

NOTICE OF MEETING

Meeting	Children and Young People Select Committee
Date and Time	Tuesday 22nd November 2022 at 10.00am
Place	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
Enquiries to	members.services@hants.gov.uk

Carolyn Williamson FCPFA
Chief Executive
The Castle, Winchester SO23 8UJ

FILMING AND BROADCAST NOTIFICATION

This meeting may be recorded and broadcast live on the County Council's website and available for repeat viewing, it may also be recorded and filmed by the press and public. Filming or recording is only permitted in the meeting room whilst the meeting is taking place so must stop when the meeting is either adjourned or closed. Filming is not permitted elsewhere in the building at any time. Please see the Filming Protocol available on the County Council's website.

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 10)

To confirm the minutes of the previous meeting.

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6. AUTISM ASSESSMENT SERVICES (Pages 11 - 22)

To receive a regular update on progress towards improving Autism services for children and young people in Hampshire.

7. HAMPSHIRE CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) (Pages 23 - 34)

To receive a regular update on CAMHS in Hampshire, including progress made to reduce waiting times for access to CAMHS treatment.

8. SAFEGUARDING REPORT - CHILDREN'S SERVICES (Pages 35 - 54)

To receive and pre-scrutinise the annual safeguarding report prior to consideration by Cabinet.

9. WORK PROGRAMME (Pages 55 - 60)

To consider and approve the Children and Young People Select Committee Work Programme.

ABOUT THIS AGENDA:

On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.

ABOUT THIS MEETING:

The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact members.services@hants.gov.uk for assistance.

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

Agenda Item 3

AT A MEETING of the Children and Young People Select Committee of
HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Monday
17th October 2022

Chairman:
p Councillor Neville Penman

p Councillor Juliet Henderson	p Councillor Zoe Huggins
p Councillor Prad Bains	p Councillor Gavin James
p Councillor Jackie Branson	p Councillor Lesley Meenaghan
p Councillor Ann Briggs	p Councillor Arun Mummalaneni
p Councillor Steven Broomfield	p Councillor Jackie Porter
p Councillor Tim Davies	p Councillor Jacky Tustain
p Councillor Christopher Donnelly	p Councillor Malcolm Wade
p Councillor David Drew	

Co-opted members

p Gemma Rainger, Primary Schools Parent Governor Representative
p Robert Sanders, Church of England Representative

59. APOLOGIES FOR ABSENCE

Apologies were received from Robert Sanders, Church of England Representative.

60. DECLARATIONS OF INTEREST

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Personal interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

No declarations were made.

61. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting held on 28 July 2022 were confirmed as a correct record and signed by the Chairman.

62. DEPUTATIONS

The Committee did not receive any deputations.

63. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman announced that, due to the reduced timescales associated with this additionally scheduled meeting of the Select Committee, a written update on the progress of Autism Services had not been provided. Members noted that the full presentation for these services was due at the next meeting in November.

64. **OUTCOMES FROM THE CONSULTATION ON SOCIAL CARE PROVISION FOR OVERNIGHT SHORT BREAKS AT FIRVALE RESIDENTIAL RESPITE CHILDREN'S UNIT**

The committee received a report and presentation from the Director of Children's Services providing an overview of the proposed outcomes following the consultation on social care provision for overnight short breaks at Firvale residential respite Children's Unit (see Item 6 in the Minute Book).

Members noted that Firvale residential respite unit temporarily closed in March 2020 because of the pandemic and staff were redeployed to other services within Children's Services. Following this, in January 2022, the Executive Lead Member for Children's Services agreed for consultations to start on the future of Firvale Residential Respite Children's Unit. This consultation lasted 10 weeks, open to the public and staff.

The committee heard that the site is operated by HCC in partnership with Hampshire Hospitals Foundations NHS Trust (HHFT), who own the building. It was noted that the two organisations used the site for significantly different purposes and that the HHFT were exploring potential future options for the use of the building.

It was also noted that a report of essential building and maintenance works needed at Firvale, produced in August 2018, set out a contribution for HCC of at least £400,000 to ensure the building is fit for purpose and a safe environment. Additionally, the development of the residential estate surrounding Firvale has increased concerns of loss of privacy as some bedrooms and the whole grounds are now overlooked by other properties.

Finally, members heard that prior to the closure only around one third of available overnight respite provision capacity was used, and that all of these young people had been provided alternative provision since the closure.

Officers explained that it was due to the reasons set out that the recommendation being made to the Executive Lead Member for Children's Services was to permanently close social care provision at Firvale Residential Unit by 31 March 2023.

As a result of questions members heard that:

- All young people who have used the unit have been supported as individuals to find alternative provision that meets their assessed needs.
- There are a number of providers of overnight respite across Hampshire, some of which are expanding capacity, which meet the

needs of Hampshire's residents. Officers noted that these locations offer a high level and quality of service and that all are subject to Ofsted inspections.

- HCC was unusual in comparison to other Local Authorities to still be providing their own provision.

Following questions and debate, the recommendation was proposed and voted on with the following outcome:

Favour	13
Against	3

RESOLVED:

That the Select Committee supports the recommendations being proposed to the Executive Lead Member for Children's Services in regards to the proposed changes to the provision of respite services to children and young people with disabilities.

65. **SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) 0-25 UPDATE REPORT – SEN PERFORMANCE AND JOINT WORKING**

The committee received a report and presentation from the Director of Children's Services providing the annual update on Special Educational Needs and Disabilities performance and joint working (see Item 7 in the Minute Book).

The committee received an overview of Education and Health Care Plans, noting the 155% increase of maintained plans since the reforms in 2015 which is continuing to increase. The department had estimated a 10% increase for 2022 but this has been greatly exceeded and has passed a 30% increase in demand. Despite this, the timeliness of plans being issued has continued to improve.

Members heard how schools and early years providers had the chance in March 2022 to collaborate and bid on funding to support research based, sector-led projects designed to build capacity for SEN support. It was noted that there have been 13 successful bids spanning around 80 education settings which have been developed into project actions plans and will be implemented. These projects are due to run until March 2024, with the intended impact being a more skilled workforce and a greater capacity to improve provision and outcomes.

It was noted that the increase in plans increases the pressure on the high needs budget and 2021/22 saw an overspend of £27.7million. This was stated to not only reflect the overall increase in plans but the need to place young people in the independent non-maintained sector, due to the rise of the number of plans and the increase in requests for specialist placements. Hampshire has been selected for the Delivering Better Value programme by the Department for Education which hopes to address these funding issues.

As a result of questions members heard that:

- There were a high number of requests associated with transfer to secondary school.

- Training has been produced for governing bodies and data is being gathered in relation to reduced timetables.
- The increase in appeals is thought to be due to the lack of in house specialist provision and efforts are made to mediate with parents ahead of the appeal.
- Ofsted assessed the service as improving so the increased timeliness of completion does not present a concern for their quality. Multi-agency monitoring has been introduced which includes a check on the impact the plan is making.

RESOLVED:

That the Children and Young People Select Committee note the update.

66. **ANNUAL COMPLAINTS REPORT (2021-22) AND SECTION 30 OMBUDSMAN REPORT**

The committee received a report and presentation from the Director of Children's Services providing an overview of the annual complaints report, including a section 30 Ombudsman report (see Item 8 in the Minute Book).

The committee noted the Annual Complaints Report and its role in keeping Hampshire County Council's Children's Services Department informed on the operation and effectiveness of its complaints procedure and ensure that improvements can be made as a result. The report set out representations made to the authority, the number of complaints at each stage and any that were considered by the LGSCO, which customer groups made the complaints and the types of complaints made.

The committee went on to note the section 30 report and the reasons provided by the LGSCO for issuing it. This report sets out the details of the complaint, findings, conclusions and the LGSCO's recommendations. These recommendations have been completed, the County Council has issued an apology to the complainant and paid a symbolic amount in consideration of the time and expense resulting from the complaint. A further action in respect of reviewing wider aspects of the service is in progress in accordance with the Ombudsman's timescale.

As a result of questions members heard that:

- The department is training staff to try and prevent complaints being made by providing solutions, rather than directing to the process when requested.
- There are regular meetings with senior managers to look at trend data in relation to complaints etc.
- There has been work done to benchmark against peer authorities and HCC is typical of these

RESOLVED:

That the Children and Young Peoples Select Committee note the position of the Children's Services Department in regard to complaints for the reporting period 1 April 2021 to 31 March 2022.

That the Children and Young People Select Committee formally note the recommendations made by the LGSCO and that the recommendations of the LGSCO in respect to the complainant have been completed by the County Council.

67. **WORK PROGRAMME**

The Chief Executive presented the Committee's work programme (see Item 9 in the Minute Book).

RESOLVED:

That the work programme, subject to any amendments made during the meeting, is agreed.

Chairman, Children and Young People
Select Committee

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Hampshire and Isle of Wight



Page 9

Hampshire Autism Update

Tim Davis & Matthew Powell
22 November 2022



Agenda Item 6



Background

- In August 2018, concerns relating to growing waiting lists and waiting times as a result of increasing CAMHS demand resulted in agreement by local NHS commissioners to transfer the care of children and young people awaiting Autism Spectrum Condition assessments to another provider of that service (Psicon Ltd)
- An over reliance on short term solutions to management of the ASC waiting lists pending the development of a longer term plan, aligned with sustained high demand for ASC assessments led to continued growth in the ASC waiting lists and longer waiting times. By September 2020 the waiting list for this service had risen to circa 1,750 children and young people
- In November 2020, the CCG identified significant investment as part of a move towards the procurement of a longer term solution for both ASC assessment services and associated support for children, young people families around autism
- A new ASC Assessment started 1st October 2021. Psicon Ltd were the successful provider following a procurement. The new service followed a redesign of the service with input from families, clinical experts and relevant professionals across multiple agencies

Overview of New Assessment Service

- Service commenced October 1st 2021, initial 2.5 year contract with option to extend for 12 months
- Key changes:
 - Expanded age range from 5-18 years to 3-18 years (up to 19 with LD)
 - Referrals sources expanded to include social care and education professionals
 - Post assessment sessions are now offered routinely
 - Referral pathways have been streamlined

Overview of Additional Support Services

- **Emotional Wellbeing Support Service**
 - Provides early intervention and support for children with Social, Emotional and Mental Health (SEMH) needs related to Autism, ADHD, Attachment Disorder, Anxiety and Poor Emotional Wellbeing
 - This service is commissioned from the HCC Primary Behaviour Service
- **Autism Hampshire Workshops**
 - Deliver parent support workshops and education staff training focused on supporting children and young people with traits of Autism
- **Barnardo's Parenting**
 - Evidence based parenting programmes for parents, carers & children and young people for pre and post diagnosis of ASC & ADHD
 - Current contract is due to end March 2023
 - A new service will be reprocured to commence April 23 with this procurement currently in process

Updates

- In November 2021, waiting list had dropped from circa 1,750 to circa 1,000. However this has now increased again to circa 1,900* in July 2022.
*further information on slide 6
- Current waiting times have fallen to circa 10 months, down from 11 months in November 2021 and 35 months in September 2020.
- Long term contract for children's wellbeing service until March 2025.
- Procurement of evidence based family support for ASC & ADHD to start April 2023.
*procurement is currently live
- Autism Hampshire contract extended for an additional 12 months to March 2023.
- Collaborative working to develop a new all-age Hampshire Autism Strategy.
- A system wide independent review has been undertaken to look at the current state of all age neurodevelopmental services across the HSIOW ICS. Findings have been submitted to the ICB exec team to agree a set of remedial strategic actions to significantly redesign and improve pathways.

