

Children and Families Overview and Scrutiny Panel

Friday, 13 November 2020, County Hall, Worcester - 10.00 am

Minutes

Present:

Mr T A L Wells (Chairman), Mr S J Mackay (Vice Chairman), Mr T Baker-Price, Mr B Clayton, Ms R L Dent, Mr P M McDonald, Mrs F M Oborski, Ms T L Onslow and Mrs J A Potter

Also attended:

Mr A C Roberts, Cabinet Member with Responsibility for Children and Families
Mr J H Smith, Cabinet Member with responsibility for Health and Wellbeing
Jane Stanley, Worcestershire Healthwatch
Sue Harris, Herefordshire & Worcestershire Health and Care NHS Trust
Sally-Anne Osborne, Herefordshire and Worcestershire Health and Care NHS Trust
Louise Langston, Herefordshire and Worcestershire Health and Care NHS Trust
Maria Hardy, NHS Herefordshire and Worcestershire CCG
Stephanie Courts, Herefordshire and Worcestershire Health and Care NHS Trust

Catherine Driscoll, Chief Executive, Worcestershire Children First
Phil Rook, Director of Resources, Worcestershire Children First
Liz Altay, Public Health Consultant, Worcestershire County Council
Gabrielle Stacey, Assistant Director for SEND and Vulnerable Learners, Worcestershire Children First
Emma Brittain, Assistant Director of Family Front Door and Partnerships, Worcestershire Children First
Samantha Morris, Scrutiny Co-ordinator and
Alyson Grice, Overview and Scrutiny Officer

Available Papers

The Members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the Meeting held on 15 October 2020 (previously circulated).

(A copy of document A will be attached to the signed Minutes.)

457	Apologies and Welcome	<p>Apologies were received from Ms P Agar.</p> <p>The Chairman wished to put on record his thanks to the outgoing Chairman Councillor Oborski for all her work in leading the Panel for the last 3½ years. The Vice Chairman endorsed this and thanked Councillor Oborski for her very good leadership.</p>
458	Declaration of Interest and of any Party Whip	None.
459	Public Participation	None.
460	Confirmation of the Minutes of the Previous Meeting	<p>The Minutes of the Meeting held on 15 October were agreed as a correct record and would be signed by the Chairman.</p>
461	Update on 0 -19 Starting Well Partnership	<p>Attending for this item were:</p> <p><u>Herefordshire and Worcestershire Health and Care NHS Trust</u> Sue Harris, Executive Director of Strategy and Partnerships Sally-Anne Osborne, Associate Director for Children, Young People & Families Louise Langston, Clinical Services Manager</p> <p><u>Worcestershire County Council</u> John Smith, Cabinet Member with Responsibility for Health and Well-Being Liz Altay, Public Health Consultant</p> <p>Members were reminded that the Starting Well Partnership had previously been discussed by the Panel as the 0-19 Prevention and Early Intervention Service. The tender for the new service had been awarded to the Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT). The service had launched on 1 April 2020 and from the start, the service had had to work in a different way, in light of the COVID pandemic.</p> <p>Members received a presentation from the Clinical Service Manager, HWHCT. The following main points were made:</p> <ul style="list-style-type: none"> Starting Well Plus was a service offering intensive

home visiting to young mothers and families from other vulnerable groups. A task and finish group had been established to review Starting Well Plus and improve the service going forward.

- During the pandemic, face to face visits had been scaled back to only the most vulnerable. Others were offered virtual contact, although some families were reluctant or unable to use this.
- The pandemic had also had some positive consequences including the development of virtual breast feeding support and community support.
- Members were told about the half term hampers which had been delivered to vulnerable families as part of the HENRY scheme which promoted healthy eating.
- The families of children who had not re-engaged with school following the extended break due to COVID had been supported via a series of webinars for parents and young people provided by Parent Support Workers, School Health Nurses and CAMHS team members.
- In response to the reduction in face to face contacts, the Health Visitor Telephone Advice Service had increased from one line to six.
- The School Health Nurse Team was currently supporting the Worcestershire Local Outbreak Response Team (LORT). School Health Nurses were also implementing the School Screener digital assessment system to gather information about pupils' health in a Health Needs Assessment.
- A working group of Early Years providers, Early Years Advisers and Health Visiting teams had been set up to pilot the development of an integrated two-year review with the aim of gathering a more complete, holistic picture of a child's progress.

