

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

Monday 26 October 2020

Minutes

Attendance

Committee Members

Councillor Wallace Redford (Chair)
Councillor Helen Adkins
Councillor Margaret Bell
Councillor Sally Bragg (Rugby Borough Council)
Councillor Mike Brain
Councillor Mark Cargill
Councillor Corinne Davies
Councillor Daniel Gissane
Councillor John Holland
Councillor Marian Humphreys (North Warwickshire Borough Council)
Councillor Andy Jenns
Councillor Keith Kondakor
Councillor Caroline Phillips
Councillor Howard Roberts
Councillor Kate Rolfe
Councillor Jerry Roodhouse
Councillor Pamela Redford (Warwick District Council)
Councillor Pam Williams

Portfolio Holders, Councillors Les Caborn, Colin Hayfield and Jeff Morgan

Warwickshire County Council (WCC) Officers: Shade Agboola, Ross Caws, Alison Cole, John Coleman, Kim Garcia, Becky Hale, Carl Hipkiss, Isabelle Moorhouse, Rob Sabin, Pete Sidgwick and Paul Spencer.

Partner Organisations: Samantha Davies, Chris Evans and Jed Francique (Coventry and Warwickshire NHS Partnership Trust (CWPT)) Zoe Hutchinson (Coventry and Warwickshire Mind) and Jamie Soden (Coventry and Rugby Clinical Commissioning Group(CRCCG))

1. General

(1) Apologies

Apologies for absence from the meeting had been received from Councillors Jo Barker, Jonathan Chilvers, John Cooke (replaced by Councillor Mark Cargill), Yousef Dahmash, Judy Macdonald (North Warwickshire Borough Council, replaced by Councillor Marian Humphreys), Tracy Sheppard (Nuneaton and Bedworth Borough Council) and Chris Williams.

(2) Members' Disclosures of Pecuniary and Non-Pecuniary Interests

None.

2. Public Speaking

None.

3. RISE Service Update

The Joint Committee received a presentation on the Rise service from Becky Hale, WCC Assistant Director, People Strategy and Commissioning and Chris Evans, General Manager, Mental Health Services for Children & Young People Coventry & Warwickshire Partnership NHS Trust. The presentation covered the following areas:

- An opening slide outlining the services delivered in conjunction with CWPT and CW Mind.
- Service Delivery during the Covid-19 incident, requiring rapid and immediate changes.
- Activity during the Covid-19 incident, showing waiting times for assessment, acute liaison performance and the percentage of assessments completed within 48 hours.
- An activity comparison for the periods of June and July of 2019 and 2020, showing the increased number of new and follow up appointments.
- An activity profile for the same periods showing a comparison of contact types.
- Local Transformation Plan (LTP) and the priorities for 2019/20.
- Transformation workstream updates
- Challenges
- Achievements

The report focussed on the progress on the Local Transformation Plan (LTP) and the response to the Covid-19 pandemic, containing a number of key updates:

- Warwickshire Children and Young People's Emotional Well-being and Mental Health Contract was now in year four of the seven year contract.
- The breadth of services in the Rise offer continued to be delivered.
- The 'front door' to the Rise Service had remained open for children and young people throughout the Covid-19 pandemic.
- Rise had implemented and developed new ways of working to support children and young people during the pandemic.
- No staff were moved away from working to support the mental health and well-being of children and young people during the Covid-19 pandemic.

- In two consecutive months during the pandemic there had been an increase in the clinical activity of services linked to CWPT in Coventry and Warwickshire which included Warwickshire Rise.
- The delivery and refresh of the LTP and responding to Covid would continue to be the focus over the next six months.
- There would be an increased emphasis on co-production and engaging with children, young people, parent/carers and professionals.

The detail of the report focussed on the LTP and the priorities it included for 2019/20. Key updates from workstreams were reported under the areas of:

- Mental health in schools teams (MHST) (South Warwickshire)
- Community partnerships
- Vulnerable children's offer
- 18 – 25 offer
- Crisis offer
- Pears site
- Digital offer
- National four week wait pilot (trailblazer)
- Eating disorder services
- Co-production/engagement strategy

The report then focussed on the RISE service offer during Covid-19, key messages provided, challenges faced and the achievements during this period. The next steps for 2020/21 were listed.

