Joint Children & Young People and Adult Social Care & Health Overview and Scrutiny Committee

Tuesday, 28 January 2020

Minutes

Attendance

Committee Members
Members of the Adult Social Care and Health Overview & Scrutiny Committee:
Councillors Helen Adkins, Mike Brain, John Cooke, Clare Golby, John Holland, Wallace Redford and Andy Sargeant.

Members of the Children and Young People Overview & Scrutiny Committee:
Councillors Jo Barker, Jonathan Chilvers, Yousef Dahmash, Corinne Davies and Chris Williams.

Co-opted Members
Councillor Christopher Kettle (Stratford District Council)
Councillor Sally Bragg (Rugby Borough Council)

Other County Councillors:
Councillors Dave Parsons and Caroline Phillips

WCC Officers:
Louise Birta, Liann Brookes-Smith, Becky Hale, Rachel Jackson, Zoe Mayhew and Paul Spencer

Other Representatives:
Chris Bain, Healthwatch Warwickshire
Leeya Balbuena, Coventry and Warwickshire Mind
Chris Evans and Jed Francique, Coventry and Warwickshire Partnership NHS Trust (CWPT)
Anna Hargrave, lead officer for MCYP review, representing all clinical commissioning groupsCouncillor Yousef Dahmash
Councillor Wallace Redford
Councillor Helen Adkins
Councillor Mike Brain
Councillor Jonathan Chilvers
Councillor John Cooke
Councillor Corinne Davies
Councillor Clare Golby
Councillor Andy Sargeant
Councillor Chris Williams
Councillor Jo Barker

Councillor Sally Bragg
Councillor Christopher Kettle
Abigail Hayes, NHS

1. General

(1) Appointment of Chair for the meeting

It was agreed that Councillor Dahmash be appointed Chair for the meeting.

(2) Apologies

Apologies had been received from County Councillors Margaret Bell, Peter Gilbert, Daniel Gissane, Colin Hayfield and Jeff Morgan (Portfolio Holders), Howard Roberts, Jerry Roodhouse, Dominic Skinner, Pam Williams, from Councillor Pam Redford (Warwick District Council) and John McRoberts (co-opted representative).

(3) Disclosures of Pecuniary and Non-Pecuniary Interests

None.

(4) Minutes

The minutes of the Joint Overview and Scrutiny Committee meeting held on 30 January 2019 were agreed as a true record and signed by the Chair.

2. Transition of the Children and Young People's Emotional Wellbeing and Mental Health Services

An update was provided on Children and Young People's Emotional Well-being and Mental Health by Louise Birta of WCC Strategic Commissioning and Chris Evans of Coventry and Warwickshire Partnership Trust (CWPT). This contract is delivered by CWPT in partnership with Coventry and Warwickshire Mind (CW Mind). The report and accompanying presentation focused on performance and outcomes, prevention and intervention, waiting times, service developments, challenges and achievements. Sections of the report focused on the following areas, with further tables and graphs to illustrate progress:

- Prevention and Early Intervention
- Waiting times
- Autism Spectrum Disorder (ASD) waiting times
- Support for children looked after
- Service developments
  - Community offer
  - Digital offer
  - South Warwickshire trailblazer
- Children in crisis
- Challenges

- Achievements

The presentation gave an overview of the service and drew out the key messages for each of the above areas.

Questions and comments were invited, with responses provided as indicated:

- There had been a consultation process to seek improvements in the offer and pathway for vulnerable children. An outline was given of the review process over the last 12-18 months. This had assessed the services needed, improving the collaboration between agencies and to ensure the right staffing and model of service / support was put in place, tailored to each vulnerable person's needs.
- Related questions concerned whether early intervention could reduce the number of young people who went into care, with reference made to out of county placements.
- It was questioned how many children had not received the correct interventions and whether those children had been adversely affected as a result, in terms of their life chances.
- A member asked how services could be improved if they were at full capacity.
- Chris Evans responded to the above questions, referring to the need for a system response, whilst accepting CWPT's role within that system. There was the potential for people to gain advice and support at an early stage, for example through the Dimensions Tool. Other aspects were the development of a crisis team, a home treatment service and the pilot trailblazer project in the south of Warwickshire. Early intervention to prevent harm was a key aspect of the RISE service.
- Jed Francique emphasised the need to be mindful of what the RISE service could achieve and what it could not. There could be many contributors to why young people needed to go into care. RISE could respond to their emotional wellbeing needs. On capacity, he added context about the shortage in clinical staffing, which was projected to worsen. It was fundamental that the service worked with CW Mind and made use of digital solutions too. Becky Hale added that there was evidence that the interventions were beginning to reduce demand for tier 4 mental health hospital admissions for children with learning disabilities and/or autism. It was expected that the work of the crisis team and home treatment service would likewise have a positive impact.
- There were long waiting times for some initial assessments and then a further 13 week wait for the follow up appointment. Chris Evans explained there was a tiered response to assessments, based on urgency and risk. There was a clinical triage and targeted approach, to then direct people to the appropriate services. This could include use of the dimensions tool or services delivered by the voluntary and community sector. Where an initial assessment was needed, this took place. The wait from initial assessment to follow up appointment did not mean that there would be no interim support. Young people and their families were signposted to available services and group activities were particularly useful. He acknowledged that the waits for neurodevelopment services were significant. Where an intervention could take place without waiting for an appointment, this was put in place. There was a system-wide approach to autism and a new strategy and action plan were expected in the near future. Demand for neurodevelopment services had increased significantly and there were workforce capacity challenges, both locally and at the national level.
- It was asked when the trailblazer project would be rolled out to the rest of Warwickshire. The establishment of mental health teams in schools was taking place in a number of

waves, with the ultimate aim of having such teams in every school. The rationale for choosing South Warwickshire for the pilot was because it best met the NHS England criteria for these pilot schemes. Learning from the South Warwickshire pilot would be taken on board when the service was rolled out across the county.

- Members were concerned about the long waiting times for autism assessments, with an example being quoted of a four-year wait for an appointment. The member had contacted staff, which led to support being put in place in the interim. It had highlighted the need for better communication and information for families and professionals of the services and support available. It was the aspiration to reduce waiting times, but there was not always a need for diagnosis before support could be put in place and people be signposted to services. This also needed to be communicated more effectively. There had been a significant increase in autism cases. Chris Evans reiterated that diagnosis wasn't required before interventions could be put in place.
- Becky Hale referred to the needs' assessments for people with autism which will inform a new Coventry and Warwickshire autism strategy. This had been put on hold, as a new national all age autism strategy was due to be published and it was important to ensure the local strategy achieved everything within the national strategy. A focus area was talking to children with autism and their families about the services available, whilst waiting for clinical appointments, to make sure the early help offer was suitable. It was important to provide support to schools so they could assist children with additional learning needs. A further strand of work was reviewing the options available, to seek to improve efficiency and reduce waiting times for a diagnosis. Further reports on this would be brought to members in the coming months.
- The Government was considering the potential to get to a four-week waiting timescale for autism cases. This would require fundamental changes to current systems, moving away from a focus on diagnosis, to a focus on support.
- CW Mind was undertaking a pilot scheme working with young people awaiting clinical assessment of ASD together with those who had been diagnosed, to provide support, home adaptations and guidance for parents.
- There were increasing service demands. Warwickshire's population was growing, but it was questioned if there was now more awareness of the conditions and/or whether lifestyle choices had an impact. The promotion of mental health and wellbeing did take place in conjunction with Public Health, to try and build resilience and detect issues at an early stage. Examples were given of the projects in place.
- There was a spectrum of severity for autism cases. Further detail was sought on the numbers of people waiting for up to 136 weeks for a clinical assessment and where on the autism spectrum those young people were. It would be helpful to have a breakdown of waiting times. Referrals were prioritised and data was looked at in waiting list meetings.
- A similar breakdown of how many people were diagnosed as autistic and where on the spectrum they were would also add clarity for members.
- There was discussion about parents of young people 'self-presenting' at primary care centres, the range of services available and onward referral where this was appropriate. There was an aim to develop further the primary care and community offers.
- It would be useful to have a 'heat map' of the geographic locations where autism cases were diagnosed. Similarly, if there were areas without cases, whether these needed to be investigated further and/or to look at environmental aspects. Some of this information would be available via the joint strategic needs' assessments.

