

## Health Overview and Scrutiny Committee

**Wednesday, 19 September 2018, County Hall, Worcester -  
10.00 am**

### Minutes

#### **Present:**

Mr P A Tuthill (Chairman), Ms P Agar, Mr G R Brookes, Prof J W Raine, Mrs M A Rayner, Mr C Rogers, Mr A Stafford, Mr T Baker, Mr M Chalk, Mr M Johnson and Mrs F Oborski

#### **Also attended:**

Mrs J A Potter  
Sue Harris, Worcestershire Health and Care NHS Trust  
Sally-Anne Osborne, Worcestershire Health and Care NHS Trust  
Stephanie Andrews, Worcestershire Health and Care NHS Trust  
Philippa Coleman (Lead Commissioner - Early Health),  
Sheena Jones (Democratic Governance and Scrutiny Manager) and Jo Weston (Overview and Scrutiny Officer)

#### **Available Papers**

The members had before them:

- A. The Agenda papers (previously circulated);
- B. Presentation handouts for Child and Adolescent Mental Health Service and Wellbeing Work (circulated at the Meeting)
- C. The Minutes of the Meeting held on 5 and 20 July 2018 (previously circulated).

(Copies of documents A and B will be attached to the signed Minutes).

#### **894 Apologies and Welcome**

The Chairman welcomed new Redditch Borough Council Member, Mr M Chalk and invited Mrs J Potter to the table as a Member of the Children and Families Overview and Scrutiny Panel.

Apologies had been received from Mr C Bloore, Mr P Grove, Mrs F Smith and Mr P Tomlinson.

#### **895 Declarations of Interest and of any Party Whip**

None.

#### **896 Public Participation**

None.

897	<b>Confirmation of the Minutes of the Previous Meeting</b>	The Minutes of the Meetings held on 5 and 20 July 2018 were agreed as a correct record and signed by the Chairman.
898	<b>Child and Adolescent Mental Health Service and Wellbeing Work</b>	<p>Attending for this Item were:</p> <p><u>Worcestershire Health and Care NHS Trust (Provider)</u>  Sue Harris, Director of Strategy and STP  Communications and Engagement Lead  Sally-Anne Osborne, Service Delivery Unit Lead  Stephanie Andrews CAMHS Service Manager</p> <p><u>Worcestershire County Council (Commissioner)</u>  Philippa Coleman, Lead Commissioner – Early Health</p> <p>By way of introduction, it was reported that the Child and Adolescent Mental Health Service (CAMHS) and emotional wellbeing was part of Priority 4: Establishing clinically and financially sustainable services of the Sustainability and Transformation Partnership (STP) and in particular Programme 4a: Improving mental health and learning disability.</p> <p>Historically, the Committee was told that the service was Psychiatric Consultant led, but started to involve wider disciplines following a 2002 Health of the Nation report which recommended a 4 tiered model of mental health for children and young people.</p> <p>There was no further transformation until 2015, when the Government published 'Future in Mind' a Paper which set out to create a system that brought together services and set out a plan to tackle problems together across all stakeholders including schools, social care, the NHS, the voluntary sector, parents and children. It promised improved access to effective support, care for the most vulnerable, accountability and transparency and development of the workforce. In addition, it would build resilience and increase the work on prevention and early help.</p> <p>In 2018, a Government Green Paper on 'Transforming Children and Young People's Mental Health' introduced the concept of senior leads within Schools and improved access with shorter waiting times.</p> <p>As a result of this recent focus, alongside the report that around 30,000 young people were suffering with anxiety in the UK, there had been significant investment, with</p>

new pathways and different ways of working.

Within CAMHS there were a number of pathways, which included:

- Eating Disorders
- Looked After Children
- KOOTH (a web based resource)
- CAST (tools for professionals)
- Reach 4 Wellbeing (NHS face to face emotional support)
- Learning Disability
- CAMHS Tier 3+

Reach 4 Wellbeing was highlighted as a pathway providing support for 5 – 19 year olds experiencing emotional difficulties, specifically anxiety, low mood and self-harm. Of 752 referrals, 495 children were accepted for short term group support and 302 had been seen, of which 264 were seen in groups and 38 on a one to one basis.

CAST (Consultation, Advice, Support and Training) was highlighted as a pathway specifically for school staff and other professionals (such as GPs and school nurses) to understand their role in supporting the mental health of a child or young person.

KOOTH was described as online counselling and online self help resources for emotional well-being. Counsellors were available to talk to Monday to Friday from 12 noon to 10pm and on Saturday and Sunday from 6pm to 10pm and the resource was very well received. It was reported that the greatest demand was out of hours.

Tier 3+ and Eating Disorders was a pathway involving 0 to 18 year olds with significant mental health needs, including mood disorders, significant anxiety, psychosis for example.

Reference was made to the Single Point of Access (SPA), with referrals going through to triage and highlighting possible outcomes, including signposting, evidence based interventions, various pathways of support etc.

In relation to performance, the numbers of referrals in 2017/18 totalled 2502 which was comparable to the previous three years and 63% of all referrals accessed CAMHS assessment and planning. It was reported that since November 2017, there had been a significant increase in referrals from schools and this was attributed

to the CAST pathway.

