

## HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 23 March 2010.

**PRESENT:** Councillors Dryden (Chair), Councillors Carter, Junier, Lancaster and P Rogers.

**OFFICERS:** J Bennington, T Jackson, J Ord and N Pocklington.

**\*\* APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Cole, Porley and Purvis.

### **\*\* DECLARATIONS OF INTERESTS**

No declarations of interest were made at this point of the meeting.

### **\*\* MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 25 February 2010 were taken as read and approved as a correct record.

## **EMOTIONAL WELLBEING AND MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE IN MIDDLESBROUGH – UPDATE REPORT**

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from Middlesbrough Council's Children, Families and Learning to provide an update on Emotional Wellbeing and Mental Health services for Children and Young People.

The Panel was reminded of its review into Emotional Wellbeing and Mental Health in Middlesbrough and in particular the chapter dedicated to the wellbeing and mental health of children and young people. A copy of the Executive Summary of that Final Report was attached at Appendix 2 of the report submitted.

The Panel received an initial update at its meeting held on 12 November 2009 the minutes from which were provided at Appendix 2 of the report submitted.

The Chair welcomed Neil Pocklington, Deputy Director of Safeguarding who presented a report (Appendix 3) which provided an update on progress around the commissioning of emotional wellbeing and mental health services for children and young people and included a summary of the key issues of the needs analysis and recommendations for a future CAMHS strategy.

Reference was made to the Public Service Agreement 12, which set out the Government's vision for improving the physical, mental and emotional health of all children. One of the priorities within the PSA 12 related to emotional health and wellbeing with three indicators as follows: -

- NI 50 - the emotional health of children and young people;
- N1 51 – the effectiveness of child and adolescent mental health services (CAMHS);
- N1 58 – emotional and behavioural health of looked after children.

The Panel was advised that there was growing evidence nationally that childhood mental health problems were increasing but were often hidden. The Office of National Statistics mid year estimates for 2007 reported that there were 31,794 children and young people in Middlesbrough aged less than 18 years. By applying such figures to the national prevalence estimates it was indicated that there were 1,685 children with conduct disorder, 1,367 with emotional disorder, 445 being hyperactive and 413 with less common disorders.

Details were given of a number of identified risk factors, which had an impact on the prevalence of mental health difficulties in children and young people

It was confirmed that the detailed assessment of need had been completed and presented to commissioners in early March 2010 with the current service provision and usage across all levels described as: -

Tier 1: mild early stage problems;

Tier 2: moderately severe problems requiring attention from professionals trained in mental health;

Tier 3: severe and complex problems requiring multi-disciplinary working;

Tier 4: very serious problems – life threatening or very specialist treatment and more often than not involving inpatients.

Specific reference was made to several Participation events held across Middlesbrough and the Tees area for children and young people with a range of experiences from early stage problems dealt with through the young person's GP to in-patient care and specialist intervention. The sessions had highlighted a number of issues relating to accessibility, confidentiality, request for additional information, choice about location and type of venue, more information about medication, and problems relating to transitions.

The Needs Assessment report detailed admissions to both in-patient units in Middlesbrough, the Westwood centre and the Newberry centre and also gave the number of referrals to specialist Tier 3 CAMHS provision. The report had highlighted the need for a full assessment of out of area placements across Middlesbrough in both health and children's services to get an overall indication of the level of cost associated with children and young people with emotional and mental health need who required a high level of input.

Evidence of effectiveness from the NICE guidelines in relation to conduct, ADHD, depression, self-harm, eating disorders and ASD had been detailed in the Needs Assessment report. It was noted that the most significant problem was around conduct disorder with an estimated 1200 young people aged between 5 – 16 years affected by such a disorder in Middlesbrough.

An indication was given of effective interventions which included early identification and treatment, parenting programmes, staff training, social skills training, anger control, cognitive problem solving skills and clear pathways of care.

The Needs Assessment report had identified a need for greater awareness and training in emotional well being and mental health for all people working with children and young people to ensure early identification and intervention.

The Panel's attention was drawn to areas of need highlighted by the Needs Assessment. The emotional well being and mental health of children and young people was not just the responsibility for specialist services but of all services working with children and young people.

Within Middlesbrough there was a high cost of specialist provision compared to the relatively low level of investment in early intervention services. It was pointed out that it was difficult to estimate how much the deficit impacted on the high placement costs for overall Tier 4 provision. The data suggested that currently there was very little effective alternative to recourse to specialist services.

An analysis had demonstrated gaps in service provision in three distinct areas across all levels of provision in respect of greater awareness and training of professionals to recognise problems earlier; a gap at Tier 2 to provide consultation, training and support to Tier 1 professionals and reduce the need to refer to specialist provision. The third area focused on the high costs associated with Tier 4 and Out of Area Placements compared to the low level of investment in preventative services.

