

Minutes of a meeting of the Joint Health and Social Care & Children's Services Overview and Scrutiny Committees held on Thursday, 27 October 2016 at Hockney Room - Margaret McMillan Tower, Bradford

Commenced 4.35 pm
Concluded 8.10 pm

Present – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Carmody Gibbons M Pollard D Smith	A Ahmed Engel Greenwood Mullaney Peart Shaheen Sharp Tait	N Pollard Ward

NON VOTING CO-OPTED MEMBERS

Susan Crowe Kerr Kennedy Trevor Ramsay G Sam Samociuk Jenny Scott	Strategic Disability Partnership Voluntary Sector Representative Strategic Disability Partnership Former Mental Health Nursing Lecturers Older People's Partnership
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Observer: Councillor Val Slater (Portfolio Holder, Health and Wellbeing)

Apologies: Sidiq Ali, Councillor Cath Bacon, Tom Bright, Gull Hussain, Councillor Sarfraz Nazir, Claire Parr, Stephen Pickles, Councillor Talat Sajawal, Joyce Simpson and Tina Wildy

Councillor Greenwood was elected as Chair for the meeting

1. DISCLOSURES OF INTEREST

- (i) Susan Crowe disclosed, in the interest of transparency, that she was commissioned by the Bradford Districts Clinical Commissioning Group and the Council's Health and Wellbeing department to deliver services.

- (ii) Councillor A Ahmed disclosed, in the interest of transparency, that she was employed by the Yorkshire Ambulance Service NHS Trust.
- (iii) Councillor Sharp disclosed, in the interest of transparency, that she was employed by an organisation that received funding from Clinical Commissioning Groups in Bradford.
- (iv) Councillor Shaheen disclosed, in the interest of transparency, that she was studying for a social work degree.

Action: City Solicitor

2. INSPECTION OF REPORTS AND BACKGROUND PAPERS

There were no appeals submitted by the public to review decisions to restrict documents.

3. CHILDREN'S MENTAL HEALTH

The Director of Strategy, Bradford Districts Clinical Commissioning Group (CCG) presented **Document "A"** which provided information on the key messages, wrap around services for children and ensuring that access to services was timely and appropriate.

The Healthy Minds Participation Co-ordinator, Barnardo's, introduced documents compiled by young people and a video. The young people present at the meeting then commented on their experiences and provided suggestions which included issues such as:

- Intervention from parents and schools.
- Referrals to Child and Adolescent Mental Health Services (CAMHS).
- Lengthy waiting lists to be seen and diagnosed.
- A support person should be assigned when young people were placed on the waiting list.
- Being supported was beneficial and eased the situation before being diagnosed.
- The support did not need to be from a professional person.
- Involvement in the Wellness Recovery Action Plan (WRAP) was beneficial.
- Pre-sessions would be beneficial prior to seeing a Mental Health Professional.
- The 'drop-ins' were daunting but provided a good service, however, they needed to be less formal.
- Shorter waiting times were required.
- It would be helpful if the school nurse had knowledge of mental health.
- More information should be available in schools.
- Support workers listened and all young people needed some support.
- Not notified of support worker absences and loss of staff.
- A project to highlight mental health issues in primary schools was needed so pupils could understand the issues.

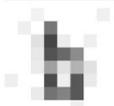


- The 'First Response in Bradford' service was good.
- Help from CAMHS had not been received in time.
- Only three CAMHS sessions had been provided over three months and they had not helped.
- Teachers had tried to organise additional Mental Health Care.
- Young people were working on the recruitment of CAMHS workers.
- The fear of uncertainty led to further issues.
- CAMHS was an excellent service and should be reinstated in secondary schools.
- Referrals were not always available, but if new support workers were placed in schools there would always be someone there to talk to.
- There had been a five month gap in seeing a support worker and there should be help in place in between appointments.
- Barnardo's Participation Service had been very helpful compared to the services provided by CAMHS and support workers. It was important that the support worker could make links for the young person.
- WRAP worked well for some young people.

In response to the points raised, the Healthy Minds Participation Co-ordinator, Barnardo's informed Members that:

- Barnardo's were looking at a 'buddy' system with a 'buddy' co-ordinator, which they believed would be beneficial for young people as formal approaches were not the best way forward.
- Crisis work in the District was looking at 'drop- in' facilities and working with young people.
- Specialist support workers were not required, just someone with the correct knowledge.
- Some support workers should be retained and replacements were required if they left. It could be detrimental for the young person if their support worker left.
- There wasn't an advocacy system for young people and there should be. Barnardo's proposed 'buddy' system could become an advocacy service.
- First Response was a crisis helpline and a request had been made for it to become available on an email 'chat' basis.
- Young people were assisting in the interviewing of support workers for CAMHS.
- It was important that young people were kept informed throughout.
- Young people needed a continuous service and if a two tier service was stronger it would be beneficial.
- Investment should be made in young people and they should be provided with better support, which would build a better Bradford.

The Chair then thanked the young people present for sharing their experiences with the Committee.



The Director of Strategy, Bradford Districts CCG, echoed the sentiments of the Chair and acknowledged the powerful points put forward. He stated that it was all about relationship building and the support worker did not need to be in a senior role, but just have empathy.

In relation to the Future in Mind report, the Director of Strategy, Bradford Districts CCG explained that the views of children and young people had been collated and the stories were consistent with the views given. He stated that the clear message from young people was that one size did not fit all and the services provided needed to be tailored. It was noted that a £1.1 million recurring fund had been secured for five years and it had been proposed to assist children's mental health. Members were informed that a local needs assessment tailored towards Bradford had been undertaken. The link between deprivation and mental health had not been recognised and it needed to be acknowledged that children and young people from poor backgrounds were more likely to develop mental health issues. A higher proportion of looked after children also suffered.

The Director of Strategy, Bradford Districts CCG gave a brief overview of the issues detailed in **Document "A"** and confirmed that the service had strong support workers, however, work was required in relation to the targeting of service provision. The Head of Commissioning, Bradford Districts CCG reported that new funds had been identified to reduce waiting times and the proposed buddy system would be put forward. He stated that the Government and NHS England were releasing money in a targeted sporadic way.

The Service Manager, Bradford District Care NHS Foundation Trust, thanked the young people present and stated that the checklist they had compiled was very helpful. It was noted that the links to other services had been made clear for young people in schools and the proposed buddy system would be progressed, as it was believed that it would have a huge beneficial impact. It was hoped that the stigma linked to mental health could be reduced.

The Chair stated that the additional funds were welcomed, however, not all the suggested ideas would require money.

Members then raised the following points:

- Why was there such a huge disparity in waiting times?
- Was work ongoing to provide information for young people that had been compiled by young people?
- Two tier services needed to be made stronger.
- Over 2700 referrals had been made to CAMHS. How could this be tackled?
- Drop-in services were not being used. How could they be promoted?
- WRAP was successful. How long was the funding for and could it be continued?
- Could CAMHS be renamed?
- There was no advocacy service for children and young people.
- There were inconsistencies in schools regarding bullying. How could it be



strategically managed when some schools were Academies and how could a consistent approach be attained when schools were not controlled by the Local Authority?

- Safe- guarding should be looked at as part of the Ofsted report.
- Was the funding being used to recruit or retain staff?
- How many primary mental health workers were there in schools across Bradford?
- The funding ceased in 2020, what would happen after this?
- The draft leaflet compiled by young people mentioned self referrals. Would they be accepted and how would the process work?
- An update was required by NHS England by 31 October 2016. At what stage was the work at?
- With regard to the austerity reductions, which services had been reduced and which were not addressed by the Future in Mind funding.
- How could young people be expected to wade through the referral process?
- When would there be zero tolerance in relation to bullying and would Ofsted be involved in the process?
- What was the percentage of young people that had been failed due to staff attitudes?
- How many young people had opted out of the treatment process?
- CAMHS provided a good service.

