

Scrutiny for Policies, Children and Families Committee

Friday 12 January 2018

10.00 am Luttrell Room - County Hall,
Taunton



To: The Members of the Scrutiny for Policies, Children and Families Committee

Cllr L Redman (Chairman), Cllr J Lock, Ms Helen Fenn, Mrs Eileen Tipper, Mr Richard Berry, Cllr N Bloomfield, Cllr A Bown, Cllr M Dimery, Cllr N Hewitt-Cooper, Ruth Hobbs, Cllr M Pullin (Vice-Chair), Cllr J Williams and Cllr N Taylor

All Somerset County Council Members are invited to attend meetings of the Cabinet and Scrutiny Committees.

Issued By Julian Gale, Strategic Manager - Governance and Risk - 4 January 2018

For further information about the meeting, please contact Neil Milne on 01823 359045 or ndmilne@somerset.gov.uk

Guidance about procedures at the meeting follows the printed agenda.

This meeting will be open to the public and press, subject to the passing of any resolution under Section 100A (4) of the Local Government Act 1972.

This agenda and the attached reports and background papers are available on request prior to the meeting in large print, Braille, audio tape & disc and can be translated into different languages. They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers



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AGENDA

Item Scrutiny for Policies, Children and Families Committee - 10.00 am Friday 12 January 2018

**** Public Guidance notes contained in agenda annexe ****

1 Apologies for Absence

to receive Members' apologies

2 Declarations of Interest

Details of all Members' interests in District, Town and Parish Councils will be displayed in the meeting room. The Statutory Register of Member's Interests can be inspected via the Community Governance team.

3 Public Question Time

The Chairman will allow members of the public to ask a question or make a statement about any matter on the agenda for this meeting. **These questions may be taken during the meeting, when the relevant agenda item is considered, at the Chairman's discretion.**

4 Introduction and Outcomes - approx 30 minutes (Pages 5 - 14)

To receive an introductory overview on:

- Emotional Health & Well-Being needs for Children & Young People; and,
- Commissioning Responsibilities.

5 Update from Clinical Commissioning Group - approx 30 minutes (Pages 15 - 28)

To receive an overview on:

Transformation of Child and Adult Mental Health Service (CAMHS); and, Future in Mind – promoting, protecting and improving Children and Young People's Mental Health and Well-being.

6 Focus on Services - approx 2 hours (Pages 29 - 52)

To receive an overview of 4 specific areas – suggested 30 minutes on each:

Perinatal & Infants;

Schools – whole school;

Children Looked After/Care Leavers; and,

Transitions – Child to Adult Services, for Children with mental health needs.

7 Conclusions/Summary - approx 10 minutes

To allow Members time to reflect on the meeting and suggest any requested action points/follow up work.

8 Any other urgent items of business

The Chairman may raise any items of urgent business.

Item Scrutiny for Policies, Children and Families Committee - 10.00 am Friday 12
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Guidance notes for the meeting

1. Inspection of Papers

Any person wishing to inspect Minutes, reports, or the background papers for any item on the Agenda should contact the Committee Administrator for the meeting – Neil Milne on 01823 359045 or email: ndmilne@somerset.gov.uk
They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers

2. Members' Code of Conduct requirements

When considering the declaration of interests and their actions as a councillor, Members are reminded of the requirements of the Members' Code of Conduct and the underpinning Principles of Public Life: Honesty; Integrity; Selflessness; Objectivity; Accountability; Openness; Leadership. The Code of Conduct can be viewed at: <http://www.somerset.gov.uk/organisation/key-documents/the-councils-constitution/>

3. Minutes of the Meeting

Details of the issues discussed and recommendations made at the meeting will be set out in the Minutes, which the Committee will be asked to approve as a correct record at its next meeting.

4. Public Question Time

If you wish to speak, please tell the Committee's Administrator by 12 noon the (working) day before the meeting.

At the Chairman's invitation you may ask questions and/or make statements or comments about any matter on the Committee's agenda – providing you have given the required notice. You may also present a petition on any matter within the Committee's remit. The length of public question time will be no more than 30 minutes in total.

A slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been signed. However, questions or statements about any matter on the Agenda for this meeting may be taken at the time when each matter is considered.

You must direct your questions and comments through the Chairman. You may not take a direct part in the debate. The Chairman will decide when public participation is to finish.

If there are many people present at the meeting for one particular item, the Chairman may adjourn the meeting to allow views to be expressed more freely. If an item on the Agenda is contentious, with a large number of people attending the meeting, a representative should be nominated to present the views of a group.

An issue will not be deferred just because you cannot be present for the meeting. Remember that the amount of time you speak will be restricted, normally to two minutes only.

5. Exclusion of Press & Public

If when considering an item on the Agenda, the Committee may consider it appropriate to pass a resolution under Section 100A (4) Schedule 12A of the Local Government Act 1972 that the press and public be excluded from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, as defined under the terms of the Act.

6. Committee Rooms & Council Chamber and hearing aid users

To assist hearing aid users the following Committee meeting rooms have infra-red audio transmission systems (Luttrell room, Wyndham room, Hobhouse room). To use this facility we need to provide a small personal receiver that will work with a hearing aid set to the T position. Please request a personal receiver from the Committee's Administrator and return it at the end of the meeting.

7. Recording of meetings

The Council supports the principles of openness and transparency. It allows filming, recording and taking photographs at its meetings that are open to the public - providing this is done in a non-disruptive manner. Members of the public may use Facebook and Twitter or other forms of social media to report on proceedings and a designated area will be provided for anyone wishing to film part or all of the proceedings. No filming or recording may take place when the press and public are excluded for that part of the meeting. As a matter of courtesy to the public, anyone wishing to film or record proceedings is asked to provide reasonable notice to the Committee Administrator so that the relevant Chairman can inform those present at the start of the meeting.

We would ask that, as far as possible, members of the public aren't filmed unless they are playing an active role such as speaking within a meeting and there may be occasions when speaking members of the public request not to be filmed.

The Council will be undertaking audio recording of some of its meetings in County Hall as part of its investigation into a business case for the recording and potential webcasting of meetings in the future.

A copy of the Council's Recording of Meetings Protocol should be on display at the meeting for inspection, alternatively contact the Committee Administrator for the meeting in advance.

EMOTIONAL HEALTH AND WELL-BEING & MENTAL HEALTH NEEDS OF CHILDREN AND YOUNG PEOPLE IN SOMERSET

Alison Bell
Consultant in Public Health

WWW.SOMERSET.GOV.UK



Child & Adolescent Mental Health:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (*WHO 1948*)

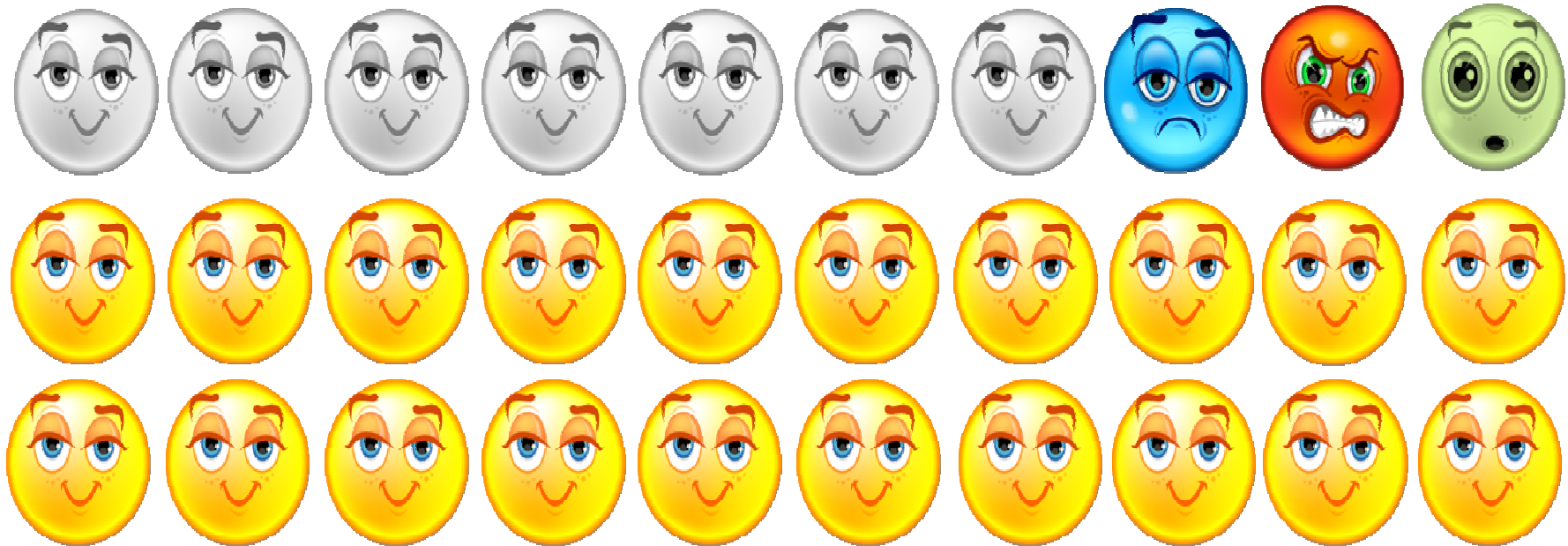
Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948

WWW.SOMERSET.GOV.UK



Mental illness is common

3 in class of 30 will have a diagnosable mental illness
7 more will have emotional or behavioural difficulties



What Does This Look Like On The Ground?

In an average class of 30 15-year-old pupils:

- three could have a clinically significant mental health problem
- ten are likely to have witnessed their parents separate
- one could have experienced the death of a parent
- seven are likely to have been bullied
- six may be self-harming

In the community

- Socioeconomic deprivation
- Homelessness
- Disaster
- Discrimination
- Poor school ethos, including bullying

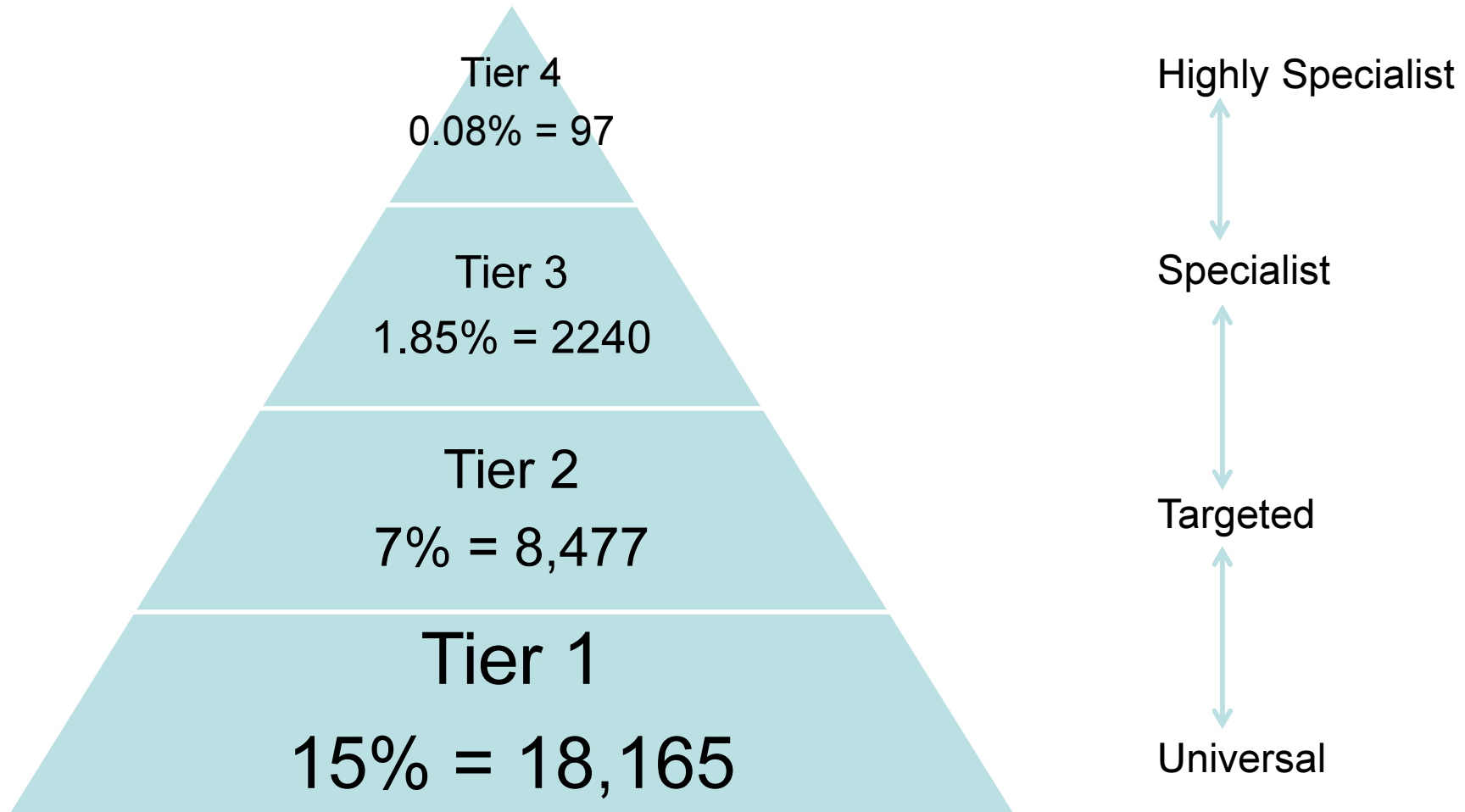
In the family

- Poor parenting
- Parental conflict and family breakdown
- Physical, sexual or emotional abuse, neglect or domestic violence
- Parental mental illness, substance misuse, health problem or incarceration
- Death and loss, including being 'looked after'

In the child or young person

- Low self esteem
- Physical illness or disability
- Poor communication and social skills
- Academic failure

CAMH Services Estimated Need – based on 2004 CAMHS survey



Commissioning Responsibilities

Level	Service	Comissioner
Universal	Gps Maternity Health Visiting Schools & early years	NHS England CCG SCC Public Health SCC Children's Services / RSC
Targeted	Primary mental health workers Educational Psychologist School Counselling On-line counselling School Nurses Bereavement support Phoenix	CCG / SCC Children's services Support Services for Education Schools CCG SCC Public Health SCC Public Health SCC Public Health
Specialist	CAMHS Community eating disorder service	CCG CCG
Highly specialist	Wessex House inpatients Outreach service	NHS E / CCG

DSR Self Harm Admission Data 10-24yr olds (2015/16)

Area	Value	Lower CI	Upper CI
England	430.5	426.5	434.7
South West region	597.8	582.5	613.5
Bath and North East Som...	487.6	422.4	559.7
Bournemouth	648.7	568.5	736.7
Bristol	517.4	471.9	566.0
Cornwall	494.1*	449.5	541.8
Devon	614.1	572.3	658.1
Dorset	576.5	518.3	639.4
Gloucestershire	580.8	535.6	628.9
Isles of Scilly	*	-	-
North Somerset	536.9	458.2	625.2
Plymouth	617.2	551.1	688.8
Poole	780.8	672.8	901.2
Somerset	726.3	670.8	785.1
South Gloucestershire	482.1	422.8	547.5
Swindon	775.2	686.0	872.8
Torbay	1,167.9	1,023.4	1,327.1
Wiltshire	586.2	533.7	642.4

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Children Looked After's Emotional Health and Well-being (based on SDQ scores)

Indicator 4.4	Area	R12Months	R6Months	YTD	L3Months	L7Days	DoT	RAG
	SOMERSET	73.8% <i>(242/316)</i>	n/a	68.5% <i>(224/337)</i>	n/a	n/a		◆
% of Children Aged 4 and over, Looked After for more than one year OR since 1 April for YTD, that have had a Strength and Difficulties Questionnaire recorded. Target: 90% High % represents high performance.	Taunton	80.8% <i>(59/73)</i>	n/a	64.1% <i>(50/78)</i>	n/a	n/a		◆
	Sedgemoor	73.0% <i>(54/74)</i>	n/a	70.6% <i>(60/85)</i>	n/a	n/a		◆
	Mendip	80.6% <i>(51/67)</i>	n/a	59.7% <i>(40/67)</i>	n/a	n/a		◆
	South Somerset	77.2% <i>(61/79)</i>	n/a	71.1% <i>(59/83)</i>	n/a	n/a		◆
	Children with Disabilities	47.1% <i>(8/17)</i>	n/a	47.1% <i>(8/17)</i>	n/a	n/a		◆

Children Looked After's Emotional Health and Well-being (based on SDQ scores)

Indicator 4.5	Area	R12Months	R6Months	YTD	L3Months	L7Days	DoT	RAG
% of Children Aged 4 and over, Looked After for more than one year CR since 1 April for YTD, that have had a Strength and Difficulties Questionnaire recorded where the score indicates a Concern (≥ 17)	SOMERSET	43.8% (106/242)	n/a	44.6% (100/224)	n/a	n/a		
	Taunton	40.7% (24/59)	n/a	48.0% (24/50)	n/a	n/a		
	Sedgemoor	48.1% (26/54)	n/a	48.3% (29/60)	n/a	n/a		
	Mendip	48.1% (26/54)	n/a	50.0% (20/40)	n/a	n/a		
	South Somerset	42.6% (26/61)	n/a	39.0% (23/59)	n/a	n/a		
	Children with Disabilities	50.0% (4/8)	n/a	50.0% (4/8)	n/a	n/a		

Transforming Mental Health Services for Children and Young People: Five Year Forward View for Mental Health

Fiona Abbey, Commissioning Manager for Children and Young
People's Mental Health and Wellbeing Services

Context

**Future in Mind CYPMH
Taskforce Report**

**National targets- Mental
Health Five Year Forward
View**



**National targets translated
to local transformation
Local Transformation Plan**



**Changes to
provision (e.g.
new services)**

Future in mind

Promoting, protecting and improving our children and young people's mental health and wellbeing



Objectives

National

- Increased access
- Increased investment
- Access standard for eating disorders
- Improved data flows
- Workforce planning
- Crisis support



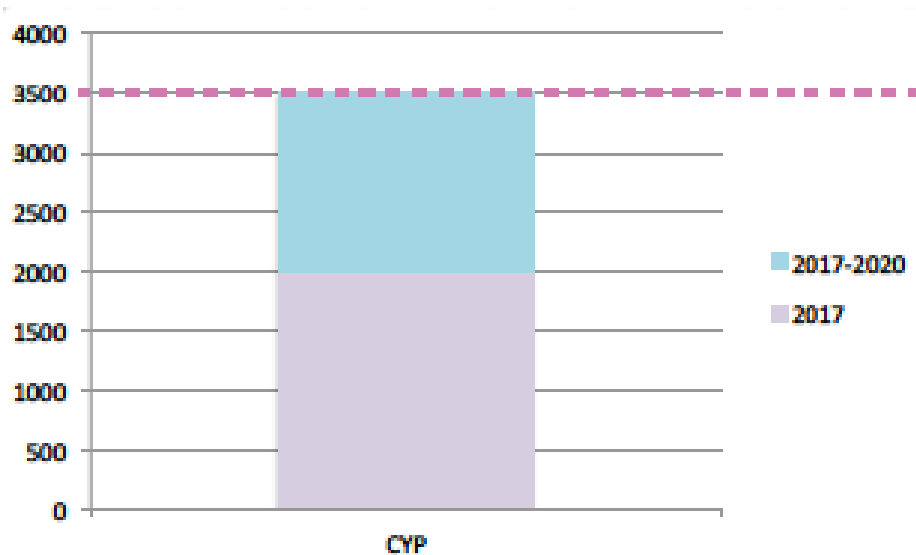
Local

- Resilience building, early intervention and prevention
- Straightforward, prompt access to support
- Increase capability and capacity of workforce
- Support for the most vulnerable groups

Access

9,900 0-18 year olds with a mental health condition in Somerset

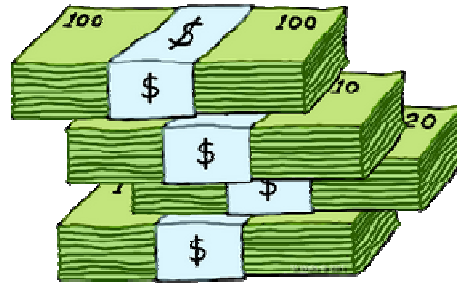
At least 35% of CYP with a diagnosable mental health condition should be receiving treatment



To meet the target of 35% we need approx. 1500 more CYP supported by NHS funded services per year

Increasing access

Investment



CCG currently invests £5.56m in CYP MH services

Will meet MH Investment Standard in 17/18

Drive to further increase investment- parity of esteem

Increasing access

Information



Access standard- need to achieve 35% access

**Data to evidence outcomes and inform
commissioning**

**Pulling together data from across the wider
system**

Increasing access

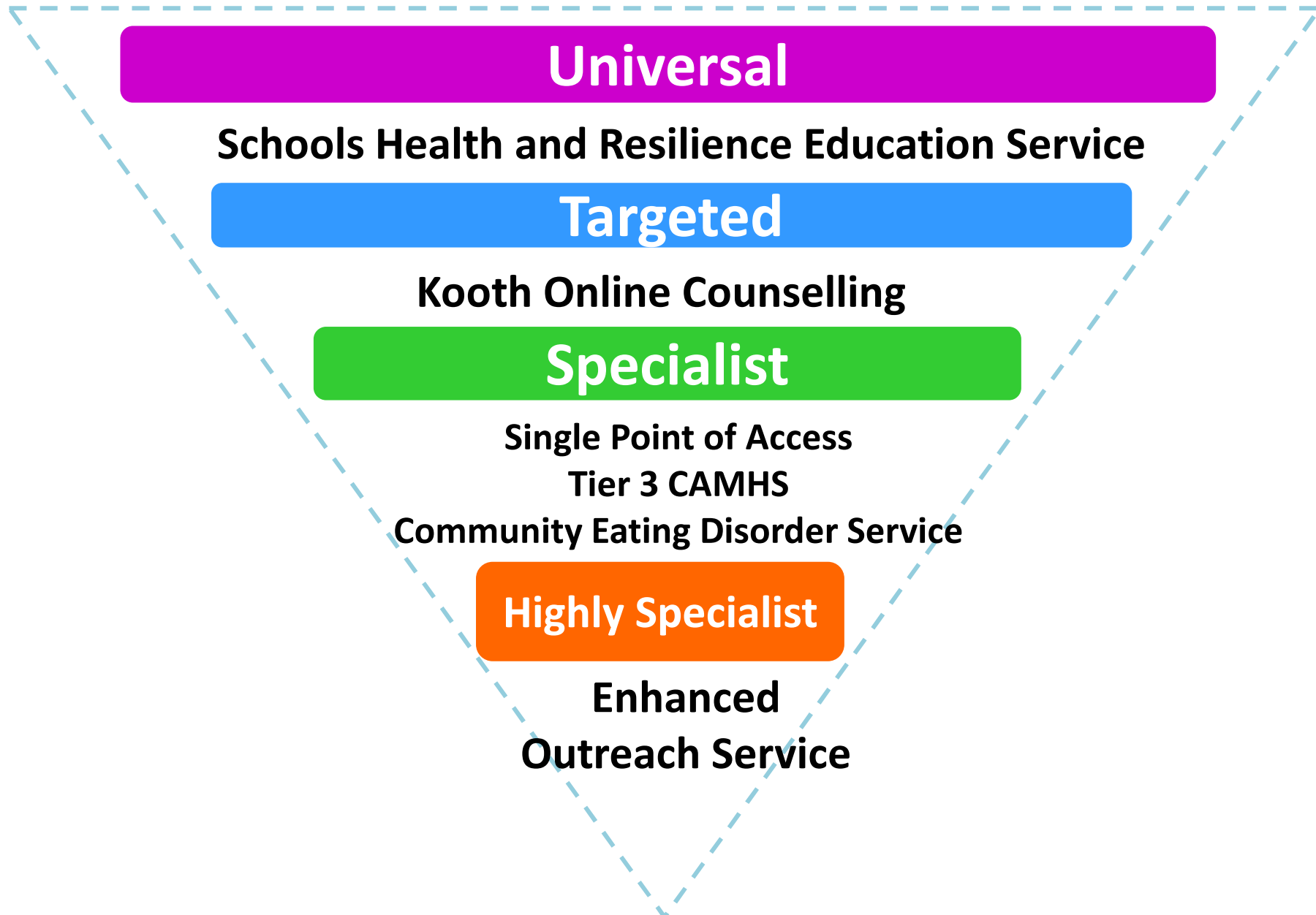
Improved processes



Workforce planning- increasing capability and capacity across the system

Matching local demand and capacity to reduce out of area Tier 4 placements

Key CCG funded services



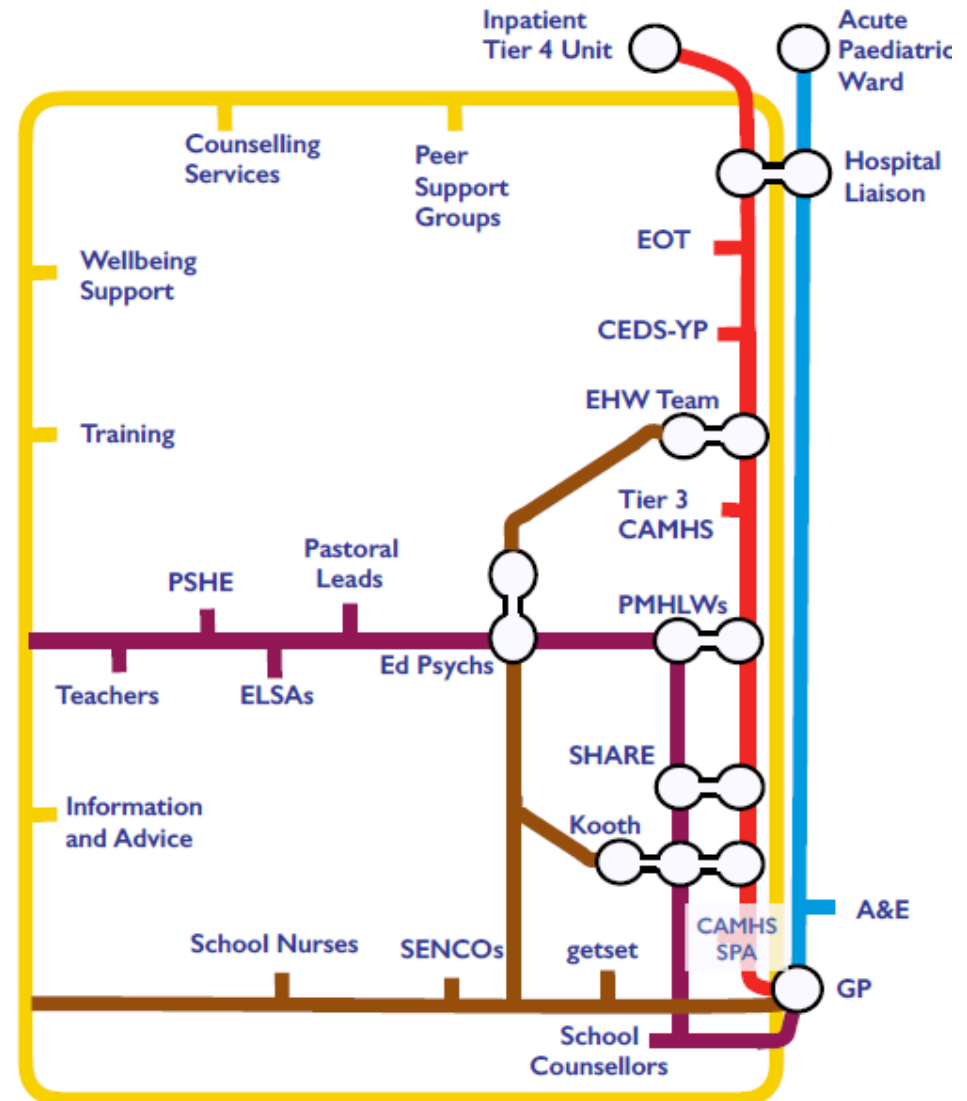
CYPMH Transformation

- Local Transformation Plan for CYPMH

- Transforming the whole pathway

- Main areas:

- Prevention and Early Intervention
- Access
- Workforce
- Vulnerable groups



Community Eating Disorder Service (CEDS)

Good news story

- No specialist eating disorder service for children and young people prior to transformation, these CYP would have been treated in Tier 3 CAMHS
- **Now a separate service with specialist eating disorder practitioners providing evidence-based therapy**
- Focus on early intervention and Tier 4 admission avoidance
- **CYP start treatment within 4 weeks (1 week for urgent cases)**
- Joined up working with the acute hospitals and Enhanced Outreach Team
- Service was part of peer review through the CAMHS Quality Network

Next steps:

Making sure all professionals working with CYP, and their families know about CEDS and how to access

Move towards self-referral, as with all CAMHS services

Progress in CYPMH Transformation

- **Broader use of funding**
- **More investment**
- **Workforce improvements**
- **Young People's Participation**
- **More joined up working**

Challenges in CYPMH Transformation

- Requirement to maintain momentum
- Need to work as a system to reduce gaps
- Improvements in data
- Greater focus on key areas

Any questions?

fionaabbey@nhs.net

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Mental Health Service Transitions Pathway Update

Presentation to Joint Meeting of the Scrutiny for Policies,
Adults and Health Committee & the Scrutiny for Policies,
Children and Families Committee 12th January 2018.



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Background

- Somerset Partnership are signed up to a Commissioning for Quality and Innovation (CQUIN) national goal: supporting children and young people experiencing transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services.
- In consideration of this CQUIN goal a steering group within Somerset Partnership has been established to oversee the developments of a newly developed Transitions Pathway.
- Cultural differences between CAMHS and AMHS are significant – examples include: differences with the involvement of parents / families; capacity to consent to treatment; diagnostic differences. The steering group has enabled robust discussion and development of shared understandings across the service as a starting point.

Transitions pathway steering group

The Transitions Pathway steering group has identified eight clinical or operational pathways. Each pathway has been allocated named leads in both CAMHS and AMHS. The designated pathways are as follows:

- Community Mental Health Services (i.e., CAMHS to adult CMHTS)
- Early Intervention in Psychosis (EIP)
- Inpatient & Home Treatment Teams
- Learning Disabilities
- Neurological Development
- Connect 18 (previously YAMHS)
- Personality Disorders
- Eating Disorders.



Transitions Pathway Steering group

Underpinning each of these pathways are a series of agreements, protocols and working arrangements enabling the early identification of young people in the respective young people's services and the collaborative planning for their transfer at, pre, or post their eighteenth birthday and clinically indicated.

The objective of these activities is to ensure only those who require onward support into adult services do transition across, but where they do, that the most appropriate support is provided on a personalised basis with the most appropriate clinicians and teams involved in a timely fashion.



Local Area Transition Panels

Local Area Transition Meetings:

Terms of Reference – December 2017

Purpose

To provide a decision making forum and develop appropriate Transition Plans for young people who need to transition from Child and Adolescent Mental Health services (CAMHS) to Adult Community Mental Health Services (ACMHS).

This meeting is to ensure that services work together as part of the overall 0-25 pathway. The meeting is to provide oversight and leadership to the Individualised Transition Plan for the young person thereby ensuring timely delivery and realisation of intended benefits.

The Local Area Transition Panel Purpose and Responsibilities include

- Monitor transition for young people from 17 years 9 months
- Approve and sign off transition plans
- Appoint and assign resources
- Provide assurance around the health and safety of the care delivery and progress made towards transition
- Escalate to Complex Transitions Panel where local area panel unable to assign appropriate resource.

Membership

Membership includes team managers from CAMHS East, CMHT, Talking Therapies; Young Person's champion; Psychiatrist CAMHS & Adult CMHT. Other members may attend for specific cases, for example CAMHS Enhanced Outreach Team Manager, CAMHS Eating Disorder Services, or Learning Disability services.

Quorate – In order for the panel to go ahead, minimum attendance would be a member of CAMHS and a member of adult mental health services.

Key Decisions

- Transition plan agreed for each young person or
- Where a decision cannot be achieved, appropriate escalation to Complex Transitions panel.

Values:

Working together to ensure key aim achieved, that young people aged 17 years old will be supported to make the journey between childhood and adulthood as smooth as possible.

Champion the change by staying focussed on the young person

Clearly communicated decision making

- Terms of reference awaiting sign off
- Monthly joint CAMHS / AMHS meetings established in South Somerset, Mendip, Bridgewater and Taunton
- Team Managers, Young Person's Champion,
- Working together to identify individualised Transition care plan for young person

Transition from CAMHS to AMHS

Individualised Transition Plans: Options

- Mental health need resolved – close
- Extension of CAMHS provision
- Transition to Talking Therapies (Primary Care)
- Transition to appropriate Adult Mental Health Service, as identified



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Transition from CAMHS to AMHS

If disputes arise, or in particularly complex cases, an escalation panel composed of senior clinicians and service directors will review the case prior to the young person's transition and direct which pathway or service option is to be taken.





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Complex Case Transitions Panel

- County Wide Senior Management Decision Making Panel
- Review the case presented
- Decide on action to feedback to local teams
- Option of new Connect 18 service





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Connect 18

- To support this process further a small dedicated team to support identified individuals has been established: the Connect 18 service.
- This service has now been fully appointed to (2 band 6s and 2 and 4s) with the launch date for the service being the 1st December 2017.
- The Connect 18 service will cover the whole county with a dedicated caseload and liaising with peer clinicians in both children's and adult services.





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Participation

- The views of young people have been sought throughout these developments, through focus groups, approaching our Participation panels (across the county) and in surveying adults who have recently moved between services. Actively seeking and listening to the feedback from those young people who use the service.
- The steering group had initially been referred to as the 0-25 steering group and was changed to Transitions pathways. Additionally the same young people feedback that they did not like the name Young Adult's Mental Health Service (YAMHS), and so based on their chosen preferences the new name of Connect 18 has been adopted to replace YAMHS.

Multi-Agency Transitions Involvement

- Members of the SEND Priority 3: Transitions Agenda (Tony Wolke Operational Service Manager Adult Learning Disabilities Service; Tracey Winsor Operational Service Manager CAMHS)
- Choices for Life Panels – development of a strategy around links with these
- Transforming Care Forum members (Tony Wolke Operational Service Manager Adult Learning Disabilities Service; Tracey Winsor Operational Service Manager CAMHS)

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