Hampshire Autism Children/ Young People- Commissioning Portfolio



- Lead commissioning role is changing from Matt Powell to Tim Davis, with the Hampshire Autism children/young people commissioning portfolio as part of the wider Children/Young People's mental health commissioning portfolio
- Close links to SEND Commissioning portfolio will be maintained in order to ensure SEND and Mental Health wider agendas in relation to children/ young people's Autism are mutually well sighted
- This will also enable closer links to Adult Autism Commissioning, which currently sits under the Adult Mental Health team and furthermore facilitate addressing transition challenges and all age consideration for future services.





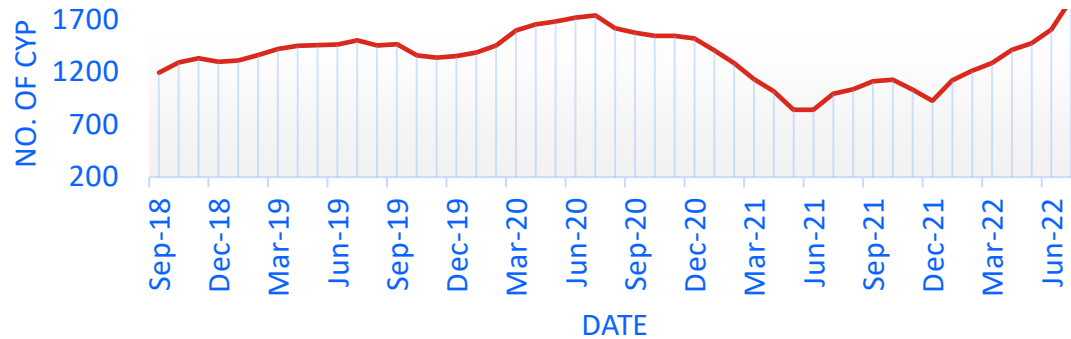
Key Issues and Actions

Issues	Actions
<p>Significant increase in referral rates. This has impacted waiting list sizes.</p> <p>Waiting times for those referred now expected to increase.</p>	<ul style="list-style-type: none"> • Additional funding awarded to assessment provider to increase activity. • Plans to introduce multi-disciplinary triage panel for ASC assessments to identify potential support services across Hampshire. • Investigate newly established ASC & ADHD provider framework which allows additional investment to increase capacity.
<p>Assessments are now offered to include 3-4 year olds causing pathway complications.</p>	<ul style="list-style-type: none"> • Collaborative working across Hampshire paediatric teams to agree established pathway.
<p>Ongoing reports and issues of ASC inclusivity in the community and education settings.</p>	<ul style="list-style-type: none"> • Autism Hampshire school workshops commissioned. • Continue to work with schools and local authority to embed needs led culture. • Inclusivity in the community to be noted within new all-age Autism strategy.



Referral Rates and Waiting Lists

Historical Waiting List

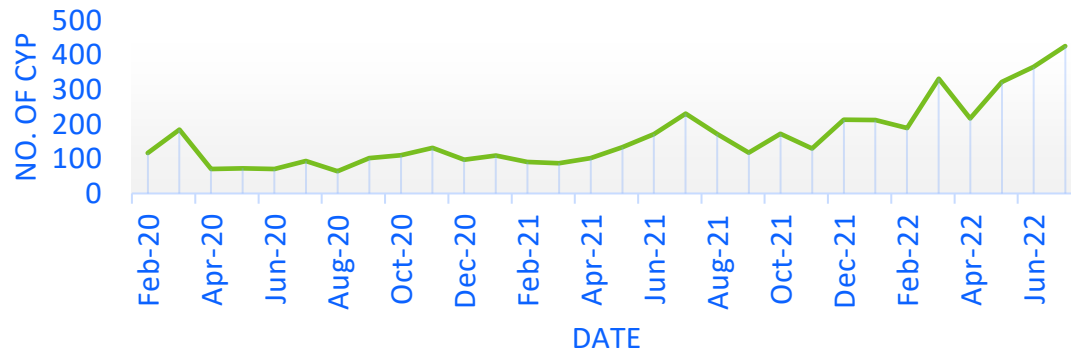


Referral numbers for the past 6 months are up 193% compared to average since September 2018. This has resulted in increased waiting lists.

Analysis was undertaken by the assessment provider to identify potential causes for this increase. Their findings were:

- Increase in referrals does not appear to be driven by organic population factors such as population change/age/sex of CYP.
- Larger number of inappropriate referrals following commissioned pathway changes.
- Disproportionate increase in referrals for CYP registered at a small number of GP surgeries.

Hampshire Referrals By Month



It is believed additional factors could be contributing to the increase in referrals:

- Returning to school after school closures due to Covid-19 measures.
- Parental identification during increased periods at home due to Covid-19 measures.
- Heightened awareness and knowledge of traits of potential Autism.



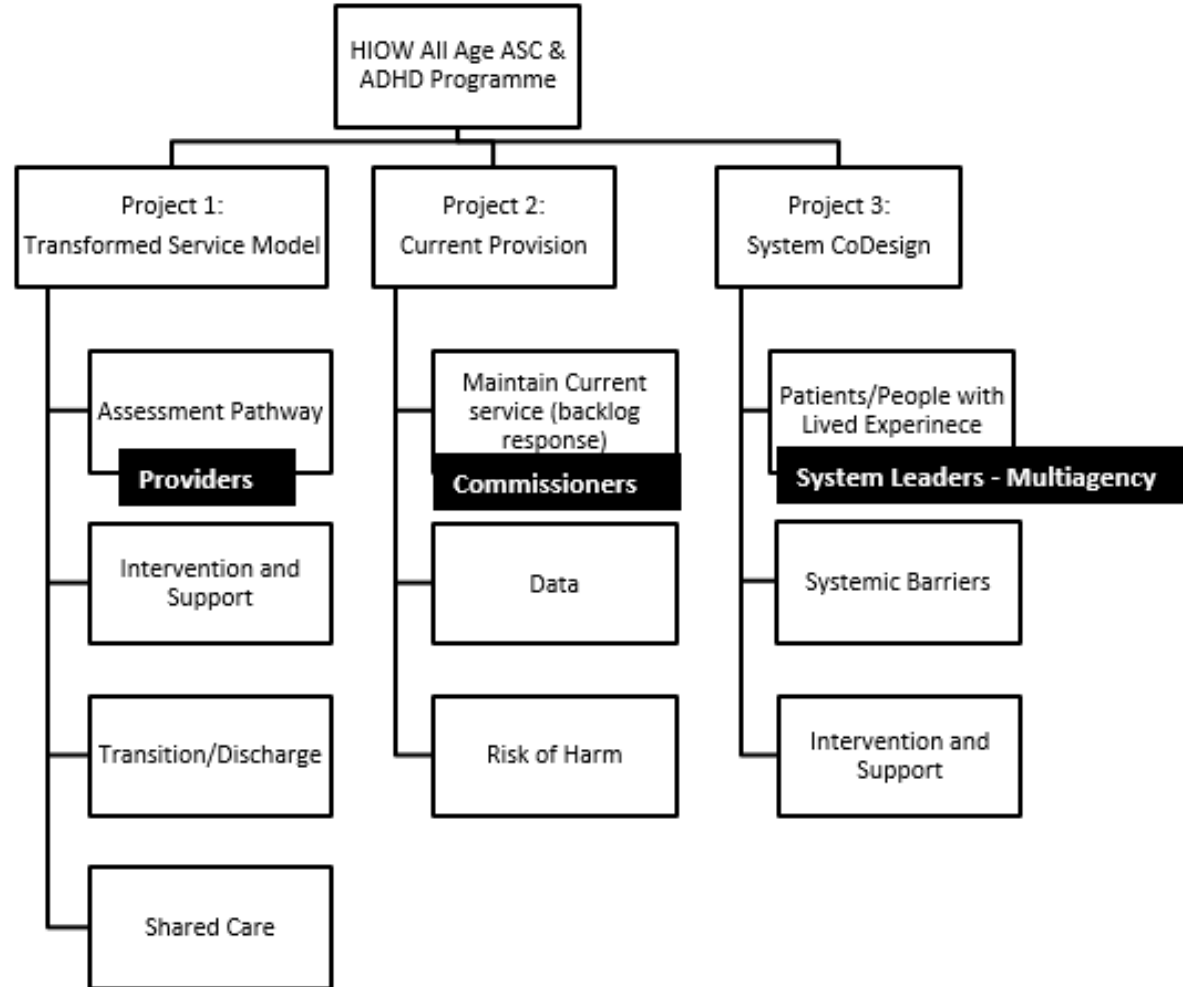
Next Steps

- Robust monitoring of assessment service with focus on waiting times, waiting list numbers and referral numbers.
- Plans to introduce Hampshire multi-disciplinary triage panel.
- Agree extension for Autism Hampshire workshops.
- Conclude procurement of evidence based family support for ASC & ADHD.
- Explore opportunities to use the Framework for ADHD and ASC Assessment and Prescribing/Post Diagnosis for additional capacity, pending ICB approval.
- Finalise and embed ASC pathway for 3-4 year old referrals.
- A business case with specific recommendations and funding proposal will go back to the ICB exec team in December 2022 following independent system view mentioned in slide 5.