Reference was made to several developments commissioned in recent months in relation to emotional well being and mental health: -

- a) Emotional Well-Being Team, a new service commissioned until March 2011 by the Children's Fund from Barnardo's based at the Bridgeway project in Middlesbrough to work in schools.

- b) a total of £220,000 to be available to the Targeted Mental Health in Schools project until March 2011 involving 19 schools in the East and Town areas to focus on family separation and reconstituted families and the needs of the BME communities in an attempt to deliver successful interventions.
- c) a new CAMHS liaison post (4 days per week) to work at Tier 2 and provide support to Tiers 1 and 2 to form a bridge between universal, targeted and specialist provision.
- d) in recognition of an increasing problem especially in the North East region a multi-agency Self-Harm Protocol had been developed by young people and professionals in Middlesbrough.
- e) a one year pilot post had been commissioned by Middlesbrough PCT to be based within Middlesbrough and Stockton MIND.
- f) funding had been allocated for the purchase of information leaflets to be used as part of the Self-Harm pathway and leaflets for young people in relation to eating disorders. Further copies of a DVD for young people with learning disabilities in relation to bullying had also been purchased for wider dissemination.

The Needs Assessment had produced a comprehensive overview of CAMHS services within Middlesbrough and had confirmed that there were significant levels of activity across a number of agencies. It was noted, however that as outlined in the report submitted a number of areas had been identified for future commissioning and the following recommendations made: -

- i) A town-wide, Tier 2 CAHMS Service should be developed, linking with CAF and other Tier 2 services.
- ii) the development of a South Tees joint health/social care mental health specialist post to drive the implementation of the multi-agency Self-Harm protocol in Middlesbrough and Redcar & Cleveland.
- iii) 'Pathways' to Tier 2 provision is developed to ensure a smooth flow between primary and secondary care, linking both universal and specialist services.
- iv) A multi-agency 'pathway' for young people who are experiencing conduct and other complex problems is developed and agreed.
- v) A 'Pathway' is developed for multi-agency assessment of school age children, for example, children who are on the autistic spectrum.
- vi) The national CAMHS Support Services training package 'Everybody's Business' is delivered on a regular basis in Middlesbrough.
- vii) Consideration is given to the development of a Young People's Board.
- viii) Services for young people who are lesbian, gay, and bi-sexual or transgender should be commissioned.
- ix) A multi-agency strategic approach is developed to meet the needs of high risk/complex children and young people within Middlesbrough.
- x) Provision is developed to provide therapy for children who have been subjected to stranger abuse.
- xi) Local schools are encouraged to develop peer mediation programmes.
- xii) The use of independent counsellors within schools is co-ordinated to ensure consistent care and quality.

- xiii) The Targeted Mental Health in schools project ensures information relating to 'What's Up' awareness raising material is readily available in schools.

During the subsequent deliberations Members sought clarification on a number of areas. In terms of future commissioning it was noted that discussions had commenced with the PCT and Social Care on the wider issues around commissioning. Specific reference was made to the suggestions for a changed emphasis and further investment into Tier 2 services.

In commenting on the benefits of early intervention reference was made to the appointment of a new CAMHS liaison post of four days per week to work at Tier 2 and provide support to Tiers 1 and 2 and to form a bridge between universal, targeted and specialist provision. In the first year of operation it was anticipated that the post would focus on Children's Centres looking at the training and consultation needs and also building stronger links with adult mental health provision.

Members discussed the role of Parent Support Advisors with particular regard to developing their skills to assist in identifying possible mental health issues. It was considered important to develop an appropriate network to assist in identifying mental health issues and for the Common Assessment Framework approach to be carried out in assessing a child's additional needs and determine how these should be met. Following a request from the Panel it was agreed that further information should be provided as to the extent to which the Common Assessment Framework had been undertaken.

In commenting on ways of identifying potential problems at an early stage it was acknowledged that not all children were registered at Children's Centres. The Panel also requested that information be provided as to the extent of responsibility of Acute Trusts, PCTs in terms of notifying organisations of births.

The Panel discussed the recommendations arising from the Needs Assessment. Members requested further information on the proposal to provide therapy for children who had been subjected to stranger abuse and how such a provision would be delivered.

**AGREED** as follows: -

1. That the Officers be thanked for the information provided which was noted.
2. That further updates be provided to the Panel.
3. That further information be submitted to the Panel on the following aspects:-
  - a) extent to which the Common Assessment Framework approach was adopted;
  - b) disproportionate investment in relation to the high costs of Tier 4 specialist provision in comparison with relatively low investment in early intervention services;
  - c) responsibilities of Acute Hospitals and Primary Care Trusts in notifying local authorities of births;
  - d) the Solihull approach model in relation to effective parenting.
4. That the observations of the Panel as outlined and following consideration of the aspects in recommendation 3 above be compiled in an update report to be submitted to the Overview and Scrutiny Board prior to referral to the Executive.

#### **HEALTH SCRUTINY PANEL WORK PROGRAMME 2010/2011**

The Scrutiny Support Officer submitted a detailed report to assist the Panel in determining its 2010/2011 scrutiny work programme.

It was confirmed that in addition to the Support Officer research, contact had been made with all local NHS organisations and the Department of Social Care in an endeavour to identify major issues facing the local health and social care economy.

An indication was given of key NHS policy documents in particular the NHS Operating Framework 2010/2011, which articulated the NHS priorities for the year ahead. Other documents referred to included a Department of Health publication called NHS 2010-2015: from good to great. Preventative, people centred, productive (Good to Great) a copy of which had been circulated. Such a document outlined the Government's vision for how the NHS would look in 2015 and the steps necessary to take in the meantime to realise that vision.

In terms of the wider national context reference was made to some specific areas of work that the Panel could engage with to examine how the local NHS was responding to the national policy agenda. Such areas included: -

- progress by NHS Middlesbrough in the World Class Commissioning agenda to become genuine market shapers for local health services;
- how NHS Middlesbrough and the wider local NHS, were preparing for a tighter financial climate post 2010/2011;
- the work done to date by the Strategy Delivery groups with the explicit responsibility of delivering the PCT Strategy;
- the extent to which preventative services were becoming a core part of NHS Middlesbrough's Commissioning agenda.

The report outlined the responses from local NHS organisations and topics identified following research by the Scrutiny Support Officer briefly summarised as follows: -

South Tees Hospitals NHS Foundation Trust:

- a) service reconfiguration arising from the NHS Step Review document in relation to children's surgery;
- b) ramifications of regional discussions about the designation of major trauma centres;
- c) radiotherapy development at James Cook University Hospital;
- d) patient experience at James Cook University Hospital;
- e) care of the Dementing Adult;
- f) participation in discussions around the preparation of tighter funding environment post 2011.

Department of Social Care:

- a) role of Community matrons in avoiding acute admissions;
- b) what the local NHS were doing to improve access to community based therapy services, such as speech and language therapy, physiotherapy and occupational therapy.

NHS Middlesbrough:

- a) the meaning of and method of implementing the Quality, Innovation, Productivity and Prevention programme and what it means for the commissioning and delivery of local health care services;
- b) the development of NHS Middlesbrough's Strategy and specifically the progress of the Strategy Delivery groups covering areas such as maternity and newborn, child health, staying healthy, planned care, acute care, long term conditions, mental health, and end of life care;
- c) A & E attendances;
- d) Out-patient follow ups and how they are offered and managed;
- e) Community Developments such as PACE (patient- centred clinically excellent) which was essentially the care closer to home agenda.

Support Officer research:

- a) End of Life Care as highlighted by local NH speakers at the 'Good to Great' event held on 16 February 2010, an area of significant policy activity for the Department of Health; and links to the national issue of the ageing population;
- b) receive updates on the progress on the implementation of recommendations from previous scrutiny reviews such as Stroke Services, Cardiovascular Disease, Practice Based Commissioning, and Emotional Well Being and Mental Health;
- c) possibility of periodic seminars in relation to how the local health and social care economy are preparing for a tighter NHS funding environment post April 2011.

In discussing the different ways of working by the Panel it was agreed to continue to structure the work programme to provide for detailed investigations requiring a series of meetings but also allowed for 'short, sharp' reviews; the hosting of seminars on prevailing national policy where appropriate; to receive progress reports on the implementation of the Panel's previous recommendations; and receive updates on topics of interest and developments of national policy.

The Panel commented on a number of possible areas for further work, which included: -

- NHS Middlesbrough commissioning strategy and implications on the delivery of local health care services;
- implications of regional discussions about the designation of major trauma centres;
- likely service reconfiguration in relation to children's surgery;
- End of Life Care;
- periodic seminars in relation to how the local health and social care economy are preparing for a tighter NHS funding environment post April 2011.

**AGREED** as follows: -

1. That the information provided be noted.
2. That the structure of the Panel's work programme for 2010/2011 be based on the format as outlined in the report submitted including the suggestion for the Panel to have the capacity to consider any emerging issues.
3. That arrangements be made for appropriate information to be made available at the Life Store in the Mall with a view to ascertaining the views of the public on the possible areas for further investigation and identification of any other areas of concern for examination.
4. That the Panel gives further consideration to the areas outlined in the report submitted; the outcome of recommendation (2) above; and the results of recent publicity in the Evening Gazette requesting the public to identify any possible areas for investigation.

## **OVERVIEW AND SCRUTINY UPDATE**

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meetings of the Overview and Scrutiny Board held on 22 February, 1 and 9 March 2010.

NOTED