

**Minutes of a meeting of the Joint Health and Social Care
& Children's Services Overview and Scrutiny
Committees held on Tuesday, 5 February 2019 in
Committee Room 1 - City Hall, Bradford**

Commenced 4.35 pm
Concluded 7.40 pm

Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT	BRADFORD INDEPENDENT GROUP
A Ahmed Engel Greenwood S Khan Peart Berry	Gibbons Hargreaves M Pollard Senior	N Pollard Humphreys	Sajawal

VOTING CO-OPTED MEMBERS:

Joyce Simpson
Shain Wells

Church Representative (CE)
Parent Governor Representative

NON VOTING CO-OPTED MEMBERS

Susan Crowe
Trevor Ramsay
G Sam Samociuk

Strategic Disability Partnership
Strategic Disability Partnership
Former Mental Health Nursing Lecturer

Observer: Councillor Adrian Farley (Portfolio Holder for Children and Families)

Apologies: Sidiq Ali and Councillor Arshad Hussain

Councillor in the Chair

1. APPOINTMENT OF CHAIR (Standing Order 35)

Resolved –

That Councillor Greenwood be elected as Chair for the meeting.

Councillor Greenwood in the Chair

2. DISCLOSURES OF INTEREST

The following interests were disclosed in the interest of transparency and in relation to Minute 5:

- (i) Councillor A Ahmed disclosed that she was a Fostering Panel Member for the local authority and a Governor of Bradford District Care NHS Foundation Trust, which worked in partnership with Barnardo's and Sharing Voices on mental health services.
- (ii) Councillor Berry disclosed that he was employed by an organisation which was a partner organisation of Bradford District Care NHS Foundation Trust.
- (iii) Councillor Peart disclosed that she worked within the Special Educational Needs and Disabilities (SEND) department of a school and was a Governor and lead for Looked After Children in a primary school and a Governor and lead for SEND in a secondary school.
- (iv) Councillor Hargreaves disclosed that he was a School Governor and safeguarding lead at Queensbury Academy.
- (v) Councillor M Pollard disclosed that he was a School Governor at Titus Salt School.
- (vi) Ali Jan Haider disclosed that he was Chair of Trustees of Feversham Education Trust.
- (vii) Shain Wells disclosed that she had led on work to improve mental health and emotional wellbeing support for children and young people as part of her employment with the Department of Health.

ACTION: City Solicitor

3. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

4. MINUTES

Resolved –

That the minutes of the meeting held on 28 November 2017 be signed as a correct record.

5. MENTAL WELLBEING FOR CHILDREN AND YOUNG PEOPLE

Previous reference: Minute 9 (2017/2018)

At a joint meeting of the Health and Social Care and Children's Services Overview and Scrutiny Committees on 28 November 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. At the previous meeting it was 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.*

The Director of Strategic Partnerships (NHS Clinical Commissioning Group, Bradford and Craven) presented a report (**Document "A"**) which provided an update on the progress to improve the mental wellbeing of children and young people in Bradford, since the last report in November 2017. He outlined the five key themes that had emerged from the Future in Mind report published by the Department of Health in 2015:

1. Promoting resilience, prevention and early intervention
2. Improving access to effective support: a system without tiers
3. Care for the most vulnerable
4. Accountability and transparency
5. Developing the workforce

The Head of Commissioning (Mental Wellbeing) explained that a local transformational plan had been published in 2016 to implement the Future in Mind objectives. A vast amount of work had been undertaken locally to transform and integrate services and an evaluation of this work had been undertaken resulting in the Future in Mind local transformational plan being refreshed in 2018 (attached as Appendix 1 to Document "A"). This refreshed plan had received approval from the Bradford and Airedale Health and Wellbeing Board in November 2018 and it outlined how the five key themes would be achieved. She stated that work was

on-going in all 13 priority areas of the plan and highlighted some of the achievements to date, which included:

- The development of the Youth in Mind service which was helping young people to look after and maintain their wellbeing and providing a mentoring service in 30 schools.
- Established good partnership working with organisations such as Education, Sport England and the Youth Offending Team.
- A new perinatal health service had been launched.
- Work had been done to reduce the CAMHS waiting list and additional funding was being sought to address it further.
- The Thrive Bradford website had been developed by young people at Barnardo's to help other young people get through their teenage years. The website provided information, advice, signposting to services and real stories.
- Engagement work had been undertaken with children and families who were refugees and asylum seekers and this had been recognised and promoted as national good practice.
- A bullying strategy had been produced by young people (Appendix 5 of Document "A") and was proposed to be submitted to the Children's Trust Board.

In response to Members' questions, the following responses were provided:

- A group had been set up to work across health, social care, education and community services and included cross sector representatives to deliver support for children and young people with social and emotional mental health (SEMH) needs that required additional support.
- Children with complex special educational needs and disabilities (SEND) were assessed on a case by case basis.
- Areas under significant pressure were reported to the appropriate forum to seek additional funding, as was the case with Special School Nursing. The provision of speech therapist support was not currently an area of concern which officers considered needed additional support at this time.
- It was clarified that there had been over 800 young people on the waiting list when the Youth in Mind initiative had first commenced and that, despite the improved referral rate, there were currently 781 children on the waiting list due to pressures on the service which received 613 referrals per quarter.
- Approximately 80% of the issues faced by children from the most disadvantaged households within the district were non-health related; therefore it was important for a partnership approach to be taken to address them.
- Eradicating stigma and stereotyping in relation to mental health was everyone's responsibility.
- Support for families as a whole was not provided by one single agency and therefore a systematic partnership approach was taken to co-ordinate this support.

The Strategic Director of Health and Wellbeing informed Members that the above information was taken from the Joint Strategic Needs Assessment and she agreed to circulate a website link to Members so they could view information pertaining to their local areas.

A Member stated that she had contacted a counselling service and had been told there was a seven month waiting list. In response, the Head of Commissioning (Mental Wellbeing) stated that this should not be the case and that the service should have referred the Member back to the school nurse who should then have made a CAMHS referral.

A Member raised concern that schools may not fund early intervention for a child showing potential signs of needing help prior to intervention from CAMHS and questioned whether it would be more appropriate for this early intervention to be funded from somewhere other than schools' budgets. In response, it was stressed that every school had a duty of care to ensure children thrived and it was in every schools interest to support their young people. It was also highlighted that this was a staffing and workload issue rather than a budget issue and it was important to ensure children had a safe space to talk within schools.

A Member commended the training she had recently received on Making Every Contact Count (MECC).

A representative of the Youth Service introduced a number of young people who spoke of the support they had received from the Youth in Mind service which included drop-in sessions, one to one and peer support through the Buddy Scheme, Wellness Recovery Action Planning (WRAP) group work, peer support and mentoring. Members were informed that the Buddying programme aimed to take over 200 referrals per quarter. During the presentation it was emphasised that Youth Workers had also been on a journey due to the change in nature of their role in working in partnership to address young people's mental health issues. Examples were provided to illustrate how this partnership working had developed and was working well. It was reported that 474 cases had been closed and there were 498 live cases. The service aimed to provide support at the earliest opportunity.

A young person spoke of the difference the Buddying programme and attendance at the wellness support programme at Bradford Park Avenue had made to his life. Members were informed that he was due to attend a meeting in London to give his views as part of a consultation on the Government's Green Paper on Children and Young Peoples Mental Health, to shape future policy in this area.

The Community Manager from Bradford Park Avenue spoke of the work undertaken in schools, at after school clubs and as part of its community outreach work. She spoke about bullying and stated that every young person on the programme had been subjected to it. She stated that the service was an invaluable resource for parents as well as children and read out quotes from parents of children who had benefited from the programme. Members were informed that service users included children with autism.

The Committee were informed by Youth Workers about the variety of work being undertaken to engage young people and provide them with a safe space to talk about their concerns. Members were also informed of the mentoring provision through Yorkshire Mentoring following referrals made by Youth in Mind.

Members were informed about the continued awareness being raised on mental

health issues within schools. It was reported that Mental Health School Champions had been rolled out in 105 schools across the three CCG areas. The importance of a whole school approach to mental health was highlighted and Members were informed that work was being carried out in partnership with third sector specialist services. The ambition was for all schools within the district to have this provision.

A representative of Titus Salt School stated that the school had nine staff members trained in Mental Health First Aid and a peer wellbeing group had been set up at the school in which seven peer wellbeing mentors were currently mentoring a total of 20 students. Information on mental health and wellbeing was available on the school's website with signposts to other resources as well as a named mental health champion contact for the school. A mental health policy had been supported by the School's Governors and the school regularly organised guest speakers to come and speak to pupils on mental health issues. The school also had a designated wellbeing area with resources available for its pupils. Two peer mentors from Titus Salt School addressed the Committee and spoke of the ways in which support was offered.

In response to further questions from Members, it was reported that:

- The teacher with the Mental Health Champion role in Titus Salt School had a weekly meeting with pupils who were mentors at the school and had an overview of the scheme.
- Pupils undertaking a peer mentor role were able to escalate serious concerns to staff within the school and used their training and judgement on when to do so.
- The Head of Commissioning (Mental Wellbeing) was undertaking discussions with officers working in services across the Council that linked to the Future in Mind local transformation plan.
- The table in the report of groups at higher risk of experiencing mental, emotional or social difficulties was taken from the Joint Strategic Needs Assessment.

A Member commented on the need to ensure respite was available for pupils undertaking a Mental Health School Champion role within schools in order to look after their wellbeing.

It was reported that children who were not in school and required additional support were allocated a school nurse; however, a Member stated that she knew children in this situation who received no additional assistance. It was reported that a number of referrals of young people not in attendance at school had been received since Youth in Mind had been launched, and continued to be received.

Members commended the peer support work being undertaken in some schools and encouraged its replication across all schools within the district. The Head of Commissioning (Mental Wellbeing) stated that senior leadership teams within schools had to sign up to it and she urged Members who were School Governors to encourage their schools to do so as there was an ambition to see this in all schools in the district.

A discussion took place about interventions in place for young people who were

bullying. A Member spoke of the need to do more to support bullies deal with their mental health issues. In response it was stated that some groundwork on this matter had started to be developed with the Youth Offending Team, but it was acknowledged that there was more to do as the strategy developed going forward.

With reference to information in the report outlining that children with learning difficulties and disabilities were a high risk group of experiencing mental, emotional or social difficulties, a Member spoke of the need to ensure there were adequate interpretation and translation services available for young people and their parents who required it so they could fully understand the issues and support available. Examples were given of cases where parents requiring interpretation services were asked to bring a friend or family member to interpret for them which raised issues around their confidentiality and dignity being compromised as a result. The Member reminded officers of the legal requirement of the Accessible Information Standard to meet the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

It was stated within the Future in Mind local transformation plan that the work, from design to delivery, was informed and led by children and young people. A Member stressed the importance of ensuring this included young people with disabilities so that the strategy met the needs of all young people. In response it was stated that officers were committed to co-producing all information for all user groups.

A Youth Worker stated that in instances where a young person was awaiting their initial CAMHS assessment and were considered to have possible autism or possible ADHD, social support was offered to them in the mean time and more work was being done in this area to ensure support was being provided at the earliest opportunity.

In response to a Member's question, it was reported that, with regard to increasing apprenticeship opportunities and ensuring the workforce reflected the diverse community it served, the health and social care system and voluntary sector were looking at ways in which to 'grow our own' talent by working closely with schools and colleges.

A Member spoke of the benefits of sport and physical activity on mental health and commented that he would like to see more opportunities to engage in sports within the plan.

A Member commended the strategy and considered it to be the biggest look at mental health services for young people that he had ever seen. He praised the work being undertaken in schools and conditions such as autism being diagnosed earlier as a result of interventions in place.

Members welcomed the partnership working that was taking place to address mental health services for young people and commended the young people who were mental health champions within their schools.

A discussion took place about the CAMHS waiting list and the average time a

young person was waiting to be seen. Reference was made to the report which outlined that the average waiting time for quarter one, from referral to treatment, was 108.2 days. The baseline average was 121.3 days, which had been established in 2016. The aim was to reduce the waiting time to 28 days by April 2020 which was the national target and was considered a realistic ambition.

A Member questioned whether the service provision was adapted and focused on the 18-25 year olds age group as this was a vulnerable and mobile age group with increasing concerns around self harm and suicides. In response it was stated that whilst provision had been expanded to the 18-25 age group, there were also other adult services available which had to be challenged on how they were effectively meeting the needs of 18-25 year olds. It was reported that work was being undertaken with three voluntary sector providers on lowering the service user age to 14 to expand pathways and strengthen partnership working. It was also reported that the Youth Service continued to work with young people with additional needs up to the age of 25.

The Chair thanked all of the young people and representatives who had attended the meeting to speak of their experiences and commended them for their work.

Resolved –

That the Committee:

- (1) Thanks all the young people for their presentations at the meeting.**
- (2) Welcomes the progress made to date to improve the mental wellbeing of children and young people in the district.**
- (3) Welcomes the work of the Future in Mind Delivery Group.**
- (4) Receive further information on how young people express their concerns to peers/mentors and how that information is disseminated.**
- (5) Nominates Councillor Humphreys and Councillor Peart as Champions to join the Future in Mind Delivery Group.**

ACTION: Head of Commissioning – Mental Wellbeing

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