

PQT's & Statements received for the meeting of the Scrutiny for Policies, Children and Families Committee

Somerset Parent Carer Forum ask:

Item 6 Hospital Admission for Self-harm in Somerset

In your report you highlight that there is a view that "you have to attempt suicide to get treatment". At the forum we are sad to confirm this is the view held by many families due to their own experience or what they hear from other families. We are regularly told by families that they have been referred to CAMHS but that the referral has been unsuccessful, and they have been given no other advice other than you don't meet the threshold. What plan do you have to address this?

Another area of concern is the families that have children who are self-harming, are being told that because the child is autistic they do not have mental health needs and children are being discharged from CAMHS because they are awaiting an ADOS. Does the data collected allow Somerset to have a clear understand of the links between self-harming, Autism and mental health needs so as to commission the needed support for this group?

Pages 23-25 highlights the use of schools to support children and young people's mental health needs. The forum has recently completed a project for NHS England collecting case studies of families who have experienced tier 4 CAMHS services. One of the things that came from that is that schools were unable to implement the recommendations from CAMHS constantly due to capacity. This lead to an escalation which resulted in admissions. How realistic is it that all schools will be able to implement the framework and how are you going to avoid a postcode lottery resulting in some schools not doing so?

Item 9 - Young Carers Service

We note from the report that the redesign of the service is now being undertaken by adults commissioning. The needs of young carers is very different to that of adult carers, acknowledged by many councils having separate services. We would like to know how the adult commissioning team are using the expertise of the existing Young Carers service to help support this work?

Item 10 Capital Programme

Appendix B of the report highlights the proposed changes to several education provisions to increase capacity. While we welcome this investment and acknowledge that the additional spaces are needed we note many are academies. Can you confirm that robust service level agreements are in place with these settings, which are being remodelled/extended so as to protect the investment of public money into these sites which are not owned by the local authority?

Cassandra Davies asks:

Item 8 SEND Update

Why is it that the local area needs assessment has not incorporated those who are learning disabled and/or are autistic and display behaviour that may appear challenging.

Guidance around these services is specified under NICE Guidance NG93 and is not currently commissioned by Somerset CCG.

Those who experience these needs are the most likely to have complex support needs in terms of education and mental health.

These young people are not having their needs identified in the strategic needs assessment and therefore not as part of the statutory assessment process.

This is a legal issue and means that these young people are experiencing discrimination under the SEND Strategy, Joint Commissioning Strategy and the Statutory Assessment Process.

What is being done to address this? What is being done to address the high figures for SEMH and below average figures for ASD?

It appears that many SEMH cases may be cases of undiagnosed Autism.

The previous autism strategy showed that most young people in Somerset were diagnosed with autism between the ages of 14-19 yrs.

By this time the opportunity for early help interventions has well and truly passed. Failing to identify autism in a timely way means that autistic young people may have experienced many years without reasonable adjustments appropriate to their needs and therefore suffered discrimination and even trauma in education.

Receiving appropriate autism specific support, early on in a timely manner means that educational needs can be met early on.

Reducing the risk of MH issues and the need for higher level interventions, so is more cost effective.

How does the Joint Commissioning Strategy specifically address these historic failings?

How does the Joint Commissioning Strategy plan to address the issues of discrimination of young people with complex neurodevelopmental disability?

Currently these young people are not having their educational needs identified as part of the statutory assessment process?

Current assessment services are limited, and no pathways are made available to NHS England commissioned complex neurodisability services which provide multidisciplinary team assessment.

Paediatric services in Somerset refuse to make referrals to these services on parent request. Access to these pathways does not incur local cost but appears to be an attempt to hide the needs of those with complex neuro developmental disability.

Failing to identify the provision and reasonable adjustments needed around support and ineffectively using SEND investment on inappropriate provisions. Early access to more specialist services supports young people to meet their potential, reduces the risk of MH issues and helps to prevent the need for more involved and costly provision in the longer term.