Members had the opportunity to ask questions and the following main points were raised:

- In relation to the distribution of Henry half term hampers, a Member informed the Panel that he had funded cookery classes for families in his division, and it was important to ensure that suggested recipes were those that people were able to cook with the ingredients provided. The half term hampers scheme was currently being evaluated and the effectiveness of the inclusion of recipes would be part of the evaluation.

- In the light of the government's recent decision to fund free school meals during the school holidays, a question was asked about what level of coordination there would be between different agencies. The importance of creating a seamless, joined-up approach was noted.
- A second Member noted the importance of cookery skills suggested that the lack of skills was not just a problem for vulnerable families. She went on to highlight the importance of sleep for children's ability to learn. It was agreed that sleep was one of the fundamentals for education in any setting and confirmed that parents were given advice and guidance on this.
- In response to a question about how the effectiveness of initiatives was measured, Members were informed that it could be quite difficult to obtain an evidence-based evaluation for community projects. The views of families were gathered and the service was looking to develop the use of an outcomes star (an evidence based tool) for future evaluations. It was important to be sure about what worked well and why it was working.
- It was confirmed that, although some families may have missed ante-natal or 6-8 week checks due to COVID restrictions, women had continued to be supported by community midwives throughout. All developmental reviews that were missed had now been completed whether face to face or virtually.
- It was confirmed that participation in Starting Well Plus was voluntary and acknowledged that those who would benefit most were often a very hard group to engage. Midwives would signpost families to the service and families themselves were sometimes able to engage other families in a form of peer support.
- A question was asked about what support was available to children who may have put on weight during the long break from school. It was confirmed that the Henry programme included practical advice on healthy eating and physical activities. In addition, local leisure colleagues were able to offer advice on virtual activities and organised walks. School health nurses also had a role to play.
- The importance of developing a quality assurance framework in order to ensure that the impact of the service was as intended, was noted. It was confirmed that quality assurance was in place but development of a framework was more

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challenging in relation to community projects.

- It was confirmed that there had been an overwhelming response to virtual support for breast feeding and this was definitely something that would continue in the future.
- If a family was identified as vulnerable but did not want to engage with service providers, it would be important for professionals to work together. The family may have engaged with one agency who could suggest other support available. Some families were more likely to respond to peer support. If there were concerns, the service would involve colleagues from children's social services.
- The Panel was informed that volunteers and peer supporters were recruited in many different ways, most having already been involved as service users. Training was provided and, although it was not currently accredited, the service followed the national volunteer standards and was considering purchasing quality standard accreditation.
- The number of Henry hampers provided during October half term would be confirmed with the Panel following the meeting.
- The Cabinet Member with Responsibility for Health and Well-being reminded Members that any service outsourced by Public Health would be subject to robust measures to monitor the service on a quarterly basis. It was confirmed that the Health and Care Trust had its own Quality Assurance framework and ways of monitoring impact but, as commissioners, the Public Health team also had a robust and lengthy set of performance indicators. The Trust and the County Council worked together to evaluate the effectiveness of services and develop them over time.

The Chairman thanked colleagues from the Herefordshire and Worcestershire Health and Care NHS Trust for their contributions. A discussion on how to move forward would be held later in the meeting.

Attending for this item were:

Herefordshire and Worcestershire Health and Care NHS Trust

Sue Harris, Executive Director of Strategy and Partnerships

Sally-Anne Osborne, Associate Director for Children, Young People & Families

Stephanie Courts, Lead Children's Nurse and Clinical

Services Manager

NHS Herefordshire and Worcestershire Clinical
Commissioning Group

Maria Hardy, Lead for Children and Maternity

Worcestershire Children First

Gabrielle Stacey, Assistant Director for SEND and
Vulnerable Learners

By way of introduction, the Associate Director for Children, Young People and Families reminded Members that they had previously discussed the assessment pathway for children and young people who may have autism in September 2019. The Clinical Commissioning Group (CCG) had supported the Trust by providing funding for the pathway as it was recognised that there were significant delays from referral to diagnosis. There had been significant progress but further challenges remained and the service was not yet where it wanted to be.