Service Redesign

- A system wide independent review has been undertaken to look at the current state of all age neurodevelopmental services across the HSIOW ICS. Findings agreed by the ICB exec team will see the development of a co-designed, all age transformed pathway model to meet ongoing demand for ADHD and Autism Spectrum condition.
- The model will be needs led, inclusive and will offer support, assessment and guidance as appropriate
- Oversight and governance of the redesign will be provided by the HSIOW ICB Learning Disabilities and Autism Programme
- The new model will be agreed by April 2024.

Service Redesign – Scope and Structure



Any Questions?

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Children and Young People Select Committee
Date:	22 November 2022
Title:	Hampshire Child and Adolescent Mental Health Service (CAMHS)
Report From:	Rachel Walker, Operational Director, CAMHS, Specialist, Learning Disability/Neurodevelopmental Services

Contact name: Lao Cooper

Tel: 0300 304 1091

Email: lao.cooper@spft.nhs.uk

Purpose of this Report

1. The purpose of this report is to provide an update to the Children and Young People Select Committee of the work programme and priorities of the Hampshire Child and Adolescent Mental Health Service.

Recommendation(s)

2. The Children and Young People Select Committee is asked to consider the report and note the work programme and priorities of the Hampshire Child and Adolescent Mental Health Service.

Executive Summary

3. The Hampshire Child and Adolescent Mental Health Service continues to go through a period of significant transformation to deliver an expansion of its core capacity and wider changes in its response to the increasing demand for children's mental health services seen in recent years. In addition, the service continues to respond to national and local improvement priorities for children's mental health services set out in the NHS Long Term Plan.
4. As a result of investments made in the Hampshire children and young people's mental health offer, there are more young people accessing support provided by NHS Commissioned mental health services, but demand continues to outstrip the capacity of the local service.
5. As a central service in the local mental health offer for children and young people the Hampshire CAMHS Service plays a key role in advocating and championing for improved understanding and recognition of emotional wellbeing and mental health needs in children and young people. The Service continues to provide a range of community approaches and is committed to working alongside its partners on an ongoing basis.

6. There remains a number of priorities for both service development and investment which are outlined within the October 2022 refresh of the Hampshire children and young people's mental health local transformation plan. For the coming 2023/24 year this affirms NHS commitment to investment of an additional £2.5m in Hampshire CAMHS services to:
 - Increase the capacity of core CAMHS teams to reduce waiting lists for assessment and treatment.
 - Transform the mental health service offer for Children in Care.
 - Transform the mental health service offer for children and young people with learning disabilities and/or autism.

Contextual information

7. The Hampshire Child and Adolescent Mental Health Service continues to go through a period of significant transformation to deliver an expansion of its core capacity and wider changes in its response to the increasing demand for children's mental health services seen in recent years. In addition, the service continues to respond to national and local improvement priorities for children's mental health services set out in the NHS Long Term Plan.
8. The direct and indirect effects of the COVID-19 pandemic has had an impact on the emotional wellbeing and mental health of children and young people and increased demand for mental health support and services across the mental health offer. Since the early stages of the pandemic the Hampshire CAMHS service has been working with its partners to quantify the impact and develop recovery plans to help support and respond to this increasing demand.
9. In May 2020 the Service developed a paper outlining our approach to recovery planning, recognising the likely impact of COVID-19 on children and young people. This took account of available research at the time, demand modelling assumptions and proposed a framework for the delivery of services to respond to the likely increase in demand. There was also recognition of the chronic historical demand pressures on children and young people mental health services locally. This proposed approach was shared widely with partners and costed proposals were developed by June 2020.
10. The proposals were supported and by November 2020 Hampshire NHS Commissioners committed to support these services financially. It was however recognised at the time that the latest modelling, based on more up to date research, indicated that demand would rise beyond the original levels forecast. It was agreed that it would be necessary to keep the implementation and service expansion under review.
11. A total of £6.5m recurrent funding was approved to implement the proposals, of which circa £2.5m was allocated specifically in relation to responding to increases in demand and historical challenges associated with the length of time some young people wait to access the Service. The overall funding commitment equates to circa an additional 100 WTE members of staff.

12. In addition to this, Hampshire CAMHS is working with local NHS Commissioning and Transformation Leads to increase the coverage of Mental Health Support Teams (MHSTs) in schools and colleges, discussed in more detail below.

Overview of Service Expansion Plans

13. There has been a significant expansion of the Hampshire Child and Adolescent Mental Health Service as a result of ongoing commitments from partners in the local system.
14. The Hampshire Child and Adolescent Mental Health Service has adopted the THRIVE Framework which seeks to enhance awareness of the full range of mental health promoting practices (MHPP) and to facilitate a multi-agency approach to their use. Alongside this, encouraging a whole school approach to supporting good emotional wellbeing and mental health (*Adapted from THRIVE elaborated framework (Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., McKenna, C., Law, D., York, A., Jones, M. and Fonagy, P. (2015) THRIVE elaborated) & Charlie Waller Memorial Trust (www.cwmt.org.uk)*).
15. Within this framework, services have been expanded to deliver a stepped model of care; a model aimed at providing the right level of support, ensuring first line treatments are offered and provided in the first instance.
16. Services which have been developed or expanded as a result of the investment are highlighted below.
 - a) Early Help Service. CAMHS Early Help Service capacity has been increased with the aim of providing additional initial assessments, increased access to workshops and groups, which are part of the 'Getting Advice' and 'Getting Help' elements of the THRIVE framework and offer low and medium intensity interventions. In addition, the Early Help Service was provided additional funding to support the provision of advice, guidance, and workshops under the umbrella of early help, where specialist mental health input is not required, but where the service is well placed to offer elements of the early intervention offer.
 - b) Urgent and Emergency Care Services. The existing Intensive Home Treatment Service (known as i2i) has been significantly expanded. This service is now able to offer a crisis DBT (Dialectical Behavioural Therapy) Pathway, which provides therapeutic interventions for children and young people who attend Emergency Departments frequently and are assessed as high risk, an immediate crisis assessment pathway, and a short-term crisis intervention service, alongside their pre-existing intensive home treatment pathway.
 - c) Paediatric psychiatric liaison services has been established by Hampshire CAMHS to support children and young people attending Hampshire Hospitals NHS Foundation Trust hospitals in Basingstoke and Winchester. This service co-locates mental health trained staff within Emergency Departments, meaning young people have quicker access to mental health

assessments, avoiding the need for some young people being unnecessarily admitted to paediatric wards. The team will, amongst other things, assess when it is appropriate and safe to discharge a young person and, working with other mental health services, inform and facilitate support needs around safe discharge from hospital care.

- d) A new blended digital/face to face service has been established in order to assess and start treatment for young people who have been waiting unacceptably long periods of time. This team is currently focused on providing ADHD (Attention Deficit Hyperactivity Disorder) assessments and high intensity low mood and anxiety interventions. This is where the Service has had the highest number of young people waiting the longest amount of time. In addition to providing direct interventions, this team is supporting the role out of digital technologies and in particular Minddistrict. Minddistrict is a digital platform which supports the interventions provided by clinical staff. It is designed to complement rather than replace the clinical input. Young people using Minddistrict can access their own content outside of clinical contact time to support their self-management. There are other digital platforms available in Hampshire that are digital only, for example Kooth.com.
 - e) Increased capacity within the Eating Disorder Service. There has been an increase in the number of young people experiencing an eating disorder since the start of the pandemic, which has been well recognised both locally and nationally. The Service has been struggling to meet the increasing needs of this group of young people and it became increasingly challenging to meet the national waiting time standards for eating disorders; 1 week for urgent cases and 4 weeks for non-urgent cases. As a result, additional funding was provided to increase the capacity of the service, which has started to have a positive impact on reducing the waiting times and there is an increasing proportion of young people now being seen within the national waiting time standards.
17. Overall the last 18 months have seen a range of significant and positive improvements which has increased the availability of support being provided by the Hampshire Child and Adolescent Mental Health Service. However, given the scale of the challenge, and the ongoing scale of waiting lists for both assessment and treatment it is inevitable that key challenges remain. A recent internal review of progress made against the service expansion and developments identifies these key challenges. This work has informed the HIOW ICB's plans for continued investment in the transformation and expansion of Hampshire CAMHS services' capacity, reach and capability.
18. In summary, whilst significant progress has been made, recruitment and retention challenges continue to impact upon the pace and scale at which the service has been able to deliver the required changes. Work is ongoing to review and develop workforce plans. Whilst these issues are not unique to Hampshire, there are opportunities the service can continue to access, such as the development of new roles and new training opportunities which will help address some of these challenges. The increase in referral numbers and acuity has increased the associated additional clinical time being required

to fully triage referrals, undertake safety planning and respond to crisis. Combined with the ongoing work needed each month to review and maintain the safety of children and young people already on assessment and treatment waiting lists, this has resulted in less clinical time than planned being available to deliver interventions in accordance with the stepped model of care. There continues to be a gap between the demand and planned capacity for the service.

19. These key issues are having an impact on, amongst other things, the ability of the service to consistently reduce the size of assessment and treatment waiting lists. Prioritisation of service access to those with the highest level of need means that some young people continue to wait unacceptably long periods of time. It is therefore important to continue to progress delivery of key transformation objectives and initiatives to get the service in a place where it can give all Hampshire children and young people who need specialist community mental health support timely access to the help they need. Our progress will depend both upon our success in mobilising agreed and new investment, but also upon whether demand rises further, and by how much.

Mental Health Support Teams in Schools

20. In addition to the above priorities, Mental Health Support Teams (MHSTs) remain a key priority for the service.
21. The development of MHSTs is a nationally led programme in response to the 2017 CYP Mental Health Green Paper and subsequent NHS Long Term Plan.
22. The MHSTs are being developed in partnership with a range of stakeholders locally including the local authority, education providers, Integrated Care System (ICS), voluntary sector and health providers.
23. The Hampshire Child and Adolescent Mental Health Service provides the Mental Health Support Teams in Hampshire and there is a MHST Partnership Board, consisting of all partners, and which provides governance and oversight of the arrangements.
24. Hampshire currently has two fully operational MHSTs, one in Gosport and one in Havant, which were first established in January 2020, and which became fully functioning from February 2021 when the new teams completed their one year training. In addition to these two MHSTs, Hampshire benefitted in January 2022 from the creation of another five MHSTs in Aldershot, Rushmoor Borough, Basingstoke, Andover and the New Forest. These five teams will be fully operational from February 2023 as the teams complete their training.
25. Another four MHSTs are due to start mobilisation in January 2023 in Basingstoke, Eastleigh, Havant and Winchester, with a further three intended to start in January 2024. Once all 14 of Hampshire's planned MHSTs are live they will enhance the mental health early help offer for approximately 112,000 children in Hampshire schools and colleges, improving the early help offer for

approximately 50% of all school and college aged children and young people in the County.

