

Lancashire County Council

Scrutiny Committee

Minutes of the Meeting held on Friday, 19th June, 2015 at 10.30 am in Cabinet Room 'B' - The Diamond Jubilee Room, County Hall, Preston

Present:

County Councillor Bill Winlow (Chair)

County Councillors

C Crompton	D Watts
D O'Toole	G Wilkins
C Pritchard	Mrs F Craig-Wilson
J Shedwick	S Holgate
C Wakeford	C Dereli

CC Cynthia Dereli replaced CC Richard Newman-Thompson, CC Steven Holgate replaced CC Alyson Barnes and CC Fabian Craig-Wilson replaced CC Vivien Taylor for this meeting.

1. Apologies

No apologies were received.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None were disclosed.

3. Minutes of the Meeting Held on 17 April 2015

The minutes of the meeting held on 17 April 2015 were agreed to be an accurate record.

4. Minutes of the Meeting Held on 12 May 2015

The minutes of the meeting held on 12 May 2015 were agreed as an accurate record.

5. Emotional Health and Wellbeing including Specialist Child and Adolescent Mental Health Services Report

The Chair introduced Louise Taylor (Corporate Director of Operations and Delivery), Tony Morrissey (Deputy Director of Children Services) Dave Carr (Head of Service Policy, Information and Commissioning), Mark Warren (CAHMS Coordinator), Vanessa Hollins (East Lancashire Hospital Trust), Terry Drake (Lancashire Care Foundation Trust), Nicki Turner (Policy, Information and

Commissioning) and Dr Warren Larkin (Lancashire Care Foundation Trust) to the meeting, who presented a report on Emotional Health and Wellbeing including Specialist Child and Adolescent Mental Health Services (CAMHS).

It was stated that the report addressed issues that the Committee had raised during consideration of an earlier report in January 2014 and that the opportunity had been taken to broaden the report to provide updates on wider elements of the CAMHS service. It was noted that the Committee had requested in the report; examples of work undertaken regarding emotional health responses for children looked after, information on funding and comparative data.

The Committee was informed that Appendix 'A' of the agenda pack referred to the Preston pilot which contained a full evaluation, and due to its success, the service had been made available across Lancashire. It was highlighted that the Preston pilot had developed new ways of working with 16-18 year olds as investigation and case reports had identified an inequity in provision for the age bracket.

It was highlighted that positive feedback had been received for training sessions involving Lancashire County Council Mental Health Service Workers, which had helped to raise awareness of the growing adolescent brain and the significant impact of trauma during the development period.

The Committee was informed that the Preston pilot had improved information sharing between adult and children's workers, and that the development of a single health care record had enabled the service to be joined up and integrated.

Feedback was highlighted to be positive from workers, and it was noted that the feedback from young people and carers services had also improved. It was explained that this was due to a more consistent application of processes, such as the common assessment process, which was designed to provide a holistic view of children's needs and would be implemented across all CAMHS services.

It was reported that children and young people felt listened to, had been able to communicate issues and understood what was explained in meetings, which provided a greater level of control and an understanding of methods to service users.

The Committee was informed that, regarding information sharing and better working between A&E Safeguarding and CAMHS staff, a Teaching Hospital Quality Award 2014 had been awarded in the team work category, which displayed success.

Members noted that the number of young people who had presented with a mental health issue had increased. Therefore, it was queried whether there was capacity to help young people with the demands of a complex and demanding lifestyle in the modern world, and how this could be integrated into services that the County Council commissioned.

It was explained to the Committee that a mental health task force review around wellbeing provision for young people and their families had concluded that waiting for a mental health problem to emerge was too late and an injection of funding into prevention, resilience and early help was required. It was emphasised that prevention was more effective and delivered better results.

Members questioned whether the current service model was sustainable. The Committee was informed that if young people who presented at crisis point continued to rise, it was not sustainable. It was explained that global clinical research identified adversity as the prime contributor to poor outcomes in a person's mental health condition. Adversity such as; physical abuse, emotional neglect, sexual abuse and exposure to domestic violence were highlighted as the key contributing factors. A national adversity in childhood study, published in 2014, displayed that the most common forms of adversity could be prevented, and if prevented, it had been estimated that there would be a 40% reduction in mental health issues.

Members raised that, with an increased number of children requiring additional support and help, there had been occurrences when access to services was below par in schools and children had been placed on waiting lists, whereas previously services would be available within schools. The Committee was informed that waiting times for specialist CAMHS had reduced, but issues still existed. It was acknowledged that mental illness required earlier intervention, and that a mental health task force had suggested the implementation of a mental health worker for every school, or a member of staff who had received training to help identify children with vulnerabilities. The worker/staff member, it was conveyed, would identify a link with CAMHS and therefore this would create a link between schools and CAMHS services.

