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## **SCRUTINY REVIEW PANEL - PREVENTION - SUPPORT IN THE EARLY YEARS**

Meeting: 5 November 2024  
At: 6.00 pm

PRESENT

Councillor Rosemary Barratt (Chair); Councillors Shan Alexander, Angie Clark, Graham Greenhalgh and Helen Hibbert.

### **1 DECLARATIONS OF INTEREST**

Councillors and officers to declare any interest which they have in any of the items on the agenda for the meeting.

No interests were declared.

### **2 SCRUTINY REVIEW PANEL PROCEDURE RULES**

A representative of the Assistant Director for Legal & Democratic Governance submitted a report (copies of which had been circulated) requesting the Panel to formally adopt the Scrutiny Review Panel Procedure Rules for the review.

RESOLVED – That the report be noted.

### **3 SCOPING REPORT FOR THE SCRUTINY REVIEW PANEL: PREVENTION - SUPPORT IN THE EARLY YEARS (-9MTHS TO 5 YEARS)**

A representative of the Executive Director Children's Services submitted a report (copies of which had been circulated) outlining the proposed scope and brief for the review including aims and objectives.

Members welcomed the report and the opportunity to contribute to the proposed scope of the review and thanked officers for the details in the report.

RESOLVED – That the report be noted.

### **4 SCRUTINY REVIEW: PREVENTION - SUPPORT IN THE EARLY YEARS (-9MTHS TO 5 YEARS)**

A representative of the Executive Director for Children's Services submitted a report (copies of which had been circulated) providing information relating to review the offer of support to children in their early years and their families to ensure enough is being done to provide accessible and effective help at the earliest opportunity as follows:-

- Start Well Integrated Model – Stockport Family
- Stockport's Journey – 2004 to 2024
- Start Well Strategy 2024-2027
- The 'whole system' approach

**Objective 1 - To understand the demographics of the early years population in Stockport**

- Demographics of the early years population in Stockport
- Stockport birth rates
- Children aged 0-5 with Education, Health & Care Plans and Special Educational Needs Support
- Level of need across all Stockport Start Well Health visiting teams – October 2024
- Giving children the best start in life – where are we now
- Children achieving a good level of development
- Correlation between deprivation and risk

**Objective 2 - To understand the universal stages of support and contact with professionals as a child grows**

- Universal stages of support and contact with professionals as a child grows
- Digital/Virtual offer

**Objective 3 - To understand current pathways for additional support across the system, consider how this is delivered through family hubs and what is being done to make support accessible**

- Start Well programme of universal and targeted interventions
- Current pathways for additional support across the system and how this is delivered and accessible
- Pathway highlights and impact

**Objective 4 - To understand how families know about and are engaging with offers of support**

- How families know about and are engaging with offers of support
- Start Well Health visiting survey
- What families are telling us about Family Hubs

**Objective 5 - To understand current challenges in the system and how they can be improved**

- Strengths, Challenges and Opportunities

The following comments were made/issues raised:-

- Members welcomed the information and data presented and thanked the officers for the time taken to collate the information accordingly.
- Clarification was sought on the challenges in the system and how it could be improved, for example, the universal stage of support and the 10,156 children involved. In response, it was stated that there was a good response to the healthy child programme and that the Start Well team and health visitors knew all of the under 5s in Stockport. It was noted that there was a small number of families that didn't engage with the healthy child programme for a number of reasons, but when those families refuse, a non-engagement policy would be followed which involved safeguarding risks, safeguarding supervision around the families, escalation procedures which involves a multi-agency approach involving GPs and other services around the child.
- **Agreed that the information relating to the number of families that didn't engage with the healthy child programme would be shared with the review panel**

- It was stated that in terms of interventions and those children who was a safeguarding risk, they would be clearly identified and the appropriate procedures would be followed, however, there was other children who would not be developing like other children, for example in speech and language, but again professional language therapists would be put in place even with those families would not be engaging in the process through the professional services and reasonable adjustments.
- It was noted that attention had to be paid to the broader trends that were coming through in the data relating to engagement and development but also to reflect on particular groups of children at particular points in particular parts of our borough and from that information monitor the patterns that might be changing slightly, but then adapting the service delivery to reflect those changes by flexibly using the assessments to provide a more accurate picture of how the children were performing. It was also important to see as many children as possible getting to the point where they have effectively got their passport out of our educational system, which in the fullness of time means their GCSE outcomes and that involves ensuring that the early years work and interventions provide the foundation for that broader development.
- Clarification was sought regarding the current crisis in the sector relating to the skilled workforce and how it impacted on the plans being put in place. In response, it was noted that as part of the childcare sufficiency analysis, risks, implications and challenges were always monitored within the sector including doing things differently and better. It was noted, that there was a risk throughout the education system and the pressures around recruitment and retention within the sector, but these challenges were a national issue throughout the sector and it was all about mitigating and working in partnership. The DfE were very much helping to support solutions with a national recruitment campaign and Stockport were working with Greater Manchester colleagues from all 10 local authorities, the Department of Work and Pensions and the Jobcentre Plus to share the recruitment campaign and being creative with sharing videos staged in real settings.

Danielle Ackers (invited guest) shared her personal experience with the review panel relating to her son and his diagnosis of 'duchenne muscular dystrophy' and the relationship with the health visitor and a referral to Stepping Hill Hospital.

Members thanked Danielle for sharing her personal experiences journey and for her attendance.

Members enquired about the nursery and external experience. In response it was stated that there had been full support from the nursery at the time but no support locally. There was also a lot of support from the physiotherapist but couldn't provide any advice relating to school places when it came to choosing schools.

It was noted that the health visitor had not been involved and it was only when the two-year check had been scheduled that the health visitor got involved very briefly.

**It was agreed that the personal experience shared would be reviewed with the principal lead for health and fed back to the review panel.**

Sara Jackson (Family Hub Neighbourhood Lead) commented that when a child was having an emerging need or the needs have not been met, that the child should go into that targeted level of support including an enhanced support service around the health

visitor service. It was noted that the health visitor service work as a team with early years workers who are highly trained in development and assessments, with the health visitor being the case-holder. It was stated that there was often a crossover with some NHS Trusts, however, information was often not shared across trusts. In response to the shared personal experience it was noted that this would be looked at within the team and suggested “Dad Matters” as a support service.

Wendy Hartley (invited guest) commented that when Danielle was being supported the Start Well Co-ordinator was contacted but the family were advised that they were not eligible for an EHCP assessment. It was noted that the EHCP process itself was very challenging including inputting the information into the system and navigating through the process. She commented that once all of the support was in place how quickly Danielle’s son thrived and how much progress has been made and this was mainly due to the Danielle and her family, being persistent and staying on track throughout the journey.

LJ Woodward (Head of Service Early Years and Neighbourhoods) informed the review panel that “Portage” was traditionally an early education intervention with the service working with the family through group delivery with families where the child has special educational needs or disabilities. It was noted that based upon the feedback from families, the early years system and the new childcare reforms, the “Portage” criteria was being reviewed and moving forward, ‘portage’ will still work with families when they are accessing early education and childcare.

Danielle Ackers (invited guest) informed the review panel that the physio referred her son for ‘hydrotherapy’ at Stepping Hill Hospital which helped her son massively and recommended that children with ‘duchenne muscular dystrophy’ should receive ‘hydrotherapy’ as part of streamline care once the diagnosis takes place.

Clarification was sought regarding the funding and how it would be rolled out and how it can directed to children like Danielle’s son so the funding and support was in place.

**Agreed that it would be looked at internally and reviewed and discussed at a future finance meeting with the sector representatives.**

Members enquired about the family hubs and how the process could be improved for family’s who might have similar experiences to Danielle and her family. In response, it was stated that the Start Well teams were family hubs and were still very much in the infancy stage in Stockport. However, if the personal experience shared was a positive one, then that family would have had a good relationship with the health visitor and they would have had the access and support to the pathways that the family needed. It was noted that where families don’t feel they are being support properly and not receiving the right information or help or support then they should try and access the family hubs in person or via the Stockport council website or can complete an online form and can also call a health visitor and school nursing advice line. Community venues were also available for support including the leisure centres and libraries who have bene identified as ‘connectors’ into family support services.

It was commented that some families may not want to engage with the health visitor as a matter of choice, but that the relationship with the setting would still be there to access

including the relationships with the family hubs, the pathways and accessing the information.

**Agreed that the EHCP application system would be looked at including the access to the system and medical input into completing the forms.**

**It was noted that some families find it difficult to access information or may not have a good relationship with their health visitor, so it is about the communication and how families find and access the help and support they need. Agreed that this would be looked into and fed back to the review panel.**

RESOLVED – (1) That the report be noted.

(2) That the information relating to the number of families that didn't engage with the healthy child programme be shared with the review panel.

(3) That the personal experience shared would be reviewed with the principal lead for health and fed back to the review panel.

(4) That the funding enquiry would be looked at internally and reviewed and discussed at a future finance meeting with the sector representatives.

(5) That the EHCP application system be looked at including the access to the system and medical input into completing the forms and fed back to the review panel.

(6) That the process and system relating to accessing information and relationships with health visitors be looked at and any review, improvements to communication or findings be fed back to the review panel.

## **5 NEXT MEETING OF THE SCRUTINY REVIEW PANEL**

RESOLVED - That the Assistant Director for Legal & Democratic Governance be authorised to determine future dates of the Panel in consultation with the Chair and the Panel members.

The meeting closed at 7.55pm.