The Panel received a presentation from the Lead Children's Nurse and Clinical Services Manager (HWHCT). In the course of the presentation, the following main points were raised:

- Delays in Autism Spectrum Disorder (ASD) assessment had been a national and local challenge for some years. The Pathway had been re-designed in 2017 with an expected maximum of 40 referrals per month in mind. However, the level of referrals had varied between 40 and 100 per month causing significant delays.
- Investment from the CCG had been received in 2019. At that time, it had been very challenging to recruit staff with the right skills. However, it was confirmed that all posts had now been filled.
- The referral process had improved significantly since January, giving teams the right information in order to decide whether to proceed to an assessment. Members were reminded that teams were required to involve both parents in the process even if they were no longer together and this sometimes presented challenges and could be a cause of delay.
- In March all assessments for children on the pathway were halted following a Government directive that all non-essential services should be stopped due to the COVID pandemic. Medical staff were redeployed to an acute setting and

other staff were also redeployed to assist in the COVID effort.

- Virtual assessments, in particular for teenagers, had been trialled. Initially there were challenges with this approach but improvements were made and some assessments were still carried out virtually.
- Staff who remained in the team were able to hold virtual multi-disciplinary meetings which had focused on planning and diagnostic discussions. With reference to diagnostic discussions, the waiting time following assessment had reduced from 6 months to 4 to 6 weeks.
- At the start of lockdown, an email account had been set up for families who wished to seek support and this had been accessed by over 100 families. Web based training in emotional regulation had received more than 19,000 hits.
- The Panel received information on numbers of children currently waiting for individual assessments. Although waiting times for Speech and Language Therapy, Clinical Psychology, Occupational Therapy and Community Paediatrics had risen since July 2019, those for diagnostic discussion has fallen significantly. Waiting times from referral to planning were 4.5 weeks in September 2020 (well within the National Institute for Health and Care Excellence (NICE) guidelines of 15 weeks).
- The overall waiting time from referral to diagnosis was not where it needed to be although significant improvements had been made.

Following the presentation, Members were given an opportunity to ask questions and the following main points were made:

- The Chairman of the Panel recognised that, although there had been a significant improvement in waiting times, there was still a long way to go before the service was where it should be.
- A Member wished to acknowledge the substantial progress made in the last year despite the challenges of COVID-19. She went on to ask whether development of a child's Education, Health and Care Plan (EHCP) would run alongside the assessment process. In response, it was confirmed that for some children the two processes would run in parallel, although it was helpful if they were undertaken in the correct

order. Ideally the Umbrella Pathway would be concluded so any diagnosis could be included in the EHCP. However, the development of an EHCP was not dependent on a diagnosis and support provided in school was determined by observed needs rather than any diagnosis.

- In response to a question about what was being done locally to build up skills and attract talent, it was confirmed that the service had invested in staff skills.
- It was confirmed that the 4.5 weeks referral to planning were included in the 60.73 weeks referral to diagnosis and not in addition.
- Although international comparisons were not easily available, in terms of regional benchmarks, the service was about average. No local authority was doing quality assessments in a timely manner.
- The Panel was told that, in an ideal world, waiting times would be reduced by the end of the financial year. However, in reality this was more likely to take 9 months but sooner if possible. The aspiration would be to achieve an average waiting time of six months, recognising that some children would be assessed more quickly whereas for others the process may take longer.
- It was confirmed that, initially, COVID had resulted in fewer referrals although a large increase had been seen as schools had returned from September. There were fewer referrals when compared to last year and it was suggested that this was in part due to COVID but also a result of the new referral process which provided better information at the start in order to make the decision as to whether to go ahead with the assessment. It was acknowledged that the reduction in the number of referrals received was one factor in the reduction in timescales amongst others.
- Members were informed that a child's needs would still be met while undergoing assessment and a diagnosis should not have an impact on meeting those needs. Where possible access to services was not dependant on a diagnosis. However, Members were told about the Complex Communication Needs Team (part of the education service) which offered a traded service and a free service. Access to the free service was dependant on a diagnosis something which WCF was reviewing as it was felt to create a perverse incentive for families to seek a diagnosis.

**463 Review of
Delivery Model
for Medical
Education
Provision
Findings**

The Chairman thanked colleagues for their contributions and for their honesty about the challenges faced by the service. A discussion on how to move forward with the information received would be held later in the meeting.

The Assistant Director, SEND and Vulnerable Learners, updated the Panel on the review of the delivery model for medical education provision ahead of the findings and proposals being discussed at Cabinet in February 2021.

The Panel received a presentation and the following main points were made:

- The Service was now at a point where the findings of the review could be assessed and plans could be made for implementation of a new delivery model.
- The cohort of children using the medical education service had changed over time and the service now saw more children with mental health difficulties. Approximately 80% of children referred to the service had low mood or anxiety.
- In June 2020 Cabinet had approved an extended timetable for the review as COVID-19 had made it difficult to engage with stakeholders especially families and health colleagues. This engagement work had been completed in July 2020. Task and finish groups were held in October to develop a series of proposals which were circulated to stakeholders and made public via a webinar.
- The proposals would be considered by Cabinet in February 2021 by which time there would be a clear implementation plan. There was further work to be done on financial modelling, legal implications and HR issues.
- It had been important to include all stakeholders in the co-production process to ensure an authentic voice and early buy-in for the proposals.
- Feedback from children and young people highlighted many positives about the current service. Parents and carers appreciated the small nurturing environment and the flexibility in learning provision. Parents also welcomed the support for how to meet their child's needs.
- Schools wanted to see a wider curriculum with both short and long-term provision which maintained continuity with the GCSE curriculum for older pupils.
- Feedback from Medical Education staff included pragmatic questions, such as where the service

would be located, continuity of staffing and the implication of Ofsted registration.

- Health colleagues recognised the changes in the cohort of children attending medical education provision and the need for a jointly commissioned approach to meet children's welfare needs as well as their educational needs. With reference to children with an autism diagnosis, it was recognised that there was a growing cohort who had high anxiety but were academically able, and the service would work with mainstream schools to develop mainstream autism bases to meet the needs of this cohort.
- The proposed pathway was based on a preventative approach and recognised the input needed from the whole system. It aimed to intervene early to prevent issues escalating allowing children to remain in mainstream provision. It recognised that, for some children, there may be a need for a short period of recovery and rehabilitation in a safe environment with a focus on recovery and reintegration.
- Interim interventions would see the creation of a Multi-Agency Assessment Panel to offer advice and guidance to schools. At this stage it was accepted that some children may need a short period out of school at a registered base. There may also be an increase in outreach to schools and hospitals at this stage to provide direct advice and guidance to meet a child's needs.
- An emergency referral process would also be included for children who needed to come out of school immediately.
- It was hoped that provision would be registered by September 2021 to allow quality assurance through Ofsted. It may be that provision could be linked with an existing setting to access the benefits of the wider curriculum and social opportunities.
- Medical education provision should prepare pupils for the next stage in their learning, building skills and recognising it was part of a pupil's progression and not a destination.
- Details of the proposals had been shared with stakeholders and further analysis was being undertaken from a HR, legal and finance perspective.

Members had the opportunity to ask questions and the following main points were made:

- A Member of the Panel welcomed the move to register with Ofsted and recognised the need for external quality assurance. She went on to suggest that the final proposals should look to physically separate medical education provision from the primary pupil referral unit in Kidderminster.
- Concern was expressed that, although the medical education provision provided a secure and safe environment for very traumatised children, the team did not currently take steps to obtain EHCPs for those children who may need it for protection and support when they returned to a mainstream setting.
- The Assistant Director agreed that the current Kidderminster site was not an appropriate physical environment and she recognised the vulnerability for some young people of co-location with the PRU.
- It was confirmed that there were currently 48 children accessing the service, 15 of whom were in Worcester, 13 in Redditch and 15 in Kidderminster. There were also 4 children being supported at home, 1 in hospital-based provision and 10 children awaiting placement. Towards the end of the year this could rise to approximately 70 children and young people.
- The Panel was informed that work had been done to reduce the average amount of time spent within the service as, for some young people, the provision could become a barrier to returning to mainstream provision. The aim was to achieve an average of 2 terms' attendance.
- A question was asked about whether preventative work in schools in relation to children's mental health was leading to an improvement in the situation. Members were informed that over time there had been increasing levels of anxiety. However, some of the adjustments schools had put in place as a result of COVID had reduced levels of anxiety, for example teachers moving from room to room rather than pupils having to move.

It was agreed that the Panel would receive a further update at its meeting on 29 January 2021 ahead of the Cabinet discussion in February.

The Panel was updated on performance information relating to Quarter 2 (July to September 2020), financial information for period 6 and emerging pressures and

Monitoring and 2021-22 Budget Scrutiny

challenges for services ahead of setting the budget for 2021/22.

The Director of Children's Services informed the Panel that she was very pleased and impressed with the performance data from WCF particularly at the time of the COVID pandemic.

Children's Social Care

The Assistant Director, Family Front Door and Partnerships introduced the performance information for children's social care and made the following main points:

- The Family Front Door (FFD) had seen a significant increase in demand during this period. On average, the FFD would see 800 referrals per month whereas this had increased to 1500 per month.
- Although some of the referrals related to high risk concerns, there were also some that were classed as low risk, such as calls relating to breaches of COVID regulations. Despite the rise in demand, the service had been able to respond with decisions made within 24 hours for 91% of calls.
- 91% of social work assessments had been carried out within timescales.
- There had been a slight increase in the number of repeat social work assessments but this figure remained below England national levels. This was to be expected given the increase in demand.
- Challenges for the service related to an increase in domestic abuse and mental health concerns (of both adults and children). There had also been an increase in concerns relating to physical health, disability and illness with COVID restrictions having had an impact on family support networks.
- The number of looked after children had risen slightly from 822 last year to 834 this year.
- 96% of looked after children reviews had been completed within timescales and the service had kept in touch with 95% of care leavers.
- There had been an increase in the number of children on child protection plans. In part this was due to the fact that, in phase one of the COVID plan, it had not been felt appropriate to take children off plans at a time when families might be more in need of support.
- Members were informed about a new project being undertaken with partner agencies in relation

to safeguarding babies. In particular, this project would look at babies born in 2020. Work would start in December.

- In relation to Children in Need, again these cases were not 'stepped down' during COVID leading to a slight inflation of the figures.
- There had been a reduction in the number of missing children during this period, although some of this reduction could be due to COVID restrictions.

Members raised the following main points:

- A Member wished to congratulate all staff who had been working throughout the pandemic. She went on to express concern about the timeliness of missing from home return interviews. In response, Members were informed that work had been done to understand this lack of engagement and it had shown that young people often did not see the point of the interview as they did not see themselves as missing or at risk.
- The Assistant Director agreed that young people were often more comfortable with contact being made via the virtual world. However, she also praised the work of the outreach team which had continued visits to vulnerable children. Since September, all visits to all children had been face to face.
- In response to a question about the quality of police referrals, Members were informed that a new police portal had gone live that week to support levels of need decision making.
- It was confirmed that the figure of 115 with reference to missing children referred to episodes rather than individual children.
- The Panel noted that children in care could be placed in foster care, residential care or with extended family or friends (as approved foster carers). This was also known as kinship care.

Education and SEND

The Assistant Director for SEND and Vulnerable Learners introduced the education performance data and made the following main points:

- Members were reminded that Ofsted had paused its visits to schools from March to September. Visits had now restarted but these were intended to be supportive visits rather than inspections and

would not result in a judgement.

- Attendance levels had been maintained year on year and were better than the national average.
- Permanent exclusions were down slightly and it was suggested this reflected adjustments made by schools in relation to COVID.
- Enquiries in relation to elective home education (EHE) were being monitored to ensure that parents understood that EHE was not the same as remote learning with school support. It was important that parents were able to make informed choices.
- Figures for young people who were not in education, employment or training (NEET) peaked in September and would reduce when young people's destinations post-16 became known. The impact of COVID on this was not yet clear.
- Members were told that an Early Years Area Learning Advocate had been recruited to support settings in the development of Personal Education Plans for early years pupils.
- SEND data was very positive. Post-16 graduated response guidance had recently been completed offering advice to post-16 settings on how to support students with SEND.
- Positive feedback had been received from the DfE on improvements to the number and timeliness of EHCPs. It would now be important to move on to quality assurance of the plans.

In response, Members raised the following main points:

- A Member noted that the majority of schools now judged as inadequate or requiring improvement were academy and free schools rather than local authority maintained schools. It was confirmed that the Regional Schools Commissioner would be involved in the improvement journey for free schools and academies.
- Concern was expressed about the number of children being electively home educated (EHE). It was disappointing that it had not been possible for the planned scrutiny into EHE to take place. Particular concern was expressed about children with an EHCP who were home educated. It was confirmed that if officers had concerns about a family's ability to home educate, they would talk to the parents about a child's need to be in school.
- The Director of Children's Services confirmed that the local authority would not support a looked after

child being electively home educated.

Budget Monitoring 2020/21

By way of Introduction, the Director of Resources made the following main points:

- Overall, the Council was broadly on budget, although COVID costs had exceeded grants received. The Council was in a good position when compared to some other local authorities.
- As at period 6, the Dedicated Schools Grant was forecasting a £2m overspend. This was depressed due to COVID and it was anticipated this would increase. Key pressures remained as previously reported to the Panel, namely out of county provision and post-16 provision in the High Needs block.
- Increased funding had been provided for the High Needs block but this would not keep pace with demand. Members were reminded that this was a national issue.
- WCF budget monitoring showed a forecast overspend of £800k which equated to 0.6% of the budget and was mainly due to the cost of placements for looked after children. This was very good when compared to other local authorities.
- In response to a question about how much Corporation Tax had been paid by WCF, Members were told that this had been assessed as £120k but had not yet been paid. A request had been sent to HMRC to assess the model used and a response had not yet been received. Other local authorities had been successful in this challenge but it was important to prepare the financial statements with the worst case scenario in mind.
- It was confirmed that a corporate group (including transport colleagues) was looking at home to school transport as part of the budget process.
- As a result of COVID, there was a potential future budget pressure resulting from a change in the use of Short Breaks from groups to 1:1. It was suggested that initially this pressure could be in the region of £300k. Further modelling would need to be done to see the whole year picture.

2021/22 Budget Emerging Pressures and Challenges

During the course of the discussion, the following main

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Children First
Progress
Report**

points were made:

- The County Council was still under the direction of the DfE to support WCF to continue to improve services.
- Members were reminded that, as part of budget setting, the Council and WCF had to agree a contract price. This process had already started and would be agreed by the time the budget was set in February. It was confirmed that WCF had a good working relationship with the Council.
- The biggest budget pressure would be in demand for placements for looked after children.
- It was noted that savings of around £3m would be required in 2021/22. It was confirmed that this would be achieved through efficiencies and restructuring. Although this would be a challenge, WCF was confident it could be done without affecting service delivery. The Company would also look to increase income from traded services.
- Members were reminded that 50% of the WCF budget was made up of demand-led services (ie placements and home to school transport).

The Panel was presented with a joint report by Worcestershire County Council (WCC) and Worcestershire Children First (WCF) which had been submitted to the Department for Education (DfE) and set out details of progress made during WCF's first year of operation.

