



# Rutland County Council

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Minutes of the **MEETING of the CHILDREN AND YOUNG PEOPLE SCRUTINY PANEL** held in the Council Chamber, Catmose on Thursday, 31st January, 2019 at 7.00 pm

**PRESENT:** Ms R Burkitt (Chair) Mr I Arnold  
Mr K Bool Mr A Lowe  
Mr M Oxley Mr A Menzies

## **OFFICERS**

**PRESENT:** Mr M Andrews Strategic Director for People  
Ms G Curtis Head of Learning and Skills  
Ms B Caffrey Head of Early Intervention, SEND and  
Inclusion  
Ms C Mutton Targeted Intervention Practitioner  
Mrs J Morley Governance Officer

## **IN**

**ATTENDANCE:** Mr R Foster Portfolio Holder for Safeguarding –  
Children & Young People, Armed Forces  
Champion  
Mr A Walters Portfolio Holder for Safeguarding- Adults,  
Public Health, Health Commissioning,  
Community Safety & Road Safety  
Councillor  
Ms G Waller Assistant Director, Leicestershire  
Mr M Roberts Partnership NHS Trust, Families, Young  
People and Children's Directorate  
Mr P Williams Head of Service, Leicestershire  
Partnership NHS Trust, Families, Young  
People and Children's Directorate  
Mr P Miller Chief Executive, Leicestershire  
Partnership NHS Trust,  
Mr R Gooding Chief Executive, Rutland Learning Trust  
Mrs M Lucas Headteacher, Cottesmore Academy

## **559 APOLOGIES FOR ABSENCE**

Apologies were received from Mr Wilby and Mr Baines.

## **560 RECORD OF MEETING**

The minutes of the Children and Young People Scrutiny Panel held on 22 November 2019, copies of which had been previously circulated, were confirmed as a correct record and signed by the Chair.

**561 DECLARATIONS OF INTEREST**

Mr Arnold, Mr Lowe and Ms Waller declared an interest in item 10 of the agenda, Learning and Skills Service Annual Report 2017-18, as they all were School Governors at Catmose College, Catmose Primary School and Ryhall Primary School respectively.

**562 PETITIONS, DEPUTATIONS AND QUESTIONS**

No petitions, deputations or questions were received.

**563 QUESTIONS WITH NOTICE FROM MEMBERS**

No questions with notice had been received from Members.

**564 NOTICES OF MOTION FROM MEMBERS**

No notices of motion had been received from Members.

**565 CONSIDERATION OF ANY MATTER REFERRED TO THE PANEL FOR A DECISION IN RELATION TO CALL IN OF A DECISION**

No matter had been referred to the Panel for a decision in relation to a call in of a decision in accordance with Procedure Rule 2016.

**566 SPECIALIST CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE**

Report No.33/2019 was received from Mark Roberts, Assistant Director and Paul Williams, Head of Service, Leicestershire Partnership NHS Trust, Families, Young People and Children's Directorate.

The purpose of the report was to detail the current waiting times for children and young people living in Rutland to access Leicestershire Partnership NHS Trusts Child and Adolescent Mental Health Service (CAMHS). It also described the work by the organisation to improve the timeliness of access to services and to manage the risks to children and young people whilst they were waiting. Finally the report provided an update on progress to commission a new CAMHS Inpatient Unit.

During discussion the following points were noted:

- Members applauded the honesty of the report but found it difficult to understand why the longest a Rutland child was waiting without a scheduled appointment for treatment was 58 weeks. CAMHS officers recognised that it was an unacceptable waiting time but had had to prioritise the children most at risk which had resulted in some children waiting too long. Within the resources that CAMHS had access to, officers felt that they were making the right decisions to safeguard children. Unfortunately, the drive a year ago to reduce waiting and assessment times and

for children to enter the service had meant that the cohort that was driven through was now backing up in the system.

- An analysis of capacity demand had been undertaken which showed that with current resources the service would be able to very slowly reduce waiting times but not at an acceptable rate. In order to reduce waiting times by 75%, additional funding of £900 000 to £1m would be needed. Maintaining this acceptable level would be difficult as the level of unmet need was significant and so how many children would come forward was unknown.
- CAMHS would be seeking commitment from colleagues to reduce waiting times to this level and this would necessitate finding clinicians, the space to do this and the funding to hold that position. They would also stress the need for a corresponding increase in funding if there was an increase in demand.
- Most of the children who attended A&E as a consequence, or suspected consequence, of their mental health did so because of self-harm. The behaviours behind self-harm were complex and could not be fixed quickly but the likelihood of going to A & E was greatly reduced because the service was prioritising those at greatest risk.
- CAMHS officers offered to supply Members with a written response as to why there had been an increase over the last year in the number of Rutland children and young people on a waiting list for treatment, as the figures for the number of referrals did not detail why there was a fluctuation.
- Funding levels for CAMHS services were on an equal footing, per capita, across all of the areas that were served.
- Currently, there was not a CAMHS social media presence which could be used to chat or connect directly with young people. NHS apps were available and Public Health had the 'Chathealth' service which gave parents and children direct access to a member of the Public Health team who could then pass details on to the Mental Health team. Going forward, the use of social media would need to be considered as part of the CAMHS offer.
- There had been recent media coverage on the destructive effects of certain websites and whilst CAMHS could not prevent young people from accessing these damaging sites they could put some context around them, for example with eating disorders young people were asked to consider and discuss what motivated them to look at the sites.
- Officers agreed that it was a fair assessment that there were a number of school children who needed help but who did not meet CAMHS thresholds. Members commented that the school nursing service was unable to help in these instances as it was limited to what it could do by contract.
- The traffic light system at appendix A needed to be better explained using plain English
- A recent news story had highlighted that a child who was seen as a relatively low risk had actually been at greater risk of suicide because of the mental health issues of the parents. RCC officers had been working through the CAMHS Improvement Board to develop improved information sharing between services to hopefully prevent this type of incident.

## **RESOLVED:**

The Panel;

1. **NOTED** the comprehensive service offer available to local children and young people.

2. **NOTED** the challenges faced in providing timely access to some areas of CAMHS Service and requested a further progress report.
3. **NOTED** the progress made through the CAMHS Improvement Programme and further actions planned.
4. **NOTED** the progress towards the commissioning of a new CAMHS Inpatient Unit.

**567 CHILDREN AND YOUNG PEOPLE'S IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES PROGRAMME**

Report No.26/2019 was received from the Strategic Director for People.

Mr Foster, Cabinet Member for Safeguarding – Children and Young People and Armed Forces Champion introduced the report the purpose of which was to give the Panel an opportunity to gain an understanding of the purpose and function of the children and young people's improving access to psychological therapies programme (CYP IAPT).

A presentation (appended to the minutes) was also delivered by Ceri Mutton, Targeted Intervention Practitioner.

During discussion the following points were noted:

- CYP IAPT was a way for individuals to learn to manage symptoms and build long term resilience to emotional issues.
- Young people wanted services that were non-stigmatising, local, and easy to access and that was what IAPT was trying to achieve.
- IAPT practitioners were trained but were not practising in a clinical environment. The CYP IAPT service did not replace CAMHS but operated in their own right and complemented the early help and mental health services available for children and adolescents.
- The mother of child C, as referenced in the case study presentation, did not have to go through multiple referral routes to get help for her child.
- Where children grow up in families where there is a mental health need they pick up learned behaviours in terms of how to approach challenges. One of the most fundamental things IAPT practitioners did was to support families by addressing basic well-being matters such as diet, sleep and exercise.
- In the case of Child C, who was in danger of disengaging from their education as they were very anxious about going to college, the practitioner helped to facilitate practising using public transport; planning the journey, looking at the timetable and physically trying the journey beforehand. In this way, encouraging independent thought to logically think through a problem was achieved.
- The IAPT programme would work with schools in the hope that mental health would be destigmatised and that young people would recognise that they could take responsibility for their own mental health.
- By being resilient, students would be able to face and deal with peer pressure.
- Members commented on paragraph 11.2 of the report which highlighted that children receiving contact or intervention through CYP IAPT met the CAMHS thresholds but were not receiving on-going support from the service.

- Cross border collaboration on the programme and its governance was being addressed, however the programme was particularly effective in Rutland because of its ability to be responsive.
- The report had elements that cut across the remit of all three Scrutiny Panels and the portfolios of Cabinet Members responsible for health, and children's safety and education. Members were assured that mental health was being fully addressed by all.

**RESOLVED:**

The Panel;

1. **NOTED** new developments in the provision of early emotional well-being and mental health support for children and young people in Rutland.
2. **NOTED** the benefits of early assessment and evidence based intervention for children's mental health and well-being in order to assess low to moderate need.
3. **SUPPORTED** Rutland's young people's stated wish for mental health and emotional well-being to be non-stigmatised, for support to be visible and for support to be early and accessible to children and their families.

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Mr Walters left the meeting at 8.15pm and did not return.

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**568 LEARNING AND SKILLS SERVICE ANNUAL REPORT 2017-18**

Report No.27/2019 was received from the Strategic Director for People and a presentation (appended to the minutes) was given by Ms Curtis, Head of Learning and Skills.

Ms Curtis introduced the report the purpose of which was to provide the Children and Young People Scrutiny Panel with an overview of the key findings from the Learning and Skills Service annual self-review process and to provide assurance that, where performance was not leading to sufficiently high standards, appropriate actions to address priorities for development across the education sector were planned and delivered.

During discussion the following points were noted:

- Achieving the very best educational outcomes at all stages of development, positively affected job prospects, health and well-being.
- School accountability measures for December as shown at Appendix A had been updated since publication of the report and the latest accountability measures for January would be appended to the minutes.
- There was only one Rutland school which came under the remit of the Peterborough Diocese Trust rather than the area Regional schools Commission.
- All Rutland schools were above average in Progress 8 scores and did not hit a coasting measure however there was a question of whether the more capable students were being sufficiently challenged.

- Members requested that the Children and Young People Scrutiny Panel be presented with a paper on the High Needs Block funding for children with additional education and care needs.
- Rutland Primary schools were only attaining average levels for writing in KS2 and ranked 147 out of 152 schools. Members questioned this poor standing considering the affluence of Rutland and the likelihood of high parental support.
- Officers offered to conduct a workshop for scrutiny panel members to further interrogate all available data.

Mr Gooding, Chief Executive of the Rutland Learning Trust and Mrs Lucas, Head Teacher of Cottesmore Academy were also in attendance to report on and answer questions on the development and delivery of an action plan for Cottesmore Academy.

The following information was reported:

- In 2017 The Rutland Learning Trust (RLT) had been approached to explore the possibility of providing intensive support to Cottesmore School as it was feared that it might go into special measures. Standards were found to be low in teaching and learning, leadership and the curriculum. Additionally school facilities were poor and there was a high level of staff turnover and children being permanently excluded.
- Due diligence was carried out and Cottesmore joined RLT in April 2018. At that time the Trust was promised that the school would not be inspected and that it would be given at least 12 months to improve standards, however the school was inspected by Ofsted in September 2018, after only five months.
- During this initial period, an assessment of the school had been made, the Trust had identified the most important areas to target and strategic decisions had been made.
- In light of the short length of time since the Trust had taken over the school, the Ofsted inspector realised that the context of the inspection and the school circumstances were unique.
- The overall judgement of the inspection was that the school still required improvement to be a good school.
- Mr Gooding and Mrs Lucas reassured Members that the action plans put into place to resolve issues identified by the Trust and highlighted in the Ofsted report had resulted in improvement in all areas. These included the following changes;
  - Action plans now had numerical targets.
  - An assessment system for children arriving mid-year was now in place.
  - A new middle leadership structure was in place that was now proving effective.
  - The quality of teaching was more consistent and a new assessment policy had been introduced which was beginning to 'bed in'.
  - Improving attainment in reading, writing and maths by matching work to pupils' needs had been made a priority.
  - Cross county and inter school moderation was undertaken to ensure that teachers had high expectations of the quality and quantity of students' work.
  - Teachers were now invested in and took pride in the school.
  - Expanding vocabulary had been a key driver for the new curriculum although it was too soon to measure its impact.
- There had been a transformational change to the school and an open invitation was issued to Members to come and visit the school to witness this.

During discussion the following points were noted:

- Members thanked Mr Gooding and Mrs Lucas for coming to speak about the school and were interested to see how their plans developed and how their early successes could be built on to improve the school.
- It had been the governing body who had raised concerns and contacted the DfE and Ofsted.
- Members had been particularly worried when they had read the Ofsted report as the school served some of the most vulnerable children.
- Unlike most other schools in Rutland, Cottesmore Academy experienced a high turnover of pupils with a battalion change impacting greatly on the school.
- The school had originally been built when Cottesmore was a much bigger base and over the years the reduction in pupil numbers had meant there was not enough money to maintain the building.
- Very often, pupils with poor levels of attainment were not with the school long enough to make a difference.

**RESOLVED:**

The Panel

1. **COMMENTED** on the Learning and Skills Service annual self-review process and key findings for the academic year September 2017 to August 2018.
2. **ENDORSED** the intentions and actions to address priority areas as set out in the Learning and Skills Service Education Development Plan for the academic year 2018-19.

**569 REVIEW OF FORWARD PLAN AND ANNUAL WORKPLAN 2018-2019**

No relevant items were identified for inclusion in the Children and Young People Scrutiny Panel annual work plan.

**570 ANY OTHER URGENT BUSINESS**

No items of urgent business had been previously notified to the person presiding.

**571 DATE AND PREVIEW OF NEXT MEETING**

Thursday, 14 March 2019.

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**The Chairman declared the meeting closed at 9.15pm**

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- Child C 15 years living with mother. Sporadic contact with birth father. Adult family members with history of mental ill-health. Mental health began to deteriorate at 12
- Summer of 2018, Child C attempted an overdose which was later reported as being 'impulsive'. Did not reach the threshold for ongoing support via CAMHS.
- Child C was at risk of disengaging from education and due to the deterioration in mental health did not engage in any personal or social activity ranging from maintaining personal hygiene to socialising with peers.

***"The problem isn't that I self harm, the problem it is that I feel the need to do it. My thoughts are really hard to manage sometimes. I have no interest in anything anymore, I just spend my time alone or I spend my time sleeping because I can't face going out or doing anything anymore."***

### **IAPT interventions:**

- 'Whole family' – including wider family health and mental ill health matters.
- Treatment priorities - routine sleep pattern and routine and active daily life, nutritional mealtimes
- Support social time and opportunities, reengaging with friends practising using public transport.
- Contact with father, communicate with family members, focus on resilient factors.
- Address risk factors with an emphasis on self harm, particularly 'the no-go areas'.



### **Outcomes achieved for young person:**

- No self harm, self neglect or injurious behaviour for over 6 months, gave up articles used for self harm. Reduction in sleeping hours from 22 to 9.5 hours.
- Activity scheduling: reading, swimming, socialising with friend and relatives, cleaning bedroom and shared spaces. Exercise for positive mood and relaxation.
- Increased school attendance and improved behaviour, attended school prom, attending college – had initial challenges, able to discuss and manage concerns with college, has aspiration for the future.
- Support to maintain personal boundaries and understand own responsibilities and that of others. Developing own method of measuring outcomes and self help.
- Improved relationship with family, non-resident parents supported and engaging in CBT

***"Lots of changes have happened, I go to college and go out with my friends, I did alright in my exams so I went to prom. I have worked hard for things to get better and now I feel that they definitely are. I haven't self harmed in over 4 months." - Child C.***

***"I spent so much of my own life feeling depressed. Depression becomes your identity after awhile, you feel so hopeless, I didn't want that for my children. I needed this help as much as my child did." - Parent of Child C.***

**School Accountability Measures**  
**Rutland 2017-18**  
Updated 01-02-19

KEY STAGE	HEADLINE PERFORMANCE MEASURE	RUTLAND SCHOOLS' PERFORMANCE					
		National	Rutland	Relative Performance	*LAIT		
					Quartile Banding	Ranking	
Early Years Foundation Stage (Reception Year)	<ul style="list-style-type: none"> <li><b>Good level of development (GLD)</b> – children achieving a good level of development are those achieving at least the expected level within the following areas of learning: communication and language; physical development; personal, social and emotional development; literacy and mathematics.</li> </ul>	71.5%↑	73.0%↓↑↓		B	48	
	<ul style="list-style-type: none"> <li><b>Achieving at least the expected level across all early learning goals</b> - children achieving at least the expected level across all early learning goals (ELGs) are those achieving 'expected' or 'exceeded' in all 17 ELGs.</li> </ul>	70.2%↑	72.0%↓↑↓		B	47	
	<ul style="list-style-type: none"> <li><b>Average total point score (APS)</b> - this is a supporting measure taking into account performance across all 17 ELGs, 1 point for emerging, 2 for expected and 3 for exceeding. The sum is then taken for all children and the average given.</li> </ul>	34.6↑	36.2↑↑↑		A	10	
Key Stage One	Year One Phonics	<ul style="list-style-type: none"> <li><b>Phonics screening check</b> is a statutory assessment for all pupils in year 1 (typically aged 6) to check whether they have met the expected standard in phonic decoding</li> </ul>	82%↑	85%↑↓↑		B	26
		<ul style="list-style-type: none"> <li><b>Achieving the expected standard in Reading</b></li> </ul>	75%↓	75%≈↓		C	78
		<ul style="list-style-type: none"> <li><b>Achieving the expected standard in Writing</b></li> </ul>	70%↑	69%↑↓		C	82
		<ul style="list-style-type: none"> <li><b>Achieving the expected standard in Mathematics</b></li> </ul>	76%↑	79%≈≈		A	23
		<ul style="list-style-type: none"> <li><b>Achieving at a higher standard in Reading</b></li> </ul>	26%↑	25%↓≈		C	78
		<ul style="list-style-type: none"> <li><b>Achieving at a higher standard in Writing</b></li> </ul>	16% =	13%↓≈		D	115
		<ul style="list-style-type: none"> <li><b>Achieving at a higher standard in Mathematics</b></li> </ul>	22%↑	22%≈↑		C	64
Key Stage Two	<ul style="list-style-type: none"> <li><b>Achieving the 'expected standard' in English reading, English writing and mathematics</b> - a combined measure across the three subjects (scaled score 100 or more).</li> </ul>	64%↑	66%↑↓		B	59	
	<ul style="list-style-type: none"> <li><b>Achieving the 'expected standard' in Reading</b></li> </ul>	75%↑	76%↑≈		C	59	
	<ul style="list-style-type: none"> <li><b>Achieving the 'expected standard' in Writing</b></li> </ul>	78%↑	81%↑↑		B	25	
	<ul style="list-style-type: none"> <li><b>Achieving the 'expected standard' in Mathematics</b></li> </ul>	76%↑	77%↑↓		B	52	
	<ul style="list-style-type: none"> <li><b>Achieving the 'expected standard' in Grammar, punctuation and spelling</b></li> </ul>	78%↑	82%↑↑		A	26	
	<ul style="list-style-type: none"> <li><b>Average scaled score in English reading</b> is calculated as the mean scaled score of all pupils awarded a scaled score. Pupils who did not take the test are excluded from the calculation</li> </ul>	105.0	105.0		C	46	
	<ul style="list-style-type: none"> <li><b>Average scaled score in mathematics</b> is calculated as the mean scaled score of all pupils awarded a scaled score. Pupils who did not take the test are excluded from the calculation</li> </ul>	104.0	105.0		-	26	
	<ul style="list-style-type: none"> <li><b>Achieving at a higher standard in English reading, English writing and mathematics</b> - The percentage of pupils achieving at a higher standard is also a combined measure across the three subjects (scaled score 100 or more/ assessed at greater depth).</li> </ul>	10%↑	8%↑↓		D	109	
	<ul style="list-style-type: none"> <li><b>Achieving at a higher standard in Reading</b></li> </ul>	28%↑	28%↑↓		C	71	
	<ul style="list-style-type: none"> <li><b>Achieving at a greater depth in Writing</b></li> </ul>	20%↑	13%↑↓		D	144	
	<ul style="list-style-type: none"> <li><b>Achieving at a higher standard in Mathematics</b></li> </ul>	24%↑	21%↑↓		D	103	
	<ul style="list-style-type: none"> <li><b>Achieving at a higher standard in Grammar, punctuation and spelling</b></li> </ul>	34%↑	34%↑≈		C	70	
	<ul style="list-style-type: none"> <li><b>Average progress in English reading</b> – the progress score is the difference between actual Key Stage 2 outcomes and the average KS2 outcome nationally for pupils from the same</li> </ul>	0.0	-0.7↑↓		D	130	

	prior attainment starting point (i.e. similar key Stage 1 outcomes).					
	• <b>Average progress</b> in English writing	0.0	-1.2↑↓		D	147
	• <b>Average progress</b> in mathematics	0.0	-0.2↑↓		C	90
<b>Key Stage Four</b>	• <b>Attainment 8</b> measures the average achievement of pupils in up to 8 qualifications including English, maths, three further qualifications that count in the English Baccalaureate (EBacc) and three further qualifications that can be GCSE qualifications (including EBacc subjects) or any other non-GCSE qualifications on the DfE approved list.	44.5↑	52.7↑		A	11
	• <b>Progress 8</b> aims to capture the progress a pupil makes from the end of key stage 2 to the end of key stage 4. It compares pupils' Attainment 8 score – with the average Attainment 8 score of all pupils nationally who had a similar starting point (or 'prior attainment'), calculated using assessment results from the end of primary school.	-0.2↓	+0.43↑↑		A	10
	• <b>Attainment in English and maths (9-5)</b> - this measure looks at the percentage of pupils achieving a grade 5 or above in both English and maths.	40.2%	57.7%		A	7
	• <b>EBacc average point score</b> measures pupils' point scores across the five 'pillars' of the EBacc, with a zero for any missing pillars. This ensures the attainment of all pupils is recognised, not just those at particular grade boundaries, encouraging schools to enter pupils of all abilities, and support them to achieve their full potential.	3.85	4.33		A	34
<b>Key Stage Five</b>	• <b>3+ A Grades at A-Level</b>	10.7%	18.9%		A	7
	• <b>Achieving grades AAB or better at GCSE A-Level</b>	18.2%	24.3%↑↑		A	12
	• <b>Average Point Score (APS) per entry</b>	31.84↑	37.64↑↑		A	5

\*LAIT – Local Authority Interactive Tool 30-01-19 <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

LAIT is a DfE interactive spreadsheet for comparing data about children and young people across all local authorities in England.

Where comparison data is available: ↑ increase from previous year

↓ decrease from previous year

≈ in line with previous year

↑↓ two year trend (where only two year's comparative data available)

↓↑↓ three year trend (where three year's comparative data available)