Nationally the benchmark for average wait time for first appointment was 8 weeks, however in Worcestershire it was 7 weeks for non urgent appointments. It was reported that 99.37% of young people were also then assessed within 18 weeks for non urgent cases and urgent appointments were either the same day or within 24 hours.

In relation to Next Steps, it was reported that demand management must be addressed and by association the role of CAST be assessed. Efficiency also had a role to play and the 'letting go' conversations with clinicians would be prioritised. Finally, management of waiting lists and the launch of a new outpatient model from November 2018 was cited, including the transition from children to adults.

In the ensuing discussion, the following main points were raised:

- Everyone agreed that the focus on mental health being everybody's business was well deserved and acknowledged the lack of prominence until the Government published 'Future in Mind' in 2015. Society had changed dramatically and young people were more exposed to pressure, such as a constant news cycle and social media, providing both positive and negative experiences
- Funding had been available to develop transformation plans and the service in place now was as a result of this additional resource. When asked the level of funding, it was reported that for core CAMHS the budget was £5.1m, 86% of which was funded by the NHS and 14% by Worcestershire County Council. Additional funding to develop the service was £1.1m
- Across the whole service there were around 5,000 referrals, with around 3,000 associated with anxiety
- It was clarified that Reach 4 Wellbeing was a recent provision for children who were at the beginning of experiencing anxiety and the team worked closely with Public Health professionals. Any health or care professional could refer, as could a parent or young person directly
- The Learning Disability team and Looked After Children team worked with other Agencies to provide integrated specialist support
- Two case studies were cited with positive outcomes and it was reported that generally

feedback about the overall service was very positive

- Once a referral was made, it was triaged and if accepted the young person and their family would be invited in for an assessment. If the young person was over 14 years they could attend on their own however a collaborate approach was always favoured
- In response to a query about transitions, it was explained that CAMHS services were aimed at under 18's. However, from age 16, Worcestershire Healthy Minds may be signposted for those presenting with low mood
- Members were pleased to learn that KOOTH, an on-line counselling and emotional wellbeing platform for children and young people, was a nationally recognised resource provided by XenZone and performance meetings were held with the company on a quarterly basis. In addition, XenZone provided monthly reports to the Trust for monitoring purposes. In response to a question, more girls than boys accessed the service
- In response to a query about the level of engagement with schools, it was reported that it varied throughout the County, with some schools having a very good relationship with CAMHS and others, who perhaps didn't have the same need, less so. However, the team was always interested in building links and promoting CAST therefore had attended County events, such as those for designated safeguarding leads in schools
- It was clarified that Eating Disorders did not include obesity as this was the remit of Public Health
- Members agreed that the link between Social Media and mental health was a concern. It was reported that a campaign on 'now we're talking' would hopefully be promoted widely to encourage talking about mental health
- The Committee welcomed the positive report on the referral process and different pathways, but expressed surprise that there were no hospital beds (tier 4) in Worcestershire and young people were being treated out of County. In response, it was explained that this level of service was commissioned by NHS England on a regional basis and given the relatively small numbers involved, Worcestershire children were mainly treated in specialist centres in Birmingham,

Stafford and the Cotswolds. It was stated that there were currently 8 children affected, however, this was around double the usual number, with the start of the academic year cited as a known peak in activity. Members requested further information on this

- Some Members felt that residents were generally very pleased with the service, however, had heard frustrations about accessing help. Representatives agreed that waiting times were not acceptable, reporting that the new system was in its infancy and an action plan was in place. They would welcome the opportunity to report back to the Committee in twelve months
- Concern was raised about waiting times for Looked After Children and Members asked for a comparison against those children who were not
- It was generally agreed that Youth Workers had a role to play in the mental health of young people
- The Committee was very concerned to hear that Schools were to be encouraged to take a greater role in mental health, when their resources were already stretched to deliver core education. It was also clarified that CAMHS could not refer a child to the Medical Education Team, however, the School could and it was hoped this would be with CAMHS support
- When asked about the number of young people in the system who could be discharged, it was reported that a number of children could but those difficult conversations still needed to take place. However, before any discharge, a plan was put in place in liaison with the GP, School, Parents and any other agency involved. It was important to empower the young person to ready them for discharge and explore the possibility that it may be hard but resources were always available. Members requested further details of successful discharges and it was reported that this area was of national interest

Further information was sought on:

- children being treated out of County
- waiting time information in relation to looked after children and comparison to those who were not
- successful discharges

The Committee agreed to revisit CAMHS in twelve months and thanked those present for an informative discussion.

**899 Health Overview  
and Scrutiny  
Round-up**

The Chairman reported that he had met informally with representatives from both Worcestershire Health and Care NHS Trust and the Worcestershire Clinical Commissioning Groups.

Earlier in the meeting the Chairman also referred to the announcement of the resignation of Michelle McKay as Chief Executive of Worcestershire Acute Hospitals Trust.

The meeting ended at 12.00 pm

Chairman .....