

Minutes of a meeting of the Joint Health and Social Care & Children's Services Overview and Scrutiny Committees held on Tuesday, 28 November 2017 in the Banqueting Hall - City Hall, Bradford

Commenced 4.35 pm
Concluded 7.40 pm

Present – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT AND INDEPENDENT	INDEPENDENT
M Pollard Rickard D Smith	A Ahmed Akhtar Greenwood Johnson Peart Shabbir Shaheen Tait	N Pollard Ward	Sajawal

Non-Voting Co-opted Members

Susan Crowe, Strategic Disability Partnership
Trevor Ramsay, Strategic Disability Partnership
Jenny Scott, Older People's Partnership
Siddiq Ali, Parent Governor Representative
Kerr Kennedy, Voluntary Sector Representative

Observers: Councillor Val Slater

Apologies: Councillor Mike Gibbons, Councillor Beverley Mullaney, Claire Parr, G Sam Samociuk and Joyce Simpson

5. APPOINTMENT OF CHAIR (Standing Order 35)

Councillor Greenwood was elected as Chair of the Joint Meeting

6. DISCLOSURES OF INTEREST

- (1) Susan Crowe disclosed an interest that she was commissioned by the Bradford Districts Clinical Commissioning Group and the Council's Health and Wellbeing department to deliver services.
- (2) Councillor Ahmed disclosed an interest that she was a Co-opted Governor on Bradford District Care Trust.
- (3) Councillor Sajawal disclosed an interest as he was on the Better Start Bradford Board.

Action: City Solicitor

7. MINUTES

Resolved-

That the minutes of the meeting held on 27 October 2016 be signed as a correct record.

8. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

9. CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

Previous reference: Minute 3 (2016/2017)

The Director of Strategy, Bradford Districts Clinical Commissioning Group presented a report (**Document "A"**) which provided an update on the progress of Bradford's Children and Young People's Future in Mind local transformation plan since last reported to the Committees in October 2016.

Future in Mind was published in 2015 by the government's Children and Young People's Task force. It described how children's mental health services need to be transformed through collaboration around five key areas which included: Promoting resilience, prevention and early intervention; improving access to effective support; care for the most vulnerable; accountability and transparency and Developing the workforce.

It was reported that the report described progress on issues raised by the Committee following the papers in October 2016 and March 2017. The overall progress of the programme was provided in Appendix 1 and the key points included:

- good progress on meeting the Top Tips for commissioners as set by Young



- People in the Joint Strategic Needs Assessment.
- Strong engagement of children and young people in the programme.
- Established formal alignment with programmes such as the SEND, B Positive Pathways and Social, Emotional and Mental Health (SEMH) group.
- 67 schools now had 86 mental health champions with 100% good or very good evaluations for impact of support provided.
- Implemented a new self-harm policy across health and education settings.
- Over 50 schools had accessed Living Life to the Full training.
- 26 courses on mental health awareness were held from April 2016 to March 2017 with 555 staff trained across the universal workforce in Bradford District.
- Health Buddies had supported 277 children and young people reducing waiting lists.
- The average waiting time from referral to treatment was 106.8 days, a reduction of 14.5 days from the average of 121.3, for CAMHS services.
- Bevan Healthcare were delivering schemes to provide refugee and asylum seeking children with mental health and psychological support.
- Greater working with the voluntary and community sector to build support when needed, this had included developments with the First Response Service and Safer Spaces.
- First Response were working with Youth on Health to create a toolkit for tele coaches to help them work with young people that ring in crisis as more young people use the service.
- Youth on health network working with safer spaces and working with Tower Hurst to keep creating a homely service currently look at the artwork for the building.
- a youth led campaign on anti-bullying #bfdbeatsbullying was being supported.

Members were shown a short film on young people's experiences and the support they received.

A number of young people who had suffered mental health issues and bullying attended the meeting and spoke about the services they had received and the concerns they had in receiving the appropriate support.