The Tiers of the service provided were outlined to the Committee;

Tier 4 was outlined to be services for children and young people who had been deemed to be at greatest risk and had rapidly declining mental health, or had seriously self-harmed. This involved specialist services, in-patient services and clinical services.

Tier 3 was outlined to be services designed for children with very severe and complex disorders. This, it was noted, involved clinical, psychological and intensive support.

Tier 2 was outlined to be designed for children and young people with additional health and wellbeing needs, this included elements of the SCAYT+ service (Supporting Carers of Children and Young People Looked after Together), which supports carers of children and young people.

Tier 1 was outlined to be for low-intensity, non-specialist interventions, such as prevention and early help services. This also involved targeted youth support and emotional health and wellbeing services within schools.

It was highlighted that a significant proportion of intervention and early help provision was embedded within the tier 1 and the tier 2 services.

It was noted that in January 2014, the Committee had requested sight of case studies and it was noted that Appendices 'B' and 'C' of the report contained a range of examples of such studies.

Mark Warren was invited to discuss a case study around SCAYT+. It was explained that the service had been created in response to issues around looked after children that required attention.

It was explained that the service was primarily consultative. Therefore, foster carers, adoptive parents, social workers and schools could access the service to gain a greater understanding of a child's therapeutic needs. It was emphasised that focus had gone into ease of access for this service.

Reference was made to Theraplay and that this would involve weekly therapeutic intervention. It was conveyed that CAMMS work was based around attachment theory; for example, if a child had failed to bond with a birth family and was placed with new carers, work was undertaken to generate attachment which required support over a long period of time to encourage development.

Members asked if neglect was irreversible in extreme cases. It was elucidated that it depended on the degree of adversity and damage inflicted upon the young person. However, it was highlighted that a young person who had experienced acute adversity often possessed a much smaller and underdeveloped brain. It was explained that a number of factors could change the level of underdevelopment, for example, if a child had protective factors within their environment this would increase the likelihood of the individual living a fulfilled life.

Vanessa Hollins was invited to discuss a case study involving the tier 4 services offered. It was outlined that the service user required a higher level of service and would be provided with care until manageable by lower tiers of the CAHMS service. The particular young person was noted to now be managed well and developing as well as could be expected with consideration of their circumstances.

Members noted that intervention, such as the example, was of paramount importance and had significant costs to the County Council. The Committee made reference to funding from Clinical Commissioning Groups (CCGs) for Lancashire, noting that it was significantly lower than the national average. Therefore, Members queried why this was the case.

It was explained that additional funds had been requested from CCG's, and that funding had been distributed on a regional level to the CCG's. This, it was conveyed, was expected to be distributed to service providers accordingly.

Members queried whether family members had background checks before a child was placed with them. It was explained that efforts were made to keep children within their families, rather than bring them into care. It was explained that they would be checked via liaison with the Police, and other partners, to ensure checks had been carried out before placements.

The Committee was informed of financial facts around the service. It was highlighted that a joint-commissioning strategy for children and young people with emotional health needs in Lancashire had been developed under the banner of Lancashire Children and Young People Trust, which had the support of CCG's, providers, schools, Police, Fire and Rescue service, and all other partners, around children's services. It was conveyed that the strategy defined the resources available, and also included a set of commissioning proposals to aid the prioritisation of resources and was considered to be a key set of actions.

It was explained that national benchmarking information was expected for April 2015, however, this was unavailable until 2016. This would also include patient health questionnaires, screening information, waiting times and patient's experiences. Therefore, it was emphasised that it was expected to be a comprehensive data set once received.

The Committee was informed of comparative data on funding for Lancashire, with the average spend for 0-18 year olds being, £29.46, compared to the average in England, of £59.35. Members queried why funding for Lancashire was below the national average. The Committee was informed that work was ongoing to investigate the range of funding across all of the CCG's and the County Council which would be taken through the systems board. The importance of comparing 'like for like' was emphasised and officers explained that a distorted picture could be presented when the universal provision for CAMHS was taken into account. Therefore, focus would be placed upon tier 4 and tier 3, along with elements of tier 2 to understand this.

Regarding evidencing outcomes, it was conveyed that more funding for children's mental health and wellbeing services would follow the submission of a single integrated transformation plan that articulated the local offer, which would demonstrate a seamless and simple system. Furthermore, the Committee was informed that a key feature of the Future in Mind plan was the Children's IAPT (Improving Access to Psychological Therapies) program, which increased access for psychological therapies. This, it was noted, had been running for a number of years and now covered 60% of the population. It was explained that progress was monitored via an electronic device which would; ask service users how they experienced a session, measure their symptoms, and measure their progress. It was explained that in the coming years, 90% of English nationals would be able to access evidence based therapies such as a CPT (cognitive psychological therapy) and parenting interventions.

