

**Minutes of the Joint Meeting of the  
Adult Social Care and Health and  
Children and Young People Overview and Scrutiny Committees  
held on 30 January 2019**

**Present:**

**Members of the Adult Social Care and Health Overview & Scrutiny Committee:**

Councillors Helen Adkins, Clare Golby (Vice Chair), Dave Parsons, Wallace Redford, Kate Rolfe, Andy Sargeant, Jill Simpson-Vince and Adrian Warwick.

**Members of the Children and Young People Overview & Scrutiny Committee:**

Councillors Jo Barker, Margaret Bell, Yousef Dahmash, Dominic Skinner and Pam Williams.

**Co-opted Members**

Councillor Christopher Kettle (Stratford District Council)

Councillor Pam Redford (Warwick District Council)

**Other County Councillors:**

Councillor Jeff Morgan, Portfolio Holder for Children's Services

Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health

Councillor Alan Webb

**Officers:**

Louise Birta, CAMHS Commissioner

John Coleman, Assistant Director, Children and Families

Paul Spencer, Senior Democratic Services Officer

Emily van de Venter, Public Health and Strategic Commissioning

**Other Representatives:**

Leeya Balbuena, Coventry and Warwickshire Mind

Jessica Brooks, Insights and Communications, Healthwatch Warwickshire

Jed Francique and Michelle Rudd, Coventry and Warwickshire Partnership NHS Trust (CWPT)

Marian Humphreys (North Warwickshire Borough Council)

**Members of the public:**

David Lawrence

**1. General**

**(1) Appointment of Chair**

It was agreed that Councillor Yousef Dahmash be appointed Chair for this meeting of the Joint Committee.

**(2) Apologies**

Apologies had been received from Councillors Mark Cargill, Corinne Davies, Pete Gilbert, Anne Parry, Jerry Roodhouse (replaced by Councillor Dominic Skinner), and Chris Williams, from John McRoberts, Reverend Elaine Scrivens

and Sean Taylor (co-opted members of the Children and Young People OSC) and from Chris Bain (Healthwatch Warwickshire), Dr John Linnane (Assistant Interim Director (Director of Public Health and Strategic Commissioning)) and Nigel Minns (Strategic Director, People Group).

### **(3) Members' Disclosures of Pecuniary and Non-Pecuniary Interests**

None

### **(4) Minutes**

The minutes of the Joint Overview and Scrutiny Committee meeting held on 12 June 2018 were agreed as a true record and signed by the Chair.

## **2. Children and Young People's Emotional Wellbeing and Mental Health Services**

The Joint Committee received a report and presentation from Jed Francique and Michelle Rudd of Coventry and Warwickshire Partnership NHS Trust (CWPT) and Leeya Balbuena of Coventry and Warwickshire Mind. This provided an update on the Warwickshire Children and Young People's Emotional Well-being and Mental Health contract delivered by CWPT in partnership with Mind. The update focussed on service developments, waiting times, service outcomes, challenges and achievements.

The key points raised were:

- Warwickshire Children and Young People's Emotional Well-being and Mental Health contract commenced in August 2017 and had been operational for nearly 18 months.
- The new service aimed to deliver more integrated and responsive support for children and young people, their parents and/or carers, to address their emotional wellbeing and mental health needs.
- Waiting times for the first appointment for mental health support were good and waiting times for follow-up appointments had improved considerably, when compared to the position at contract commencement 18 months ago.
- Demand exceeded capacity and work was ongoing to try to mitigate this.
- Service user feedback was positive.
- The service was striving hard to develop and implement earlier help through a burgeoning community offer. This also sought to harness the capacity within third sector organisations. It continued to improve entry to the service via the improved navigation hub.
- The ongoing development and roll-out of the Dimensions tool was a core part of CWPT strategy to understanding need and the help that was appropriate and available. The Dimensions tool had the potential to transform the way that the system worked.

- Service development work was underway including collaborative working to respond effectively to the needs of vulnerable children and young people. Work continued to develop a tier three plus service, to support an effective response to children and young people in crisis.
- Service user involvement was important.
- The effective engagement of system partners

The Joint Committee was invited to submit questions and comments on the following areas, with replies being provided as indicated:

- Several members commented on the positive progress made to date.
- Reference was made to the Dimensions tool and how this could be improved. Several members referred to the recommendations from the task and finish group (TFG) which had included a recommendation to Cabinet on the provision of IT resources from the County Council to develop the Dimensions tool. It was questioned if this recommendation had been followed up. Louise Birta, CAMHS Commissioner understood that the IT officers had met with CWPT to evaluate the work required and the indicative cost for the development work was £18,000, but there was no county council budget for this sum.
- Another member commented on the relatively low amount of money required and the usefulness of the Dimensions tool in providing early intervention. CWPT was bidding for funds through NHS England to improve the digital offer, including to fund improvements to the Dimensions tool.
- It was questioned whether the recommendation from the TFG to provide resources for the Dimensions tool had been considered by Cabinet and this was confirmed. Councillor Caborn recalled that Cabinet had asked whether the Dimensions tool formed part of the contract and further information had been requested on this aspect, but had not yet been received. A member proposed that this be referred back to Cabinet for it to reconsider the recommendation and then report back to the two committees. Following further discussion, it was agreed that the facts be researched and a briefing provided to members.
- The ability of services to respond to changing needs for service users was a challenge. The intervention pathways now included six-weekly reviews to give time to pause and reflect on the effectiveness of those interventions. The benefits of partnership working were noted.
- It was questioned how the improved position on waiting times had been achieved. Contributing factors were the closer working relationship with Mind, improved triage arrangements and the fortnightly review of waiting lists involving commissioners as well as operational leads. Sustaining the service and responding to increasing demand was a challenge against capacity in the system.
- A focus from the TFG was the timescale for follow up appointments. For the former CAMHS service local area data was provided, but this was not available for the RISE service. It was requested that detailed data by area be provided showing the timescales for follow up appointments. Mr Francique confirmed that the target was for the follow up appointment to take place within 12 weeks of the first appointment. The December data for each of the three CCG areas was reported and this varied from 43% to 51% of such appointments being met within the target timescale. He commented on the

fragility of clinical services in south Warwickshire especially. This had been impacted recently due to a number of staff being on maternity leave. He added that for emergency and urgent referrals, there were much shorter timescales of two and five days respectively and 100% of people were being seen within those timescales. At times, it had proved necessary to use wider CAMHS staff to achieve this, at the cost of delaying less urgent cases.

- Further information was sought on the target timescales for first and follow up appointments. The contractual requirement was for the first appointment to be within 18 weeks of a referral, but generally they took place within five to eight weeks. The follow up appointment should take place within 12 weeks of the first appointment for 95% of referrals. Data could be provided to members and examples were quoted for the Warwickshire North CCG area. Against the twelve-week target for the follow up appointment, 50% of young people were seen within this timescale, with a further 15% being seen within 13-24 weeks and another 15% seen within 25-36 weeks. It was noted that treatment started after the first appointment.
- It was questioned how the Trust would improve on the current performance data. Mr Francique explained that there was currently a 20% gap between service demand and the capacity of the Trust. A detailed action plan to look at all available options was being worked through with commissioners. Early intervention, working smartly and making use of the Helios online support tool for low level issues were examples of the proposals. There was a need to ensure that pathways were streamlined, efficient and robust, so that specialist clinicians targeted their efforts on the cases of greatest need.
- Members noted the effectiveness of workshops and training. Context was sought of the number of 221 attendees and what proportion this represented of those needing such training. It was a relatively small proportion of the professionals needing training and this offer needed to be expanded to give capacity within the system.
- On children looked after, it was questioned whether they were afforded priority for support and their ease of access to services. All cases were prioritised in line with the Rise service offer.
- Further information was provided on the proof of concept for the trailblazer scheme, working with South Warwickshire primary and secondary schools and colleges. This sought to build closer links between health and education.
- The Portfolio Holder for Children's Services sought context on the data provided for services for children looked after. He requested that future reports include what demand level would be expected, to understand whether the current service level was reasonable. It was confirmed that more detailed data would be provided for members, via a briefing, including areas for development.
- An update was provided on the new premises for CWPT in the Nuneaton and Bedworth area. The key handover for the Abbey Centre in Nuneaton would be taking place in the next few days. CWPT had undertaken an initial inspection of the site.
- A question about the proportion of people within Warwickshire accessing information and services from CWPT, to understand total demand and trend data. The proportion of children and young people using CWPT services was low. Mental health was an issue for everyone, with all sectors having a role to play. There was a need for community involvement, removing the stigma associated with mental health and getting people to talk at an early stage. Early intervention work in schools and helping people to build their own resilience were also referenced.

- CWPT was reviewing its website and as part of this had involved children and young people, parents and clinicians. An outline was given of the changes made, including more use of video clips as a way of providing information.
- Reference was made to the impact of social media. This was a societal problem. Some of the issues referred to were body image and an associated rise of eating disorders, cyber bullying and links to self-harm. Making positive use of social media was also stated. Members were reminded that the Director of Public Health's annual report had focussed on children growing up in the digital age.
- It was questioned whether schools had capacity to respond to mental health issues, given the other constraints faced. This was acknowledged as a challenge, but the investment through workshops with schools was useful. The trailblazer funding would also help. Anecdotally, schools were facing increasing challenges and sometimes had to make hard choices on how to use available capacity. From a commissioning perspective, it was planned to map services that schools were buying in, to understand the system gaps and responses required.
- Concern was raised about the size of waiting lists and it was questioned how these were being addressed. Another member noted the improvements to date, but stated that there was still much to be done to secure earlier treatment for young people needing support. Jed Francique confirmed the improvements that had been made on waiting times over the last 18 months. However, there was fragility within the south Warwickshire system and difficulties in recruiting specialist clinicians.
- A suggestion from the TFG was providing outreach services at children's centres, which in one area could be provided free of charge. There was a need to maximise the reach of the service across the county and to make such services sustainable.
- The school nursing service was delivered by Compass and it was hoped that CWPT would be involved in a planned meeting with Compass. This was confirmed.
- A question was submitted in regard to the appropriateness of some interventions, as only 75% of children, young people and their families considered that the intervention they had received, had been appropriate. This would need to be researched to enable a fuller response to be provided. Another section of the report showed consistently positive feedback from service users. Perhaps the location of some services and timings could be improved.
- With regard to Sencos in schools (staff who delivered the special educational needs service), it was questioned if there was a crossover and sufficient feedback was provided to CWPT on their findings. The Sencos had a key role, for example inputting to the Dimensions tool. It was an ongoing journey to work with schools and the Sencos.

**Resolved:**

- 1) That the Joint Committee notes the progress in implementing the new service model and the positive impacts for service users.
- 2) That further research takes place to determine the facts regarding the recommendation of the task and finish group regarding the Dimensions tool and that a briefing note is provided on the outcome to members of both Committees.

**4. Any Urgent Items**

None

The Committee rose at 3.35 pm

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Chair