In response the Healthy Minds Participation Co-ordinator, Barnardo's reported that:

- Young people usually asked for help a long time before they were taken seriously and did not see the difference between specialists and lower levels.
- 11 weeks was a long time for a young person to wait.
- The WRAP was undertaking peer to peer work.
- If teachers were under less stress, pupils would be too.
- The WRAP was a self referral scheme and families could decide whether to access it.
- The draft leaflet was designed by young people in order to try and re-address the situation.
- A website had been developed that detailed the available information and a school planner was available.

The NHS representatives confirmed that:

- The Care Trust received reports that identified when a young person had not been seen in 11 weeks. The access route to referrals needed improvement and the suggested buddy system was key.
- Information provided by young people was a good idea and the Care Trust could look at developing 'sound bites'.
- Referrals would probably increase, however, it was hoped that the early intervention service would be progressed.



- The tier two service problems had been highlighted and the service would be improved.
- The buddy system could be looked at and would be based in the Voluntary Sector.
- It was beneficial to get involved quickly with young people.
- Workshops were to take place and they could look at the renaming of CAMHS, as first impressions counted.
- The use of WRAP was advocated and Bradford District was a pioneer in using the scheme for young people. The involvement of WRAP could negate the need for other services and the buddy system could be used as an advocacy service.
- The Future in Mind project was trying to recruit mental health champions in schools and a collective standard way forward was required to deal with bullying.
- Schools were not responsible for all the bullying issues, parents' perceptions needed to be looked at.
- There were 11 mental health workers in schools. They had to be seen as system wide process and their skills used to their best advantage.
- Finances would be stretched after 2020.
- There were some elements of the referral process that needed to be self referral.
- The report had to be submitted to the Bradford and Airedale Health and Wellbeing Board by the end of November 2016. NHS England had accepted that it could be submitted to the next available Health and Wellbeing Board for consideration.
- One service had been replaced with another.
- The specialist CAMHS service had a major part to play and there was a mental health champion in every school. The perceptions surrounding mental health needed to be changed.
- The information needed to be communicated so people were aware of the help available and did not have to search for it.
- Work had been undertaken with Barnardo's and the issues were being embedded with CAMHS.
- The figures would be provided after the meeting.

The young people present added the following comments in relation to bullying:

- If bullying was admitted by the school they could gain a bad reputation, so it was preferable for the victim to leave the school.
- The issue of teachers' bullying pupils needed to be looked at.
- Some teachers were not supportive.
- Splitting pupils into ability groups was not always beneficial.
- Teachers could be dismissive of young people.
- Teachers undermined both older and younger pupils.
- Teachers were not always able to empathise with students.



Resolved –

- (1) That the young people be thanked for their attendance and the contribution that they made to the meeting.**
- (2) That the development of services in line with the Future in Mind Local Implementation Plan aligned with priorities within the Journey to Excellence, Integrated Early Years Strategy and the Early Help approach for children 0 -19 years be supported.**
- (3) That a sub-committee, which maintains the Council’s political proportionality, be convened from Members of the Health and Social Care and Children’s Services Overview and Scrutiny Committees in order to receive a response to the young people’s “Help Today’s Youth to Help Tomorrows Bradford” document for discussion at a meeting within four months.**
- (4) That the “Future in Mind” document be produced in an easy read format.**

ACTION: *Director of Strategy, Bradford Districts Clinical Commissioning Group/ Strategic Director, Children’s Services/ Strategic Director, Health and Wellbeing/ Overview and Scrutiny Leads*

4. DEVELOPMENT OF AN INTEGRATED TRANSITIONS SERVICE FOR YOUNG PEOPLE WITH DISABILITIES IN BRADFORD

The Service Manager, Disabilities, presented a report (**Document “B”**) which informed Members of the progress of the project plan to develop an integrated service for 14 – 25 year old disabled young people and their families in Bradford. He explained that services would have to be joined and it was a complex matter. It had been agreed that social care would be offered via Adults Services and there was a strong legislative imperative to make the changes. It was noted that the challenges had been highlighted for a number of years and progress had been made, however, there was more work to be done. The Service Manager, Disabilities reported that there were strong links with the Transforming Care Programme, though the ethos of the Care Act would not be easy to achieve. He confirmed that the Service was looking at options and trying to develop more innovative approaches. In relation to continuing health care, Members were informed that there were two frameworks, one for adults and the other for children. The Children and Families Act 2014 required the move from statements to Education Health and Care Plans (EHCPs) and a project plan had been developed along with the establishment of a Transition Team, which would provide the opportunity to plan earlier. The Service Manager, Disabilities stated that issues had been caused by the different systems used and the storage of information in various areas. He indicated that work to ensure that all the required information could be accessed was still ongoing. Officers would also need support to be able to understand all the legal requirements when the Teams involved merged.



