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**CHILDREN AND YOUNG PEOPLE'S SOCIAL CARE AND SERVICES SCRUTINY PANEL**

A meeting of the Children and Young People's Social Care and Services Scrutiny Panel was held on 11 December 2018.

**PRESENT:** Councillors T Higgins (Chair), M Storey (Vice-Chair), A Hellaoui, L McGloin and Z Uddin and M Walters.

**ALSO IN ATTENDANCE:** J Sonnen - TEWV CAMHS  
R Scott - South Tees Public Health  
W Kelly - CAMHS Transformation/Headstart Programme Manager  
A Smith - General Manager 0-19 Service  
L Horner - Service Manager 0-19 Service

**OFFICERS:** J Dixon and G Earl.

**APOLOGIES FOR ABSENCE** Councillor D P Coupe and Councillor L Lewis..

**DECLARATIONS OF INTERESTS**

There were no Declarations of Interest made by Members at this point in the meeting.

18/25 **MINUTES OF THE PREVIOUS MEETING OF THE CHILDREN & YOUNG PEOPLE'S SOCIAL CARE & SERVICES SCRUTINY PANEL HELD ON 13 NOVEMBER 2018.**

The minutes of the previous meeting of the Children and Young People's Social Care and Services Scrutiny Panel held on 13 November 2018 were submitted and approved as a correct record.

18/26 **EARLY HELP & PREVENTION SERVICES - FURTHER INFORMATION - CAMHS (CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICE).**

J Sonnen, Clinical Nurse Specialist, TEWV CAMHS, was in attendance at the meeting to provide the Panel with further information in relation to early help and prevention services in Middlesbrough.

A report had been circulated to the Panel prior to the meeting and explained that the Tees, Esk and Wear Valley (TEWV) Children and Adolescent Mental Health Service (CAMHS) in Middlesbrough worked with children, young people aged 0-18 years and their families and aimed to:-

- Improve and enhance the emotional wellbeing and mental health of children and young people experiencing emotional and mental distress and ill-health.
- Provide high quality, comprehensive, multi-disciplinary and multi-model specialist child mental health provision to the children and families of Teesside and support seamless transition to adult services.
- To provide effective, outcome-focused services that put the needs of children, young people and their families at the centre of their care and are delivered as part of an integrated model of multi-agency service provision.

The Panel heard that there had been many changes to the Service over recent years, particularly at the 'front door'. In terms of the referral process, it was noted that professionals including GPs, Social Workers, Speech and Language Therapists, Occupational Therapists and Educational Psychologists, could make referrals. Self-referrals could also be made directly to CAMHS by young people/parents/carers. CAMHS accepted referrals from families/carers/individuals and professionals for children and young people aged 0-18 years. The referral must highlight the issues in relation to the young person's mental health/emotional wellbeing/behaviour.

The report highlighted that a duty worker was available to provide guidance, assistance or

referral Monday to Friday from 9.00am - 5.00pm and was also able to provide assistance to other organisations seeking support.

CAMHS worked with young people and their families when they felt sad, worried or troubled and provided a range of activities and interventions to help promote and develop young people's skills, and family relationships. CAMHS also provided techniques for positive parenting, and supported other professionals providing support to children and young people in mental health promotion, early recognition and early prevention of problems.

Young people experiencing emotional wellbeing difficulties may be offered any one, or a combination, of the following interventions:-

- Individual or group support
- Family support
- Supportive work with parents
- Support to other professionals that work with the young person/family

The Community Team in Middlesbrough consisted of psychiatrists, psychologists, therapists, clinicians, support staff, psychological well-being practitioners and specialist staff who worked solely with children/young people diagnosed with a learning disability. The Early Intervention in Psychosis Team were part of the Adult Directorate but worked alongside CAMHS staff for children and young people aged 14 years and over who required specialist service input for the early identification, assessment and treatment of first episode of psychosis or suggestive symptoms.