Members highlighted that reference was made to concerns around challenges in obtaining information from service providers. Therefore, it was queried how issues with obtaining information would be overcome.

It was conveyed that there was not a consistent set of outcome measures, therefore performance measures from Lancashire Care Foundation Trust would differ across the County, and subsequently, this created difficulties with gaining a countywide picture. Regarding the Care Foundation Trust, it was explained that the County Council was attempting to agree a consistent set of information and that the Trust had agreed to work through a list of information requested by the County Council to investigate what was possible now, what was possible at a later stage, and what, if anything, might be difficult to provide.

Louise Taylor provided a further update to the Committee. The Committee was reminded that in 2008 a joint area review had taken place which had been critical of the County Council's Emotional Health and Wellbeing Services for children and young people, stating that there was an inequity in provision, a lack of consistency in approach and criticism of enablement for children and their families to understand the system before they accessed it.

Over the past 7 years, it was highlighted, there had been significant improvements made and subsequently positive feedback. However, it was explained that issues still remained with waiting times and access to services. It was explained that an issue still remained around rapidity, for example, whether everything was being done as early as it could be. It was emphasised that work was ongoing to overcome the issues.

It was conveyed that the Local Government Association in August made clear that services for children and young people with mental health problems required a complete overhaul so that young people and their families were not faced with a complex system at such difficult times in their lives, and the importance of working early was stressed. Therefore, it was explained that CAMHS was a priority for the County Council.

It was explained that in 2014, the Lancashire Safeguarding Children Board had numerous meetings around emotional health and wellbeing and required reassurance that the County Council offered adequate support. It was explained that the Chair of the Safeguarding Board was completely independent, with no former relationships with any of the organisations within Lancashire, which was emphasised to be very positive.

Subsequently, it was explained that the system required remodelling, and due to numerous reviews that had taken place in the previous years, it was decided that enough information existed to begin making changes. Therefore, in designing the system, it would be modelled to focus on an earlier stage of intervention and consequently, the Health and Wellbeing Board had commissioned a task and finish group which outlined requirements for the County Council to present a clear model which was easily explainable to children and families.

It was conveyed that in the new County Council structure services for adults, children and young people had been aligned with a view to a lifelong approach to dealing with mental health issues rather than a fragmented approach.

It was explained that at the next meeting of the Health and Wellbeing Board the model would be presented and once agreed, this would be implemented. Members queried when the meeting was scheduled to take place. It was explained that this was anticipated to take place in August/September of 2015.

The Committee referred to prevention work within schools. It was noted that within the Fairness Report, there was reference to PSHE (Personal Social Health Education) which, it was noted, was not a statutory requirement and it was queried whether this was utilised in Lancashire. It was explained that PSHE was a non-statutory subject within schools and that this had been decided by central Government. However, it was conveyed that long standing pressure remained for this to change. It was explained that there was a large amount of support in Lancashire for PSHE and that the County Council supported schools to deliver this service.

Members noted their worries about mental health being stigmatised and whether anything was being done to assuage the issue. The Committee was informed that a video montage, which was part of the emotional health and wellbeing campaign, had been shown at the PULSE Celebration Event which included footage of the flash mob performed by schools across Lancashire. It was agreed that the link to the website's URL would be shared with the Committee. It was also noted that Lancashire Youth Council and the UK Youth Parliament would be taking forward emotional health and wellbeing as topics for consideration.

Members stressed that there was a need for a party who understood what a good service looked like to assess the model. It was stressed that to acquire CCG funding, a clear and approved system was needed. It was suggested that the findings of the Health and Wellbeing Board's Task and Finish Group be reported to the Health Scrutiny Committee's Steering Group in September.

Members queried whether teachers and early year's workers could contact services without the permission of a parent or guardian. It was explained that anyone could contact services for advice anonymously. However, any specific information about a young person under the age of 16 would require parental approval.

Resolved that;

- (i) The Committee note the progress evident from the report.
- (ii) The Committee request that the Health and Wellbeing Board's task and finish group present an update of progress to the Health Scrutiny Steering Group in September with further updates made to the Committee as appropriate

6. Workplan and Task Group Update

Resolved: That the work plan and task group update be noted.

7. Urgent Business

There was no urgent business

8. Date of Next Meeting

It was noted that the next meeting of the Scrutiny Committee would be held on Friday, 17 July 2015 at 10:30am, County Hall, Preston, Cabinet Room 'B'.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston