

Minutes of the meeting of the **Health Scrutiny Committee** held on Tuesday 7 July 2015 at 10:30 am in the King Edmund Chamber, Endeavour House, Ipswich.

Present: Councillors Michael Ladd (Chairman), Sarah Adams, Terry Clements, Patricia O'Brien and Bert Poole.

Co-opted representatives Councillors Trevor Beckwith (St Edmundsbury Borough Council), David Bimson (Forest Heath District Council), Alison Cackett (Waveney District Council), Peter Coleman (Suffolk Coastal District Council), Siân Dawson (Babergh District Council), Elizabeth Gibson-Harries (Mid Suffolk District Council), and Bill Knowles (Ipswich Borough Council).

Also present: Councillors Gordon Jones, Tony Goldson, Alan Murray, Stephen Burroughes, Helen Armitage, Mandy Gaylard and Rebecca Hopfensperger.

Supporting officers present: Theresa Harden (Business Manager (Democratic Services)) and Katherine Bailey (Democratic Services Officer).

1. **Election of Vice Chairman**

The Committee noted that, because of the timing of District and Borough Full Council meetings, the representatives from some of the District and Borough Councils had not yet been formally ratified following the District Council elections. The Committee therefore resolved to defer the election of Vice Chairman until the next meeting. Members agreed that Councillor Sarah Adams would continue in her role as Vice Chairman until the new Vice Chairman was confirmed.

2. **Public Participation Session**

There were no requests to speak in the Public Participation Session.

3. **Apologies for Absence and Substitution**

Apologies for absence were received from Councillor Hugh Whittall (Ipswich Borough Council), who was substituted by Councillor Bill Knowles.

4. **Declarations of Interests and Dispensations**

Councillor Peter Coleman declared a non-pecuniary interest in Agenda Item 6 as he was a member of NSFT and HealthWatch Suffolk and a family carer of a service user.

5. **Minutes of the Previous Meeting**

The minutes of the meeting held on 18 March 2015 were confirmed as a correct record and signed by the Chairman.

6. **Mental Health Services provided by Norfolk and Suffolk FoundationTrust**

Norfolk and Suffolk NHS Foundation Trust (NSFT) was the provider for a range of mental health services, alcohol treatment, learning disability and eating disorder services across Suffolk and Norfolk. At Agenda Item 6 the Committee received an update on the implementation of the NSFT Service Strategy 2012-16 and the actions the Trust had taken to address the findings of the inspection report published by the Care Quality Commission (CQC) in February 2015, when the Trust had been rated as “Inadequate”.

The Committee received written evidence from NSFT in the form of a report providing responses to specific questions from the Committee, with a copy of the Trust’s Quality Improvement Plan and information on reviews of progress by stakeholders and newly convened Locality Governance meetings (Evidence Set 1). Members also received a copy of the NSFT Quality Improvement Plan Tracker (Evidence Set 2). The following witnesses were present at the meeting:

Michael Scott, Chief Executive, Norfolk & Suffolk NHS Foundation Trust
Alison Armstrong, Director of Operations for Suffolk, Norfolk and Suffolk NHS Foundation Trust

Dr John Hague, Clinical Lead for Mental Health, Ipswich and East CCG

The Chairman invited the witnesses to introduce themselves and then receive questions from the Committee.

Recommendations:

The Committee agreed:

- a) to seek, in six months’ time, a further update on progress against the Trust’s Quality Improvement Plan, setting out only details of any actions which were not “on target”, timescales for completion, and associated risks. The Committee was particularly concerned about the 24 hour CAMHS crisis care service, which was high priority and rated red, and wished to receive a progress report on this issue.
- b) The Committee requested that information should be obtained from councillors on projects in their area which provide support for people experiencing mental health issues, and examples of good practice in other areas should be circulated to all councillors.

Reasons for Recommendations:

- a) Members heard that the Trust had implemented many changes subsequent to the CQC inspection and had introduced an extensive

programme of change (Quality Improvement Plan) which was looking to the future and wider than the issues identified in the report. One plan had been created for the entire Trust, and the Suffolk Director of Operations, was accountable to the Chief Executive for the implementation of the plan in Suffolk, progress being monitored by means of a Quality Improvement Plan Tracker. The Committee was presented with the latest version of the Quality Improvement Plan Tracker, and was concerned that the project to improve out of hours arrangements for children and young people (project Q00367, in response to ref RE7 in the Quality Improvement Plan) was currently overdue and on hold.

The Committee was informed that the status of the Trust could not change until the CQC returned to re-inspect, probably in June 2016, and it had set a target to come out of special measures then. The Trust considered that the biggest risk in not meeting this target was staffing, as it was difficult to recruit nurses, especially in mental health. The Trust had developed a fast-track training scheme with University College Suffolk, but this was not currently providing sufficient numbers of new recruits. It considered that, although temporary staff were providing good quality care, it would prefer to engage permanent staff to provide continuity of service provision. The Trust had recognised a historical disconnect between management and front line staff and was considering how to address this issue.

In the last financial year the Trust had overspent for the first time, as it was drawing on its reserves to prioritise staffing and quality of services. The Committee noted support had been provided by the CCGs. The Trust planned for financial recovery over the next three year period.

The Committee agreed that it should continue to monitor the Trust's performance towards emergence from special measures and wished to receive information about any areas in which the Trust was struggling to achieve the targets in the Quality Improvement Plan, in particular the out of hours service for children and young people.

- b) Members were reminded that patients should expect recovery not long term treatment for most mental health conditions, and early access to the right support was very important in achieving this. However the Committee heard that, nationally, the average time from developing symptoms to receiving treatment was 8 years and there was a need to reduce this time and encourage earlier intervention by raising awareness, reducing stigma and making access to services easier.

The Trust was also focussing on prevention measures and the development of resilience. It was working with schools, hospitals and other agencies. The Trust was the current provider of the well-being service in Suffolk and had recently successfully re-bid for the contract for the well-being service in Norfolk. This would provide

closer links with primary care (including the placement of mental health workers in GP surgeries), would help to relieve pressure in acute services and support people to support themselves.

Members heard that early intervention was not age specific and was particularly important for early onset dementia. It was also necessary to raise awareness of the impact of stress and the importance of healthy lifestyles and healthy workplaces in maintaining good mental health. This was a society-wide leadership issue and everyone had a part to play in helping society have a more mentally healthy lifestyle. Therefore Members considered it to be important that examples of good practice in communities (for example dog sharing schemes and the Beccles Library project) were shared and promoted

Alternative options: none considered

Declarations of interest: Councillor Peter Coleman declared a non-pecuniary interest in Agenda Item 6 as he was a member of NSFT, Healthwatch Suffolk and a family carer of a service user.

Dispensations: none received

7. Child and Adolescent Mental Health Services (CAMHS) in Suffolk

At Agenda Item 7 the Committee considered a report on the operation of child and adolescent mental health services in Suffolk, their effectiveness in improving outcomes for Suffolk children, and the actions being taken to develop and improve services going forward.

In consideration of this issue, the Committee received written evidence from the Children's Emotional Health and Wellbeing Group and Public Health, Suffolk County Council (Appendix 2).

The following witnesses were also in attendance to provide the Committee with verbal evidence:

Anne Humphrys, representative of a parent support group called PACT (MH) UK (Parents and Carers Together) for parents and carers of children with mental health issues

Rebecca Jasper, representative PACT (MH) UK

Richard Selwyn, Assistant Director Commissioning, Children and Young People's Services, Suffolk County Council.

Cliff James, Head of Corporate Parenting, Children and Young People's Services, Suffolk County Council.

Eugene Staunton, Associate Director of Redesign, NHS West Suffolk Clinical Commissioning Group, and Chairman of the Suffolk Children's Emotional Wellbeing Group

Patricia Hagan, Programme Manager for Children and Young People, HealthEast, NHS Great Yarmouth and Waveney CCG

Dr John Hague, Clinical Lead for Mental Health, Ipswich and East CCG

Denise Clark, Interim Head of Specialised Mental Health Commissioning, NHS England

David Wright, CAMHS case manager, NHS England

Michael Scott, Chief Executive, Norfolk and Suffolk NHS Foundation Trust

Alison Armstrong Director of Operations for Suffolk, Norfolk and Suffolk NHS Foundation Trust

James Leese, Head teacher St Mary's Church of England Voluntary Aided Primary School and member of Suffolk Children's Emotional Wellbeing Group

Inspector Chris Galley, Mental Health, Lead Suffolk Constabulary

Recommendations:

The Committee agreed:

- a) To commend the partnership approach being taken to developing the refreshed CAMHS strategy and Transformation Plan, and the evidence presented to demonstrate steps being taken towards integration of services. However, the Committee agreed that it wished to see evidence of increased co-production, collaboration, integration and service user involvement in practice, and targets for achieving this.
- b) To ask the Children's Emotional Health and Wellbeing Group to:
 - i) give consideration to whether the support and advice being offered by Primary Mental Health Workers to schools and GP surgeries could also be extended to nursery provision;
 - ii) collaborate with the Committee in the development of a workshop event for councillors, to take place before the end of 2015 as part of the engagement plans;
- c) To ask the Chairman of the Health and Wellbeing Board, in liaison with the Director of Public Health, to consider whether more could be done to improve the information and advice available to parents regarding children and young people's mental health and wellbeing, and to provide the Committee with an Information Bulletin item to explain how this could be achieved.
- d) To undertake, in early 2016, further scrutiny of the CAMHS Transformation Plan, to include the impact of co-production and collaboration on service users, relatives and carers, information on the timescales associated with the work and details of measurable outcomes.
- e) To ask the Chairman and Vice-Chairman to consider:-
 - i) what further scrutiny should take place in respect of CAMHS, what format this should take and whether there would be merit in

undertaking joint scrutiny with Norfolk Health Overview and Scrutiny Committee;

- ii) whether the Committee should give further consideration to what is being done in Suffolk to promote the safety of children on the internet and “e-safety”;

Reasons for Recommendations:

- a) Members heard that a multiagency approach to CAMHS support was being taken in Suffolk, led by the Suffolk Children’s Emotional Wellbeing Group, and agencies were currently working to a 3 year strategy and action plan, agreed in October 2013.

In response to national drivers and significant political focus on children’s mental health provision, CCGs, working with partners, were required to develop a system wide Transformation Plan for CAMHS. The Children’s Emotional Health and Wellbeing Group had a planned programme of work to refresh the existing CAMHS strategy and to develop the required Transformation Plan by December 2015. Stakeholder engagement was taking place through the Suffolk County Council engagement hub, working with health communication teams and the Suffolk Youth Ambassador

The Committee received evidence from the witnesses present about initiatives to improve partnership working.

Members were informed that NHS England had responsibility for commissioning Psychiatric Intensive Care Unit (PICU) beds (Tier 4 services) for mental health patients to the age of 18. These were procured to nationally agreed service specifications and standards. A need for 5 extra PICU beds had recently been identified, and these had been procured and were now being used. There were a total of 164 specialist beds across the East of England (Norfolk, Suffolk, Cambridgeshire, Hertfordshire, Bedfordshire, Luton and Essex), for children with mental health issues, learning disabilities and eating disorders. The availability of these was reviewed each week and shared with the Tier 3 Teams to ensure beds were used efficiently.

At a local level, Primary Mental Health workers had been commissioned to provide support and advice to schools and in primary care settings (GP surgeries) to help with early identification of mental health problems. The CCGs had also commissioned more support for young people with eating disorders in the West of the county, to provide parity with the support already available in the East.

The Committee heard that Constabulary emergency response teams were being supported by mental health practitioners to assist with street triage, as a joint response to a person coming into contact with the police at a point of mental health crisis. This had originally been a pilot, and continued to be funded by the CCGs in its contract with NSFT. NHS England was also looking at an initiative to provide

mental health practitioners in police custody centres to assist people early in the justice system.

Members heard from the representatives of PACT that there were still long waiting times (sometimes several years) until children were considered to be “ill enough” for treatment and even longer waiting times for therapy. Children were still experiencing isolation, stigma and judgemental behaviour and family, friends and school staff were not provided with sufficient support by agencies.

The Committee heard from HealthEast CCG about the 0-25 years CAMHS support being developed in Great Yarmouth and Waveney. It had input from Waveney Youth Team, with a “Youth Matters” website managed by a young apprentice, and the local provider had a close relationship with some schools. There were plans to train A&E staff in mental health matters. Psychological support was also provided in paediatric clinics for long term conditions such as diabetes.

The representatives from PACT were enthusiastic about the possibility of a service covering ages 0-25 across Suffolk, which would provide continuity of care for young people aged 18-25, as they said that adult mental health staff did not operate in the same way as those dealing with children, which meant that young people often experienced a discontinuity of care when they reached the age of 18.

The Committee heard that PACT was keen to support improved partnership working going forward, and considered that there was a need for parents and young people to be fully involved in the production of the refreshed CAMHS strategy.

b)

- i) The Committee heard that mental health problems in children often manifested as behavioural issues at an early stage. The Committee also heard from parents that, without access to the right support and advice, there was the possibility that parents and indeed school staff, would find it increasingly difficult to cope, which could result in a downward spiral.

Every school now had a lead professional responsible for mental health, and on-line training was being developed for school staff. Increased investment by SCC and the CCGs in Primary Mental Health Workers meant a named individual was now available to provide support and advice to schools and GP practices. The Committee heard that Primary Mental Health Workers were making a significant difference to school inclusion. The Committee commended this approach and questioned whether this service could be extended to pre-schools and nurseries.

- ii) The Committee noted the complexities of the commissioning and delivery of services to improve children’s mental health and

wellbeing. Members requested the Children's Emotional Wellbeing Group arrange a workshop for all County Councillors to raise awareness of these issues, update them on the systems being put in place to address them and improve awareness of the role County Councillors could play in the provision of support to families.

- c) Members heard from parents of children with mental illness that children were often diagnosed as "not ill enough" to access support from mental health services and therefore did not access services until symptoms had worsened. Parents reported that one of the biggest problems was access to information about support available. The information currently available on-line had proved to be unsatisfactory, as websites were hard to access, and the information on them was often out of date or not relevant to Suffolk. The Committee was aware the Health and Wellbeing Board had a priority of ensuring that every child in Suffolk has the best start in life, and that early intervention, before behaviours become entrenched, was more likely to be effective and would help reduce future costs.
- d) The Committee was concerned that, in working to refresh the CAMHS strategy, implementing changes in one area could impact on other parts of the service and wanted to revisit this work to ensure that all parties were working together. Members recognised that to achieve an appropriate system redesign, it was also important to listen to and take account of young people's experiences, and the views of parents and carers and wanted reassurance that this had taken place and that the review would result in tangible outcomes for service users. Members also agreed that it was critical that the timescales associated with the development and implementation of the strategy and Transformation Plan were clarified.
- e)
 - i) The Committee was aware that many parties had extensive responsibilities in this matter. Witnesses asked for scrutiny of Tier 4 services and also unmet needs in children's care plans. Concern was also expressed about the ability of primary mental health workers to access academies, free schools and private schools and whether these schools could be held accountable if they did not address their responsibilities. However, Members recognised that some of these concerns could fall more appropriately within the remit of other scrutiny committees. The Committee was aware that services provided by NSFT also covered Norfolk and questioned whether there would be merit in considering some of the issues jointly with Norfolk Health Overview and Scrutiny Committee. In light of the complexities identified, a suggestion was also made of undertaking a Task and Finish Group or a holding a workshop to explore the issues for scrutiny in more depth.
 - ii) Members questioned whether the immediacy of access to social networking and the internet was a causative factor in the increase

in mental health problems in young people and asked the Chairman and Vice Chairman to consider whether this issue should be scrutinised.

Alternative options: None considered

Declarations of interest: None declared

Dispensations: None received

8. **Nominations to Joint Committees and Other Roles**

The Committee considered Agenda Item 8, which invited Members to make nominations to the Suffolk and Norfolk Joint Health Scrutiny Committee for Great Yarmouth and Waveney and also to nominate observers to attend NHS Board meetings in Suffolk.

Recommendation: The Committee agreed that its current representatives on the Suffolk and Norfolk Joint Health Scrutiny Committee for Great Yarmouth and Waveney (Councillors Ladd, Poole and Cackett) should continue, but deferred making a decision on the observers for NHS Board meetings until the next meeting.

Reason for Recommendation: The Committee was aware that, following the District Council elections, the representatives from some of the District and Borough Councils had not yet been formally ratified. However, it decided to confirm the appointment of its members to the Suffolk and Norfolk Joint Health Scrutiny Committee as a meeting of that Committee was imminent, and its representatives were local to Waveney, as required by the Terms of Reference for that Committee

Alternative options: The Committee considered appointing observers to NHS Board meetings, but decided to wait until the Committee Membership had been formally confirmed.

Declarations of interest: None declared.

Dispensations: None received.

9. **Information Bulletin**

The Committee received the Information Bulletin at Agenda Item 9.

10. **Forward Work Plan**

At Agenda Item 10, the Committee considered its Forward Work Programme.

Recommendation: The Committee agreed:

- a) that at its October meeting it would consider Winter Resilience Planning, with a view to monitoring its effectiveness at the January 2016 meeting.

- b) that the Committee should continue to keep the quality of local residential and nursing care homes under review, through information bulletin updates.
- c) to request an information update on the Connect Projects in Sudbury and Ipswich East.

Reason for Recommendation:

- a) The Committee heard that the winter resilience of Ipswich Hospital was a significant concern, as in the previous year the hospital had suffered from the highest level of delayed discharges ever and the winter ward was still open in July.
- b) The Committee was aware that a new care home had been opened in Hartismere by Care UK and that Fairfield House in Ipswich would be reopening in September, having been taken over by another agency. In light of previous concerns about the quality of care in Suffolk care homes, members wanted to keep this matter under review.
- c) Members were aware that the Connect Projects to integrate health and social care were now operational and wished to receive information on their progress.

Alternative options: None Considered

Declarations of interest: None declared

Dispensations: None received

11. **Urgent Business**

There was no urgent business.

The meeting closed at 1:00 pm.

Chairman