- On capacity it was questioned if there were unfilled vacancies, but the service was fully recruited.
- There was an acknowledgement of the significant improvements made in reducing waiting times for some services. However, several members repeated their concerns about autism waiting times, the need for more detailed data on waiting times across the autism spectrum and to provide councillors with comprehensive information on the interim support services available, so they could refer constituents to them.
- Officers assured that the waiting times were being addressed collectively and with energy. Diagnosis was often seen as a way of unlocking access to support and resources. The aim was to move away from this to look collectively at the child's needs and the strategies that needed to be put in place to support them.
- A briefing note would be provided with the requested detail on waiting times across the autism spectrum, priority assessment and the locality heat map.
- It was viewed that diagnosis helped with educational health and care planning, but officers assured that such a diagnosis was not required to commence some support.
- On the performance and outcomes section of the report, further explanation was sought on the decline in positive outcomes. A range of data was collected to record progress and outcomes from interventions. The results could be variable. A revolutionary aspect was the development of an outcomes framework, to assess the performance of the strategies put in place. An offer was made to provide a detailed response after the meeting.
- The target timescale for follow up appointments was within 12 weeks, but this target was not always achieved. It was emphasised that treatment did start from the first appointment, in terms of advice, strategies and support.
- More information was sought about research to assess increases in autism cases. Related to this was concern on the demands being placed on schools. There was limited funding for schools until a diagnosis had been received.
- Reference was made to the autism needs' assessment, the trends and data sources available. Significant work with families and partner organisations has taken place in the summer months, to understand the increase in autism cases and to collect data from both national and local sources. There was a vast number of factors, but the aim was to understand the needs and then design services to meet those needs. The pressure on schools was recognised. There were resources to assist schools, but communication with schools could be better.
- In 2019, the gap between capacity and demand for mental health services had been identified as 20%. It was questioned what the current percentage gap was. Officers advised that with the introduction of the tier 3 plus service, this gap would have closed, but further detail of this aspect would be included in the briefing to members.

The Chair thanked everyone for their contributions. If there were any further questions, these could be forwarded to Democratic Services and responses included in the briefing note from CWPT.

Resolved

That the Joint Committee notes the progress in implementing the new service model and that a briefing note is compiled to respond to the remaining issues, as set out above.

3. Coventry and Warwickshire Maternity, Children and Young People Programme (MCYP)

A presentation was provided by Anna Hargrave, representing all Warwickshire clinical commissioning groups on the Coventry and Warwickshire MCYP.

The presentation covered the following areas:

- Introduce the programme and what we want to achieve;
- Why the programme is important;
- Local and national context;
- The services being explored and ensuring they are fit for purpose;
- Why we are focusing on maternity and child health first;
- An outline of the engagement process;
- The clinical led response.

Questions and comments were invited, with responses provided as indicated:

- More information was sought about population growth and workforce challenges. Data should have been provided on waiting times, travel times and demand for services. There were no measurable targets within the documents and a framework was needed. It was asked if further detail could be supplied to members after the meeting. This data was gathered through sources like the joint strategic needs' assessments. The outcomes framework was being developed and currently was at a draft stage. Determining the measures to be used and those which were important to the population were examples of the detail which would follow.
- The local maternity system (LMS) was fully aware of demographic data of the population and was doing a lot of work, including on the better births programme. It had a raft of outcome-based plans and examples were provided. There was good CCG involvement in the 0-5 programme and specifically around maternity services. The LMS data could be brought to a future committee meeting.
- The recruitment of enough qualified staff was raised. It would be helpful for the committee to receive periodic updates on how required staffing levels were being met. This information could be supplied via provider organisations. It was reiterated that this process was at an early stage, but a key aspect was developing a clinical model that would be attractive to staff.
- Discussion took place about traumatic births and maternal deaths. Such cases were reviewed in detail, to provide learning and enable the review of processes, where appropriate. Other areas raised were the better births work, staff welfare aspects and staff training courses at maternity sites.
- Clarification was sought that the aims of this work were to improve services, not to close maternity units, especially at the George Eliot Hospital. This programme would seek the best overall outcomes.

The Chair asked when a further update should be provided. It was suggested this should be in six-months' time. This review would also need to be considered by the Joint Coventry and Warwickshire Health Overview and Scrutiny Committee as it progressed.

Resolved

That the presentation is noted.

4. Any Urgent Items

None.

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Chair

The meeting closed at 4.15p.m.