Community Engagement

26. As a central service in the local mental health offer for children and young people the Hampshire CAMHS Service plays a key role in advocating and championing for improved understanding and recognition of emotional wellbeing and mental health needs in children and young people. The Service continues to provide a range of community approaches and is committed to working alongside its partners on an ongoing basis.
27. There are a range of projects and programmes which are developed and delivered by the Service, often in partnership with local stakeholders.
28. The Hampshire CAMHS website (www.hampshirecamhs.nhs.uk) continues to be developed and is a source of information, advice, guidance and support for a wide range of 'life issues', including those associated with mental health. The website receives on average circa 37,000 hits per month. There are sections for young people, families and professionals. An example of a recent development, includes the design of fourteen new instructional videos which are available online focussed on supporting primary aged young people with their mental health. Videos include breathing techniques, muscle relaxation and goal setting. A 'smiley face feedback' form has recently been introduced which will help better understand how useful the website is to people that access it and help inform future developments.
29. Parent, Carer and Professional events have continued to be held, the most recent being 4 November 2022 in Havant. These events offer a number of specialist workshops, such as supporting a young person with ADHD and helping boost body image and self-esteem. These events are well attended and receive positive feedback. Workshops are recorded and made available online for those people who are unable to attend.
30. The ICE Project is a partnership between Hampshire CAMHS and Hampshire Cultural Trust. The project promotes positive mental health and provide longer term opportunities for young people by using creativity to build emotional resilience. Young people have the opportunity to take part in a range of artforms; photography, leathermaking, music and lyric writing, printing, fashion and textile design and more. Two recent video case studies have been developed and are available online at <https://vimeo.com/754657376> and <https://vimeo.com/754642413>
31. Each year Hampshire CAMHS runs a mental health information and awareness campaign. This year's campaign is called 'This is Me'. Throughout 2022 there will be a variety of projects that will explore and celebrate difference, identity, diversity, connections, opportunities and understanding one another better. A free public exhibition is being held on 8th December 2022. The exhibition will showcase the outcomes from various projects over the year and be an opportunity to learn more about this positive mental health campaign. All outputs and resources from previous campaigns are available on the Hampshire CAMHS website.

32. On 10th October 2022 the Sand timer project was launched. The aim of the project is to raise awareness, understanding and compassion of young people's mental health, wellbeing and youth suicide. The sand timer installation was launched at Winchester Cathedral and will tour various locations throughout Hampshire until the end of December. The sand timer has 161 balls representing the 161 children and adolescents under the age of 19 years old who ended their life by suicide in 2020 in England. The sand timer turns every 40 seconds representing a life lost to suicide every 40 seconds globally.
33. Further information about the projects and programmes the service provides throughout the year is available on the Hampshire CAMHS website. Planning for 2023 has started and the service will continue to work in partnership with stakeholders in raising awareness and supporting local communities.

Future Priorities

34. The priorities for the Hampshire Child and Adolescent Mental Health Service align to those set out in the Hampshire Children and Young People Mental Health Local Transformation Plan. This annually refreshed plan sets out strategic priorities for service investment and transformation across Hampshire, covering the Hampshire localities within Hampshire and Isle of Wight ICB and Frimley ICB. Locally, NHS integrated care systems are required to re-refresh their Local Transformation Plans annually, but in the case of some larger areas, such as Hampshire, the LTP overlaps the geographies of more than one NHS Integrated Care System. The most recent refresh for the Hampshire Plan was in October 2022. There are a range of priorities included within the plan. Updates against priorities which are directly linked to the Hampshire CAMHS Service are provided below.
35. Significant demand and capacity challenges remain within the Hampshire Child and Adolescent Mental Health Service. Whilst the service continues to expand and develop in response to the changing needs of children and young people, it is clear that a resource gap remains. The Service has recently submitted an updated demand and capacity forecast to Commissioners and this has been incorporated into the financial planning round for 2023/24. There is a continuing need for the Service to increase the amount of clinical time spent responding to unscheduled care. This is all the clinical time spent on activities not directly associated with the provision of therapeutic input. This will include, for example, responding to duty activity, the provision of assessment reports for statutory processes such as Child Protection Conferences and Education, Health and Care Plans.
36. The Service recognises its core responsibilities in working together with multi-agency partners to fulfil statutory responsibilities, as well as recognising the wider benefits of doing so. Nonetheless, the increasing time commitment to do this effectively is current causing a challenge and is impacting on the ability of the service to deliver direct therapeutic interventions. The service is in the process of developing a case for change in order to support and enable clinical staff to deliver direct therapeutic interventions to the level required,

whilst also ensuring the service meets its statutory responsibilities. A change to the unscheduled care model which currently operates will help support the ongoing efforts to address a shortfall in capacity.

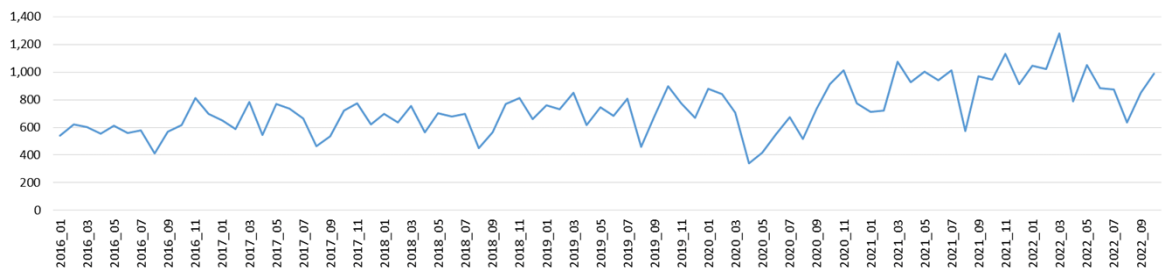
37. The Hampshire CAMHS service has a priority to improve access and increase service provision for specific groups of children and young people with particular additional vulnerabilities in relation to mental health outcomes. For the Hampshire service this includes:
 - Children in Care: A full business case for a substantially improved mental health offer has been developed by Hampshire CAMHS. The principles of the proposed transformation have been supported for progression. Discussions are ongoing with regard to the funding and implementation of the proposed offer.
 - Children and young people with learning disabilities and/or autism: A full business case for a substantially improved mental health offer has been developed by Hampshire CAMHS. The principles of the proposed transformation have been supported for progression. Discussions are ongoing with regard to the funding and implementation of the proposed offer.
38. In addition to improvements in overall specialist community CAMHS capacity to reduce waiting lists and specific improvements in the offer for vulnerable groups of children and young people, there is recognition that whilst capacity in these services is being developed there are many children and young people with mental health needs in the wider community below the thresholds for these specialist services. Supporting our colleagues in Primary Care in the management of young people with additional mental health needs is also a priority.
39. The offer that Hampshire CAMHS are developing is founded upon similar principles of the MHSTs in schools offer, but in Hampshire will complement that offer by being prioritised to provide additional mental health support capacity in areas that don't yet have MHSTs supporting mental health need. A significant proportion of young people referred to the Hampshire Child and Adolescent Mental Health Service present in primary care. Through Primary Care Networks (PCNs) and the Additional Roles Reimbursement Scheme (ARRS) Hampshire and Isle of Wight and Frimley ICBs are supporting the development of opportunities for mental health trained practitioners to work within Primary Care Networks. These mental health workers will support GP and other primary care colleagues to respond to presentations in the community where they live. A pilot scheme is being established this year and plans to extend the scheme further in 2023/24, increasing the coverage across the PCN footprints have also been developed.
40. HIOW ICB has approved 2023/24 investments to see implementation of all the agreed investment priorities set out above from as early as possible in the 2023/24 financial year.

Finance

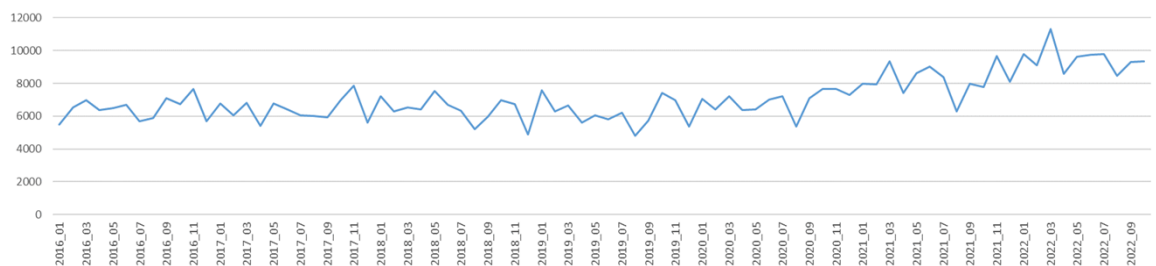
41. There are no financial implications for Hampshire County Council arising directly as a result of this report, though improvements in the capacity of more targeted specialist support for children and young people in care and/or who have learning disabilities and/or autism may lead in future to opportunities for more integrated service offers for these groups.

Performance and Activity

42. The service received 11,664 referrals in 2021/2022. This represents a 28% increase on referrals received in 2020/21.
43. The graph below highlights the number of monthly referrals since 2016, when Sussex Partnership NHS Foundation Trust was re-commissioned to provide the Child and Adolescent Mental Health Service in Hampshire. It shows a steady upward overall trend in demand for specialist children’s mental health services over that time.



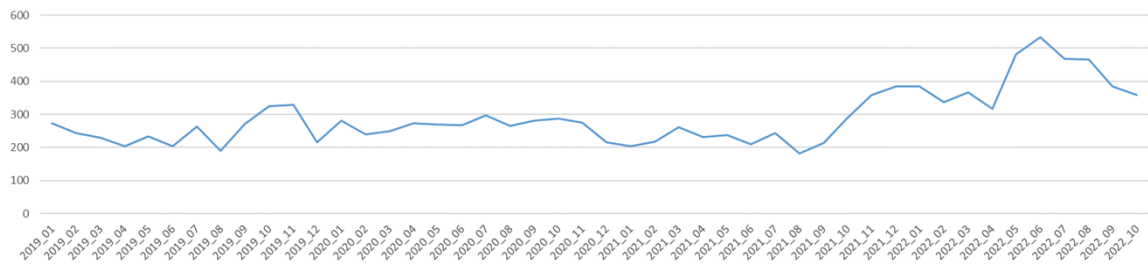
44. The total number of contacts offered in 2021/2022 was 104,694. This is a 18% increase on 2020/21 and a 40% increase on 2019/20 contact levels. Average monthly contacts have increased further during 2022/23 as additional capacity has been achieved within the service.
45. The graph below highlights the number of monthly contacts offered since 2016.



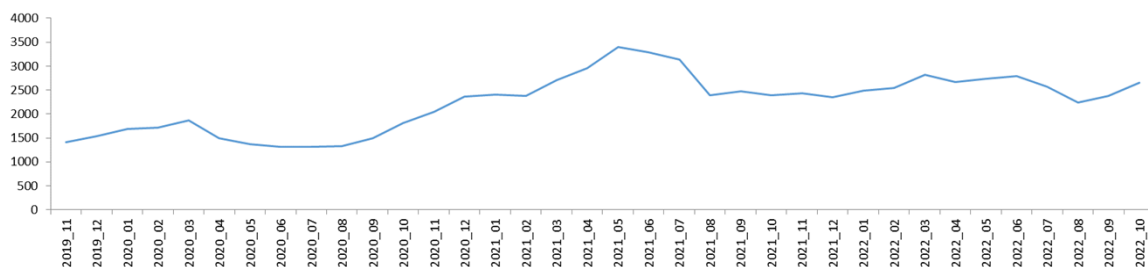
46. The total number of assessments offered in 2021/22 was 3,389. The average waiting time from referral to assessment is currently 25 weeks. The ongoing challenge remains; whilst the service continues to respond to urgent and priority cases, many routine cases awaiting assessment continue to wait much longer than this. The service is also working with Commissioners in the wider ICB to mobilise additional capacity from outside of the NHS to help support children and young people awaiting assessment for Attention Deficit

Hyperactivity Disorder (ADHD) this year. Addressing their needs through separate provision could significantly help the service in the longer term.

47. The graph below highlights the total number of monthly initial assessments undertaken. There has been a recent increase in the number of initial assessments undertaken as a result of the service prioritising assessments. This is having some success in reducing waiting lists for assessment, but is increasing the number of children and young people now awaiting treatment.

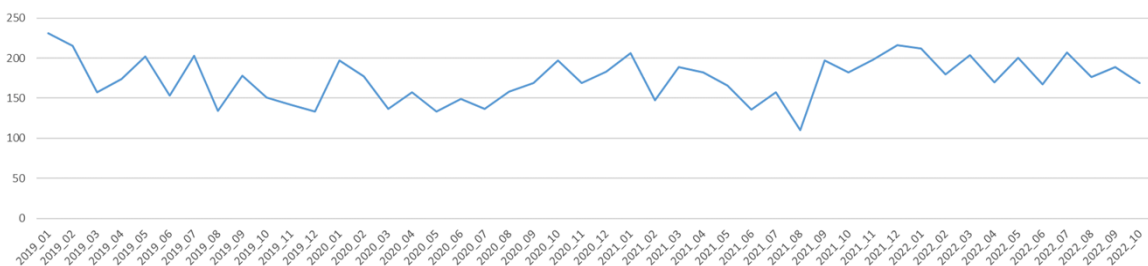


48. The graph below highlights the total number of young people waiting for initial assessment. In recent months the service has been focusing upon reducing the number of initial assessments, from the peak in May 2021. Sustaining a reduction in waiting times continues to be a significant challenge and a variety of measures are being taken to achieve this aim, as highlighted above.



49. Total first treatments in 2021/22 was 2,135. The average waiting time from referral to treatment is 62 weeks. The ongoing challenge remains; whilst the service continues to respond to urgent and priority cases, the routine cases continue to wait.

50. The graph below highlights the total number of monthly first treatments undertaken.



51. Waiting times for initial assessment and treatment continue to be a significant challenge for the Service. The proposed service model described above will support increasing the available capacity for the Service, enabling a greater

opportunity to respond to all levels of need within the THRIVE framework. This will continue to be a focused element of work for the service.

Consultation and Equalities

52. In preparing this report, due consideration has been given to the statutory Equality Duty to eliminate unlawful discrimination, advance equality of opportunity and foster good relations, as set out in Section 149(1) of the Equality Act 2010. No adverse impacts have been identified as a result of the information contained within this report.

Other Key Issues

53. There are no other key issues identified.

Conclusions

54. Mental Health problems often develop early and between the ages of 5-15. One in every nine children has a mental disorder. Half of all mental health problems are established by the age of 14, with three quarters established by 24 years of age. Prompt access to appropriate support enables children and young people experiencing difficulties to maximise their prospects for a healthy and happy life.

55. The Hampshire CAMHS Service is continuing to expand and develop new services in response to the growing need of support for children and young people's mental health.

56. Despite the significant positive improvements made over the past 18 months, there are continued challenges in being able to provide timely access to specialist mental health services for all children and young people. The NHS Long term Plan contains a target where at least 35% of children and young people with a diagnosable Mental health condition receive treatment from an NHS funded Community Service. This access target of 35% would not be acceptable in any other area of healthcare. The numbers accessing CAMHS Services in Hampshire has grown significantly, it is still not enough.

57. As a result, it continues to be a focus of the Hampshire CAMHS Service, working with our partners, to increase access to mental health support and interventions, across the full range of needs.

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HAMPSHIRE COUNTY COUNCIL

Front Cover Report

Committee	Children and Young People Select Committee
Date:	22 November 2022
Title:	Annual Safeguarding Report – Children’s Services 2021-22
Report From:	Director of Children’s Services

Contact name: Stuart Ashley, Deputy Director of Children's Services

Tel: 01962 846370

Email: stuart.ashley@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to enable the Children and Young People Select Committee to pre-scrutinise the annual update to Cabinet from the Director of Children’s Services on safeguarding children and young people In Hampshire during the period of 2021/22. The attached report will be presented to Cabinet on the 13 December 2022.

Recommendation

2. That the Children and Young People Select Committee note and support the recommendations being proposed to Cabinet in the attached report.

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HAMPSHIRE COUNTY COUNCIL

Report

Decision Maker:	Cabinet
Date:	December 2022
Title:	Annual Safeguarding Report - Children's Services 2021-22
Report From:	Director of Children's Services

Contact name: Stuart Ashley

Tel: 01962 846370

Email: Stuart.ashley@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to provide an annual update to Cabinet on safeguarding children activity within Children's Services during 2021/22.

Recommendation(s)

2. That Cabinet notes the positive progress and continued consistently high performance with regards to safeguarding children in Hampshire.
3. That Cabinet note the commitment of a wide range of Children's Services officers in achieving this level of performance.
4. That Cabinet receives further updates on safeguarding on an annual basis.

Executive Summary

5. This report seeks to identify key national developments, summarises performance and activity levels, and details a number of key local developments and future priorities. The report mainly uses data from the financial year 2021/22 but supplements this with more recent data where it is useful to do so.
6. The report provides assurance that whilst demand for children's social care services continues to increase year on year, the response to the safeguarding of vulnerable children is both robust and timely. New and emerging risks to children are identified and addressed collaboratively with partners and the

wider transformation of children's social care will deliver a modern social work service fit for the future challenges over the next decade.

Contextual information

7. Cabinet will recall the Inspection of Local Authority Children's Services (ILACS) that, local authorities are subject to standard and short inspections depending on their previous Ofsted judgement. Inspections since the introduction of the ILACS:
 - 7.1. **November 2018** - Hampshire was subject to a focused visit, inspecting children subject to a child protection plan, including the quality and impact of pre-proceedings intervention under the Public Law Outline (PLO). Hampshire had received a very positive letter from Ofsted following this visit.
 - 7.2. **April and May 2019** - Hampshire was subject to a full ILACS inspection. Report to Council dated 15 July refers to this inspection. This inspection judged Hampshire to be outstanding overall and across the other three areas of judgement.
 - 7.3. **November 2021** – Hampshire volunteered to pilot a new Joint Targeted Area Inspection (JTAI). The focus of this inspection was multi agency Safeguarding arrangements across all partners, working from initial contact through to a CIN/CP decision. The inspection involved inspectors from Ofsted, CQC (Care Quality Commission) and HMICFRS (Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services). The partnership received a very positive outcome letter following this visit.
8. It is worth noting that each of these inspections were rooted in safeguarding and have fully tested Hampshire's safeguarding practice, alongside testing the front door process within the Multi Agency Safeguarding Hub (MASH).

Finance

9. There are no financial recommendations in this report although the issue of the continued rise in cost (price) of placements for children in care in the independent sector, is a key pressure for the County Council.

National Developments

10. **The Independent Review of Children's Social Care**
 - 10.1. This national review and its final recommendations are presented as a once in a generation opportunity for radical change. The Review calls on government to be ambitious for children and to play a more active role in creating the conditions for success, both in the design and delivery of services and for children's rights and outcomes.

- 10.2. The Review itself recognises the context within which children's services operate, the impact of poverty and wider policy decisions on families and consequently on social care e.g. welfare, immigration, drugs, CAMHS and domestic abuse, both on children's lives and the need for help and support in communities. The report reiterates the importance of strong universal services. The report follows a child's journey through the system and puts forward a series of recommendations for reform.
- 10.3. There is a greater emphasis on family help, which is a combination of early help and lower level children's social care cases. The review suggests that an expert child practitioner (qualified social worker) supervises the work of multi-disciplinary teams, allowing case holding by practitioners that are not qualified social workers.
- 10.4. The Care Review recommends that a National Reform Board and a national data and technology taskforce are required to oversee the overall reform programme plus the technical specifics of national data and case management reforms. The Director of Children's Services is a member of what is now termed the National Implementation Board in his role as President of the Association of Directors of Children's Services. A comprehensive financial analysis and case for new investment is put forward in the report, with £2.6bn of new funding called for to support the proposed transformation. In time, a focus on family support should result in savings and shift the profile of spend from reactive, acute services to early intervention and support (care population could be reduced by 30,000 over the coming years). The report makes numerous references to 'keeping more children safely at home' which is a reference point that we have been working to for several years in Hampshire.

11. Covid-19

- 11.1. The last two years has seen unprecedented disruption to the lives and well-being of children with the arrival of the first global pandemic since 1918. March 2020 saw the country head into a full lockdown, with schools and offices closed and social distancing introduced in order to slow down community transmission. Throughout this Children's Services were cognisant of the need to keep children, particularly vulnerable children, and their families safe and where appropriate, attending school.
- 11.2. However, although Covid-19 may no longer be a visible impact in daily lives, the long-term impact remains. In terms of numbers there has been an increase in demand that has yet to return to pre pandemic levels and we may be experiencing the 'new normal'. Contacts have increased by 18% and total referrals to MASH by 39%. In addition there is evidence of an increase in the complexity of cases related to childhood anxiety, child and family/adult mental health issues as well as domestic abuse and neglect.

12. Homes for Ukrainians

- 12.1. Our district Family Support Service (FSS) teams have taken the lead on supporting Ukrainian refugees and their host families across Hampshire.

Whilst the data does not feature heavily in this report as it focuses mainly on the financial year 2021-22 there are currently almost 2500 Ukrainian refugees being supported in Hampshire.

- 12.2. The processes are now well embedded with the majority of the 'teething issues' ironed out.
- 12.3. Support groups are being run in most districts with FSS teams taking the lead on some of these or working alongside existing support groups.
- 12.4. The government has now opened the scheme to unaccompanied minors (i.e. children who are travelling without or not joining a parent or legal guardian). The scheme is in its infancy, so it is difficult to comment on numbers or the implementation of the scheme. All unaccompanied minors will receive a social work assessment and ongoing social work support, comparable with Private Fostering regulations, as per the government guidance. Numbers at this stage are low, with three arrangements approved as of 9 September 2022.

13. Child exploitation

- 13.1. There are clear links between child exploitation and those children who are trafficked and/or that go missing. The term 'exploitation' includes the following risk areas: child sexual exploitation (CSE), online exploitation, criminal (CCE) exploitation including County Lines, drug related harm, knife crime and serious violence; as well as other forms of exploitation that involve coercion and control such as radicalisation and extremism; forced marriage, female genital mutilation. Child exploitation work remains a major challenge.
- 13.2. The Hampshire, Isle of Wight, Portsmouth & Southampton (HIPS) Child Exploitation Group is a strategic multi- agency group, covering the HIPS areas. The group developed the HIPS Child Exploitation Strategy, which sets out how all agencies will work together to ensure the most effective and coordinated response to identify and protect children at risk of exploitation both within and across the HIPS Local Safeguarding Children Partnership (LSCP) areas.
- 13.3. A HIPS Operational Child Exploitation Group provides strong operational links and dissemination routes in and out of the strategic group, and links into Hampshire district led Missing Exploited and Trafficked (MET) operational sub groups. These ensure the identification, support, safeguarding and diversion of children who are at risk of, or being exploited within Hampshire's districts.
- 13.4. The latest available data for children who go missing in Hampshire, be that from home or for those in care, shows a continued improving position. Fewer children are going missing and when they do, there is a robust and effective response from children's social care and Hampshire Constabulary. Hampshire have employed two specialist workers (based in Willow) who monitor missing children on a daily and weekly basis and work with district teams to ensure appropriate safeguards are in place to prevent repeat occurrences. This is an important area of work and one that Ofsted gives significant scrutiny to.

13.5. County lines and local drug peer networks remain an increasing concern for Hampshire Children’s Services and all agencies concerned with children in the area. All agencies and professionals contribute to tackling this form of exploitation, with more specialist work being undertaken by the pan-Hampshire Police Missing team and the Hampshire Children’s Services specialist Willow team - a multi-agency team consisting of specialist social workers, health professionals and St Giles Trust workers, working closely with Hampshire Constabulary to protect the highest risk children. Together with Hampshire Constabulary there is a coordinated deployment of these specialist resources to identify networks, ensuring the safeguarding of the most vulnerable children and the disruption of county line activity.

Performance and Activity Levels

14. Workloads, as evidenced in contacts, referrals and safeguarding activity, continue to be high with 10,558 cases open to Children’s Social Care as at the end of June. The table below sets out the trends over the last four years including the source of referrals received via the Multi Agency Safeguarding Hub (MASH).

15. Contacts and referrals

15.1. The total number of contacts as at 31 March 2022 (153,033) is 21% higher than the total received at 31 March 2021 (126,153). This is indicative of the continuing pressures across the child protection system which is reflected nationally. With schools reopened, education has retaken its traditional position as highest referrer at 26.82%, with police in second highest referrer position (24.99%). These percentages have remained fairly consistent over the last three years. Note, as indicated by * in the table, the source of the referral is collated only for those referrals that require assessment hence the numerical discrepancy

Contact and Referrals	2017-18		2018-19		2019-20		2020-21		2021-22	
	Denom	Value	Denom	Value	Denom	Value	Denom	Value	Denom	Value
Number of initial contacts		106010		117188		125413		126153		153033
Number of referrals		35953		40014		44434		48826		60761
Referral source*: Individual	1908	11.50%	1906	10.40%	2303	11.39%	2484	11.41%	2694	9.67%
Education	3862	23.30%	4432	24.10%	5007	24.76%	4230	19.43%	7468	26.82%
Health Services	2251	13.60%	3063	16.60%	3656	18.08%	4259	19.57%	5101	18.32%
Housing	174	1.00%	188	1.00%	248	1.23%	181	0.83%	255	0.92%
Local Authority Services	1704	10.30%	1661	9.00%	1600	7.91%	1856	8.53%	1980	7.11%

Police	4265	25.70%	4559	24.80%	4585	22.68%	5803	26.66%	6958	24.99%
Other legal agency	388	2.30%	593	3.20%	696	3.44%	884	4.06%	1087	3.90%
Other	1194	7.20%	1248	6.80%	1262	6.24%	1166	5.36%	1418	5.09%
Anonymous	384	2.30%	495	2.70%	531	2.63%	643	2.95%	633	2.27%
Unknown	466	2.80%	263	1.40%	332	1.64%	2	0.01%	2	0.01%
Not recorded	0	0.00%	0	0.00%	0	0.00%	258	1.19%	252	0.90%

16. Section 47 (child protection) investigations and assessments

Section 47 and Assessments	2017-18		2018-19		2019-20		2020-21		2021-22	
% of S47 going to conference	3926	44.90 %	4317	40.60 %	5035	31.40 %	6048	28.01 %	7948	20.55 %
Assessment Timeliness	1849 6	87.90 %	1800 3	90.90 %	1971 2	92.61 %	1592 4	95.30 %	2118 8	95.90 %

16.1. With regards to assessments, as can be seen in the table above, the percentage of child protection investigations (section 47 investigations) which progress to an initial child protection conference over a year, has reduced slightly in comparison to 2020-21 although the number of investigations has increased. We remain satisfied with the consistent application of thresholds both within MASH and in districts teams which has been endorsed by the positive inspection by Ofsted less than a year ago. We are confident through our quality assurance and performance work that cases requiring an Initial Child Protection Conference (ICPC) are appropriately progressed.

16.2. The timeliness of completing a Child and Family Assessment (C&FA) since their introduction in 2014-15, is a very positive picture given the large number of assessments undertaken over the last year. This has not fallen from the high 80s for the last three years and is higher than the majority of other local authorities in the region.

17. Child Protection Plans (CPP)

Child Protection Plans (CPP) and visits	2017-18		2018-19		2019-20		2020-21		2021-22	
No of children on CPP		1293		1097		938		1000		1022

New CPP in the Year %: Neglect	1080	70.40%	950	64.40%	824	61.36%	747	66.16%	697	50.22%
Physical	122	7.90%	100	6.80%	91	6.78%	72	6.38%	75	5.40%
Sexual	65	4.20%	75	5.10%	50	3.72%	29	2.57%	36	2.59%
Emotions	268	17.50%	351	23.80%	378	28.15%	281	24.89%	360	25.94%
New CPP in Year Rate Per 10,000 : Neglect	1080	38.4	950	32.9	824	28.7	747	25.8	775	26.4
Physical	122	4.3	100	3.5	91	3.2	72	2.5	75	2.6
Sexual	65	2.3	75	2.6	50	1.7	29	1	36	1.2
Emotional	268	9.5	351	12.1	378	13.2	281	9.7	360	12.2
CPPs ending after 2 or more years	108	7.20%	78	4.40%	59	3.90%	41	2.90%	33	2.40%
Current CPs lasting 2 or more years	28	2.20%	35	3.20%	15	1.60%	7	0.70%	16	1.57%
Children requiring a repeat CPP	352	23.00%	317	21.50%	321	23.90%	371	32.86%	303	21.80%

17.1. As detailed above, work within the child protection planning process remains robust with numbers showing a decline from the end of March 2017, but an increase more recently due to the Covid pandemic. The previous positive reduction was considered to be as a result of more effective interventions with children and families at the Child in Need level, meaning less cases are escalated to a child protection plan because risks are addressed earlier. The increase is as a result of additional pressures on families as a result of Covid 19 due to the withdrawal of some services and leading to an increase in the complexity of cases.

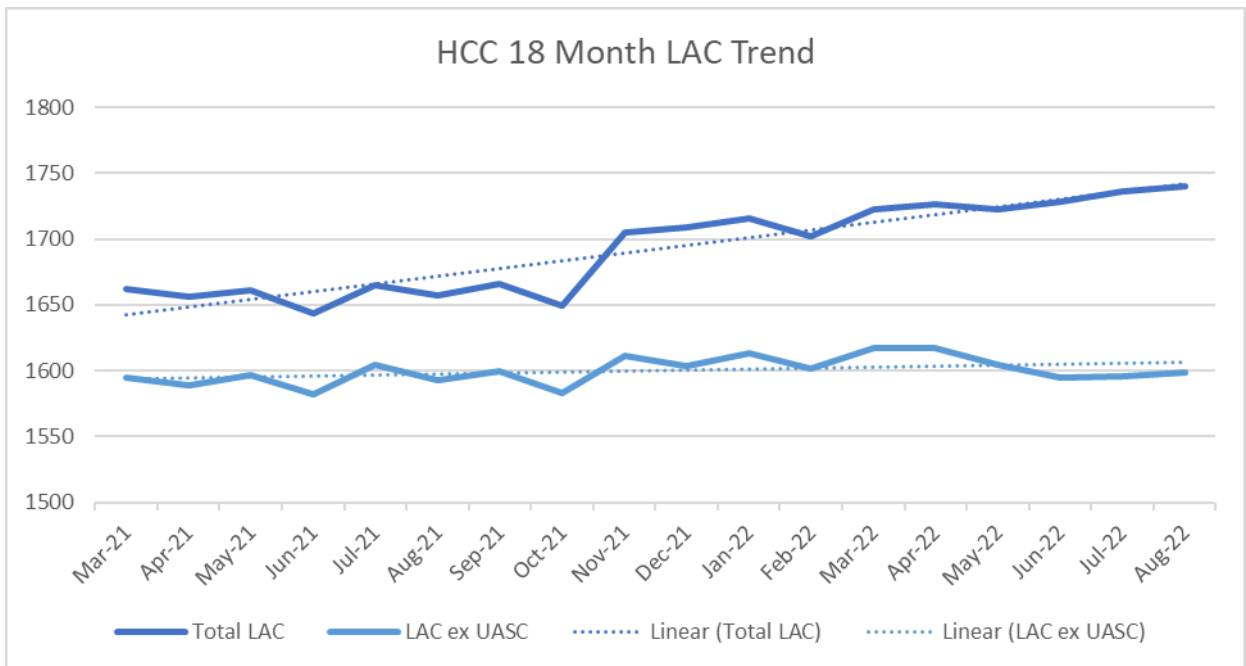
17.2. The number of children subject to a plan for neglect remains in the 50-70 percent (although a word of caution in that categorisation between neglect and emotional abuse can be variable, and neglect while present may not be the main presenting factor). Hampshire Safeguarding Children Partnership (HSCP) launched its Neglect Strategy in October 2016 and again in 2021, and this continues to help professionals better identify neglect.

17.3. A low percentage of child protection plans are lasting beyond two years (which is good as it indicates proactive work) and relatively few require a repeat plan within two years. The number of timely visits made within the required dates remains a significant strength of the service and reinforces that children are being seen and kept safe.

18. Full Time Children Looked After (CLA)

Full Time Children Looked After (CLA)	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
No of full time CLA	1339	1305	1440	1592	1664	1602	1656	1725

18.1. With regards to children in care, the number has increased by 69 (4%) over the last 12 months, however this increase is due to an increase in Unaccompanied Asylum Seeking Children (UASC) numbers with 1,591 CLA if we exclude UASC. UASC now make up 8% of the total cohort, whereas 18 months ago in March 2021 they were around 4% of the cohort. It should be noted that the ability to keep children safely at home through high quality social work practice has meant that the underlying trend of CLA has remained broadly static.



18.2. The financial cost of CLA is significantly affecting the financial challenges the Council is facing.

	Apr - Jun 2019	Jul-Sep 2019	Oct - Dec 2019	Jan - Mar 2020	Apr - Jun 2020	Jul-Sep 2020	Oct - Dec 2020	Jan - Mar 2021	Apr - Jun 2021	Jul-Sep 2021	Oct - Dec 2021	Jan - Mar 2022	Apr - Jun 2022
Entering full time care	135	155	121	159	158	166	152	157	156	155	192	136	165

Leaving full time care	161	153	148	166	107	136	184	139	176	134	147	113	150
Net increase	-26	2	-27	-7	51	30	-32	18	-20	21	45	23	15
Of those new UASC	7	8	3	13	0	20	4	7	3	7	46	18	41

18.3. It should be noted that there is of course significant churn throughout the year of the children in care population. Nationally the picture of demand continues to outstrip the supply of placements for children in care, and the costs of placements are rising significantly. The increasing complexity of the children coming into the care system has meant additional costs associated with their placements. There is no doubt that the paucity of mental health services for some children has led to them coming into the care system. The costs (or more accurately, the price) of those placements continue to rise year on year. Significant work is carried out by our Placement Commissioning team (such as working through framework contracts and contract specification) to ensure that Hampshire achieves the best value that it can in what is an 'overheated' market.

19. Hampshire UASC Arrivals

19.1. As at 30 June 2022 the total number of UASC (under 18 years) looked after by Hampshire is 134. (Nb the figure now stands at over 160)

UASC Arrivals	Apr - Jun 2019	Jul-Sep 2019	Oct - Dec 2019	Jan - Mar 2020	Apr - Jun 2020	Jul-Sep 2020	Oct - Dec 2020	Jan - Mar 2021	Apr - Jun 2021	Jul-Sep 2021	Oct - Dec 2021	Jan - Mar 2022	Apr - Jun 2022
Quarterly Data	7	8	3	13	0	18	4	7	3	7	46	18	41

UASC Care Leavers	Apr - Jun 2019	Jul-Sep 2019	Oct - Dec 2019	Jan - Mar 2020	Apr - Jun 2020	Jul-Sep 2020	Oct - Dec 2020	Jan - Mar 2021	Apr - Jun 2021	Jul-Sep 2021	Oct - Dec 2021	Jan - Mar 2022	Apr - Jun 2022
Period End	328	329	327	334	335	341	347	363	365	369	402	417	423

- 19.2. The table above shows the number of UASC Care Leavers at each period end. There has been a 209% increase in the number of UASC care leavers since June 2017 (137), which is to be expected given the age demographic of UASC arrivals with an average age of 17 years.
- 19.3. Since July 2016, Hampshire has been accepting children through the National Transfer Scheme (NTS). Hampshire have always been proactive in the NTS scheme and have previously been supportive with the closure of the Calais camp and more recently with the large influx of children arriving through Dover. Between August and October 2020 Hampshire took children direct from the Port of Dover as Kent County Council were unable to support more arrivals. The scheme became Mandatory in April 2021 and Hampshire has continued to be proactive in receiving children through this scheme. Through the NTS it is expected that each Local Authority will care for a number of UASC equivalent to 0.1% of the child population. For Hampshire this is 285 UASC. Not counted in these figures are the support that Hampshire is required to give to former UASC who are now care leavers. For Hampshire, because we have been on a traditional route (i.e. M3, A34) our figures are now over 350 young people being supported in this way which creates an additional financial strain as this element of support is not fully funded by government.
- 19.4. The majority of the children are placed in independent fostering agency (IFA) placements and a significant number are placed outside of Hampshire, in order that we can better meet their cultural and individual needs. The age range is from 11 years old and the significant majority are males. They will need to be looked after by the local authority until they reach 18 years and will then have care leaver status with continuing support from the local authority until they are 25 years of age. Whilst the Home Office provide set funding for UASC, an Association of Directors of Children's Services report evidenced that the funding only covers 50% of the actual costs to the local authority. It should also be noted that around 30% of UASC will not be given leave to remain in the UK and as such will have 'no recourse to public funds' requiring the local authority to entirely fund all of their living costs until they reach 25 years of age.
- 19.5. Given the rise in activity in respect of UASC it has been agreed that a specialist UASC team will be set up, specifically to support UASC and former care leaver UASC in Hampshire.

Consultation and Equalities

20. There is no adverse impact on equalities and no consultation is required.

Other Key Issues

21. **Recruitment and retention**

- 21.1. The recruitment and retention of social workers continues to be a key issue. This is a national problem which is particularly acute in the South East region.
- 21.2. The retention of children's social workers is a significant challenge for Hampshire as it is all local authorities and can undermine the work being undertaken to bring new staff into the service. In the last 12 months, turnover amongst children's social workers increased from 13.5% to 20.6%. This challenge is shared by other local authorities and reflects changes in the wider recruitment market following the pandemic.
- 21.3. The Independent Review of Children's Social Care has afforded us the opportunity to consider the employment and use of alternatively qualified professionals to support children and families. We are currently commencing the planning of two pilot schemes in Hampshire to consider the roles of differently qualified case-holding professionals in our statutory teams and historically we have had some success in recruiting differently qualified professionals, as evidenced with the Intensive Workers. This change would increase the capacity of our Qualified Social Workers.
- 21.4. There is a proactive recruitment strategy in place which utilises a positive partnership with Community Care, through regular national and local marketing targeted campaigns and advertisements. This is alongside events such as Social Work in the South, and Community Care Live.
- 21.5. We are focussing on direct recruitment of graduates from universities to our highly regarded newly qualified social worker programme, utilising the National Step Up to Social Work Programme and over the last three years have successfully supported staff through the Social Work Apprentice programme, with the first cohort graduating in August 2022. When this scheme began it was fairly unique, but most local authorities now offer similar schemes, which means it is now more difficult to recruit to cohorts.
- 21.6. Given the challenges in recruitment and retention, there is a need to be more ambitious in growing our own social workers. There is a range of highly skilled and experienced differently qualified workers currently employed within the department. It is our intention to support a greater number of these individuals through the apprentice scheme, increasing our current yearly intake of 10 to 32 for this financial year.
- 21.7. The Department is also working on the recruitment of 25 overseas social workers during this financial year, primarily from South Africa and Zimbabwe. There are plans to form a longer-term relationship with overseas universities in order to promote HCC and ensure that we become the first choice for overseas graduates.





22. Transforming Social Care (TSC) in Hampshire

- 22.1. The Transforming Social Care Programme continues at pace to deliver innovative whole system change and continuous improvement to our social work practice. The 2020 and 2021 Annual Safeguarding Report gave an overview of Phase 1 and Phase 2 projects.

22.2. Phase 3 projects being delivered during 2022 include:




What we're delivering in Phase 3



Project	Objective	Outcomes / Impact
Family Connections Service  SDQs 	Implement the 'Family Connections Service' as a central team to carry out the assessment of connected carers and SGO. Implement a support package for Special Guardians. Review the way in which SDQs are carried out. With the aim of making them easy to use, meaningful and lead to impactful interventions.	<ul style="list-style-type: none"> • More children placed with Family and Friends carers outside of the care system. • Eight tasks have been identified split into initial tasks and longer term projects focusing on improving the completion rate, embedding within planning both health and social care and increased awareness and training in the process.
PEPs – Education & Social Care 	To plan and implement improvements to the PEP processes, forms and systems to ensure the end-to-end process is efficient and effective, meets the statutory requirements and ultimately supports our CYP to attain highly.	<ul style="list-style-type: none"> • Improved efficiency and effectiveness of the PEP process. • Improved knowledge of PEP quality and child progression • Improved staff satisfaction. • Enable the CYP known to social care to attain highly and where needed provision will be adapted to enable them to succeed.
Virtual School & College – Education & Social Care 	Virtual School (and Virtual College) review to identify potential service delivery improvements, highlight any gaps in service provision, ensure that services are delivered as per the statutory duty and are effective, timely and efficient. To ensure VS can meet their statutory responsibility for monitoring, promoting and improving the educational experiences and outcomes of our looked after (and previously looked after) children and to meet the new requirements due to the extended duties to provide strategic oversight of the education of all pupils with a social worker.	<ul style="list-style-type: none"> • CYP known to social care will be supported to attain highly, and where needed provision will be adapted to enable them to succeed. • Improved placement stability through increased school attendance, enabled by appropriate education provision. • Improved cross-branch collaboration and raised profile of Virtual School. • Service is fit for purpose and meets statutory obligations.