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

- On the key updates from work streams and mental health in schools' teams, more information was sought about the unsuccessful bid for additional funding in the north Warwickshire area. Context was provided on the eligible areas within both Warwickshire and Coventry, the successful bids in the south of the county and in Coventry. Not all 'STP' areas had been as successful, which was one of the reasons provided why the north Warwickshire bid had not been approved, to enable pilots in other areas. Levels of demand in the north were not as high as those in the south of Warwickshire. Future bidding opportunities would be explored.
- The children and young people mental health partnership activity was discussed. Some services had moved to a digital platform and there was continued work via Barnardos family centres. Strengthening links with the community and voluntary sector was being explored, involving some 11 different organisations.
- Implementing the Rise offer for those aged 18-25 had been delayed. There was a commitment to pursue this and an update on current activity was provided on the development of the project plan, service and stakeholder mapping and the business case. Implementation was sought for September 2021. This delay was a concern, especially if there were no other services available. It was confirmed that a clinical decision was taken on the correct support route, with reference to the adult mental health service, integration of services to become more holistic and streamlined and what additional services might need to be resourced. Some elements were already in place. Jed Francique spoke about the low numbers of 18 - 25 year olds that met the threshold for specialist services with many being

supported in primary care settings or through the voluntary sector. There was a need to look at the whole system offer.

- It was questioned how many and which schools had taken advantage of the digital training platform so far. Whilst a detailed breakdown was not available, since September, 44 professionals from different schools had engaged with the programme, with a further 123 from other organisations. The e-learning programme would give a better indication of take up and details could be shared. Comparatively, use of the digital platform in Coventry and Warwickshire was nearly double the national average. Where there was a clinical imperative to see people face to face, this would take place in a covid secure way, and be blended with digital appointments too.
- Discussion about the telephone service provided by CWPT and whether this could provide a triage service. This service provided emergency access to a mental health professional for parents or children/young people in crisis. It was not for triage, with the navigation hub being the correct route. However, where emergency issues were identified, it did provide access at all times. The information available via websites did not make it clear that this service was available at all times. This would be taken on board.
- A correlation between the increase in use of video and telephone services, a reduction in waiting lists and whether this provided an option for the future. Chris Evans spoke of the need to balance digital and face to face services, to make them as effective as possible in the current pandemic.
- Further information was provided about the mental health in schools teams working in the south of Warwickshire, together with other whole school programmes of support.
- Information was sought on the services provided for children in care, care leavers and unaccompanied asylum-seeking children. It was confirmed that services were provided in conjunction with CW Mind for children looked after, with reference to the current digital services and signposting. Unaccompanied asylum seekers were also supported as children looked after, with reference made to the additional challenges for this cohort, and the regional approach taken to delivering support.
- Previously, waiting list data reports had been provided, showing unmet demand in the north of Warwickshire. This was linked to the earlier points on the unsuccessful funding bid. Chris Evans confirmed that bids were submitted for all areas. These were assessed against national criteria and the bid for north Warwickshire was unsuccessful.
- Opportunities were presented by the digital offer for staff training and support for parents/carers. This could also provide a mechanism for delivering therapy, but it may not be suitable for all, especially those with an anxiety linked to working digitally. This point was acknowledged, with an outline given of the balanced and responsive approaches taken.
- Reference to eating disorders and self-harm. It was questioned whether a lack of early help services may be a contributing factor and how members could be assured that effective services were being delivered. Further points about the threshold before people received support, the waiting times and the need for clear and granular data to provide this assurance.
- It was confirmed that the covid lockdown had exposed cases of eating disorders which may previously have been hidden. Reference to the pathways for early help, the complex nature of eating disorders and ongoing work with commissioners. Regarding data, many of the reporting requirements had been suspended to enable staff to be redeployed to the Covid pandemic response. Reporting arrangements were recommencing and would be provided for future updates. The focus of this update was on the service transformation. Overview and scrutiny committees would also receive performance monitoring reports.

- Previously, data was provided on waiting times and this was useful. Comments about the number of young people in the north of the county with mental health issues that had not been picked up by the system. An example was used where a young person experienced a lengthy delay which was then followed by receipt of a template letter and the offer of a webinar.
- Recognition of the progress made.
- Reiteration of the points made on the need for baseline data to give context and a broader picture / assurance. Alongside this reference to the financial aspects and the value for money being secured from this contract.
- A point about increasing referrals and complexity of cases. This may require an associated increase in funding for services. Jed Francique responded that the pandemic had impacted on the ability to respond in a timely way. Staff were working hard to be responsive and some staff had been redeployed. Cases were being prioritised to provide an immediate response where this was needed. Becky Hale added that the data would be useful in understanding the impact of the pandemic and the required future service specification. The data provided at this meeting sought to give an outline, with the key focus being on the LTP. Subsequent reports could focus more on the data and links to the joint strategic needs' assessment, Covid surveys and future mental health service needs.
- Concerns were raised about the mental health challenges caused by the pandemic in relation to school leavers and the impact on employment opportunities. A view that the north of the county did not receive the same level of support. It was assured that services were provided on a county-wide basis. Examples were given of some of the initiatives being progressed to demonstrate this.
- Reference to the reduction in people contacting the service early in the pandemic. It was questioned how support could be sought by those without access to a computer, smart phone or the internet. The reduction in take up of services was seen nationally. There had been communications messaging that services remained open. Where there was a clinical imperative to see people face to face this took place with contact also being offered by telephone. Whilst more people did have access to on-line services now, it was acknowledged that not all people did. Further detail was given about the tailored support being provided.
- A member had received a complaint about support for a young person in transition from child to adult services. It was acknowledged that transition points could be complex. An individual case by case approach was taken, but further research could take place into the case raised. It was confirmed that care leavers were a key priority group whose needs CWPT aimed to address under the 18-25 transformation work.
- Discussion took place about a digital forum for head teachers coordinated by WCC Early Help which involved CWPT. It was hoped this forum would enable a useful dialogue of findings from schools moving forwards.
- Early help work included ongoing and developing joint work with schools, social care, primary care and on-line self-management opportunities, to meet need early and in the right place.
- Direct contact had been made with each current service user to assess their needs.
- Further points included the availability of mental health professionals to respond to questions from schools and targeting activity to schools that hadn't participated to date. Head teachers from all schools had been sent a copy of the forum video.
- Reference to the CW Mind website which included a range of further information.

- Contributions were also made via the meeting chat about the rising and suppressed mental health needs amongst children and young people and the 52% national drop in those accessing services during the early part of the pandemic.

The Chair suggested a further update to this joint committee in July 2021.

Resolved

That the Joint Committee notes the presentation, the update on the Local Transformation Plan and the response to the Covid-19 pandemic, including the achievements and challenges during this period.

4. The All Age Autism Strategy

A circulated report was supplemented by a presentation from Alison Cole, WCC Senior Joint Commissioner for Disabilities and Autism. The report provided an update on the development of the joint Warwickshire and Coventry All Age Autism Strategy and an outline of activities being progressed to support delivery of the strategy.

Background and context were provided about autism, the statutory responsibilities of local authorities and clinical commissioning groups and the collaborative approach to developing a joint all age strategy for autistic people.

Subsequent sections focussed on the prevalence of autism and strategy development. The strategy was informed by a range of co-production and mapping activity. The report highlighted findings from the co-production and based on this evidence, five priority areas had been identified:

- Support autistic people and people with social, communication and emotional health needs to help themselves pre and post diagnosis
- Reduce inequalities for autistic people and make Coventry and Warwickshire autism friendly places to live
- Develop a range of organisations locally with the skills to support autistic people
- Develop the all age autism specialist support offer
- Co-produce, work together and learn about autism

The report included sections on delivery of the strategy objectives and priority actions for delivery in 2020/21. A copy of the draft autism strategy had been appended to the report.

The presentation covered the following areas:

- A video clip from the National Autistic Society
<https://www.youtube.com/watch?v=Lk4qs8jGN4U>
- Why do we need a five-year strategy?
- Key messages from co-production and research
- The five key priority areas (detailed above)
- 2020/21 Activity

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

- A question concerning the aim to reduce the number of education and healthcare plans required. This would require autism training and it was asked how many schools had trained all staff to level one and/or level two of the Autism Education Trust programme. Ross Caws responded that 125 schools had undertaken level 1 training, with 24 doing the level 2 training. This comprised some 3572 people. There were a total of 247 schools in Warwickshire. Discussion about the endeavours being made with the remaining schools, whilst noting that this training was not mandatory, but there were continued efforts to offer it.
- There was an under-representation of the prevalence of autism in females and diagnosis tools were more effective at diagnosing autism in males. Questions and points about how to ensure effective diagnosis for females, the relative responsiveness of Warwickshire compared to other areas, the plethora of evidence on national autism forums and the long waiting lists for diagnosis. There was a need for more resources and questions were submitted on planned measures to address current delays. A written response would be provided after the meeting about gender and diagnosis.
- People were reluctant to disclose autism. It was not a learning disability, and people feared prejudice and ignorance. There needed to be more emphasis on educating and training wider society. Officers agreed that not all autistic people wanted to be considered as people with a learning disability. This needed to be part of a campaign to raise awareness of autism.
- It was further confirmed there was a drive to bring down waiting times given the benefit from receiving a diagnosis, especially in terms of accessing support peer groups. Promoting an autism friendly society was welcomed.
- A concern about delays in diagnosis, which was seen as key to receiving support. In schools, indicators of autism may be considered as poor behaviour. Ali Cole acknowledged the importance of diagnosis. She spoke about lower diagnosis rates in females who were less likely to have challenging behaviours in class. The difficulty was the demand for referrals exceeded by four times the commissioned services and there was a national specialist workforce shortage.
- For some people with less complex conditions, support was being provided without a formal diagnosis. This service was provided by CW Mind for both children and adults. It focussed on the tools and techniques to assist people, their families and schools. Another aspect was looking at the wider workforce, to see how with training they could undertake the diagnosis, without reference to a specialist service.
- A member suggested writing to the CCG regarding the commissioning of this area. Jamie Soden of C&RCCG responded, emphasising the points regarding the national workforce shortage and even if commissioning was increased, there were not the staff to undertake the diagnosis work.
- Reference to peer networks and the types of activity which could help people to help each other. Zoe Hutchinson provided further information. It comprised games, skills and crafts. Social activities comprised a mix of males and females of varying ages with specific interests. They worked collectively, but also with some having support with social skills to be able to join these groups and they could attend without a formal diagnosis.
- A concern for young adults who couldn't maintain employment. An example was given of a person who had not received support from previous employers but following diagnosis they

had developed their own strategies. Ahead of a formal diagnosis, self-recognition and developing strategies could help. This example was reinforced from evidence during the co-production research for the strategy and this was why it included an aspect on autism friendly communities. A commitment could be made by the county council and health partners across the area to be more autism friendly employers. Ross Caws spoke about supported internships, as part of SEND, to help young people into employment. This included events hosted by the County Council and the establishment of an employers' forum.

- Establishing information networks. This had worked effectively for people with dementia and may also be of assistance for people with autism.
- A question of whether autism training for teachers would become mandatory. Where young people were not diagnosed and were treated incorrectly in school, this had a negative impact and could create further mental health difficulties. Ali Cole clarified this concerned NHS or social care areas, rather than schools. Ross Caws spoke about a project through the SEND programme and whilst training could not be made mandatory, an expectation could be set and guidance be provided on the support required.

The Chair suggested a further update to this joint committee in July 2021.

Resolved

That the Joint Committee notes the progress to date on developing the joint all age Autism Strategy for Warwickshire and Coventry.