The Director Children's Services (who was also Chief Executive of WCF) reminded Members that the County Council was still under the direction of the DfE. Part of that direction had been to set up an alternative delivery model and WCF had been launched on 1 October 2019. The top priority had been to improve outcomes for children and Worcestershire remained the only local authority which had improved its children's services prior to the alternative delivery company being set up. Relationships between the County Council, WCF and partners were important in improving outcomes.

In summary, the first year had seen very good performance across the piece and the trajectory of improvement was upward even during the COVID pandemic. The Director expressed her thanks to all staff involved and to scrutiny for its critical friend approach.

Members were given an opportunity to ask questions and the following main points were raised. The Director of

Children's Services also confirmed that she was happy to answer any questions by email after the meeting if Members preferred.

- A Member welcomed the excellent report. It was confirmed that the good relationship between WCF and WCC had not happened by accident but was the result of good leadership and staff relationships. The setting up of the company was a construct and, in reality, the same staff were working in the same way, in the same place and within the same legal framework.
- The Director of Children's Services was accountable to the County Council but was also a demanding customer in relation to WCC support services, such as legal, property and HR.
- Another Member welcomed the report and praised staff for their achievement. She went on to remind the Panel that some scrutiny Members had been sceptical about whether the Panel would get the same level of information and support from WCF, but she was able to report that this had not been the case.
- In relation to the increase in contacts to the Family Front Door relating to domestic abuse, a question was asked about whether additional support and training would be provided for staff, both social workers and staff in schools. In response, the Director of Children's Services expressed concern about the 'hidden harm' agenda following the return to school in September. She reminded the Panel that an increase in contacts did not necessarily mean that all referrals represented children at significant risk of harm. However, the volume of contacts meant that it was more difficult to identify those cases.
- The Panel was reminded that the workforce at the Family Front Door was made up of experienced and permanent members of staff who were able to deal with the volume of referrals. Work had been undertaken to look at hidden harm areas such as county lines, parental drug and alcohol misuse, parental mental health and unemployment. Staff were identifying these issues and responding appropriately.
- Concern was expressed that COVID had resulted in greater difficulty in moving children on to permanent arrangements and the impact on children of this delay. Members were reminded that family courts had been closed at the start of the pandemic which had caused delays; however,

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courts were now open. The challenge for WCF was to control the number of children and young people who needed to go into residential care by, for example, services like Supporting Families First (formerly known as edge of care).

The Chairman thanked all of those who had attended for this item.

The Panel reviewed its 2020/21 work programme and considered whether any action was required in relation to previous agenda items.

Update on 0-19 Starting Well Partnership (item 5)

It was agreed that:

- When evaluating the Henry half term hampers scheme, thought should be given to whether families had the necessary cooking skills in relation to the recipes provided.
- In the light of the recent Government announcement that funding would be provided for provision of Free School Meals in school holidays, care should be taken to ensure coordination between different agencies to provide a joined-up response.
- Further thought should be given to developing effective methods of evaluation of community projects in a joined-up way.
- It was agreed that the number of Henry hampers provided in October half term would be provided to the Panel.
- The Panel wished to encourage further Quality Assurance modelling and would welcome further details on WCC's quarterly performance monitoring processes.

The Panel wished to receive a further update in 12 months.

Update on the Assessment Pathway for Children and Young People who may have Autism (Item 6)

Although the Panel acknowledged the significant progress made, they were still very concerned about the length of waiting times from referral to diagnosis, and the impact on families.

It was agreed that the Panel would wish to see any available benchmark data about waiting times in other

comparable authorities and would welcome further information on how the Service recruited and retained staff, including any incentives/benefits provided.

The Panel wished to receive a further update in 12 months.

Review of Delivery Model for Medical Education Provision Findings (Item 7)

The Panel would receive a further update at its 29 January meeting ahead of discussion at Cabinet in February.

Performance, In-Year Budget Monitoring and 2021/22 Budget Scrutiny (Item 8)

It was agreed that the Chairman would report back to OSPB in relation to emerging budget pressures, in particular on home to school transport and placements for looked after children.

The Scrutiny Team would update the Panel's work programme in the light of these discussions.

The meeting ended at 1.24 pm

Chairman