The Service Manager, Fostering, addressed Members explaining that the developments in the 14 – 25 year old service presented a unique opportunity to recognise the delivery of a joined up service for the Bradford District. He acknowledged that there were challenges around developing a personalisation agenda, as it would be difficult for children, however, if the process was correct from the start it would remain so as they progressed into adulthood.

Members then made the following comments:

- Where was the transition process going wrong? Issues appeared to arise when young people transferred to Adult Services, which was a crucial point in the process.
- The impact on young people having to make their own way in life after attending a school should not be underestimated.
- People without disabilities had to accept those that did and support needed to be provided at an earlier stage along with accessible information.
- Direct payment levels were also low.
- Help for young people stopped at 18 years and caused issues for them.
- Who was responsible for the EHCPs? If there was a greater responsibility, would it place more pressure on the Team?
- The transition from Children's to Adult Services was daunting for young people.
- What support was offered to existing day services?
- It would be a major culture change for staff.
- Was there anything similar to 'Viewpoint' and could it continue to be used ?
- Were there any mechanisms to support young carers?
- Would assessments be continuous?
- Would there be any roadshows?

In response Members were informed that:

- It was acknowledged that leaving transition issues until a young person was 14 or 16 years old was too late and that the Council needed to plan for the lifetime for disabled children. They were trying to guide people through the process and young people and their families would benefit from consistency.
- Consideration of a daytime strategy had been requested and the broadest possible range of options were being investigated.
- People were reluctant to take control over their payments in case they made a mistake and other options provided support.
- The development of personal budgets was challenging and critical for 18 to 25 year olds. It had to be ensured that the budget would work for the person as they grew older.
- The Council was hoping to support people in the transition from Children's to Adult Services.
- A number of Teams were responsible for EHCPs and there was pressure on them to meet targets. A corporate decision was required as to who



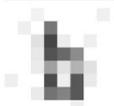
would lead on these Plans.

- Costings had been provided in the appendix and reference had been made to the contract and tendered service with the Home Farm Trust. They had a range of services and the Council was working with them. If there was earlier intervention there would be fewer people left at home. Progress had been made, however, work was still required.
- There was a great deal more work to be done with staff in relation to empowerment and plans would be developed as progress was made.
- Proposals for funding from NHS England had been submitted regarding the Workforce Development Plan.
- A service from birth to 25 years was being created and would have two managers and four teams and would work in tandem.
- The systems currently used by young people would continue and best practice from Children's Services would be embraced and progressed through their adulthood.
- Children and their families had not been given adequate consideration in the past and staff would now be asked to work differently in order to build positive relationships. A Risk Panel was being developed that would consider risk objectively and major changes were being made in processes.
- Families had many unique circumstances and the change in culture would hopefully address issues.
- The Service was looking at a whole family approach and solutions for families needed to be unique.
- Roadshows would be available for members of staff.

Resolved –

- (1) That the progress made, and moves towards cultural change as part of the development of an integrated transition service for young people, be welcomed.**
- (2) That a report on the draft Daytime Strategy be presented to the Health and Social Care Overview and Scrutiny Committee by the end of the 2016/17 Municipal year.**
- (3) That a further report on the integrated transition service for young people be presented to the Health and Social Care Overview and Scrutiny Committee in 12 months, to include benchmarking information and appropriate indicators to demonstrate progress.**

ACTION: Strategic Director, Health and Wellbeing/ Overview and Scrutiny Lead



Note: These minutes are subject to approval as a correct record at the next meeting of the Joint Health and Social Care & Children's Services Overview and Scrutiny Committees.

THESE MINUTES HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER

