantially lower than the national average (10%). Previously parents/carers fed back via past Scrutiny panel discussions that steps should be taken to improve communication between CAMHS and parents/carers around their appointments and what to expect. This has seen the service introduce text messaging reminders, letters and a leaflet describing the service. These have helped provide increased information and hopefully contributed to fewer 'Was Not Brought' and lost appointments. In addition the development of the Sheffield Healthy Minds programme and improved links with schools has had a positive impact on supporting parents/carers, children and young people to access CAMHS.

3. Feedback from Services Users (Children, Young People and Families)

- 3.1. Complaints and compliments are an important way of monitoring feedback from service users and partner organisations working closely with CAMHS and other services delivering emotional wellbeing and mental health for children and young people in Sheffield. The Scrutiny committee specifically asked for an update on this.
- 3.2. With regards to the community CAMHS service in the period from April 2019 to the current date, there have been 5 formal complaints. The detail

for these is themed around the following:

3.3. The CAMHS 6 session therapeutic model. The complainant felt that the intervention and support received should have been for a longer period of time and the young person wanted to stay in the service and receive treatment for longer.

3.4. Concern over the long waiting times for treatment

3.4.1. Delayed treatment due to staff sickness

3.4.2. It is important to note that all complaints have been responded to within expected contractual deadlines with the families and young persons and lessons learnt from these complaints have been discussed and distributed within the CAMHS team to ensure a change in practice where appropriate.

3.5. One key service development that has been introduced and has provided a positive response is the introduction of daily “huddles” as a feedback mechanism to staff. This is an evidence based model to improve communication and ensure real time feedback. The ‘huddles’ involve staff coming together daily to pro-actively resolve case issues, share learning and discuss key clinical work.

3.6. A thread of our local transformation plan is to continually engage and consult with children, young people, parents/carers to seek their views on emotional wellbeing and mental health. This happens through a range of different mechanisms. Feedback given has identified where we should focus on making improvements to our emotional wellbeing and mental health services. The themes from children, young people, parents/carers include:

3.7. Reducing waiting times for services

3.7.1. Reducing waiting times for services

3.7.2. Reducing the negative stigma associated with emotional wellbeing and mental health

3.7.3. Delivering work directly in schools (Sheffield Healthy Minds Programme and forthcoming Mental Health Support Teams)

3.7.4. Help with addressing stress, anxiety and improving self-esteem of children and young people (Sheffield Healthy Minds Programme and forthcoming Mental Health Support Teams & MAST)

3.7.5. Supporting transition between Child and Adult Mental Health Services

4. Reducing the stigma of Emotional Wellbeing and Mental Health

4.1. A key component of our transformation plan is to continue to reduce the negative stigma associated with mental health. Children and young people have continually explained that we need to be more open in raising the issue of emotional wellbeing and mental health.

4.2. The Sheffield Healthy Minds Programme is a strong foundation to raising greater awareness of mental health across all school settings. Its delivery and existence means that those participating schools carefully consider how they can create an emotionally healthy environment for all pupils, staff,

parents and carers. To complement this there has been the development of web-based offers such as Kooth (an online platform for support) and websites such as Sheffield in Mind signposting children, young people, parents and carers to the support that is available:

<https://www.sheffield.gov.uk/home/public-health/sheffieldinmind>

5. Re-referral and Re-entry into CAMHS

- 5.1. For some children/young people it may be necessary to step back up into CAMHS and re-enter the service if their emotional wellbeing and mental health needs deteriorate.
- 5.2. According to national benchmarking data comparing Sheffield with other similar areas in the UK, re-referral rates to Sheffield Children's NHS FT CAMHS services remain substantially lower than the national average. The most recent estimate of the proportion of re-referrals nationally is 15%, whereas locally it is 4%.

6. Emotional Wellbeing and Mental Health Support for Vulnerable Children and Young People

- 6.1. As a city we are continuing to prioritise the needs of children who are vulnerable. Those children and young people living in care, those on the edge of care, those who have previously been in care but are now adopted, in kinship care, on special guardianship orders and those in foster care/those leaving care are a priority in our local transformation plans. Those children and young people currently living in care are able to access our bespoke MAPS service in CAMHS. This is an evidence based model and one which provides dedicated support to children living in care. We want to continue to improve and further develop our services so that they are able to respond to more complex needs and work with more vulnerable children and young people.
- 6.2. It is also important to recognise that not all children and young people access mainstream education. Whilst our early intervention and prevention model through our Sheffield Healthy Minds Programme is offered through primary and secondary schools, we acknowledge that not all vulnerable children and young people can access this. We are working closely with the Sheffield Inclusion Centre, alternative provision providers and with the voluntary sector, including Door 43 and community wellbeing café models to establish individually designed support models for vulnerable children and young people.

7. Wider Areas of Progress within our Sheffield Future in Mind local Transformation Programme

- 7.1. A brief update is now provided on other areas of progress in the transformation programme, please see table 1 below.

Table 1 Areas of Progress for the past 12 months

Area of Progress	Description
<p style="text-align: center;">Supporting children and young people in crisis</p>	<p>Sheffield Children’s NHS FT is in the process of reconfiguring its Sheffield Treatment and Recovery Services (STAR) as part of providing a new holistic approach to early intervention and crisis response relating to Mental Health in Young People, where previously STAR had predominantly focused on self-harm.</p> <p>As part of the national New Models of Care approach, the newly configured STAR model once implemented, aims to work collaboratively across the following three key tiers:</p> <p>24/7 Crisis Response Service</p> <ul style="list-style-type: none"> • Providing a first response • Including operating actively with children referred to the service for up to 2 weeks as a safeguarding and active risk management response to any presenting crisis. <p>Intensive Support Team:</p> <ul style="list-style-type: none"> • Second tier of intervention to acute mental health issues amongst children in Sheffield, working on the following basis: • 8am-8pm service provision 7 days per week; and an on-call CAMHS clinician available to the Emergency department twenty-four seven. • Crisis support at Sheffield Children’s NHS FT for up to 18 years for those young people presenting with EWBMH needs. • Referrals from Crisis Response Team and Community CAMHS • Average length of service involvement 8 weeks • Step up and step down service to hospital inpatient provision • Assist transition to community • Provide more intensive service provision to help prevent admission • Key link between CAMHS inpatient and community services <p>Specialist 136 Suite</p> <ul style="list-style-type: none"> • Existing provision provided at the Becton Centre

Area of Progress	Description
	<p>for an emergency place of safety for vulnerable children and young people admitted via section</p> <p>Progress for the implementation of this work is ongoing. A number of steps have been taken including the recruitment of a Crisis programme manager.</p>
<p>Door 43</p>	<p>The Door 43: Youth, Information, Advice and Counselling (YIAC) offer continues to be in place at Star House. This provides a 'drop in' and crisis café offer for all children and young people. The model includes a 'one stop shop' model for young people wishing to access a range of services. The setting is staffed by a range of professionals including Youth Workers and Primary Mental Health Workers. Children and young people can access Psychological Wellbeing Practitioners, counselling for low level mental health needs and onward referral where it is deemed appropriate into MAST or CAMHS. The service model has proved extremely popular, with an increase in new registrations to 131 in quarter 3, 2019-20.</p> <p>To ensure sustainability of the service funding has been secured on a 3 year basis from April 2020. Door 43 opens every week day between 11 a.m. – 3 p.m. with evening access through the Wellbeing Café on a Tuesday evening 5-7pm, which has seen an increase of usage in quarter 3, 2019-20 to 419 people during this period and a Wellbeing Wednesday project, which averages 22 people per session.</p> <p>Wellbeing Cafes are also now running in community areas across the city, located at schools in conjunction with the Primary Care Networks in those areas. These are at King Ecgbert's School, Meadowhead School and Longley Park Sixth Form.</p>
<p>Eating Disorders</p>	<p>A new all-age eating disorder pathway has been finalised in consultation with staff, service users & parents/carers. The current providers of Eating Disorders Services in Sheffield – Sheffield Health and Social Care Trust, Sheffield Children's NHS FT and South Yorkshire Eating Disorders Association have come together and agreed to work through an alliance contracting model to deliver the integrated pathway. An Eating Disorders Programme Manager post has recently been recruited to. This post holder will work across all 3 providers to implement and integrate the new pathway. Already introduced include an</p>

Area of Progress	Description
	integrated referral and assessment form, joint workforce training and commitment to introduce an early intervention/prevention element of the pathway.
<p>Healthy Minds Rollout</p>	<p>Sheffield is recognised as an area of best practice nationally in relation to the implementation of our local Healthy Minds programme.</p> <p>The Sheffield Healthy Minds framework continues to roll out across both Primary and Secondary schools in the city. This offers schools a whole school model to addressing EWBM, supports reducing stigma associated with mental health and creating an emotionally healthy environment for pupils, staff, parents/carers.</p> <p>To date the Healthy Minds programme is being delivered in 112 schools of the 176 mainstream schools in Sheffield. Its success is based on schools engaging and delivering with the programme at a point in time when they are able to invest the time and training required. Therefore ongoing recruitment cycles are open at key points in the academic year for schools to apply. School applications for 2020/2021 will open after the February half term break.</p> <p>To assess the impact and outcome of our local Healthy Minds Programme an independent evaluation was commissioned in 2018/2019. Sheffield University completed this. The evaluation evidenced the positive impact that the model is having in supporting children and young people, with low level emotional wellbeing and mental health (EWBMH) needs in school settings.</p> <p>A key area of development identified from the evaluation was improving links between CAMHS services at an operational level and schools. In response to this SC NHS FT introduced the direct referral pilot for 33 schools involved in Healthy Minds as outlined earlier in the report.</p> <p>Overall the Healthy Minds model evaluated positively. The following is taken directly from the Sheffield University Evaluation report.</p> <p>“There was substantial evidence in Evaluation data that HMF (2017-2018) achieved a major impact in many schools and agencies across the city within a short period</p>

Area of Progress	Description
	<p>of time. The mental health of CYP has been highlighted in all forms of media during the last few years, both in the UK and internationally but Sheffield HMF has raised awareness locally of the importance of wellbeing and mental health issues affecting CYP, and during the last year has been providing training and bespoke support for many teachers and school staff. This Evaluation found evidence that in participating schools Sheffield HMF has indeed been <i>‘improving the capacity of school staff to support emotional wellbeing and mental health in schools.’</i>”</p> <p>p5, Billington et al, 2018, Evaluation of the Healthy Minds Framework (HMF) for Schools, UoS</p>
<p>Mental Health Support Teams in Schools</p>	<p>Sheffield has been successful in the national Trailblazer bid for funding from NHS England for establishing a pilot of 8 Emotional and Mental Health Practitioners (EMHP) in 16 schools across the city. The EMHP is a new role in the NHS in the UK, with practitioners providing low level intervention for children and young people in a school setting, with support and supervision from a specialist psychologist and links to wider mental health services including dovetailing with provision under the established Healthy Mind framework.</p> <p>The EMHPs will be trained to offer low intensity manualised evidence-based interventions along the lines of guided self-help and senior therapists to support the EMHPs and develop the offer to best meet local need. The Education Mental Health Practitioners will begin their training with the University of Sheffield in the spring of 2020 and will have placements in local schools to provide them with the opportunity to develop their skills.</p> <p>Our priority in choosing the schools to approach for the pilot has been to provide the new practitioners with the right environment in which to successfully develop their skills. We acknowledge that the schools offering these training placements will be supporting the practitioners at least as much as they will be supporting the schools. In selecting the schools to approach we considered a number of factors, including:</p> <ul style="list-style-type: none"> ▪ Established and successful engagement with the Healthy Minds project. ▪ The need to provide each practitioner with a secondary and a primary school to work with. ▪ The need to limit the travelling time between

Area of Progress	Description
	<p>schools for the practitioners.</p> <ul style="list-style-type: none"> ▪ The value of providing placements across the city so that we can maximise what we learn about the value of the interventions they are trained to deliver. ▪ The value of providing placements with a wide range of different types of schools so that maximise what we learn ahead of implementing this programme in school <p>All EMHPs will be on training year from 2020- March 2021 alongside the part time work in the schools, EMHPs are studying for a post graduate qualification at the University of Sheffield as part of the Training Year alongside regional colleagues.</p> <p>Locally commitment has been given to continue to fund the 8 EMHP posts from 2022 onwards once the NHSE funded pilot has been completed as part of the commitment to early intervention and prevention in mental health in Sheffield. We will also be submitting a bid as part of the Wave 4 opportunity provided by NHSE for a further expansion of the national pilot locally. This bid needs to be completed by the end of March 2020 and we will be seeking, if successful to recruit a further 12 EMHPs. The national EMHP pilot is part of the current commitment to expand and establish a new EWBMH workforce in schools.</p>
<p>Online Counselling</p>	<p>A commitment was made as part of our local transformation plan to provide a universal online/web based platform offer for children and young people living in Sheffield. This is currently being provided via Kooth. This is an evidence based, free, online support and counselling offer which young people can access at any time, available for 11-18 year olds and care leavers. The service is staffed by trained counsellors who can provide support and sign post to local services where required.</p> <p>2020 Update:</p> <ul style="list-style-type: none"> ▪ Quarter 3 2019-20 saw an increase in new logins to Kooth to 821 from 411 in Quarter 2 2019-20. ▪ 96 % of young people using Kooth said that they would recommend Kooth to a friend ▪ You can find more information about Kooth via www.kooth.com
<p>Transforming Care</p>	<p>As part of the Transforming Care Programme we have been working to implement Care, Education and Treatment Reviews (CETR) for children and young</p>

Area of Progress	Description
	<p>people with autism and/or a learning disability who are at risk of an inpatient mental health admission. The purpose of a CETR is to pull together all agencies involved in the care of a young person to ensure that every step has been taken to prevent a potential inpatient admission.</p> <p>The Transforming Care Programme for Children in Sheffield continues to improve practice- including development of a multi-organisational Complex Case meeting which meets on a monthly basis to help improve discharge planning from Becton Centre (inpatient facilities for CAMHS) and to put actions in place to try and prevent unnecessary admissions for this cohort and other children with mental health issues.</p>
Workforce	<p>It has been well documented nationally of the challenges in recruiting qualified staff into CAMHS. This is also our experience locally.</p> <p>Currently there is ongoing work which is considering workforce design and skill mix within CAMHS. This is testing the development of new roles, support workers and establishing innovative practice in response to the difficulties recruiting to traditional posts. For example, there is joint work with colleagues across South Yorkshire as a regional response to the development of lower level psychological and therapeutic input in place of more traditional psychological therapy in CAMHS.</p>
Project Aspire	<p>Sheffield has developed our own 'no wrong door' model for vulnerable children and young people living in care and those on the edge of care. A crucial element to the model is engagement and access to emotional wellbeing and mental health services. Locally we have established 2 Aspire Hubs. These hubs involve a multi-disciplinary team of professionals working with residential care practitioners and social workers. As part of the Future in Mind transformation plans we have secured funding to provide dedicated CAMHS support in each of the Hubs. 2 full time clinical psychologists have been recruited. These clinicians are working closely with the dedicated MAPS service for children in care. A full time clinical psychologist has also been recruited within the fostering service to provide consultation and support for foster carers and children/young people living in foster care.</p>

Area of Progress	Description
<p>Working towards an all age mental health service/seamless provision</p>	<p>Since the last report to the Scrutiny Committee in March 2019, Sheffield CCG, Sheffield City Council and Sheffield Children’s NHS FT have undertaken work alongside voluntary and community sector partners to begin working towards a seamless approach to Mental Health in Sheffield with the aim to provide continuity of care for emotional wellbeing and mental health in the city. Key to this work has been the user-led review by ChilyPep members (Sheffield CYP Empowerment Project) of transitions pathways between Children’s and Adults Mental Health, which highlighted 7 recommendations including:</p> <ol style="list-style-type: none"> 1) To develop and establish a jointly managed ‘mental health’ contract management process; 2) To develop a revised service specification for both CAMHS and Adult Mental Health Services; 3) To develop an ‘ageless’ service offer; 4) To establish a service user, expert by experience, family and carer reference group; 5) To create a series of transitions lead posts; 6) To develop a digital proposition. 7) To develop a plan for extending the role of the voluntary, community and faith sector.

8. Transitions

8.1. Sheffield is committed to improving transitions between mental health services and the experience for children and young people using these services. Some of the steps taken and future developments have been outlined below:

8.2. SC NHS FT and NHS Sheffield Health and Social Care (SHSC), who provide the NHS-based Adults Mental Health services in Sheffield have embedded and reviewed the Transitions protocol to ensure that staff in both services have clarity as to what is expected of the quality of transitions between services in Sheffield.

8.3. Alongside the protocol, there are monthly transitions clinics whereby clinical teams from SC NHS FT CAMHS and SHSC Adult Mental Health teams discuss detailed plans for children and young people who are moving between services, particularly focussing on those cases that are significantly complex.

8.4. Future plans are proposed to include the development of a Transition lead post located in each of the NHS mental health provider organisations whose role it would be to personally support young people and families who are transitioning between services and help identify training needs and processes within mental health services in Sheffield.

8.5. All parties have identified the need to develop better information sharing between services, including improving the digital sharing of information – this would also help address the wishes of young people in the city to only tell their story once.

9. CAMHS and Special Educational Needs and Learning Disabilities (SEND)

9.1. CAMHS are important for supporting children and young people with SEND. CAMHS clinicians offer experience and expertise as part of the continual ongoing assessment of mental health needs. Clinicians will provide advice on how to improve emotional wellbeing and mental health and provide guidance on reasonable adjustments and adaptations to improve communication or how to enhance the environment to help meet the needs of the young person in education settings. Community CAMHS also provide strategic input into the training of staff working with children and young people in SEND so as to ensure that emotional wellbeing and mental health needs are identified.

9.2. Locally, Sheffield has a dedicated community CAMHS Learning Disabilities (LD) team that provides a pathway to support children and young people identified with learning disabilities. It is important to note that this bespoke service is part of our Community CAMHS service and is not the Ryegate clinic which is currently commissioned by NHSE.

9.3. The SC NHS FT LD CAMHS team offer a consultation-based model in Sheffield, working in partnership with family, carers and other agencies. The offer includes in-reach provision to the specialist residential care and respite care at Gibson House and to young people in the community with moderate to severe learning disability, who are experiencing mental health difficulties.

9.4. Following the CQC and Ofsted SEND inspection some steps were identified within our Written Statement of Action (WSOA) that requires action from CAMHS. It is acknowledged that CAMHS has an important role in the delivery of the Ofsted Improvement Plan for SEND in Sheffield. Key areas where action is being taken include:

9.5. Continued implementation of changes to the CAMHS pathway including establishing a duty and booking team to manage demand (as described earlier in the paper).

9.5.1. Given the increasing demand and acuity of need across the full CAMHS offer the implementation and changes to the CAMHS pathway to support patient flow has been crucial. The CAMHS teams work in partnership to manage the referral process, providing triage and booking appointments. The primary worker with CAMHS for each child or young person plays a particular role in supporting the CAMHS contribution to Education and Health Care Plans (EHCPs) to ensure that the emotional wellbeing and mental health information required is provided in a timely manner.

9.6. Complete piloting of direct referrals to CAMHS from schools to implement a sustainable process for schools.

9.6.1. This pilot was implemented as a part of a wider response to the SEND inspection and the feedback received from schools about the difficulties of gaining access to the service. The pilot is significantly improving links between CAMHS and schools, particularly in relation to supporting pupils with SEND and LD.

9.7. Continued implementation of six appointment model for lower level presenting issues to improve patient flow and release capacity for complex cases.

9.7.1. This “six appointment model” is now firmly embedded within the CAMHS processes and is working effectively. It is evidence based and remains patient specific depending on clinical diagnosis and need. Its aim is to ensure that those young people experiencing lower level presenting needs receive an appropriate 6 week clinical intervention which therefore releases capacity across the service to provide increased direct support for those young people with greater complex needs. These often can be children with SEND, some of whom may be in residential care in settings such as Gibson house.

10. CAMHS Outcomes and Service Improvement

10.1. Scrutiny Committee has asked for clarification of the performance monitoring and management of the CAMHS contract.

10.2. Sheffield Clinical Commissioning Group (SCCG) is the lead commissioner for CAMHS and manages the specifications for CAMHS services as part of the wider acute contract held with Sheffield Children’s NHS Foundation Trust. Sheffield Children’s NHS FT is the provider of CAMHS locally.

10.3. Sheffield City Council is an associate commissioner and partner in the Future in Mind Transformation programme.

10.4. Where possible service users work with SCCG and Sheffield City Council to jointly develop the CAMHS specification. For example the voluntary sector organisation ChilyPep has assisted the CCG, NHS England and SC NHS FT in reviewing the following aspects of CAMHS:

10.5. Sapphire Lodge outcomes/performance review at the Becton Inpatient Centre in 2018-19

10.6. Young Commissioners project (ongoing into 2020), where ChilyPep train experts by experience to become “young commissioners” and have a voice and input into children’s mental health service redesign with a particular focus on Crisis Care and Early Intervention.

11. Performance Management

- 11.1. As part of the development of the service specification key performance measures are also agreed. These are monitored on a monthly basis and submitted to Sheffield CCG. These performance measures also form part of the national CAMHS dataset requirement providing feedback directly to NHSE and central Government on activity and interventions. Specifications are also monitored both formally through an annual qualitative report detailing any gaps and through soft intelligence (e.g. via feedback from users, complaints, incidents). The CCG then asks for formal assurance through existing contract management processes and considers audits and quality service visits.
- 11.2. If performance measures are consistently not being met then the CCG is required to take a proportionate approach to improvements in CAMHS services, ensuring collaborative working with Sheffield Children's NHS FT to address the issues. Working in a collaborative way is important as it may not always be within the provider's gift to resolve all performance issues as issues could be related to wider system related problems, national funding issues or other matters that could be contributing to the failure/issue. Where key issues are identified a remedial action plan will be jointly agreed and the development of a system wide plan where appropriate.
- 11.3. Sheffield CCG and Sheffield City Council always look for models of best practice when commissioning services relating to Children and Young People's emotional wellbeing and mental health, consideration of all providers is taken into account. For example the development of the collaborative all-age Eating Disorders pathway includes both Adult Mental Health service provided by the NHS alongside SCFT and SYEDA as a voluntary sector organisation as part of a joint pathway.

12. What does this mean for the young people of Sheffield and their families?

- 12.1. Progress of the Sheffield Future in Mind transformation plan continues. Emphasis over the past 12 months has been on the expansion of the Sheffield Healthy Minds programme and locally we now have developed a robust early intervention response to emotional wellbeing and mental health which was clearly a gap previously.
- 12.2. Children and young people can access support anonymously via KOOOTH and also access support through our Healthy Minds Offer in participating schools. Demand for emotional wellbeing and mental health services is increasing and our focus is on ensuring that the pathway supports children and young people to access the right services at the right time.

12.3. The changes that we are working to deliver are not just changes in CAMHS; it's system wide changes across NHS partners, the local authority, education and the third sector. We are making progress in making these changes, however significant challenges remain and it will take time to deliver. There continues to be challenges in relation to providing a crisis response to those young people to who are acutely unwell. CAMHS has a key role to play in the implementation of our WSOA for SEND. As such there is increased focus in ensuring that transformation plans are targeted at meeting the needs of those most vulnerable and with SEND.

13. Recommendations

The committee is asked to:

- 13.1. Consider the update on progress made and detail provided in this report.
- 13.2. Consider how the Scrutiny committee can continue to use its influence to pressure Central Government to provide increased pace on the roll out of the Mental Health Support Team model, confirming long term funding investment.
- 13.3. Recognise the challenges and increased service demand. Acknowledging the importance of establishing robust early intervention and early identification of children and young people experiencing emotional wellbeing and mental health problems.
- 13.4. Given the increasing complexity and demand lobby nationally for increased investment for emotional wellbeing and mental health services in line with parity of esteem with physical health.
- 13.5. Continue to improve and develop services for those Children in Care, Care Leavers and those children and young people who have previously been in care but are now Adopted, in Kinship Care or on Special Guardianship Orders.



Report to Children, Young People & Family Support Scrutiny and Policy Development Committee - 2nd March 2020

Report of: Policy and Improvement Officer

Subject: Children, Young People & Family Support Scrutiny and Policy Development Committee: Scrutiny Two Year Progress Report 2018-20 and themes for drafting Work Programme 2020-21

Author of Report: Alice Nicholson, Policy and Improvement Officer
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0114 273 5065

Summary:

This report provides the Committee with a summary of its activities over the current and previous municipal year for inclusion in the Scrutiny Progress Report 2018-20. The Committee is asked to consider and comment on this additional document.

This report is unusual, in that it covers two municipal years. This has been achieved by bringing forward the publication timeline for the 2019/20 Annual Report and merging it with the previous year, 2018/19.

The draft progress report was discussed at the February meeting of the Overview and Scrutiny Management Committee. Who agreed the list of themes/topics in section 2 of this report are forwarded as suggestions only to the newly formed committee in 2020/21 to consider as part their Work Programme.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	X

The Scrutiny Committee is being asked to:

- Scrutiny Progress Report 2018/20: CYP&FS Draft Content: Consider and comment on the draft content (Section 1.0 and additional document)
- Work Programme 2020/21: Suggest the list of topics outlined in section 2.0 for consideration as part of the 2020/21 Work Programme by the newly formed committee (Section 2.0)

Background Papers: None
Category of Report: OPEN

Children, Young People & Family Support Scrutiny and Policy Development Committee, 2nd March 2020

1.0 Scrutiny Progress Report 2018-20

- Each Scrutiny Committee will produce a summary of their activities and outcomes, over the past two municipal years, for inclusion in the Scrutiny Progress Report 2018/20. A draft summary of this Committees activity and outcomes is attached - please see additional document.
- The full list of topics considered by this Committee during 2018/19 and 2019/20 is as follows:

2018/19	2019/20
Academisation in Sheffield	OFSTED report of Inspection of Sheffield children's social care services - July 2019
Ward Level Contextual Attainment and Progress Data	Elective Home Education
Call-In of Cabinet Member Decision on Short Breaks Consultation - Implementation Phase	Inclusion Update
School Exclusions	Adoption Service - Annual Report 2018/19
2018 Pupil Outcomes - City Context and School Performance	Fostering Service - Annual Report 2018/19
Young People Services Review	Inclusion Update and Special Needs Inspection Action Plan
Changes to School Funding and Capital Programme for Schools	Pupil Outcomes, City Context and School Performance 2018/19
Sheffield Safeguarding Children Board - Annual Report 2017/18	Learn Sheffield - Review of Previous School Improvement Strategy and Sharing the New Strategy
Sheffield Sexual Exploitation Services	Sheffield Safeguarding Children Board - Annual Report 2018-19
EU Funding Post Brexit	Sheffield Sexual Exploitation Service - Annual Report 2018-19
Children's Social Care Improvement and Recovery Plan - Update	Make Your Mark 2019 Results
Adoption Service Annual Report 2017/18	Sheffield Inclusion Strategy 2020/25 and Special Educational Needs and Disabilities
Fostering Service Annual Report 2017/18	Pupil Outcomes/School Performance 2018/19 - analysis, data, and school improvement strategy

Special Educational Needs in Sheffield	Children and Young People's Mental Health Transformation Programme Update, with a focus on CAMHS
Children and Young People's Mental Health Transformation Programme Update	Voice and Influence of Children and Young People Task Group Report
Overview of 2018 Pupil Outcomes - City Context and School Performance	Information Brief: Schools Funding Formula
Learn Sheffield Peer Review	
Support to Roma Children	
Draft Format for Reporting Data Requests by the Committee	
The Council's Response to Ofsted on the Recent Inspection of the SEND Service	

2.0 Work Programme 2020-21

- The list below outlines topics which are suggested for consideration as part of the Work Programme for the 2020-21 municipal year, by the new committee when it is formed. This includes annual items, topics that the Committee have considered and recommended there be a future update on and also items that were identified, but not considered in 2019-20.

Carry forward of suggested topics not considered this municipal year
Leader's Review of Young People's Services; and universal youth provision - including youth clubs; (note forthcoming decision list - Cabinet 18.03.2020)
Contextual Safeguarding Strategy (possibly link with MAST and Early Years update)
Outcomes of University graduates; and post 16 in the city - 'A' level and degree apprenticeships
Information Brief: Update on services and support, for Gypsy and Travelling, and Roma Families
Items considered this year where future update requested or annual monitoring
Children's Social Care Improvement and Recovery Plan Update – July 2020
Sheffield Inclusion Strategy 2020/25 and Special Educational Needs and Disabilities
Sheffield Safeguarding Children Board - Annual Report 2018-19
Sheffield Sexual Exploitation Service - Annual Report 2018-19

Pupil Outcomes/School Performance 2018/19 - analysis, data, and school improvement strategy

Adoption Service - Annual Report 2018/19
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Fostering Service - Annual Report 2018/19

3.0 The Scrutiny Committee is being asked to:

- Scrutiny Progress Report 2018/20: CYP&FS Draft Content: Consider and comment on the draft content (Section 1.0 and additional document)
- Work Programme 2020/21: Suggest the list of topics outlined in section 2.0 for consideration as part of the 2020/21 Work Programme by the newly formed committee (Section 2.0)

DRAFT CONTENT

Children, Young People & Family Support Scrutiny & Policy Development Committee

Chair: Cllr Mick Rooney (2018-2020)

Eligibility for short breaks and daytime activities

This was the subject of the Committee's only call in during 2018/19. The views and concerns of the Sheffield Parent Carer Forum had been a key factor in the calling-in of the decision. Councillors also referred to concerns about the potential long term adverse effects that the decision would have on families with children with disabilities, and on pressures on the Council, particularly in the light of the possibility of more children having to be taken into care.

Members sought reassurances on these issues, and particularly focused on how the consultation had been carried out, and how the proposed changes had been communicated in this consultation. Whilst the committee decided not to take any further action with the decision, they made some specific recommendations to the Cabinet Member to consider which resulted in three key changes being made to the scheme.

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Ofsted Inspection of Special Educational Needs Service 2019 & Sheffield Inclusion Strategy

The Committee continue to keep a watching brief on actions post the Ofsted Inspection of Special Educational Needs Service 2019. Children, Young People & Family Support Scrutiny Committee are now engaged with the developing Sheffield Inclusion Strategy, supporting service users to be part of holding to account through asking questions of the service at meetings of the Scrutiny Committee.

Ofsted Inspection of Sheffield's Social Care Services

As with above the Committee received the report of this inspection and the initial action plan 2019, going into next year they will hear more about progress against the action plan, holding to account on behalf of service users in the city.

The Voice of Young People

The Committee set up a task group 2019/20 to look at how to increase the voice and involvement of young people in scrutiny to work with young people for them to input to the work programme and agenda items; for young people to decide and shape how they are involved and what they are interested in; and to consider how to reach out to more young people.

The Committee invited Youth Cabinet to present the Make Your Mark 2019 results and members of the task group met with Youth Cabinet to find out more about best ways to communicate with young people, how non party political education should look in schools, enhancing relationship with Sheffield City Council.

School Exclusions

As part of its September 2018 meeting, the Committee continued its spotlight on the issue of school exclusions and received a detailed report on school exclusions in Sheffield, providing background and context and an analysis of the figures. Members considered the direction of travel in terms of reductions in exclusions, however, focused on differentials in exclusions between different communities. As a result of this session members focused recommended outcomes on the progress and effectiveness of the work undertaken to reduce exclusions and support to pupils who have been excluded, and to include statistics in terms of the numbers of excluded pupils from BME communities and those with Special Educational Needs.

School Funding

At their November 2018 meeting, the Committee received information on how both revenue and capital funding for schools was determined and the differences between funding for Academies and for state maintained schools, and the challenges being faced by both the Local Authority and the schools themselves regarding both issues. The key role of the Schools Forum revenue funding of schools was discussed and the importance of prior attainment in allocating funding to schools was raised directly with the Forum as a result of the Committee's deliberations

In Brief

The Committee also considered and commented on a range of other reports on the following topics:

- Ward Level Contextual, Attainment and Progress Data
- Update on Academisation
- Pupil Performance - City Context and School Performance
- Consultation on the future commissioning and delivery of young people's services

The Committee continues a holding to account activity by considering Sheffield Safeguarding Children Board, Sheffield Sexual Exploitation Service, Fostering, and Adoption Annual Reports, to ensure we are doing the right thing for children and young people of Sheffield

You can find papers, reports and minutes of previous meetings [here](#)



Report to CYP&F Scrutiny & Policy Development Committee 2 March 2020

Report of: Executive Director, People Services

Subject: School Funding: National Funding Formula Update

Author of Report: Mark Sheikh, Head of Business Strategy, x34768

Summary:

This report is being presented as an information brief at the request of the Committee to provide an overview on the 2020/21 schools funding settlement and implementation of the National Funding Formula (NFF).

The report gives an update on Dedicated Schools Grant (DSG) funding for 2020/21 – highlighting the increased allocation and transition towards the NFF; set against a backdrop of continued pressures, particularly for special school places.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	✓
Other	

The Scrutiny Committee is being asked to:

Note the schools funding arrangements for 2020/21 and the continued under-funding for our High Needs Block, and rising demand for Special Educational Needs and Disabilities (SEND) places. In addition, to note the under-funding for Early Years in comparison to other core cities.

Background Papers:

Appendix 1 - Early Years Core Cities Benchmarking

Category of Report: OPEN/CLOSED (please specify)

Report of the Director of People's Services – School Funding: National Funding Formula Update

1. Introduction/Context

- 1.1 This report aims to give a brief update to the Committee on the Dedicated Schools Grant (DSG) funding for 2020/21 in the context of continued transition towards implementation of the National Funding Formula (NFF); and draw attention to the continued pressures Sheffield faces, in particular around special school places.

The overall projected DSG settlement for 2020/21 is £464m (as per the table below) compared to £432m in 2019/20. The increase of £32m in the main relates to the continued transition towards implementation of the NFF which has benefitted Sheffield, plus an increase in pupil numbers.

Funding Blocks	19/20	20/21	Variance
Schools Block	£332.47m	£354.68m	+£22.2m
Central School Services Block	£8.05m	£6.93m	-£1.12m
Early Years Block (provisional)	£33.68m	£35.43m	+£1.75m
High Needs Block (provisional)	£57.23	£66.74m	+£9.51m
Total	£431.55m	£463.78m	+£32.23m

The NFF was introduced by the Government to redress the balance of historical funding allocations across local authorities, and to ensure fairness and stability across the school system. We are now in our third year of transition towards fully implementing this.

2. Dedicated Schools Grant (DSG) Funding Allocation for 2020/21

2.1 Schools Block Funding

Further to the 2019 Comprehensive Spending Review, Sheffield is set to receive a £22m increase in Schools Block funding for 2020/21.

It is planned to use the increased funding allocation to transition further towards full implementation of the NFF, focussing on what is important to Sheffield and avoiding any negative impact for schools, now or in the future.

The Sheffield Schools Forum reviewed the transition principles and allocation of the additional funds; and engagement has been undertaken across the sector via Localities and Governors meetings.

Sheffield's planned model moves us significantly towards the NFF, proportionately, as part of a two-year plan (assuming full implementation in 2021/22 upon receipt of full allocation).

To continue our transition to full implementation in 2020/21, we will:

- Provide an increase in funding to all schools to recognise increasing costs and to ensure stability.
- Target more funding at secondary schools whilst continuing to protect primary.
- Ensure we fund schools at the minimum levels for all pupils (of £3,750 in primary and £5,000 in secondary).
- Realign and increase our funding for factors affecting social deprivation, including ensuring more support for 'just managing' families.

Following publication of the October 2019 Census data, final individual school budgets have now been approved by the February 2020 Schools Forum.

All schools should receive an increase in their funding per pupil and an overall cash increase, as long as their pupil numbers have not decreased below 2018/19 levels.

2.2. High Needs Block Funding

There is an increase in demand for special school places for children with Special Educational Needs and Disabilities (SEND). In addition, the rate of permanent exclusions in Sheffield has remained high. The funding provided by the Education and Skills Funding Agency (ESFA) to support these activities over the years has not kept pace with the increase in demand.

The transition to the National Funding Formula has brought additional High Needs funding into Sheffield of £9.5m for 2020/21 – a total of £66.7m. However, the allocation to each local authority has been capped at 17% against 2019/20 baselines. This means that Sheffield will not receive the full £72m that we would be allocated if the NFF was fully implemented – we are therefore £5.3m short of our full allocation.

While the long-term outlook is that our high needs income should increase, the challenge remains that we have very significant pressures now with an increasing demand for SEND places.

2.3. Early Years Block Funding

The provisional Early Years Block funding for Sheffield for 2020/21 totals £35.43m. This includes an increase of 8p per hour for both 2-year old Free Early Learning (FEL) and 3 and 4-year old FEL places.

Further to recommendations from the Early Years Working Group (a sub-group of the Schools Forum), the February 2020 Schools Forum agreed to pass this increase on directly to Early Years providers, as of April 2020.

The Early Years Group has highlighted the issue of Sheffield's

underfunding, in comparison to other core cities to the Schools Forum. There is a view that the funding increase being offered nationally is insufficient to meet the additional costs of the Minimum Living Wage which is to be implemented April 2020.

3 What does this mean for the children and young people of Sheffield?

- Increased income for all maintained schools - the increase in Schools Block funding is good news and recognition of our historical under-funding. This increase should enable schools to continue to provide appropriate levels of learning support and reduce some pressure on budgets.
- Rising demand and therefore availability of SEND places in the city.
- Overall, additional funding is available to the Early Years sector – the increased income will help childcare providers continue to enable readiness for school.

4. Recommendation

4.1 The Committee is asked to note:

- The increased funding allocations to Sheffield for the Schools Block, High Needs Block and Early Years Block, and our continued transition to the National Funding Formula.
- The demand on special school places.
- The pressure on Early Years providers to meet additional costs.

Early Years FEL Hourly Rates - Benchmarking with Core Cities						
2020/21						
	3 & 4 year old	2 year old	3 & 4 year old		2 year old	
	hourly rate	hourly rate	Annual funding for 15 hours	Variance from Sheffield	Annual funding for 15 hours	Variance from Sheffield
	£	£	£	£	£	£
<u>Core Cities</u>						
Manchester	4.95	5.38	2,822	171	3,067	57
Nottingham	5.00	5.31	2,850	200	3,027	17
Birmingham	4.79	5.32	2,730	80	3,032	23
Liverpool	4.63	5.30	2,639	-11	3,021	11
Bristol	5.69	5.51	3,243	593	3,141	131
Newcastle	4.99	5.28	2,844	194	3,010	0
Leeds	4.89	5.28	2,787	137	3,010	0
Sheffield	4.65	5.28	2,651		3,010	
Highest rate						
Lowest rate						

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