

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 2.00 pm on Wednesday, 3 February 2016

Present:

Members: Councillor D Welsh (Chair)
Councillor M Ali
Councillor L Bigham (substitute for Councillor Innes)
Councillor D Galliers
Councillor T Khan
Councillor J O'Boyle
Councillor K Taylor
Councillor S Walsh

Co-Opted Members: David Spurgeon

Other Members: Councillors S Bains, S Hanson (Co-opted) , D Kershaw, J Lepoidevin, C Miks and E Ruane

Employees:

A Baker, People Directorate
A Butler, People Directorate
V Castree, Resources Directorate
L Knight, Resources Directorate
G Quinton, People Directorate
H Sohal, People Directorate

Other Representatives: Jacqueline Barnes, Coventry and Rugby CCG
Dr Alex Cooper-Bastien, Coventry and Warwickshire Partnership Trust (CWPT)
Jed Francique, CWPT
Matthew Gilkes, Coventry and Rugby CCG
Justine Richards, CWPT

Apologies: Councillor N Akhtar, J Innes, M Mutton, P Seaman, D Skinner and S Thomas

Public Business

51. Declarations of Interest

There were no declarations of interest.

52. Minutes

The minutes of the meeting held on 6th January, 2016 were signed as a true record. There were no matters arising.

53. **Transforming Child and Adolescent Mental Health Services (CAMHS)**

The Scrutiny Board considered a joint briefing note which provided a comprehensive update on the Child and Adolescent Mental Health Services (CAMHS) provision in Coventry and informed of the Transforming Children and Adolescents Mental Health and Emotional Well-being Transformation Plan 2015-2020, a copy of which was set out at an appendix to the note. Members of the Education and Children's Services Scrutiny Board (2) attended the meeting for the consideration of this item along with Councillor Ruane, Cabinet Member for Children and Young People and Councillor Kershaw, Cabinet Member for Education. Jacqueline Barnes and Matthew Gilkes, Coventry and Rugby Clinical Commissioning Group (CCG), Dr Alex Cooper-Bastien, Jed Francique, and Justine Richards, Coventry and Warwickshire Partnership Trust (CWPT) also attended for the consideration of this item.

The briefing note set out the CAMHS service commissioned in Coventry which was in line with a nationally adopted tiered model, including the costs per annum, as follows:

- The Primary Mental Health Service (tier 1) delivered by CWPT, Mind and Relate providing practical support to professionals including teachers and social workers to assist in the early identification of mental health and well-being needs through training, consultation and guidance.
- The Reach Service (tier 2) provided by Mind and Relate to work directly with children and young people with mild to moderate mental health and emotional well-being needs, to increase resilience.
- The Journeys Service for Looked After Children (LAC) (tier 2) provided by Mind to support vulnerable young people who are looked after or adopted aged 0-18 and their carers, with mild to moderate mental health and emotional well-being needs.
- The Specialist CAMHS Service (tier 3) delivered by CWPT providing therapeutic support to children and young people with moderate to severe mental health and emotional well-being needs.

The Board were informed of the key challenges and risks facing the mental health system which had been recognised nationally. Locally, Commissioners and CWPT identified a range of key challenges and risks facing the Specialist CAMHS system which included:

- A 20% year on year increase in specialist CAMHS referrals, leading to an increase in referral to assessment and follow up appointment waiting times
- Increase in self-harm presentations at accident and emergency wards
- Increase in demand for Autistic Spectrum Disorder (ASD) assessments.

Reference was made to the detailed peer review of the service by The West Midlands Quality Review Service in July 2014. The good practice and achievements were detailed along with the following areas identified as at risk or requiring improvement:

- Crisis Response – unclear pathways and timescales for the specialist CAMHS service were deemed too long

- Triage Criteria and Process – unclear criteria and process for referral to other services and recording of information and data required improvement
- Looked After Children – it was not clear that pathways to specialist CAMHS were functioning effectively for LAC
- Intensive Home Support – no intensive home support was commissioned.

The briefing note informed of the £587,000 invested by Coventry and Rugby CCG to support the local improvements required. NHS England also allocated additional funding to support the transformation of CAMHS, placing responsibility on CCGs to submit a CAMHS Transformation Plan by November 2015. Coventry and Rugby CCG would receive £878,000 annually for the next five years to embed system wide CAMHS transformation from December, 2015. A CAMHS Transformation Delivery Board had been established to ensure successful implementation of this local plan.

Detailed information was provided on the CAMHS improvement journey under the following areas including improvements to date and the further work required:

Crisis Response

Triage criteria and process

Waiting Times

Patient Pathway

Support to Looked After Children

Intensive Home Support

ASD Assessments

Primary Mental Health Service – Support to Schools and Other Professionals

Improving Transitions.

Further reference was made to the CAMHS Transformation Plan which set out the vision for the service and had been informed by significant stakeholder involvement. The Plan would initially deliver the following 7 key local strategic priorities:

- (i) Strengthen mental health support to children and young people in school
- (ii) Further reduce waiting times for access to CAMHS services
- (iii) Reduce the number of young people awaiting an assessment for ASD
- (iv) Provide crisis support to young people presenting with self-harm
- (v) Dedicated mental health support for the most vulnerable including children who become Looked After, adopted or in supported accommodation
- (vi) Enhancing access to information and communication through technology
- (vii) Implementation of a newly developed community Eating Disorder Service.

The members questioned the officers and representatives present on a number of issues and responses were provided, matters raised included:

- The importance of early intervention, including maternal mental health and work in early years and primary schools. Members asked about work being done in schools to support early intervention including the cascading of training in schools and which method of training best meets schools requirements.

- The transformation plan had been circulated to schools and Members requested that the document also be circulated to school governors as well as head teachers.
- Concerns about excessive waiting times. Despite a drop in waiting times there had been a rise in December, especially for ASD assessments. Members also sought clarification on the waiting time between assessment and treatment. Officers assured members that although a child was on a waiting list, their situation was continually reviewed and appropriate support was provided.
- Clarification about sustainable funding levels to maintain improvements in waiting times and that the money was additional funding from NHS England and not from savings elsewhere.
- The high levels of referrals for ASD, which didn't reflect the expected level of ASD diagnosis at a national level. Members and officers discussed ASD referral pathways and the importance of ensuring children were placed on the right pathway. Officers suggested that referral might not always be appropriate and that more work was required to find out the causes.
- The importance of determining the root causes of emotional ill health in children as there had been a significant increase in diagnosis. Reference was made to the Director of Public Health's Annual Report which had a focus on children.
- Monitoring arrangements for the transformation plan and targets for future years.
- The re-referrals process and how this was managed. Officers explained that a re-referral was not always an indicator of failure of intervention and that a child could be referred with a new issue and previous history was taken into account.
- The hours of crisis support and whether it was sufficient for the levels of demand. Officers responded that the service was being evaluated to find out. Members also asked how many children and young people were already known to CAMHS before they were admitted as a crisis. Officers were currently looking at these cases.
- The position with Looked After Children and levels of service. Officers were looking at a wraparound service and getting support to the child as soon as possible. Members raised the issue of social workers identifying children's mental health and appropriate referral pathways. It was acknowledged that social workers needed to have awareness of the appropriate referral pathways and to have confidence in CAMHS.
- CAMHS support for victims of child sexual exploitation (CSE). Members were informed that there was a specific member of staff working in the MASH for CSE cases. Members asked whether victims of CSE's mental health issues were supported and were assured that referrals were made to CAMHS in a streamlined way.

RESOLVED that:

(1) The current CAMHS support available and the improvements made over the the last 12 months be noted.

(2) The Transforming Children and Adolescents Mental Health and Emotional Well-being Transformation Plan 2015-2020 be noted.

(3) A progress report on the Transformation Plan be submitted to a future meeting of the Education and Children's Services Scrutiny Board (2) in six months to include:

(i) The measures being implemented to reduce the waiting times for children and young people awaiting an assessment for an Autism Spectrum Disorder (ASD) including any prevention work which is being undertaken

(ii) The work being undertaken in early years to help all staff to be able to improve the mental health and emotional well-being of children, including how training is being delivered.

(4) The Education and Children's Services Scrutiny Board (2) be requested to set up a Task and Finish Group to investigate why there are significantly high numbers of referrals through CAMHS on the ASD pathway.

(5) Officers be requested to ensure that the Transformation Plan is sent to all School Governors.

54. Development of Coventry's Health and Well-being Strategy

The Board considered a briefing note and received a presentation detailing the progress so far on developing Coventry's new Health and Well-being Strategy, with particular emphasis on the emerging themes and priorities. A copy of the 'Joint Health and Well-being Strategy for Coventry 2012 Review' report was set out at an appendix to the briefing note.

The briefing note highlighted that national guidance recommended that the refresh of the Joint Strategic Needs Assessment (JSNA) should be a process that ran alongside and was linked to the development of the Health and Well-being Strategy. The JSNA process had been co-ordinated through a multi-agency steering group and a wide range of data and information resources had been reviewed to identify the key health and social care issues affecting Coventry residents. Reference was made to the Stakeholder Call for Evidence undertaken between August and September, 2015.

The Board were informed that a prioritisation matrix which had been used to prioritise a number of suggested topics under the following themes: mental health and well-being; long-term conditions; physical wellbeing; infectious diseases; resilience of health and social care system; children and young people; economy and health; and housing and health. These areas were subsequently shared with the Health and Well-being Board along with the Marmot Group and the Health and Social Care Transformation Group. The Health and Well-being Board then held two Workshops in January on the following priorities:

- Health and social care integration – the development of an accountable care system which will improve resilience and enable a focus on prevention as well as treatment
- People affected by multiple/complex needs, specifically mental health, domestic/ sexual violence and substance misuse
- Marmot agenda.

These priorities would be considered by the Health and Well-being Board at their meeting on 8th February prior to the Health and Well-being strategy being signed off by this Board at their meeting on 11th April, 2016.

The presentation provided feedback on the discussions which led to the determination of the three key priority areas and detailed the findings from the Workshops. The key barriers to better well-being for Coventry residents were also highlighted.

Members discussed several issues arising from the presentation which included the successful partnership working of the Health and Well-being Board; and how feedback was obtained from Coventry residents to allow for their input into the strategy including engagement with service users.

RESOLVED that the progress made to date on the development of the Health and Well-being Strategy and the JSNA process supporting this be noted.

55. Outstanding Issues Report

The Scrutiny Board noted that all outstanding issues had been included in the Board's Work Programme for 2015-16, Minute 56 below refers.

56. Work Programme 2015-16

The Scrutiny Board noted their Work Programme for the current year.

57. Any other items of Public Business

There were no additional items of business.

(Meeting closed at 3.30 pm)