

Lancashire County Council

Education and Children's Services Scrutiny Committee

Tuesday, 18th January, 2022 at 10.30 am in Microsoft Teams Virtual Meeting - Teams

Agenda

Part I (Open to Press and Public)

No.	Item
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1.	Apologies
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2.	Disclosure of Pecuniary and Non-Pecuniary Interests
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Members are asked to consider any pecuniary and non-pecuniary interests they may have to disclose to the meeting in relation to matters under consideration on the agenda.

3.	Minutes of the meeting held on 7 December 2021	(Pages 1 - 6)
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4.	Children Looked After - Education, Employment and Training, Housing, School Transitions, and Health	(Pages 7 - 18)
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5.	Public Health Children's Update and Areas of Concern	(Pages 19 - 30)
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6.	Education and Children's Services Scrutiny Committee Work Programme 2021/22	(Pages 31 - 38)
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7.	Urgent Business
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An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the minutes, the chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the chief executive should be given advance warning of any member's intention to raise a matter under this heading.

8. Date of Next Meeting

The next meeting of the Education and Children's Services Scrutiny Committee will be held on Tuesday 22 February 2022 at 10.30am in Committee Room 'A' – The Tudor Room, County Hall, Preston.

County Hall
Preston

L Sales
Director of Corporate Services

Lancashire County Council

Education and Children's Services Scrutiny Committee

Minutes of the Meeting held on Tuesday, 7th December, 2021 at 10.30 am in Committee Room 'A' - The Tudor Room, County Hall, Preston

Present:

County Councillor Andrea Kay (Chair)

County Councillors

J Berry	N Khan
S Barnes	J Mein
A Cheetham	Rigby
S Clarke	M Salter
S Hind	J R Singleton JP
T Hurn	R Woollam
S Jones	

Co-opted members

Mr John Withington, Representing Parent Governors
(Primary)

County Councillors Steve Rigby and John Singleton JP replaced County Councillors Barrie Yates and Ash Sutcliffe respectively for this meeting.

County Councillor Sobia Malik also attended virtually for this meeting.

1. Apologies

Apologies were received from County Councillor Rupert Swarbrick, and Simon Smith.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

County Councillor Samara Barnes declared a Non-Pecuniary interest on Agenda Item 4 as she runs a National Mental Health Program within schools.

3. Minutes of the meeting held on 9 November 2021

Resolved: That the minutes from the meeting held on 9 November 2021, be confirmed as an accurate record, and signed by the Chair.

4. Emotional Wellbeing and Mental Health Services - Children and Young People

Dave Carr, Director of Policy, Commissioning and Children's Health, Lancashire County Council, Marie Demaine, Health, Equity, Welfare and Partnerships, Lancashire County Council, Fleur Carney, Director of Mental Health, Learning Disability and Autism, NHS Lancashire and South Cumbria, Helen Rimmer, Service Redesign Manager, NHS Midlands and Lancashire Commissioning Support Unit and David Keegan, Counselling Psychotherapist, Supervisor and Trainer MBACP presented a report to members of the Education and Children's Services Scrutiny Committee, giving an overview of the current demand in services such as Mental Health, Early Help and Eating Disorders. Also in attendance were Mairead, Mariam, Georgia, Braeden, and Amba representing the Lancashire Youth Council.

The presentation covered the following topics:

- The demand on services such as Mental Health, Early Help and Eating Disorder Services.
- The response provided during COVID-19.
- The Mental Health support teams.
- The transformation phase.
- The plans moving forward.

The committee was taken through each of the topics in turn during the presentation and members of the committee were invited to ask questions at the end of the presentation. The Youth Council representatives in attendance at the meeting also provided a presentation to members of the committee on a 'Study of Mental Health from the Viewpoint of Young People'. It was noted that a copy of both presentations was attached to the agenda.

In terms of the questions raised by the committee, the following points were clarified:

- Concerns around lack of capacity was raised and members questioned what can be done to prevent this from happening again. It was noted that the capacity is reviewed throughout the year, and if some districts received more referrals than others, capacity will be offset and shared out accordingly. It was recognised that lack of capacity was an issue last year (2020/21) and are actively looking into preventing this from happening again.
- In terms of reasons why the number of referrals would differ by district, it was noted that the difference remained unclear, but a potential reason was that there were different early help offers based in different communities outside the offer provided by the county council and the NHS. Therefore, it was possible that the community-based offers were being taken up in some areas as an alternative.

- Members highlighted that the figures for Eating Disorders provided in the presentation were only provided in binary genders and asked if there was a reason behind this. It was clarified that there was no specific reason for why the information was provided in only binary genders and it was stated that the information could be provided in different ways if requested.
- Members asked a question to the young people in attendance at the meeting from the Lancashire Youth Council on where they would normally obtain information to receive support, and it was noted that there were a number of different ways such as approaching their form tutors or to the dedicated person in the school with responsibility of care, who can ascertain the right pathway for support that they required. However, it was also noted that although the support being provided was improving, more support was still needed, such as improving awareness on the different services available, that young people could access. From this information, members asked what they could do better to improve the availability of information for young people. It was identified that bright, colourful posters may be appealing without too much text to read and information could be reviewed during form-time. Members queried if information on the school's websites would be useful. It was also noted that a simple tool could be a box available within a school to post slips of paper at the student's ease, which would be picked up by the staff and the student approached and offered support.
- Members requested if more targeted work could be undertaken on improving self-care for young people in deprived areas and to integrate this into the existing services. The NHS noted this is a challenge as services are more reactive, however changes could be made to provide a more proactive and preventative service. Members requested feedback on what the targeted work looks like.
- It was noted that the figures relating to the longest waiting times for accessing Mental Health Services wasn't available to be given to the committee at the meeting but could be circulated to members. It was clarified that in the presentation, there were no start and completion dates shown on the Mental Health School Teams timeline due to the training being provided at different times, but it was stated that the training was on track.
- Members requested if more information could be circulated to members of the committee in relation to the training that was provided to the Mental Health Support teams at Blackburn with Darwin, Morecambe, and East Lancashire on what the outcomes were following the first year of training.
- In terms of waiting times for Crisis line responses and how many of those staff members answering the phones were trained on using British Sign Language, it was noted that the number of calls made to the Crisis line, including how quickly the calls were answered were extracted in a report that was produce monthly. The report also contained information on how many calls never received a response.
In terms of how many staff members were trained on using the British Sign Language, it was noted that this was not currently known, and it would be something that would need to be requested from the various of providers.

It was also highlighted that the Crisis lines were operated by fully trained staff and the staff members could either support the person directly on the phone or direct them to receive further support, if required.

- Members requested if further information could be provided to the committee on what support was being given to schools to develop their own programs to help in supporting children with mental health issues. It was noted that some schools had set up their own peer support groups where students would speak to other students, instead of speaking to a teacher. It was also noted that ensuring support networks were set up locally within a school was beneficial and that the authority and the NHS were willing to support the schools when the support was needed.
- Members enquired on what work was being done to ensure that the target set for the Mental Health service demand was achievable and was continued to be delivered, and it was noted there was a constant review of pathways to ensure that the right service was continued to be delivered for that person and regular meetings were being held with the providers to make sure that the outcomes were continuing to be delivered and not just achieving the targets that had been set.
- It was clarified that the Voluntary, Community, Faith and Social Enterprise (VCFSE) partners were community-based organisations that worked locally in each district and that they were supporting the delivery of the services. It was also noted that work was in progress to contact the voluntary care sector to determine their ability in providing support for the next year.
- Members raised concerns that the same issues experienced over many years were still being experienced, and what assurances could be given to addressing those issues. It was noted that lessons had been learnt from previous years and were acted upon. Work was being done on different ways of working to help address those core issues, but it was noted that more work was still needed.
- Members asked what was being done to address the stigma surrounding mental health issues and to prevent mental health issues from beginning to develop. It was noted that nationally work was being done, such as the appointment of Dr Alex George, as the Youth Mental Health Ambassador by the Government. However, it was recognised that there was still a stigma attached and people in certain age groups, certain sexes, and certain ethnicity, still don't talk about the issues.
- It was suggested that the Corporate Parenting Board could consider conducting a review for children in care to understand the variety of pathways available for mental health support.
- It was challenged that the process of diagnosing anorexia was perceived to be out of date (service users need to reach a specific BMI before being referred for treatment). It was acknowledged by the NHS that this is being challenged internally.
- Members requested if updated posters could be provided to all schools and colleges, listing who to contact for advice and support.

The Chair thanked everyone for attending especially the guests and presenters and the youth council for their participation.

The following actions were agreed:

- Conversations have begun regarding Crisis line posters in schools, and feedback to be provided to members as an update.
- Feedback to be provided to the committee on targeted intervention work in deprived areas.
- Data to be provided from the routine Eating Disorder referrals to include information on the longest waiting time not seen within the four-week period.
- Information to be circulated to the committee in relation to the training that was provided to the Mental Health Support teams at Blackburn with Darwin, Morecambe, and East Lancashire on what the outcomes were following the first year of training.
- Feedback to be provided on how many NHS staff within the Mental Health teams are trained in British Sign Language.
- The Corporate Parenting Board (with agreement from the Corporate Parenting Board Chair) to consider exploring tools available so children and young people in care have access to the relevant information on various mental health support services.

Resolved: That, following consideration of the information presented on emotional wellbeing and mental health services, the following recommendations be made:

- i. The implementation of contact cards for children and young people's mental health services for all councillors.
- ii. Information on local support for children and young people identified and provided to all schools.
- iii. Request to schools to place referral information and guidance on their websites.
- iv. A Bite Size Briefing for all councillors on pathways into children and young people's mental health services be arranged.
- v. A report provided to a future meeting of the committee, to include information on impact and outcomes.
- vi. Consideration for a future scrutiny inquiry day to:
 - a. Review with youth services the youth council groups in all districts with a view to understanding how to increase participation, more effective utilisation, and better communication with schools.
 - b. Review the availability and accessibility of information to schools on resources available to support early intervention.

5. Education and Children's Services Scrutiny Committee Work Programme 2021/22

The committee received a report which provided information on the work programme for the Education and Children's Services Scrutiny Committee.

The topics included in the work programme were identified at the work planning workshop held on 5 July 2021 and at subsequent meetings.

Resolved: That, the Education and Children's Services Scrutiny Committee Work Programme 2021/22 be noted.

6. Urgent Business

There were no items of Urgent Business.

7. Date of Next Meeting

It was noted that the next meeting of the Education and Children's Services Scrutiny Committee would take place on Tuesday 18 January 2022 at 10.30am.

L Sales
Director of Corporate Services

County Hall
Preston

Agenda Item 4

Education and Children's Services Scrutiny Committee

Meeting to be held on Tuesday, 18 January 2022

Electoral Division affected:
(All Divisions);

Corporate Priorities:
Caring for the vulnerable;

Children Looked After – Education, Employment and Training, Housing, School Transitions, and Health

Contact for further information:

Brendan Lee, Head of Service Looked After Children and Leaving Care,
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Brief Summary

This report has been prepared for members of the Education and Children's Services Scrutiny Committee to provide a progress update in relation to work being carried out in three specific key areas:

- Children and Young People not in Education, Employment or Training
- Children, Young People and Housing
- Children, Young People and School Transitions

Recommendation

The Education and Children's Services Scrutiny Committee is asked to:

- i. Discuss the report and information presented.
- ii. Consider any recommendations to further support the work of the Looked After Children and Leaving Care Service.

Detail

Introduction

Lancashire's Children's Permanence Service

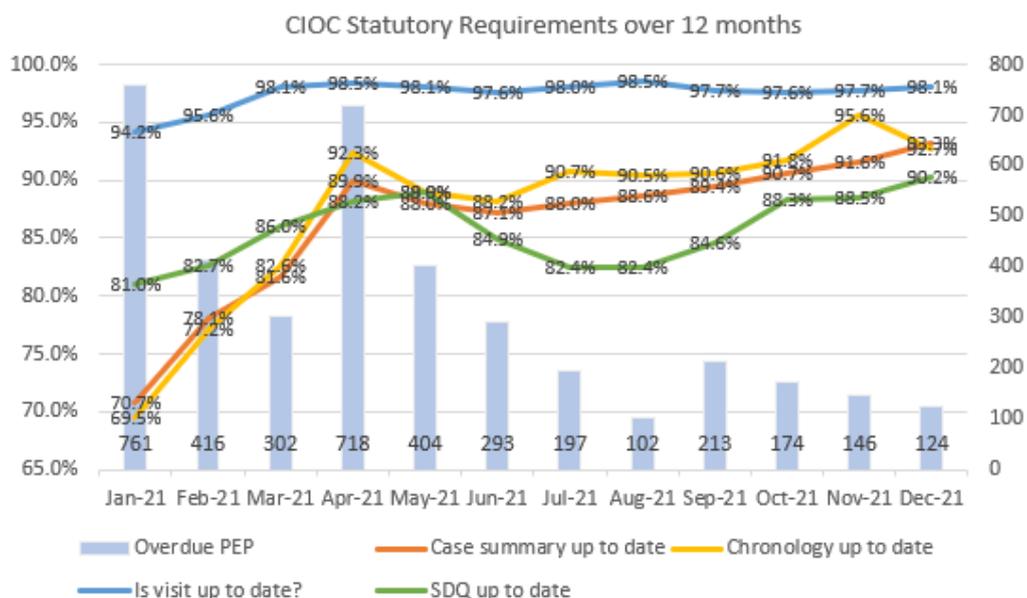
Following the remodelling of Children's Services implemented on 04 January 2021, the Permanence Service was formed and is made up of the Children in Our Care teams and Leaving Care teams. The service focusses on supporting our children who are Looked After with a plan of permanence and our Care Experienced young people.

The ethos and culture of the service is very much based on ensuring that our children and young people are fully involved with every decision - no matter how big or small, and that our children and young people feel valued and are truly integral to shaping the services that we deliver for them.

The move to operate a functionality-based model of service delivery across our Children's Services has enabled the Permanence Service to develop areas of specialism that are showing to really benefit our children and young people and for social workers and personal advisors to be supported by a management team dedicated to our Looked After Children and Care Experienced young people.

This has introduced a degree of internal scrutiny and focus, which in turn has led to improved services that we are providing to our children and young people. Our data shows:

- we are seeing our children in a timelier manner;
- their case files are more accurate and up to date;
- we are responding to their education needs; and
- we are assessing their emotional wellbeing more frequently.



The above graph shows that on average we are visiting 97.4% of our children within statutory timescales, but currently this stands at 98.1%. Since August 2021, the services we deliver our children have improved month on month, in terms of ensuring their education needs and mental health needs are known, and key important documents are captured on their case file.

In addition, our audits are telling us that the quality of the work we are delivering to our children has much improved with 55% of audits graded as "Good".

The appointment of a Senior Project Lead and Practice Development Lead for the service has provided additionality which is proving invaluable and allowing the service to progress key developments, initiatives, and projects and pieces of work that contribute to improving outcomes for our children and young people.

Children and Young People not in Education, Employment, or Training

Current Data and Trends

Currently, there are more young people in education, employment, and training than during the same period in 2020. This is despite the impact of COVID-19 and lockdowns on education providers, students, and employees.

Cohort	EET 2021	EET 2020	UNKNOWNNS 2021	UNKNOWNNS 2020
CLA (16+- 17)	80.4%	79.3%	0%	8.5%
Care leavers (18-20)	52%	47%	1%	2%

Strategy and Actions

In October 2020, the Corporate Parenting Board (CPB) approved the Children Looked After/Care Leavers Education, Employment, and Training (EET) Strategy and Action Plan.

An update on the actions is presented each CPB meeting to allow the board to monitor progress in EET, which is one of the board's key priorities.

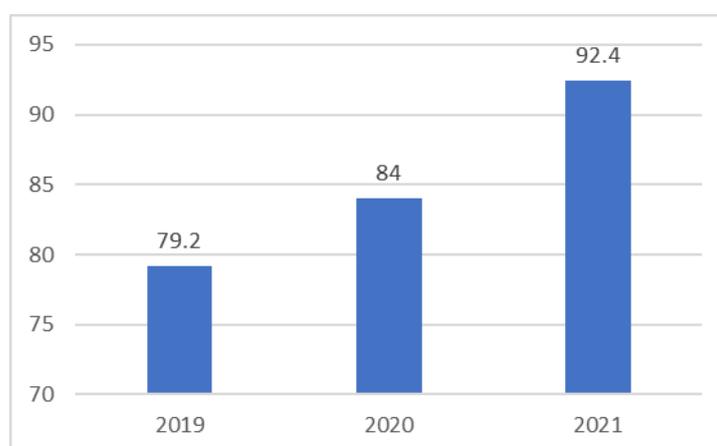
An EET Strategy and Action Group meets regularly to assess progress and determine actions. To date this has been a joint group for Children's Social Care (Children in our Care and Leaving Care teams) and the Virtual School for Children Looked After and Care Experienced young people. The membership is to be extended to include representatives of further education colleges, employers, and other relevant services.

The key principles for the strategy are based on:

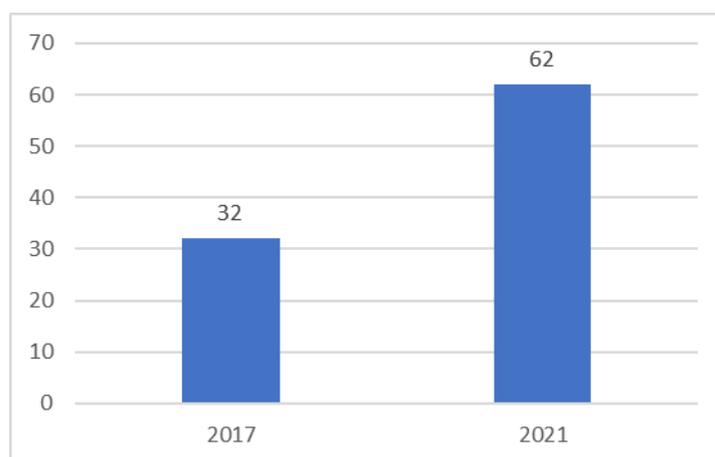
1. Corporate Parenting responsibilities being owned and implemented by all relevant services, agencies, and partners.
2. Key performance indicators are identified to measure progress of the impact the EET strategy and to enable the CPB to review and make relevant changes to the strategy if required to achieve the desired outcomes.
3. All relevant services, agencies, and partners lead on, and are accountable for different sections and themes of the strategy according to their expertise.
4. Raising aspirations and expectations both for our young people and all those that support them.

Examples of Key Performance Indicators and Current Data:

Every year 11 leaver young person to have an intended EET destination:



Number of young people attending university to increase:



EET Support for Our Children in Our Care and Care Experienced Young People

- All our children who are Looked After have a social worker until they reach the age of 18 years, and in addition from 15¾ years an allocated personal advisor from the Leaving Care Teams. Supporting the young people to access and sustain employment is a high priority of the role of the personal advisor.
- All our children who are Looked After have a Personal Education Plan up to the age of 18 years. From September 2020, a bespoke Personal Education Plan template for children in key stage 5 (age 16+ to 18) was introduced. This provides a more age-appropriate template and a greater focus on stretching targets and aspirations and the support required to achieve these.
- All our children who are Looked After and our Care Experienced young people from 16 years to 25 years have a Pathway Plan, which supports their journey to independence including employment.

- The Virtual School 16+ lead officer tracks the progress and outcomes for our key stage 5 young people (age 16 – 18 years) and works closely with the colleges and training providers.
- The Virtual School has an Employment Support Team of nine qualified employment officers, who provide career information for all Lancashire Looked After Children in our schools from year 9 to year 11 (age 14-16). This includes advice on GCSE choices, career pathways, access to work experience and an action plan for each young person. This has resulted in an increase in the number of Year 11 leavers who have a planned EET destination.

The team support young people into training and employment as required, up to 25 years old, when referred by their social worker or personal advisor, or the young person themselves.

Work placement, apprenticeship, and employment opportunities are sourced from within Lancashire County Council and external employers.

To help support our young people who for several reasons are not yet ready for the world of work, a 16-week Preparation for Employment course has been devised and delivered by the team.

Summary of Outcomes:

- Between April 2020 and March 2021, the Employment and Support Team received 180 new referrals for Children Looked After/Care Experienced young people aged 16-25.
- 264 success events were held from April 2020 to March 2021, even though COVID prevented many activities from taking part. COVID has made it difficult for young people to start work, so many have chosen to gain skills at college and start work when businesses start to open.
- Two of our young people were supported into employment during April 2020 and March 2021.
- 83 of our young people have had a funded employment opportunity so far April 2021 to October 2021.
- Young people who have special educational needs and have an Education, Health, and Care Plan also have support from the Inclusion Service, who have a named officer to support EET for their young people.
- A range of activities and events are held jointly with universities and colleges to support access to higher education. The Empower Academy programme provides a programme for year 9 to 11 to learn about university life and opportunities.
- A regular forum for Further Education providers meets with the Virtual School post 16 lead officer and Children's Social Care officers, to further improve our partnership working and develop their 'offer' of support for our young people.

Children, Young People and Housing

A number of significant and positive steps forward have been taken over the year in relation to our Care Experienced young people and housing. However, this is balanced against key challenges that our Children in Our Care face, noting that these are national challenges and not Lancashire specific.

Care Leaver Accommodation Protocol

Following consultation with all twelve districts, providers, registered social landlords, the Department for Levelling Up, Housing and Communities (formerly Ministry of Housing, Communities and Local Government) and our young people, the Permanence Service has developed a protocol to ensure all our Care Experienced young people can have their own home when they are ready. The protocol is undergoing some final amendments ready to be launched in the New Year. We have a county councillor lead for this piece of work who will support us to embed this protocol within the districts. The success of the protocol will be reviewed at the Corporate Parenting Board.

Lancashire House Project

With the support of our Care Experienced young people, we have successfully secured acceptance on to the National House Project. Nationally, the project has supported 250 young people, with 141 of these young people living successfully within House Project properties and no evictions or tenancy break downs having occurred.

The House Project takes an innovative and ground-breaking approach to enabling young people to secure their own home and independence. It works on cooperative principles through which adults and young people in and leaving care, work together to refurbish properties that become their homes and build a long-term community of support.

As one of only thirteen local authorities that have been successfully accepted onto the programme, this is seen as a real achievement for Lancashire and for our young people - and will make a real positive difference for our young people.

The House Project will be staffed by one coordinator and two facilitators with an aim of securing ten social housing properties for ten young people in the first co-hort. Young people will be able to take part in the learning programme which is accredited by AQA and is linked to the ORCHIDS psychological framework.

We are currently at stage 3 (Project Set-up) of the implementation process. We are looking to recruit the staff early next year and identify a base for the project.

Project implementation (first group of young people) is due to take place at the end of year 1.

Foster Care Sufficiency

The proportion of our Children Looked After living in a foster home has steadily increased throughout 2021, rising from 63.6% in January to 64.3% in November. This increase is due to a significant reduction in the number of our children in our care, rather than an increase in the number of children living in foster homes. Since the start of the year, there are 95 less Lancashire children in a foster home, with reduced numbers delivered by both the in-house fostering service and Independent Fostering Agencies (IFA). However, the number of IFA foster homes has fallen more significantly and accounts for 70% of the overall fall in 'non-connected' foster homes.

The challenge of finding foster homes has increased in recent months, with many IFAs reporting that they do not have any carers available. This is not a Lancashire specific issue, but an issue across the region and nationally. The shortage of available carers has led to a number of our children who have a plan for fostering having to be placed in a children's home. Work to secure these children a foster home is and continues to be a priority for the Permanence Service, our colleagues, and partners.

Children's Home Sufficiency

The number of our Children in Our Care living in a children's home has remained fairly consistent throughout most of 2021. However, there has been a sharp rise in numbers in the last few months, 8 more in October and 15 more in November. There are now 211 children living in a children's home, compared to 185 at the start of the year. The proportion of our children living in a residential children's home has significantly increased from 8.8% in January to 11% by 30 November, as has the cost, with the average weekly cost now £415 more than it was at the start of the year.

Currently, the county council is largely reliant on agency providers for our children and young people with more complex behaviours/needs. Where agency providers are not prepared or able to deliver regulated provision for a young person, the county council can be left with no choice but to have to place children in unregulated provision. Since September 2021, however, it has become unlawful to place any child aged under 16 in unregulated provision. In response, we have sought to increase in-house provision to meet need.

In January 2021, Cabinet agreed the expansion of our in-house children's residential service from 11 homes to 15 homes, which includes two additional smaller homes able to care for children with more complex behaviours/needs and another regulated short-term crisis home. The county council has recently been successful in an application to the Department for Education to secure capital funding to develop a further short to medium term home for children with the most complex behaviours/needs. Work to develop the five new in-house homes is underway.

Children, Young People and School Transitions

This relates to two situations:

- A) *Normal transition points when progressing through school from nursery to primary school and primary school to secondary school.*

- For all children this can be challenging and often more so for vulnerable children.
- To reflect this, the new Personal Education Plan includes a section specifically on plans and support for any planned transition. This emphasises the need for planning and preparation for the move including timely communication between the schools/settings and expectation that a representative from the new school would attend the final Personal Education Plan meeting before the move to ensure appropriate support is in place.
- There is a current focus on 'school readiness' as there is an awareness that vulnerable children can have less well-developed skills that help them settle and thrive into school. This can relate to speech and language, personal care, and social skills.
- There is an ongoing review of the number of our Looked After Children aged 2+ years who attend a nursery setting. Children's Social Care and the Virtual School have worked closely with the Early Years Funding and Sufficiency team to provide more accurate data, which can inform strategy and actions. Evidence demonstrates that children who attend nursery settings are better prepared to enter reception.
- A recent campaign to promote the Early Education Funding for two year olds offer to eligible families has been launched. The campaign commenced on 13 December 2021 and will run through January 2022.
- The most recent data below is shown for Summer 2021, which shows a decrease from Spring 2021.

	Total No. of CLA 2-Year-Olds	No. of Children Taking up funded hours	%	Total No. of CLA - & 4-Year-Olds	No. of Children Taking up funded hours	%
CLA	74	37	50.0	61	41	67.2

- The Virtual School provides training sessions for foster carers and adopters on supporting children with transitions and these have been well attended and with positive feedback.
- Training provided for carers on supporting speech and language skills and sensory development.

B) School moves related to becoming Looked After, impact of home placement breakdowns, transferring to special schools or alternative provision

Guidance requires for children to remain in their current school when they become Looked After, as far as possible so they continue to have education stability. School moves for young people in the later stages of secondary school should especially be avoided except in exceptional circumstances due to the potential impact on exam attainment. Research shows that school moves often have a detrimental impact on progress and attainment. However, the impact can be mitigated against by good preparation and communication between schools, social workers, and carers.

It is not always possible to avoid a school move due to:

- the location of the initial home the child lives in is too far to travel to the school. This will include those children who are placed out of Lancashire and due to the size of our local authority, it is often not practical for a child to travel back to their school when they have moved home even within the authority.
- further home moves which may be linked to home breakdowns.
- the breakdown in the school placement and/or decision that a school move is in the child's best interest e.g. could be a move to alternative provision or special school.

Most Recent Data: To Date for All Current Looked After Children

- 46.2% of primary school pupils remained in one school throughout their primary education since coming into care and 81% have either remained in their original school or had just one move.
- 20.9% of secondary school pupils remained in one school since coming into care and 44.3% have either remained in their original school or had just one school move.
- The increased school moves for secondary pupils reflects the fact that for this cohort entering care often includes a home placement further from their current school, an increased risk of potential home placement breakdowns due to complex needs, and therefore an increased in potential of being placed in another local authority.
- The % of children experiencing multiple school moves i.e. more than four moves had decreased. Secondary age group is 11.8% and primary age group 1.9%. However, we need to continue to reduce this % especially for the secondary cohort of young people.

Next Steps – What Are We Doing to Continue to Improve Employment, Education, Housing and Transitions for Our Children and Young People

The vision for our children and young people is for them to be safe, healthy, and achieve their full potential. To achieve this, our children require stable high-quality homes, near to their school, with continuity of professionals providing support. We have identified common causal factors that contribute to our children and young people not being in Employment, Education or Training, which include:

- Home stability
- Type of home (children in foster care have improved outcomes)
- Changes in social workers
- Disruption during high school
- Poor Mental Health
- Pregnancy and parenting

In response, the following work is planned throughout 2022:

- Campus days for young people and staff will be held at local universities.
- Permanence tracking is to be reviewed and improved processes implemented.
- Lasting Home Panels will be launched.
- Escalation processes are to be developed for when our children refuse to attend school.
- An alternative provision strategy is to be developed.
- All our children will have an achievable Intended Destination in-line with their abilities and wishes and feelings and this will be embedded in a multi-agency support plan.
- Employability training/coaching will be delivered to all personal advisors.
- A strategy and tracking system will be implemented to ensure all Year 10 and Year 11 Looked After Children are provided with careers advice.
- A strategy and tracking system will be implemented to ensure all Year 8 and Year 9 Looked After Children are provided with support around options.
- A review of the financial entitlements for practical and financial support for our young people attending top tier universities is to be undertaken.
- Our ambition is that all corporate co-parents, partners, and commissioned services will provide permanent positions and/or apprenticeships to our care experienced young people.
- The Leaving Care Service Plan to keep in touch with every young person in new employment at least monthly for the first six-months of employment with a focus on sustaining employment.
- The Employment Support Team Plan to keep in touch with every young person in a new employment at least weekly for the first eight-weeks and to continue providing a service to the young person for at least six-months to address any employment issues, where the Employment Support Team have supported them into employment.
- A peer support approach to EET is to be explored.
- Three monthly taster days will be made available to every care experienced young person.
- A Corporate Parenting Housing Framework is to be developed to ensure young people have access to a range of supported and/or permanent housing provisions which is suitable, affordable, and in an area which has good support networks and access to community services.
- Work will continue to reduce the number of agency social workers required, and increase the permanent recruitment, to create a more stable workforce.
- The Lancashire House Project will be launched for the first cohort, ten young people.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

Finance

There are no financial implications.

Local Government (Access to Information) Act 1985 List of Background Papers

Paper	Date	Contact/Tel
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NA

Reason for inclusion in Part II, if appropriate

NA

Agenda Item 5

Education and Children's Services Scrutiny Committee

Meeting to be held on Tuesday, 18 January 2022

Electoral Division affected:
(All Divisions);

Corporate Priorities:
Caring for the vulnerable;

Public Health Children's Update and Areas of Concern

(Appendix 'A' refers)

Contact for further information:

Ruksana Sardar-Akram, Interim Consultant in Public Health,
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Brief Summary

The report provides an overview in relation to COVID in children, as well as an update on child health outcomes based on national indicators and child health profiles. The true extent of inequality is not yet known and much of the data is annual if not longer, however, the following does provide an update in relation to the health of children in Lancashire.

Recommendation

The Education and Children's Services Scrutiny Committee is asked to:

- i. Acknowledge and discuss the update provided and areas of concern.
- ii. Consider any future scrutiny discussions/updates on specific children's health topics that could be included as part of the rolling scrutiny work programme.

Detail

The pandemic has had a huge impact on the health and wellbeing of children and young people. The demand on Public Health to manage COVID-19 within education settings continues to be a challenge which also impacts on the delivery and commissioning of services for children and young people. This will inevitably have some impact on the outcomes for children and young people and their families.

The report seeks to provide members of the Education and Children's Services Scrutiny Committee with key data on the current picture across Lancashire of children's health and areas of concern.

Consultations

NA

Implications:

This item has the following implications, as indicated:

Risk management

Finance

There are no financial implications at this stage.

**Local Government (Access to Information) Act 1985
List of Background Papers**

Paper	Date	Contact/Tel
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NA		
Reason for inclusion in Part II, if appropriate		

NA		
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Appendix A

Subject	Public Health Children's Update and Areas of Concern
To	Education and Children's Services Scrutiny Committee
From	Dr Sakthi Karunanithi, Director of Public Health Ruksana Sardar-Akram, Interim Consultant in Public Health
Date	18 January 2022

1. PURPOSE

To provide the Education and Children's Services Scrutiny Committee with a Public Health update on children's health and wellbeing and to highlight inequalities and areas of concern.

2. BACKGROUND

The pandemic has had a huge impact on the health and wellbeing of children and young people. The demand on Public Health to manage COVID-19 within education settings continues to be a challenge, which also impacts on the delivery and commissioning of services for children and young people. This will inevitably have some impact on the outcomes for children and young people and their families.

This report provides an overview in relation to COVID in children, as well as an update on child health outcomes based on national indicators and child health profiles. The true extent of inequality is not yet known and much of the data is annually if not longer, however, the following does provide an update in relation to the health of children in Lancashire.

3. WHAT IS THE DATA TELLING US?

3.1 Coronavirus in Children and Young People is Still a Major Public Health Issue

Year	2020	2021
Month	December	December
age	10	10
00_04	66.00	190.30
05_09	96.70	674.40
10_14	142.30	762.90
15_19	206.00	410.60
20_24	189.50	296.10
25_29	223.50	433.80
30_34	236.20	480.70
35_39	243.70	605.60
40_44	254.70	639.70
45_49	233.50	474.90
50_54	188.00	347.20
55_59	188.30	308.80
60_64	139.70	180.50
65_69	109.60	94.80
70_74	131.00	80.30
75_79	171.60	71.80
80_84	223.20	51.50
85_89	342.70	93.00
90+	611.70	120.60

Coronavirus is still very much a key health protection priority for public health. As can be seen from the data, children have seen the impact in terms of disruption to education previously.

Although there has been a change in guidance recently, to avoid disruption to face-to-face education and allow children under-18 as close contacts into school, we are still seeing rising cases within education settings. Compared to December 2020, the rates of Coronavirus were particularly high in the elderly but this year we have seen a significant increase in the number of positive cases within educational settings and more recently in primary schools.

This has led to high numbers of children isolating as well as a lack of capacity to deliver face-to-face education within a small number of settings. This has been a particular area of concern amongst young children where vaccination has not yet been rolled out.

This has led to recruitment of additional staff in Public Health to manage outbreaks.

3.2 What is the Data Telling Us About Children and Young People in Lancashire?

This child health profile provides a snapshot of child health in Lancashire. It is designed to help us improve the health and wellbeing of children and tackle health inequalities. Overall, comparing local indicators with England averages, the health and wellbeing of children in Lancashire is worse. There are, however, local variations and inequalities within Lancashire where some districts and wards are even worse.

The charts below show how children's health and wellbeing compared with the rest of England.

- ➔ No significant change
- ⬆️⬆️ Increasing/decreasing and getting better
- ⬆️⬆️ Increasing/decreasing and getting worse
- Trend cannot be calculated
- Not significantly different from the England average
- Significantly better than the England average
- Significantly worse than the England average
- Significance cannot be tested

3.2.1 Mortality Data

Infant mortality is not significantly different to England, although there are local variations with inequalities in some areas such as Burnley having higher rates of Infant Mortality. The Lancashire child mortality rate is 13.4 which is worse compared to 10.8 in England.

Indicator	Recent trend	Local no. per year*	Local value	Eng. average	Eng. worst	
Infant mortality rate	→	52	4.2	3.9	7.5	●
Child mortality rate (1-17 years)	-	31	13.4	10.8	25.7	●

3.2.2 Health Protection

Health protection is a key public health domain. The take up of vaccination is similar to England with Measles, Mumps and Rubella (MMR) take up improving. Immunisations are better for children in care.

Indicator	Recent trend	Local no. per year*	Local value	Eng. average	Eng. worst	
MMR vaccination for one dose (2 years)	↑	11,269	91.4	90.6	77.1	●
Dtap/IPV/Hib vaccination (2 years)	→	11,611	94.2	93.8	80.1	●
Children in care immunisations	→	1,445	92.6	87.8	34.5	●

3.2.3 Wider Determinants of Health

If we are going to improve health outcomes for children, young people, and their families, it is important we consider inequalities in the wider determinants that impact on health and wellbeing such as poverty, education, employment, and housing.

Many child outcomes in Lancashire are worse than the England average and getting worse for children under-16 in relative low-income families and children in care. Children achieving a good level of development at the end of reception is also worse than England, as is the number of children killed and seriously injured on our roads. The number of entrants into the youth justice system, however, is better than England and is improving.

Indicator	Recent trend	Local no. per year*	Local value	Eng. average	Eng. worst	
Children achieving a good level of development at the end of Reception	→	9.522	69.2	71.8	63.1	●
GCSE attainment: average Attainment 8 score	-	-	49.6	50.2	42.9	●

GCSE attainment: average Attainment 8 score of children in care	-	-	16.6	19.2	10.6	○
16-17 year olds not in Education, Employment, or Training	-	1,770	6.9	5.5	15.0	●
First time entrants to the youth justice system	↓	205	190.9	238.5	554.3	●
Children in relative low-income families (under 16s)	↑	49,202	22.0	18.4	38.0	●
Households with children homeless or at risk of homelessness	-	1,554	13.0	14.9	31.2	●
Children in care	↑	2,095	83	67	223	●
Children killed and seriously injured on England's roads	-	75	33.8	18.0	50.4	●

3.2.4 Health Improvement

Improving health is a key public health domain and critical in preventing and reducing ill health and mortality. Almost all areas in Lancashire are worse than the England average and where they have been similar, such as obesity in children age 10-11, this is now getting worse. Factors such as low birth weight, under-18 conception, smoking, and substance use in pregnancy can also contribute to infant mortality. Hence focussing on best start and the 1001 critical days from conception, birth, and beyond are crucial. Local variations and inequalities exist across Lancashire and some areas are much worse than the others.

Clear links also exist between deprivation, child obesity, and oral health so in some areas place based interventions are required at local level to address these inequalities. Recent data on oral health suggest Lancashire has more five year olds with visually obvious dental decay, and one or more decayed, missing, and filled teeth.

Indicator	Recent trend	Local no. per year*	Local value	Eng. average	Eng. worst	
Low birth weight of term babies	→	368	3.3	2.9	5.2	●
Obese children (4-5 years)	→	585	10.4	9.9	14.6	●
Obese children (10-11 years)	↑	2,025	20.7	21.0	30.1	●
Children with experience of visually obvious dental decay (5 years)	-	-	30.4	23.4	50.9	●
Hospital admissions for dental caries (0-5 years)	-	533	654.8	286.2	1,298.5	○
Under 18s conception rate / 1,000	→	435	23.1	16.7	30.4	●
Teenage mothers	→	100	0.9	0.7	2.3	●

Admission episodes for alcohol-specific conditions (Under-18s)	↓	92	36.7	30.7	111.5	●
Hospital admissions due to substance misuse (15-24 years)	-	140	96.3	84.7	259.8	●

3.2.5 Prevention of Ill Health

Although smoking at time of delivery is worse than England, the trend is improving. Baby's breastmilk as first feed is also much better than England. Hospital admissions caused by injuries in children age 0-14 years are, however, an area of concern although this trend is going down.

Indicator	Recent trend	Local no. per year*	Local value	Eng. average	Eng. worst	
Smoking status at time of delivery	↓	1,436	12.8	10.4	23.1	●
Baby's first feed breastmilk	-	9,390	79.2	67.4	43.6	●
Breastfeeding prevalence at 6-8 weeks after birth	-	3,555	-	48.0	-	-
A&E attendances (0-4 years)	→	38,475	573.4	655.3	1,917.4	●
Hospital admissions caused by injuries in children (0-14 years)	↓	2,645	124.9	91.2	153.1	●
Hospital admissions caused by injuries in young people (15-24 years)	→	1,910	132.8	132.1	269.9	●
Hospital admissions for asthma (under-19 years)	↓	570	215.2	160.7	405.2	●
Hospital admissions for mental health conditions	↓	235	93.6	89.5	249.7	●
Hospital admissions as a result of self-harm (10-24 years)	→	1035	482.7	439.2	1105.4	●

Although A&E attendance is better than England, further analysis was done on the high numbers which suggested in Lancashire:

- Injuries, poisoning, and burns, along with other causes of accidental injury form the highest proportion of hospital admissions due to unintentional and deliberate injuries in children (0-14 years).
- Where a diagnosis is recorded, the top five conditions for A&E attendances in 0–4 year olds are:
 - Respiratory conditions - Other non-asthma;
 - Laceration;
 - ENT (ear, nose, throat) conditions;
 - Infectious disease - non-notifiable disease; and
 - Head injury - Other head injury.

3.3 What are Our Children Telling Us About Their Health Needs?

The academic year 2020/21 was faced with many challenges including: a lockdown, school closures, and children and young people isolating because of COVID-19. This pandemic has had an impact on the mental health and wellbeing of young people as identified in the 2021 health needs assessment survey, the main themes were:

- In **2019** these themes were anger, lack of physical activity, lack of sleep, oral health, substance misuse and sexual health.
- In **2021**, these themes all remain issues.
- Emotional wellbeing (happy, angry, lonely, hopeful about the future, being able to cope and self-harm) for year 9s has worsened.
- Loneliness and being able to cope has worsened for year 6s.
- In addition, social media use has increased for year 6 and year 9:
 - 15% of year 9s who use social media less than three hours on a school night get six hours sleep or less.
 - However, for year 9s who use social media more than five hours on a school night, 42% get less than six hours sleep a night.

4. WHAT ARE WE DOING IN PUBLIC HEALTH?

Public Health plan, develop, and commission a range of services as part of their statutory requirement to improve outcomes and reduce inequalities in children, young people, and their families. This also includes providing leadership, advice, and public health intelligence to inform commissioning and prioritisation of resources. The following are current examples:

4.1 0-19 Health Visiting and School Nursing Service

Public Health commission a major 0-19 service which includes targeting thousands of families through the delivery of a universal service, this delivers on the five mandated health checks including support for perinatal and postnatal mental health. The service also includes the delivery of national weight management programme, health needs assessments, and access to school nurses.

Providing face-to-face Health Visiting services has been a challenge during the lockdown, however, as highlighted below thousands of new mothers with babies have been contacted.

Between April 2020 - March 2021:

- 7,430 (66%) mothers received an antenatal contact. This increased to 78% by July 2021.
- 7,440 (64%) infants received a 6-8 week check. This increased to 89% by July 2021
- 10,001 (86%) mothers received a birth visit by 14 days. This increased to 91% by July 2021.
- 10,700 (85%) infants received a 12-month review by 15 months. This increased to 90% by July 2021.
- 10,648 (83%) of children received a 2-2 ½ year review. This increased to 84% by July 2021.

Early language identification measure to be introduced as part of the 2 ½ year assessment.

4.2 Substance Use

Public Health commissioned a specialist children and young person substance use service from "We Are With You" for up to the age of 25, with approximately 342 young people accessing structured treatment interventions, plus wider information and advice, as well as support to local families.

This service focusses primarily on cannabis and alcohol but includes a wider range of substances and related issues, including child sexual exploitation.

Adult services are commissioned to ensure support across all ages. Parents can therefore access suitable support also.

Lancashire County Council commissioned alcohol and drug services are also embedded in the family safeguarding model, providing specialist alcohol and drug workers into the specialist teams.

4.3 Sexual Health Services

Public Health commissioned sexual health services offer sexually transmitted infection testing and treatment, contraceptive advice and provision, condom distribution, and Sex and Relationships education sessions delivered in schools.

Services have developed capacity for postal sexually transmitted infection testing and condom distribution. Testing kits can be ordered online, completed at home, and posted back to hospital with a result turnaround of about a week. This has proved popular amongst young people.

There has been a significant decrease and impact on activity levels during 2020/21 due to closure of 'drop-in clinics'. These are now starting to re-open.

During 2020/21, there was a total of 38,834 interventions delivered to patients (some individuals have accessed more than once), this is a decline from 58,230 in 2019/20.

During the last 12 months there has been around 8500 individual people at our specialist Young People Sexual Health services; this figure is lower than pre-pandemic by about 5000. However, more people maybe accessing all age provision. Age breakdown of interventions:

- Under 16: 1,286;
- age 16-17: 4,641;
- age 18-19: 8,222; and
- age 20-24: 24,685.

The first two quarters of the 2021/22 financial year have seen the numbers of interventions being delivered increase to around pre-COVID levels.

4.4 Stop Smoking

Lancashire and South Cumbria Foundation Trust commission Quit Squad services from age 12 and currently support pregnancy by working with local midwifery teams on the smoking in pregnancy agenda (worse than the England average for smoking at time of delivery). Wider support includes the smoke-free homes and reducing smoking in parks and sports provision etc.

4.5 Mental health

Commission mental health training including Youth Mental Health First Aid, Safe Talk, and ASIST, and support for staff in educational settings from a team of clinical psychologists at Lancaster University. During the pandemic, this support moved online with a significant rise in uptake of support sessions and downloads of pre-recorded and developed materials.

Public Health also provides leadership and support to the Child Death Overview Panel and is developing a protocol to help address the risk of contagion linked to rare cases of suicide.

4.6 Vision Screening

Commissioning vision screening so every child is offered a vision screen in reception. This included over 11,000 children this year and hundreds of children being referred for follow up.

4.7 Oral Health

Commission services to reduce the number of decayed, filled, and missing teeth in children under-five including free toothbrushes and toothpaste via the Health Visiting service and supervised toothbrushing in schools. We have also developed an oral health strategy and commission dental epidemiology via UCLAN dental clinic.

4.8 Breastfeeding and Nutrition

Breastfeeding advice and support through Health Visiting Services, Children and Family Wellbeing Service. Breastfeeding peer support re-accredited with Baby Friendly Gold Standard in May 2021. Free healthy start vitamins targeted at babies and families.

4.9 Best Start in Life Board

Recently established subgroup of the Children, Young People, and Families Partnership Board focussed on improving health outcomes in early years and reducing infant mortality. This includes a population health approach working with key partners

and prioritising areas based on public health intelligence, evidence, and place-based priorities.

5. KEY CHALLENGES AND AREAS OF CONCERN

- Significant demand since the pandemic on health protection, including increase in outbreak management and queries resulting in daily or weekly sector-led Incident/Outbreak Management meetings.
- Core business and performance will take some time.
- Inequalities have been further exacerbated by the pandemic, which will see poorer health outcomes and wider determinants such as poverty.
- Business continuity is a risk, as demand increases due to sickness absence and provider staff capacity is reduced.
- Changes have been made in service provision such as virtual or online contacts, rather than face-to-face and significant decrease in activity levels during 2020/21.
- Increase in complex cases and safeguarding issues.
- Mental health and self-harm have been identified as key areas, particularly by colleges.
- School readiness and transition to Reception has also been identified as an issue.

6. RECOMMENDATIONS

Education and Children's Scrutiny Committee to acknowledge update and areas of concern.

Agenda Item 6

Education and Children's Services Scrutiny Committee

Meeting to be held on Tuesday, 18 January 2022

Electoral Division affected:
(All Divisions);

Corporate Priorities:
N/A

Education and Children's Services Scrutiny Committee Work Programme 2021/22

(Appendix 'A' refers)

Contact for further information:

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Brief Summary

The draft work programme for the Education and Children's Services Scrutiny Committee is attached at Appendix 'A'.

The topics included in the work programme were identified at the work planning workshop held on 5 July 2021 and subsequent scrutiny committee meetings.

Recommendation

The Education and Children's Services Scrutiny Committee is asked to:

- i. Discuss and agree the work programme as set out in Appendix 'A'.
- ii. Consider key lines of enquiry for future meeting topics.
- iii. Discuss any additional representation required from key officers/partners.

Detail

A draft statement of the work to be undertaken by the Education and Children's Services Scrutiny Committee for the 2021/22 municipal year is set out at Appendix 'A'.

The work programme will be presented to each meeting for consideration by the committee.

Members are requested to discuss and agree the current work programme, consider key lines of enquiry for future meeting topics and representation.

Consultations

NA

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

**Local Government (Access to Information) Act 1985
List of Background Papers**

Paper	Date	Contact/Tel
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NA

Reason for inclusion in Part II, if appropriate

NA

Education and Children's Services Scrutiny Committee

Work Programme 2021-22

The Education and Children's Services Scrutiny Committee Work Programme details the planned activity to be undertaken over the forthcoming municipal year through scheduled committee meetings, task group, events, and through use of the 'rapporteur' model.

The items on the work programme are determined by the committee following the work programming session at the start of the municipal year in line with the Overview and Scrutiny Committees Terms of Reference detailed in the county council's Constitution. This includes provision for the rights of county councillors to ask for any matter to be considered by the committee or to call-in decisions.

Coordination of the work programme activity is undertaken by the chair and deputy chair of all of the scrutiny committees to avoid potential duplication.

In addition to the terms of reference outlined in the [Constitution](#) (Part 2 Article 5) for all Overview and Scrutiny Committees, the Education and Children's Services Scrutiny Committee will:

- Scrutinise matters relating to education delivered by the authority and other relevant partners
- Fulfil all the statutory functions of an Overview and Scrutiny Committee as they relate to education functions of a children's services authority
- Scrutinise matters relating to services for children and young people delivered by the authority and other relevant partners.
- Review and scrutinise any matter relating to the planning, provision, and operation of the health service in the area and make reports and recommendations to NHS bodies as appropriate
- Invite interested parties when reviewing any matter relating to the planning, provision, and operation of the health service in the area, to comment on the matter and take account of relevant information available, particularly that provided by the local healthwatch
- Review and scrutinise any local services planned or provided by other agencies which contribute towards the health improvement and the reduction of health inequalities in Lancashire and to make recommendations to those agencies, as appropriate

- Take steps to reach agreement with NHS body, in the case of contested NHS proposals for substantial service changes
- Refer a matter to the relevant secretary of state in the case of contested NHS proposals for substantial service changes where agreement cannot be reached with the NHS
- Refer to the relevant secretary of state any NHS proposal which the committee feels has been the subject of inadequate consultation
- Scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under Section 31 of the Health Act 1999
- Draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the local healthwatch, and other key stakeholders
- Acknowledge within 20 working days to referrals on relevant matters from the local healthwatch or local healthwatch contractor, and to keep the referrer informed of any action taken in relation to the matter
- Require the chief executives of local NHS bodies to attend before the committee to answer questions, and to invite the chairs and non-executive directors of local NHS bodies to appear before the committee to give evidence
- Invite any officer of any NHS body to attend before the committee to answer questions or give evidence.

The work programme will be submitted to and agreed by the scrutiny committees at each meeting and will be published with each agenda.

The dates are indicative of when the Education and Children's Services Scrutiny Committee will review the item, however, they may need to be rescheduled and new items added as required.

Topic	Scrutiny Purpose	Lead Officers/organisations	Proposed Meeting Date
School Place Planning	'How to' guide on school place planning ahead of the updated School Place Provision Strategy 2021-2026 release	Director of Strategy and Performance/Head of Asset Management/Admissions Manager	1 September 2021
Maintained Nurseries	Update on the local authority's engagement with maintained nurseries	Acting Director of Education, Culture and Skills/Interim Head of Early Years	5 October 2021
School Place Provision Strategy 2022-25	Review of the draft School Place Provision Strategy 2022-25 prior to Executive decision taken	Director of Strategy and Performance/Head of Asset Management	9 November 2021
Lancashire Education Strategy 2022-25	Review of strategy prior to Executive decision taken	Head of Service Education Improvement 0-11	9 November 2021
Children and Young People's Mental Health	Post Covid impact and progress update on CAMHS redesign	Director of Policy, Commissioning and Children's Health/NHS/Youth Council reps/School reps	7 December 2021
Children Looked After	Housing, EET, services/schools' transitions	Director of Children's Services/Head of Service Looked After Children Leaving Care	18 January 2022
Children's Health	Update on children's health in Lancashire post covid	Public Health Consultant	18 January 2022
Lancashire Schools Attainment Outcomes	Annual report on attainment outcomes in schools across Lancashire. To include impact of the catch up funding on attainment.	Acting Director of Education, Culture and Skills/Head of Service Education Improvement 0-11/Finance	22 February 2022
School Travel (TBC)	Review of current travel schemes and potential initiatives (walking school buses, mums for lungs, school streets, shared rides, community bus schemes, road safety, update on the SEND home to school transport policy review	TBC	16 March 2022

Topic	Scrutiny Purpose	Lead Officers/organisations	Proposed Meeting Date
	Air pollution, bus service redesign, new homes – joint session with other scrutiny committees TBC		
Employment, Education or Training (EET)	Review of measures in place and lessons learned - data trends, CLA, young carers, alternative provision colleges	Director of Education, Culture and Skills Alternative Provision	20 April 2022
EET (ctd)	Review of apprenticeships data, work based training, district data link, accessibility	Lancashire Enterprise Partnership District Council leads	17 May 2022

Bite size briefings for councillors:

Subject	Delivered by	Date of session/recording
Responsibilities of the county council and school governing bodies for schools	Sarah Callaghan	21 September View and Review (lancscc.net)
SEND sufficiency	Sally Richardson	21 September View and Review (lancscc.net)
School Place Planning	Mel Ormesher	13 October View and Review (lancscc.net)
SEND Overview and APP Update	Sally Richardson	24 November 10am View and Review (lancscc.net)
Early Years	Andrew Cadman	6 December 11.15am View and Review (lancscc.net)
Children's Performance Service	Brendan Lee	26 January 2pm
Alternative School Provision	Sally Richardson	2 February 2022, 10am

Additional topics identified:

- SEND – COVID recovery, in-house ed psych and assessors vs costs to external agencies, auditory and sensory disorder, costs, short breaks
- Cabinet work on low carbonisation – education/waste renewables
- Provision in Lancashire schools for bilingual children
- PHSE and life planning in schools
- Maintained nurseries update to Cabinet
- Child poverty
- Children and young people's mental health update – impact and outcomes from information presented at Dec meeting
- Potential inquiry day on children and young people's mental health – recommendation from Dec meeting

Task Group recommendation updates:

- Schools Causing Concern
- Pupils in special schools with medical conditions