What we're delivering in Phase 3



Project	Objective	Outcomes / Impact
Residential – Education & Social Care 	To identify improvements to ensure CYP in Residential settings are obtaining the routine, structure and support they require to attain highly and where needed provision will be adapted to enable them to succeed.	<ul style="list-style-type: none"> • Improved educational outcomes for children in Residential settings. • Education provision is aligned to the Residential Strategy.
Resilience in Schools – Education & Social Care 	To ensure there is C&F representation at the relevant forums to contribute to the outcomes of the cross branch Early Help programme and the Hampshire Education in Schools Survey action plan, with the overall aim of ensuring that education settings have the relevant skills and resilience to support/refer/signpost appropriately.	<ul style="list-style-type: none"> • C&F support the actions that are put in place to help ensure teachers and other professionals in education settings have the relevant skills and resilience to support children and/or refer and signpost appropriately.
Creating Capacity /Family Help pilot 	New roles in CAST teams to increase resilience and optimise the skills and experience of differently qualified workers. Pilot 'family help model' as recommended in the care review, to achieve local, multiagency support, at the right time for children and families.	<ul style="list-style-type: none"> • Reduce social worker caseloads increasing the time social workers have to support children and families and achieve sustained change. • Reduce handovers and maintain relationships with children and families, which will decrease re-referrals. • Children and families are supported at the right time, by the right person, in the right place.

23. Youth Offending Service

23.1. During the last year Hampshire Youth Offending Team (HYOT) has continued to deliver youth justice and youth crime prevention to the children of Hampshire.

23.2. Progress against last year's plan is as follows:

- a) Improving assessments including understanding children's diverse needs and taking a trauma informed approach.
- b) Implement the improvements identified following the National Standards Self-Assessment. In particular, the work done with children who are experiencing a transition.
- c) Reducing the number of first-time entrants to the criminal justice system by working together with the other Hampshire YOTs and Hampshire Police to develop a youth diversion programme.

24. The Priorities for 2022/23 include:

- a) To develop understanding of disproportionality in Hampshire Youth Offending Team and to implement the findings of the HMIP black boys thematic inspection
- b) To improve the participation of children in the service delivery
- c) To continue to develop practice in relation to the assessment of risk of harm
- d) Developing a strategic response to children excluded from school.

25. Sector Led Improvement

25.1. Hampshire has been a Partner in Practice (PiP) with the Department for Education since 2016, and as such, has provided for several years social work improvement support and advice to other local authorities across the region and nationally. This improvement work under PiP came to an end in March 2021 when Hampshire, jointly with the Isle of Wight, was successful in bidding to deliver improvement support in the DfE's newly established Sector Led Improvement Programme (SLIP). This began in July 2021 and we have indicative funding initially for three years until 2024, for Hampshire and the Isle of Wight to deliver over a thousand days of support to other children's services per year. Our SLIP work over this past year has supported improvement in several authorities including Buckinghamshire, West Sussex, Southampton, Bournemouth, Christchurch and Poole (BCP), Reading and Solihull.

25.2. In addition to the SLIP work, Hampshire has continued to work with the Foreign, Commonwealth and Development Office (FCDO) to undertake some specific social work improvement support with the British Overseas Territories. Currently this work is ongoing with St Helena, Ascension Island and Tristan da Cunha. Furthermore, this year, Hampshire has consolidated its position as the regional facilitator of DfE funded improvement packages in the south east. Hampshire leads this work under the South East Regional

Improvement and Innovation Alliance. Our regional work under this programme currently includes Wokingham, Medway and Reading.

- 25.3. Members can be assured that, even with the work of the Director of Children's Services and his senior managers in the above authorities, there is no detriment to the oversight and management of Hampshire Children's Services, as evidenced by our most recent Ofsted inspection report. Hampshire receives full financial recovery for Sector Led improvement from the DfE or FCDO. A small central team of social work managers has been established with the funding to further support capacity in this area and ensure that the work in Hampshire maintains due focus. As with all work undertaken in other authorities, there is always positive learning gained to further improve services in Hampshire. These benefits to Hampshire are significant and enable both staff and services in Hampshire to be continuously developed. Ofsted commented that, 'Leaders recognise the benefits that come from being an improvement partner, not only in creating income, but also in the learning that is gained from other local authorities and from keeping its own staff stimulated and stretched.'

Future Challenges and Operational Priorities

26. The future challenges and priorities can be summarised as follows (this is not an exhaustive list and the history of this type of work is that new priorities will continue to emerge in much the same as child exploitation and county lines):
- 26.1. The full long-term impact of the pandemic is not yet known. Children's social care have seen a sustained increase in referrals over the last 2 years of over 30% compared to pre-pandemic levels. It is not yet known how long that will continue but experience shows us this might now be the new normal level of demand going forward. At this stage the increase in demand has not led to a similar increase in the numbers of children coming into care due to the effective practice of our front-line staff.
- 26.2. The costs associated with the placements for looked after children will continue to be a significant pressure for the County Council. Significant additional corporate funding has already been given to the department, but as demand increases and the supply of placements comes under further pressure, inevitably costs will rise. Our Modernising Placements Programme aims to increase our numbers of Hampshire County Council foster carers, thereby reducing costs in the longer term.
- 26.3. It should be noted that the challenges faced within the placement market are significant. There are well acknowledged shortfalls in available beds both within the secure welfare estate and in Tier 4 psychiatric provision which compound the issue for social care. In terms of residential provision, demand is outstripping current supply which is resulting in escalating pricing and providers able to select from a multitude of referrals for each available bed, with a local provider referencing over 100 referrals per available bed. The Competitions and Market Authority report identifies the inflated profit margins within external placement suppliers. Hampshire is fortunate to have in house

provision, which regularly supports the most hard to place young people but the placements issue remains a significant challenge.

- 26.4. It is essential that our transformation work continues at pace to keep more children at home, where it is safe and appropriate to do so. Transforming children's social care will deliver a modern social work service fit for the future challenges over the next decade. Where children do come into care, our Modernising Placements Programme, will ensure children have the right placement to meet their needs.
- 26.5. Child exploitation, in all its forms, continues to be an increasing area of work, particularly the 'County Lines' issues. Although Hampshire is well placed to meet these challenges, it is important that we remain vigilant and responsive, working in tandem with partners to protect children.
- 26.6. The recruitment and retention of social workers will continue to need to be addressed.

Climate Change Impact Assessment

27. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience impacts of its projects and decisions. These tools provide a clear, robust, and transparent way of assessing how projects, policies and initiatives contribute towards the County Council's climate change targets of being carbon neutral and resilient to the impacts of a 2°C temperature rise by 2050. This process ensures that climate change considerations are built into everything the Authority does.
28. **Climate Change Adaptation and Mitigation.** The carbon mitigation and climate change adaptation tools were not applicable because this report is to provide details of Children's Services safeguarding activity and does not recommend changes or require any decisions which would have any climate change considerations. However, this does link to other strategic priorities as listed in the relevant section at the end of the document. Children's Services are aware of the importance of climate change and plan for this in new projects.
29. **Carbon Mitigation.** The carbon mitigation and climate change adaptation tools were not applicable because this report is to provide details of the contribution of Children's Services safeguarding activity and does not recommend changes or require any decisions which would have any climate change considerations. This report is not relevant as above. Children's Services regularly feedback to the Corporate Climate Change Action Plan.

Conclusions

30. Throughout 2021/22 there continued to be a highly effective strategic response to the safeguarding of vulnerable children and a robust operational response. This is despite the challenges presented by Covid-19, including an increase in demand, and tested via external validation from the Ofsted inspection in November 2021.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	Yes
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

NB: If the 'Other significant links' section below is not applicable, please delete it.

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

See guidance at <https://hants.sharepoint.com/sites/ID/SitePages/Equality-Impact-Assessments.aspx?web=1>

Insert in full your **Equality Statement** which will either state:

- why you consider that the project/proposal will have a low or no impact on groups with protected characteristics or*
- will give details of the identified impacts and potential mitigating actions*

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Children and Young People Select Committee
Date of meeting:	22 November 2022
Report Title:	Work Programme
Report From:	Chief Executive

Contact name: Members Services

Tel: 0370 7791243

Email: members.services@hants.gov.uk

Purpose of this Report

1. To consider the Committee's forthcoming work programme.

Recommendation

2. That the Children and Young People Select Committee consider and approve the work programme.

WORK PROGRAMME – CHILDREN AND YOUNG PEOPLE SELECT COMMITTEE – Changes since last meeting

Topic	Issue	Reason for inclusion	22 November 2022	12 January 2023	11 May 2023	22 September 2023	14 November 2023
Pre-scrutiny	Consideration of Revenue and Capital Budgets	To pre-scrutinise prior to consideration by the Executive Lead Member for Children’s Services.		X			
Pre-scrutiny	Safeguarding Report – Children’s Services	To pre-scrutinise the annual safeguarding report prior to consideration by Cabinet.	X				X
Overview	Special Educational Needs & Disability (SEND)	To receive a regular update on SEND				X	
Overview	School Attainment	To provide an annual update on attainment of children and young people in Hampshire schools.		X			
Overview	Child and Adolescent Mental Health Service (CAMHS)	To provide a regular update on CAMHS in Hampshire, to include progress made to reduce waiting times for access to CAMHS treatment. <i>Last update – September 2021</i>	X			X	
Overview	Ethnic Minority and Traveller Achievement Service (EMTAS)	To receive a biennial update on the Hampshire EMTAS <i>Last update January 2021</i>		X			
Overview	Home to School Transport Policy	To receive an update on the implementation of updates to the Home to School Transport Policy introduced in July 2022. <i>Last update July 2023.</i>				X	

Topic	Issue	Reason for inclusion	22 November 2022	12 January 2023	11 May 2023	22 September 2023	14 November 2023
Overview	Autism Assessment Services	To provide a regular update on progress towards improving Autism services for children and young people in Hampshire. <i>Following an update in September 2020, written updates were requested by the Committee alongside an annual presentation.</i>	X Presentation	X	X	X	X Presentation

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
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People in Hampshire enjoy being part of strong, inclusive communities:	Yes

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Document

Location

None

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- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
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- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

This is a scrutiny review document setting out the work programme of the Committee. It does not therefore make any proposals which will impact on groups with protected characteristics.

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