They made the following comments:

- The waiting time from referral to treatment was too long.
- People were being referred from service to service and not receiving the appropriate support.
- The service received from agencies such as CAMHS (Child and Adolescent Mental Health Services) was not tailored for young people and their needs.
- Not enough support was provided by schools when children suffered depression, anxiety and bullying; did not feel supported in schools; schools concentrated on self harm rather than bullying.
- Diet and exercise was an area that needed to be looked at and was



important to the mental health of young people; diet and exercise needed to be integrated into the treatment offered by CAMHS and should be considered as a priority.

- Counselling offered in schools was not appropriate, school Counsellors are not appropriately trained to deal with young person's issues; you had to wait too long before you were seen by CAMHS.
- There was stigma attached to Mental Health; people were not educated about mental health and mental health awareness should be taught in schools to eradicate this stigma.
- Did not enjoy the experience at CAMHS; referred to various other agencies which were also not appropriate in the way they dealt with mental health issues suffered by young people; went through four years of not receiving the appropriate treatment.
- There was no appropriate support in place for young people suffering mental health, mental health was in absolute crisis.

It was reported that the Youth in Mind model was designed by young people who felt that young people should receive support for their mental health and wellbeing when they needed it. Youth in Mind helped children on waiting lists for CAMHS by having access to a Health Buddy. The Youth in Mind Service aimed to support young people and reduce the CAMHS waiting list.

Young people who attended the meeting spoke about the Buddy Scheme and made the following comments:

- Found the Buddy Scheme helpful; Buddy helped to learn how to manage situations; Buddy had come to many of the groups; gained confidence and made more friends; Buddy was someone you could talk to.
- Some buddies were not as good and did not attend the CAMHS sessions; came unannounced.
- Needed more time with the buddy; would be helpful to know if buddies could be changed.
- Would be helpful if the buddy came along to the various sessions.
- Needed a leaflet to explain the buddy scheme.
- CAMHS should inform the buddy how to contact the young person ie letter, text etc.
- Would be helpful to have longer than 12 weeks with the buddy.

A short film was shown to Members on how the Buddy Scheme helped young people.

A young person who runs a scheme called Speakers Corner spoke about her experiences and the lack of support that was out there for young people experiencing mental health issues. She reported that Speakers Corner was run by women and girls and offered a safe space for everyone to come and talk about whatever they wanted to. Young people needed a safe and friendly atmosphere where people understood them. Young people needed a Youth Parliament to voice their concerns.



It was reported that Safer Spaces – Tower Hurst offered a one night stay in a homely, non-clinical place for children and young people under 18 at risk of mental health crisis or emotional distress.

Young people spoke about their experiences of bullying and the lack of support available for them in schools and highlighted the importance of eradicating bullying.

Members were informed that young people had also started their own anti-bullying campaign to encourage positive care which was launched on the 13 November 2017.

Members suggested that the Children's Trust Board look into the issues around bullying.

In response to a Member's question it was reported that work was ongoing to look at developing a digital website to ensure information relating to mental health was accessible to disabled young people; work was ongoing to improve services to vulnerable groups.

Members stressed the need to recruit more mentors and mental health champions in schools.

It was reported that the whole idea of a buddy concept was that youth workers would take on the buddy role and would be able to connect to that young person.

Young people reiterated that they did not have a platform to speak from, they used to have a youth parliament to speak from which was no longer available and needed a youth platform.

A Member welcomed the reduction in waiting times but asked whether waiting times could be reduced further.

In response it was reported that Youth in Mind was launched in April 2017 and that it was hopeful that reduction in waiting times would continue as well as the reduction in people inappropriately being referred to CAMHS.

It was reported that work was being undertaken with Community Centres.

A Member highlighted the importance of school nurses being aware of mental health and prevention.

A young person who was a buddy spoke about the buddy scheme and stated that buddies worked with what the young person wanted and the support offered was shaped by what the young person's needs were.

Members felt that officers should explore the possibility of recruiting more health buddies and volunteers.



Resolved-

- (1) That the young people be thanked for their excellent contribution to the meeting.
- (2) That the Committee recognises the progress made in meeting the emotional and mental wellbeing needs of young people through the delivery of the Future in Mind transformation plan.
- (3) That as part of their roles Committee Members support and promote the work to improve emotional and mental wellbeing of young people.
- (4) That the success of the Buddying Scheme be welcomed and that officers be requested to explore the possibility of extending the “Buddying Period” beyond the current 12 weeks.
- (5) That the Committee request that the Children’s Trust Board invites the young people to present a report to them in the near future around bullying.
- (6) That young people be invited to a joint meeting of the Committee in six months time.

Action: Director of Strategic Partnerships, NHS Clinical Commissioning Groups (Bradford and Craven)

10. AUTISM AND OTHER NEURODIVERSITY STRATEGY

The Director of Children’s Services and the Strategic Director of Health Partnerships submitted **Document “B”** which presented the Draft Bradford District and Craven Autism including other Neurodiversity Strategy. The strategy identified a number of key areas for review and development in order to ensure that children and adults with Autism and other frequently co-occurring neuro-developmental conditions, living within the district, were able to lead rewarding and fulfilling lives from cradle to grave.

The strategy had been developed in response to the self assessment process that Local Authorities were required to undertake annually. This self assessment helped Local Authorities to determine what progress was being made towards meeting the requirements of the Autism Act 2010 (revised 2015). A local Autism strategy was a key requirement of the Act.

In response to a Member’s question it was reported that the voluntary sector had been involved in the development of the strategy.

Members highlighted the importance of early intervention in assessment and diagnosis of Autism and other neurodiversity conditions.



It was reported that the Health and Social Care Overview and Scrutiny Committee would be considering this item at its meeting in the future.

Resolved-

- (1) That the contents of the report be noted.
- (2) That the Health and Social Care Overview and Scrutiny Committee consider the Autism and other Neurodiversity Strategy item within 12 months and request the attendance of the Autism Partnership at the meeting.

Action: Strategic Director, Children’s Services/Director of Strategic Partnerships, NHS Clinical Commissioning Groups (Bradford and Craven)

11. BETTER START BRADFORD PROGRAMME UPDATE

The Strategic Director of Children’s Services submitted **Document “C”** supported by a presentation which provided an update on the progress of the Better Start Bradford programme and implications for the district.

Members were reminded that the Better Start Bradford Programme was the result of a successful £49 million Big Lottery bid fund by Bradford Trident, for a 10 year early intervention and prevention programme. The programme was currently in Year 3.

Members commented on a number of issues which included:

- How did the programme reach families that were difficult to engage?
- It was good to hear that Better Start work was being extended in other areas; how did the Programme engage with fathers?
- Which schemes worked well from the BSB Projects?
- What were the additional challenges arising out of budget reduction proposals for the Early Years Help Services.

In response to Members’ comments it was reported that:

- A lot of work was being undertaken to reach families that were difficult to engage; Better Start services were continually being promoted by health visitors and midwives.
- Health visitors and children’s centres were also working with families who would not engage; there was a list of non-engaging families which partners and Better Start colleagues were working through.
- There were lots of schemes to encourage fathers to be involved and engaged.



- The BSB Partnership with Born in Bradford was monitoring the implementation of each project delivered as part of Better Start Bradford; the Big Lottery Fund was working with a consortium led by Warwick University to evaluate the programme; the Innovation Hub were recruiting a cohort of approximately 5,000 babies over the first five years of the programme in order to measure the impact of each project.
- In terms of the changes proposed to Early Help, the Programme would need to look at how services were designed and look at different ways of delivering services.

A mother who engaged in the Henry (healthy eating and nutrition in the really young) Programme attended the meeting and spoke about her positive experiences while on the programme.

In response to a Member's question it was reported that celebratory events were held to help build relationships with families in the community and raise awareness of the various projects.

Resolved-

That the Committee welcomes the information provided in the report, and the commitment to improving outcomes and reducing inequalities for all young children through evidence based early intervention and prevention, to ensure all children reach their potential.

Action: Strategic Director, Children's Services

Chair

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