CAMHS also offered a variety of groups including:-

- Sensory support
- Incredible years
- Positive behavior support

In addition, CAMHS provided education and training to families and professionals with a wide range of programmes, including information about ASD, ADHD, depression/anxiety.

West Lane Hospital in Middlesbrough had inpatient units including:-

- Newberry Centre
- Westwood Centre (low secure)
- Evergreen Centre (Eating disorders) - this facility had expanded to include support for a range of eating difficulties in young people such as excessive weight and emotional issues.

There was also a specialist community service serving Teesside for children/young people with eating difficulties that did not warrant inpatient treatment. Forensic CAMHS (community) was also available to the population of Middlesbrough where staff worked closely with the Youth Offending and Liaison and Diversion Services.

In terms of strategies supporting Early Help, TEWV CAMHS offered the following:-

- Incredible Years Group. (Available at CAMHS with additional individual coaching where appropriate)
- Early Help Community Panel - CAMHS attended the Panel and reviews when requested.
- Positive Behaviour Support - Consultation could be accessed by any person feeling this strategy might assist. Support for children and parents.
- Multi Agency Screening Team (MAST) - one member of staff attended 3-4 hours daily to provide input into safeguarding issues at First Contact Team.
- A pilot consultation model was currently operating at Unity City Academy, Park End and would be extended to Outwood Academy, Ormesby. CAMHS staff were available each morning to speak to teaching staff about any concerns they may have regarding pupils' emotional wellbeing/mental health.

- A new venture commencing in relation to Adverse Childhood Experiences (ACE) in Middlesbrough schools. Two staff had been identified to provide 2.5 - 3 days each per week. This was being piloted in two primary schools and worked with children with four or more ACEs. A newly-established Team comprising of staff from Harrogate and District, TEWV CAMHS, and Headstart would begin work in January 2019 and would commence working with children in February 2019.
- Early Help Forum - chaired by the Family Partnership Team Manager, a member of CAMHS staff attended the twice monthly forum.
- Hollis Academy - A member of CAMHS staff was currently seconded to this provision to provide specialist behavior input.
- VEMT (Vulnerable, Exploited, Missing, Trafficked) - A member of CAMHS attended the review meetings to update on all children and young people known to CAMHS.
- Headstart - regular communication between staff within Headstart and CAMHS.

It was recognised that there was pressure on all services working with children and young people and CAMHS tried to meet the challenges by working in a more streamlined way and by working more closely with partners. The Service had reviewed its performance targets in respect of need and demand and had created creative strategies to meet population demands.

Ongoing considerations included the potential for a multi-agency 'drop in'; stronger school support; increased presence in GP buildings to ensure early help was available. CAMHS also aimed to improve and develop training packages and links with voluntary organisations such as Parents for Change.

A discussion ensued and the following issues were raised:-

- In response to a query from the Panel, the CAMHS Clinical Nurse Specialist provided information in relation to a visit she had made to Birmingham to look at some of the initiatives it had put in place to provide early help support. Whilst it was acknowledged that Birmingham was much bigger than Middlesbrough geographically, it was very similar in terms of diversity, high numbers of asylum seekers and social issues. Staff in Birmingham had relayed that it had issues with social care 'revolving door' families, children with poor school attendance and children and young people with mental health issues but that did not meet the threshold to require statutory intervention. It had developed a model that provided intensive support in cluster groups and operated drop-ins at school/community sites twice weekly between 4.00 and 8.00pm. Young people and accompanied children could attend the drop-ins to access low grade activities with access to a tv and devices, training and events and could also complete homework. The drop-in sessions had been successful and had reduced the numbers of referrals.
- The drop-ins were attended by a team comprising of a social worker, early help support worker, CAMHS worker and other agencies on a rota basis (for example, housing, money advice, etc). The sessions provided young people and their families with easy access to advice and support.
- It was queried what the average waiting time was for a CAMHS referral. The Panel was advised that the subject of the referral should be seen within two weeks, however, if the referral was urgent on the basis of clinical need they would be seen the same day.
- In relation to service users' evaluation of the service, the Panel was informed that all families had access to an electronic evaluation form within the waiting area. 54% of families completed the evaluation following a CAMHS session. The results of the evaluations were fed into Parents for Change and feedback could also be provided.
- In response to a question as to where the highest number of referrals were received from, it was stated that this used to be from GPS, however, following the changes to the referrals process CAMHS was now receiving the most referrals through self-referrals. However, it was highlighted that some GPs now asked families to self-refer.
- It was acknowledged that young people were able to refer themselves to CAMHS, if old enough, and that the contact details for CAMHS was available through all school

counsellors, pastoral support workers, GPs, community hubs, etc and their own website.

- In terms of the relevance of referrals to CAMHS, the Panel was informed that approximately 30% of all referrals, including self-referrals, did not require CAMHS support, however, those referrals would be offered initial support in terms of signposting, etc.

The Chair thanked the Clinical Nurse Specialist for her attendance and informative presentation.

**AGREED** that the submitted report, and information provided at the meeting, be noted and considered in the context of the Panel's review of early help and prevention services in Middlesbrough.

18/27

**EARLY HELP & PREVENTION SERVICES - FURTHER INFORMATION - SOUTH TEES PUBLIC HEALTH/HEADSTART PROGRAMME/ CHANGE GROW LIVE (CGL)/HEALTHY CHILD PROGRAMME.**

R Scott, Advanced Practitioner for Public Health; W Kelly, CAMHS Transformation/Headstart Programme Manager; A Smith, General Manager 0-19 HDFT (Middlesbrough, Stockton, County Durham); and L Horner, Service Manager 0-19 Middlesbrough, were in attendance at the meeting to provide information in relation to their respective services

R Scott, Public Health, introduced the joint report, co-ordinated by Public Health South Tees, which had been circulated prior to the meeting. It was explained that all of the services covered in the report had a direct impact on the early help agenda and were delivered or commissioned by Public Health. Information in relation to each service and how it contributed towards the provision of early help and prevention in Middlesbrough was included in the report as follows:-

- Public Health South Tees
- CAMHS Transformation/Headstart Programme
- Change, Grow, Live (CGL)
- Healthier Together Middlesbrough 0-19 Service

Headstart Programme

W Kelly, CAMHS Transformation/Headstart Programme Manager, explained to the Panel that TEVV CAMHS was separate to the CAMHS Transformation and that Middlesbrough's whole CAMHS Transformation programme was called 'Headstart'.

By way of background, the Panel was informed that in 2014 Middlesbrough was awarded a £1 million Big Lottery grant to develop a local programme of transformation to support the emotional and mental health of children and young people at an early stage. This funding was invested in testing a new model of support in schools, homes, the community and through digital solutions.

In 2015 the Government published a report - Future in Mind (FiM) - providing national recognition of the need to make dramatic improvements in children's mental health services. The report highlighted that investment and services were insufficient to meet the rising demand and set out five key themes to improve children's emotional wellbeing:-

- Promoting resilience, prevention and early intervention
- Improving access to an effective support system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Local areas were challenge to achieve this systematic change by 2020.

Middlesbrough had the highest levels of children and young people's emotional and mental disorders in England. It was estimated that three pupils in every classroom would develop a diagnosable emotional or mental health disorder and that most adults with a diagnosable condition had developed it by the age of 14.

The Early Intervention Foundation (2015) (EIF) stated that damaging social problems affecting children and young people, such as mental health problems, cost the Government almost £17 billion a year. It was estimated that a further £4 billion a year was spent on benefits for 18-24 years olds not in education, employment or training (NEET), with another £900 million spent helping young people suffering with mental health issues or addictions. These figures represented the immediate cost in a single year and did not capture the long term impact which could last into adult life and sometimes impacted on the next generation. The EIF analysis showed Council services picked up the largest share of the national late intervention spend into the next generation.

It was highlighted that following the end of the Big Lottery grant, FiM, Public Health and Middlesbrough Achievement Partnership funding was allocated to roll-out the tested model to achieve systematic and sustainable change, working in partnership to commission differently, share resources and budgets, co-produce new delivery models with young people and key stakeholders and effectively share vital information.

A multi-agency Board - Headstart/CAMHS Transformation Board - was established, feeding into the Children and Young People's Trust which led on children and young people's mental health. A number of sub groups were established to develop specific areas of work.

The Headstart Programme Team comprised of a programme manager, programme officer, school development officer and a communication and engagement apprentice. The Team carried out a mix of strategic and operational duties.

The Panel was provided with details regarding the current delivery model which was based upon employing the Resilience Framework to build upon the assets of the children and young people; a commitment to working with children, young people, their families and communities; and sustainability to create lasting change.

It was considered that the best way to benefit children was by working with schools and there were now staff based in all Middlesbrough schools to deliver the Headstart Programme. A local quality standard had been developed to facilitate a whole school approach - evidencing emotional wellbeing and mental health was a key priority from policy to practice. Key features of the school transformation were as follows:-

- Workforce development to upskill staff to better understand and cope with pupil emotional and mental health.
- Emotional wellbeing practitioners in all schools providing universal support at an early stage.
- Transition support for year 6-7 and years 11-12.
- Accredited training to create Headstarter pupil mental health champions - 32 schools had signed up to this currently. The model was tested in schools and in Acklam Grange school there was an 87% improvement in behaviour and a 5% improvement in attendance following the introduction of Headstarter Youth Champions.
- A single referral point for emotional wellbeing practitioners, CAMHS clinicians and school nurses - currently under development in order to establish an integrated pathway of support.

In response to a query, it was recognised that living in poverty was often a contributory factor to emotional and mental ill health, however, the transformation model was asset based and solution focussed, providing universal support. Appropriate agreements were in place with TEWV CAMHS where a diagnosable disorder was present in a child/young person and, to date, the transformation programme had achieved approximately £600,000 of savings for TEWV CAMHS by diverting unnecessary referrals where universal support was more appropriate and effective.

In addition to schools, work was currently underway with sixth form and further education colleges to introduce the Headstart model. All colleges were engaging in the process and

good progress was being made.

Extensive consultation had been undertaken in the community to identify an appropriate and viable model to provide support within community settings. Family drop-ins were established in a community setting during the school holidays to prevent problems escalating when young people did not have the security and routine of school. A funding bid had recently been submitted to the Big Lottery to pilot the programme in several communities. Through the community consultation, community pharmacies were identified as a key community setting where people would like to see the model delivered. Work would be undertaken to build upon this.

Work had also commenced, in partnership with Harrogate and District and Tees, Esk and Wear Valley NHS Foundation Trusts, to upskill parents and pre-school settings in infant and child mental health. To date, this included the provision of specialist training to all health visitors.

The Chair suggested that when consultation was being undertaken in the community that the relevant Ward Councillors also be included and suggested that a briefing for all Councillors be arranged at some point in the future to provide information on the Headstart Programme and how Ward Councillors could become involved within their own communities.

In terms of outcomes in relation to the Headstart programme, the Panel was informed that transformation was well developed in schools and all were in receipt of Headstart support and services. The Reach Partnership was commissioned by the Headstart Programme Board to provide therapeutic services. Between April 2017 and May 2018, 833 school referrals for early help were made. The reported improvements in emotional wellbeing for pupils receiving support were positive - those under the age of six reported a 100% improvement; 6-11 year olds between 92% and 100%; and 11-16 year olds between 90% and 92%. Similar improved outcomes were reported for anxiety, anger and conduct.

Specifically, the following outcomes were provided:-

- More than 35 schools had accessed training specifically relating to pupil mental health, including academic resilience training which complemented restorative practice.
- Headstarter youth mental health champions had been recruited in 32 schools with 250 guided learning hours delivered. This was the first accredited pathway for youth mental health champions in the country and the first accreditation was achieved by a group of primary schools.
- TEWV CAMHS reported a dip in referrals for specialist support which it attributed to the introduction of Headstart early help support in schools. This equated to non-recoverable savings of £600,000. This was against the trend in neighbouring local authority areas. TEWV was redirecting savings into early help provision, including provision of additional staff to resource the Headstart delivery in schools.
- School referrals to TEWV CAMHS were as follows over the last three years:-
  - 2015/16 - 2,600
  - 2016/17 - 1,400
  - 2017/18 - 1,700

In addition the Headstart Team had developed good working relationships with the Family Partnership Team and supported the implementation of the My Family Plan.

Headstart was recognised as best practice within the Early Help Strategy and had attracted regional interest which had resulted in opportunities for collaboration. The Headstart Programme Manager had been appointed as a Department of Education Regional System Lead for Mental Health in all schools which would include supporting schools across the region.

It was anticipated that the Headstart Programme would benefit 16,431 school age and further education pupils through a preventative and early intervention approach.

The Chair thanked the Headstart Programme Manager for her informative presentation.

### Public Health South Tees

R Scott, Advanced Practitioner, Public Health South Tees, provided an overview of Public Health's approach to early intervention in Middlesbrough.

The Panel was informed that South Tees contained 17 wards within the top 10% most deprived wards nationally and experienced many issues that went hand-in-hand with deprivation such as high unemployment, poor health, higher than national average levels of substance addictions, low incomes, high rates of crime and anti-social behaviour, high numbers of children in care and significant numbers of children living in poverty.

Middlesbrough also had a higher proportion of Black, Asian and Minority Ethnic (BAME) population, 11.8%, compared with the north east average of 4.7%. This presented its own challenges in terms of potential cultural and language barriers which could result in the BAME population not accessing the support and services they needed.

Public Health South Tees was established on 1 April 2018. The service aligned to both Middlesbrough Council and Redcar and Cleveland Council.

The report provided details of the services, relevant to the early help agenda, which were directed by Public Health South Tees:-

### Maternal Infant and Child Health Partnership

It was highlighted that health inequalities for many children across South Tees began from conception and followed throughout their life course. Life expectancy of babies born in Middlesbrough was on average 3.6 years less than the England average, and 1.6 years less in Redcar and Cleveland. Two male babies born on the same day in south Tees could have as much as a 12 year difference in life expectancy due to their circumstances making the inequality gap within Middlesbrough and Redcar and Cleveland even more significant.

Subsequently, the Maternal Infant and Child Health Partnership was established by Public Health, following the 2012 NHS reforms, which resulted in fragmented commissioning and delivery of maternal and infant services.

In terms of early help and prevention, the Partnership - comprising a wide range of partners from early years services, maternity services, the Healthy Child Programme, South Tees CCG and Public Health - consisted of a strategic board and several sub-groups to tackle the following:-

- Maternal smoking
- Healthy weight
- Maternal substance misuse
- 1,001 days (including development of a child aged two)
- Infant feeding

The Partnership had been instrumental in driving improvements to maternal and early years support across the South Tees area. Achievements of the partnership included:-

- 737 less women smoked during pregnancy.
- Increased collaboration between professionals.
- Women screened for alcohol use during pregnancy and received immediate early support.
- Significant increase in referrals to talking therapies.
- Development delays identified at the earliest opportunity to ensure children received support earlier to help them start school on an equal footing with peers.
- Healthy weight.
- Introduction of Pregnancy Birth and Beyond.
- Infant feeding.

During the course of discussion, the following issues were raised:-

- The Panel asked how information was shared and analysed between partners and was informed that the possibility of sharing more data between Harrogate and District Trust and Early Help was currently being explored through information governance.
- In relation to helping women to stop smoking during pregnancy, the Panel was advised that specialist services offered vapes rather than nicotine replacements. Vapes were 95% safer than cigarettes and did not contain CO2 and tar. Women were CO2 screened during pregnancy and significant work had been done with James Cook Hospital to reduce smoking which had resulted in a 35% reduction in smoking in pregnant women. This was one of the best reduction rates in the country.
- Reference was made to the infant feeding programme and the campaign to normalise breast-feeding which was welcomed and commended by the Panel. It was highlighted that several shops had signed up to the breast-feeding scheme and Middlesbrough Football Club had also recently signed up to it.
- In relation to concerns expressed in relation to communication issues between parents and young children, the Panel was informed that a high profile campaign had taken place encouraging parents to put down their phones and many primary schools were now mobile-free zones. Activities offered within Children's Centres also required no use of mobile phones. Midwives also encouraged expectant parents to read to their bumps to encourage early bonding.
- The Panel felt it was important to include dads as well as mums in the various parenting initiatives and that groups should be made available for dads as it was important for dads to bond with their children. Research showed that interaction between dads and their children developed a different part of the brain to the part developed by interaction with mums. The Panel felt that the possibility of doing more work with dads should be considered.

The Chair thanked the Advanced Practitioner for her attendance and informative presentation.

#### Healthier Together (0-19 Healthy Child Programme)

A Smith, General Manager 0-19 HDFT and L Horner, Service Manager 0-19 Middlesbrough, were in attendance to provide information in relation to the Healthier Together Middlesbrough 0-19 Service (Harrogate and District NHS Foundation Trust).

Healthier Together Middlesbrough provided a strong evidence-based universal offer comprising of health visiting and school nursing, leading to early identification of needs and provision of early intervention, enhanced offer and early help through both single agency and wider multi-agency interventions.

The Panel was advised that the service was seen as non-threatening, as it was very rare for people to decline the health visiting service, and whilst it was an early help resource it was not branded under the social care model.

The Healthy Child Programme (HCP) was an evidence-based framework for the delivery of public health services to families from conception to age 19 (age 25 for SEND). It was a universal prevention and early intervention programme that formed part of Public Health England's priority to support healthy pregnancy, ensure children's early development and school readiness and to reduce health inequalities in children and young people.

Using key contacts, as mandated by the Healthy Child Programme in Middlesbrough, the 'Healthier Together' service provided a consistent framework for delivery of Early Years services and the opportunity for closer partnership working through an integrated school readiness pathway.

The Health Visiting service was mandated to have five key contacts with families in the early years, however, Middlesbrough had seven key contacts and had contact at age three.

Examples of early help support offered by Healthier Together were as follows:-

- Single point of contact - 0-19 Healthier Together had a single point of contact to



facilitate ease of access for initial contacts for young people, parents, schools and key partners. An audit of calls was currently being undertaken to establish the reasons why people contacted the service and which of those were requests for early help.

- Duty System - Healthier Together had 9am - 5pm cover by a Health Visitor and School Nurse via a duty system to ensure a timely and efficient response to requests for advice, support and information sharing to support assessment and risk analysis.

It was highlighted that through universal provision, many issues could be identified and addressed before reaching early help services through access to an enhanced offer from 0-19 delivered by staff with a mixed skillset who took a professional lead role to co-ordinate additional support through My Family Plan, alongside referrals to specialist services. Some of the help provided by the 0-19 service was as follows:-

- Pregnancy Birth and Beyond
- Breast feeding support
- Perinatal mental health screening/listening visits
- Solihull online parenting module
- Behaviour management
- Sleep management
- Health promotion community activities
- Promoting and managing healthy weight
- Community nurse prescribing
- Stop smoking brief intervention and intermediate support
- Making every contact count
- Unintentional childhood injuries follow up pathway

The Panel was informed that Public Health had invested money into a 12 month project to promote integrated working practices by improving joint working between local authority Early Help and the Middlesbrough Healthier Together service. At the present time both services were unable to fully meet demand and services needed to bring resources together to become more efficient and effective for the population of Middlesbrough.

Areas of need had been identified as being essential to both services working together better. Joint pathways and joint assessments were the two main areas identified. Over the next year, two nurses would be working with Early Help and Middlesbrough Healthier Together to develop a joint pathway for those requiring extra support during pregnancy and early years and also a holistic Health Needs Assessment that would fit with Middlesbrough's Early Help Assessment (My Family Plan).

Two members of staff from the 0-19 Service would sit within the Stronger Families Team. One role would be based within the Family Partnership Team and act as a link between the Family Partnership Team and the 0-19 Service. This role would lead on the development of a Vulnerable Parenting Pathway and a robust Family Health Needs Assessment and the implementation of a Home Environment Assessment Tool pilot - attached at Appendix 1 to the report. The Home Environment Assessment Tool was to be piloted in East Middlesbrough in January 2019. The role also represented the 0-19 service at Early Help Forums and would be further developed to support the ACE pilot.

The second role would be based within the Family Casework Team and lead on casework pertinent to emotional health within family units and utilising the Solihull Approach in relation to interventions and would support the 0-19 service with the completion of My Family Plans to increase uptake.

The report provided data on the number of caseloads of 0-5 children that the service was working with and the levels of intervention required:-

- Universal provision - 7,317 children. Universal services provided by Health Visitor Team working with GPs to ensure families could access the Health Child Programme and that parents were supported at key times with access to a range of community services.
- Universal Plus provision - 673 children. A single agency response providing rapid

- response from the local Health Visiting Team when specific expert help was needed (eg postnatal depression, sleepless baby, weaning, parenting concerns).
- Universal Partnership Plus - 326 children. A multi-agency response providing ongoing support from the Health Visiting Team and a range of local services to deal with more complex issues over a period of time. Including services from Children's Centres and other community services. Where appropriate, the Family Nurse Partnership.
  - Child Protection - 99 children. A multi-agency response where children were subject of a Child Protection Plan.

During the course of discussion the following issues were raised:-

- In response to a query, the Panel was advised that the teams within Stronger Families worked very closely with the 0-19 service and had developed good working relationships between each other and other partners although it was acknowledged that some aspects of information sharing could be improved.
- It was confirmed that the various services did not have a shared database. This would prove difficult as, for example, the Healthy Child Programme used a particular system that contained health information which could not be shared, however, ways of improved data sharing were being explored. It was highlighted that Stronger Families were due to commence using the same system as the Children's Social Work Team which would allow improved tracking and follow up of families.
- A Panel Member made reference to the links between Health Visitors, home visits and baby drop in clinics and expressed some concern that the baby drop in clinics were not be fully utilised in some areas which could result in wasted resources. It was agreed that the relevant officers would look into this issue.
- In addition, it was highlighted that Ward Councillors may be able to assist in the promotion of universal services through their work with residents in their own wards and that there may be some way that they could assist in linking between families and early help services. The Headstart Programme Manager agreed to explore how Ward Councillors could be more involved in early help with residents and in schools.
- The 0-19 Service Manager invited Panel Members to visit the Health Visiting and School Nurse Teams based at Beresford Buildings, West Middlesbrough Children's Centre and Hollowfield Square, if they so wished.

The Chair thanked the 0-19 General Manager and Service Manager for their attendance and the information provided.

#### Change, Grow, Live (CGL)

Although a representative from Change, Grow, Live (CGL) was unable to attend the meeting, the submitted report contained information regarding the service.

The report outlined that CGL provided the psycho-social treatment aspect of the Middlesbrough Recovering Together (MRT) model for adults and young people with a whole family approach wherever possible. The model provided a clear recovery pathway ensuring service users and partners experienced the journey as a single treatment system.

In terms of early help and prevention, figures published by Public Health England (PHE) 2018, showed that there were a high number of parents with substance misuse issues living with children in Middlesbrough. Whilst Middlesbrough performed well in engaging parents in treatment, there remained a cohort that was not being reached.

Table 1 in the submitted report provided figures for 2014/15 to 2016/17 of annual met treatment need estimates for opiate dependency. The number of opiate dependent women living with children showed a 73% met need in Middlesbrough, compared with 60% nationally. The number of opiate dependent men living with children showed a 58% met need in Middlesbrough compared with 48% nationally.

A whole family approach was taken within MRT from treatment entry where data was collated around parental status, contact with children, living circumstances, etc. A risk assessment was then undertaken in terms of the impact of a parent's substance misuse on the child. Following

the initial assessment, where it was identified that a child/children lived in the household, a home visit was carried out by a care co-ordinator. The home environment and the children would be observed and a Parental Capacity Assessment completed. The outcome of the assessment was discussed with CGL's Safeguarding Lead and actions built into a Recovery Plan. All staff had been trained to use the My Family Plan and this was completed by the member of MRT staff working with the family.

A Senior Practitioner post, working across both MRT and Early Help, was established three years ago and ensured that families were identified and supported at the earliest opportunity. Information was shared between both services where required. Whole family interventions were delivered involving children and parents - MPACT and Parent Factor. Both were evidence-based and specifically designed for substance misusing parents.

The Senior Practitioner carried a caseload of families requiring parenting interventions and some substance misuse support. This was carried out alongside any interventions deemed appropriate by Early Help. The role also involved upskilling of MRT staff in Early Help pathways and processes ensuring there was resilience built into the model as all staff had a full understanding of Early Help and the benefits to clients of such work. In addition, the Senior Practitioner worked with the CGL Safeguarding Lead to discuss and decide on the next steps for families where needed. The benefits of both roles was that it had increased staff confidence in taking a whole family approach and had improved the assessment process followed at treatment entry. The roles also helped with the sharing of information between both services.

**AGREED** that the information contained in the submitted report, and the information provided at the meeting, be noted and considered in the context of the Panel's investigation into Early Help and Prevention Services.

#### 18/28 **FEEDBACK/DISCUSSION - FAMILY CASEWORK TEAM PRACTITIONER VISITS**

At the Scrutiny Panel's meeting on 16 October 2018, the Family Casework Team Manager provided information in relation to the work of her Team and invited Panel Members to accompany Casework Practitioners on home visits to clients, should they wish to do so.

Subsequently, five Members of the Scrutiny Panel, including the Chair and Vice Chair, accompanied five Practitioners on separate visits to clients.

The Members each provided individual feedback in relation to the visits. All concluded that the staff involved were incredibly professional and knowledgeable, putting clients at ease and providing appropriate support in response to a range of issues.

The Head of Prevention agreed to feedback the Members' comments and thanks to the Family Casework Team Manager and the relevant members of staff.

**AGREED** that the information discussed be noted and that the Head of Prevention relay the Panel's comments to the Family Casework Team Manager and relevant members of staff.

#### 18/29 **OVERVIEW AND SCRUTINY BOARD UPDATE.**

The Chair provided a verbal update to the Panel in relation to the business conducted at the Overview and Scrutiny Board meetings held on 13 November and 4 December 2018, namely:-

##### 13 November 2018

- Budget Setting Proposals.
- Adult Social Care - Service Update.
- Executive Forward Work Programme.
- Scrutiny Panel Progress Updates.

##### 4 December 2018

- Teeswide Safeguarding Adults Board - Annual Report and Strategic Business Plan.
- Budget and Balanced Scorecards - Position at Quarter 2 2018/19.
- Executive Update.
- Executive Forward Work Programme.
- Scrutiny Panel Progress Updates.

**AGREED** that the information provided be noted.

18/30

**DATE AND TIME OF NEXT MEETING - 15 JANUARY 2019 AT 1.30PM.**

The next meeting of the Children and Young People's Social Care and Services Scrutiny Panel was scheduled for 15 January 2019 at 1.30pm.