At a meeting of the CHILDREN, EDUCATION AND SKILLS SCRUTINY COMMITTEE held in COMMITTEE ROOM 1 of the CIVIC CENTRE, SUNDERLAND on THURSDAY 2nd FEBRUARY, 2017 at 5.30 p.m.

Present:-

Councillor Smith in the Chair

Councillors Beck, Bell, Francis, Hunt, Jackson, F. Miller, O'Neil, Stewart and Tye together with Ms. A. Blakey and Mr. S. Williamson.

Councillor N. Wright – Chairman of the Scrutiny Coordinating Committee Councillor D.E. Snowdon – Vice-Chairman of Scrutiny Coordinating Committee Councillor Hodson - Observing

Also in attendance:-

Mr. Dane Bainbridge, Sunderland Youth Parliament

- Ms. Karen Brown, Scrutiny and Members Services Coordinator
- Mr. James Diamond, Scrutiny Officer
- Mr. David Gallagher, Chief Officer, Sunderland CCG
- Mr. Ian Holliday, Head of Reform and Joint Commissioning
- Mr. Mark Knowles, Directorate Manager, Children & Young People's Service
- Ms. Lisa Quinn, Executive Director of Commissioning and Quality Assurance
- Mr. Ryan Parker, Youth Almighty Project
- Mr. Ben Pescod, Youth Almighty Project
- Mr. Josh Potter, Youth Almighty Project
- Ms. Jacqui Reeves, Washington MIND
- Mr. Carl Sketchley, CAMHS Clinical Lead
- Ms. Janette Sherratt, Joint Commissioning Manager, Children
- Ms. Joanne Stewart, Principal Governance Services Officer
- Mr. Toby Sweet, Chief Executive, Sunderland Counselling Service
- Mr. Seb Watts, Youth Almighty Project
- Ms. Angela Wilson, Washington MIND
- Mr. Jack Wilson, Sunderland Youth Parliament

Apologies for Absence

Apologies for absence were submitted on behalf of Councillor M. Turton and on behalf of Ms. R. Elliott and Mr. Alex Hopkins, Director of Children's Services

Minutes of the last ordinary meeting of the Children, Education and Skills Scrutiny Committee held on 5th January, 2017

1. RESOLVED that the minutes of the of the last ordinary meeting of the Children, Education and Skills Scrutiny Committee held on 5th January, 2017 (copy circulated), be confirmed and signed as a correct record..

Declarations of Interest (including Whipping Declarations)

Item 4 – Child and Adolescent Mental Health Services (CAMHS) – Progress Report

Councillors D.E. Snowdon and N. Wright made an open declaration in the item as patrons of Washington MIND.

Children and Adolescent Mental Health Services (CAMHS) – Progress Report

The Sunderland Clinical Commissioning Group submitted a report (copy circulated) which provided the Committee with an overview of Child and Adolescent Mental Health Service (CAMHS) provision and performance in Sunderland.

(for copy report – see original minutes)

Ms. Janette Sherratt, Joint Commissioning Manager, Children and Mr. Ian Holliday, Head of Reform and Joint Commissioning, presented the report advising that they intended to attend the meeting of the Committee in March to discuss the refreshed CAMHS Transformational Plan and work programme for the year ahead and that at this meeting it was intended to focus upon the CAMHS service, with each provider giving a brief presentation on the history of their services, a description of the kinds of services they provided and an indication of the numbers accessing those services.

Ms Sherratt advised that recently NHS England had published a number of key metrics against which CAMHS Provision/Transformation would be measured. Sunderland was performing well across all key metrics, and Ms. Sherratt advised that they were already at 29.66% for the total number of children and young people commencing treatment, with the target set at increasing from 28% in 2016/17 to 35% by 2020/21. Sunderland were also already at 100% for the number of young people with an eating disorder who received treatment within 4 weeks, if routine, and 1 week, if urgent.

Councillor Smith referred to paragraph 2.6 and the evidence for the rising need in key groups, such as the increasing rates of young women with emotional problems and the increasing numbers of young people presenting with self-harm and asked if figures were available. Ms. Sherratt advised that it would be public health who held those numbers and Mr. Diamond agreed to contact Ms. Gillian Gibson, Director of Public Health for the information and circulate it to Members of the Committee.

Councillor Stewart referred to the presentations the Committee were about to receive from providers and asked if they could indicate as to how they determined whether their services had been successful as part of their presentation, which they agreed to.

The Committee then received presentations from each of the commissioned services, as follows:-

- Washington MIND Jacqui Reeves and Angela Wilson;
- Sunderland Counselling Service Toby Sweeting;
- Community CAMHS Carl Sketchley; and

- Sunderland Children and Young People's Community Services (CYPS) – Mark Knowles.

Ms. Blakey advised that she had been in attendance at Headteacher briefings where the Washington MIND providers had been and had always been very impressed. She asked if there was any chance of the project being rolled out across the city and to offer training and presentations to agencies in the private sector also? Ms. Reeves advised that the Understanding Self-harm Project had received funding from the Washington Area Committee and had therefore been provided in partnership for the Washington Area alone and they could not really say what would happen with the project in the future. They advised that when a project was deemed to have been a success they did try to identify funding, especially when they had the evidence to base the success upon, and agreed that they would much prefer to be able to run the project citywide. In relation to providing training they advised that if other pots of funding were identified then they could look to provide similar training elsewhere in and around the city.

Mr. Williamson asked the providers from Washington MIND if they deemed themselves to be experts in their fields, to which they agreed they would He then asked, in their expert opinion, if the reduction in youth services funding that was planned would have a detrimental effect on young people in the city, and if they felt it would, why? Ms. Reeves replied absolutely yes, undoubtedly the removal of funding would impact on young people in the city in a huge way. They commented that young people in the city all needed to be able to engage in a meaningful way on their own terms and that for example, those who did not enjoy school needed external interactions to be able to do this, which they could lose with the removal of youth services.

In response to a further question, Ms. Reeves advised that she was not saying that youth provision replaced the Mental Health Support offered for young people but that there could be some young people who would go through the youth providers for support and sometimes the interaction and support the young person would receive through the particular youth service would stop the young person being referred on through another service as their issues had been dealt with at an early intervention. Therefore, they felt that in removing funding and resources from the 'bottom', that this could only impact on issues further up the support chain for young people.

Councillor Wright felt that this was an opportune time for her to convey the concerns of the overarching Scrutiny Coordinating Committee and that they were clearly elucidated and very concerned over the future provision of youth services in the city. She referred to the last meeting of the full Council which had seen the public gallery filled with young people whom Councillor Tye had submitted a petition to Council on behalf of. Members were aware of the knock on effects the removal of funding would have and how this would lead to further difficulties for young people and that the whole of youth services provision was being reassessed in light of this.

Councillor Jackson asked Mr. Sweeting, Sunderland Counselling Service, how systemic practices were valued in context with other professions and he advised that the service did not have therapists trained in this area as yet. Mr. Sketchley, Community CAMHS, advised that there were a number of specific interventions which were felt to be most effective with families and systemic practice was one of those and that there was more training being provided around the service. He advised that when the service met with a young person they would identify them as a

family and look at the best way for services to work with the family and young person and other agencies, including their school, etc. He advised that all services would look to have foundation level training in the practice where necessary but that it was certainly recognised that there was a strong evidence base for it and it was part of the 'menu' of services that could be provided if relevant.

In response to an earlier question from Councillor Francis, regarding assurances that young people did not 'slip through the net', Mr. Sketchley advised that he hoped through the collective presentations it was shown that providers worked collectively to ensure that the key practice and approach was to ensure that this did not occur. Mr. Sketchley advised that services were seeing an increase in demand and that there were multi factors for this but that they were working to meet the needs of individuals in the most timely way they could. The average waiting time was seven weeks to screen every referral but that if it was an urgent case then they would be seen much sooner than this. He advised that they were not comfortable with a seven week wait and that the service were looking to improve on this further but that they compared this with the local and national averages to identify that they were performing really quite well.

Councillor Pat Smith referred to the changes made in relation to the Strengthening Families Panel and Mr. Sketchley advised that the idea of the child, young person's and family's needs being identified and a collaborative response as to how to best meet their needs being set out was a good thing. In many areas CAMHS was a separate service so the opportunity to work together with other agencies to look in detail at the needs of a young person and family was a practice which other services aspire to model. He felt that the model of practice was good with the resource available to them but that it could look to work much better if more resources were available.

In response to a query from Mr. Williamson around comparing favourably on a regional and national basis with an average after referral of seven weeks and if this was the 2016/17 data and the maximum wait, Mr. Sketchley advised that he could only give anecdotal data but that he had spent enough time looking at the data to know this. He advised that it was not uncommon in other areas for there to be a wait of up to 6 to 12 months and that there had been an 18 week target set which was beyond the capacity of a lot of other agencies, so seven weeks was a massive undercut for the service.

Mr. Williamson went on further to state that it was disappointing that twice the Committee had been advised that the CAMHS compared favourably on a regional and national basis but that this had not been backed up with further detail. The Committee were faced today with looking at the value of the commissioned services being provided and one of those issues was looking at the value of CAMHS and whether it was worth continuing to commission their service and provide funding for it. He commented that the Committee needed to see the facts before them as to how Sunderland compared against national benchmarks and evidence that no child waited more than seven weeks following a referral as claimed. Mr. Sketchley commented that the exact information was not in front of him at the present time but that it was readily available and could be circulated to the Committee through Ms. Sherratt.

Councillor Wright thanked providers for their presentations and commented that it was evident that they worked very hard and should be commended for the services

they continue to provide. She commented that she understood that there had been a lot of changes around service provision and CAMHS had moved on and improved since the last review of the service had been undertaken.

Councillor Wright went on to query if the 18 week target was being met every time and referred to a particular incident she had been made aware of where this had most definitely not been the case and the individual had been deterred by their GP from being referred to CAMHS because waiting times were sitting at around the one year mark, yet Members continued to be told that the service were comparing favourably both regionally and nationally. She commented that the measuring of the service against others came second to her main concern, which was the reputation of Sunderland services and knowing that individuals accessing the service were being given the best. It was obviously unacceptable if young people were not being able to access the services in a timely manner.

Mr. Gallagher, Sunderland CCG, referred to the specific incident the Councillor had referred to and was appalled that this was the way in which the individual had been advised and asked if the personal details around that individual could be shared outside of the meeting so that he may follow that up, with their agreement.

Councillor Tye had a number of comments and questions specifically of CAHMS, namely:-

- did the service feel that they were able to cope with the current levels of demand on them?;
- the waiting times had been recognised as not being acceptable, so what was in place to deal with this? Was there an emergency action plan to address the issue?;
- that he was sceptical of the waiting times following referral as this was not a reflection of his own experiences in having dealt with the services and was not the information being provided by other professionals.

Mr. Sketchley commented that the figure of seven weeks for first contact following referral was absolutely accurate and that he was slightly offended to be questioned around its validity. He explained that there were a range of services and agencies accessing the CAMHS and that sometimes it could be the communications between the particular service that was accessing CAMHS.

With regards to whether the service feel they are able to cope with the demand for services put upon them, Mr. Sketchley advised that work had been undertaken to raise awareness of the services and provision available and that this, invariably, increased the level of referrals made and put more pressure on parts of the service. The services looked to promote themselves better so that agencies and partners were able to locate routes to mental health support and services should it be required, and more of the previously unmet need were coming through to the service.

Councillor Tye asked if the service providers had had frank and open discussions with the new Director of Children's Services, Mr. Alex Hopkins, around his views and expectations of the service and Ms. Sherratt advised that they had, and Mr. Hopkins had a real interest in the mental health support and was very interested in the CAMHS provision but more than that they had had discussions around the overall wellbeing of children and young people and the strategic plan for the future provision.

Mr. Gallagher commented that the whole conversation around the provision of CAHMS demonstrated how complex the issue could be and how no one provider could offer both the physical and mental health services required, so it was all the more important that the focus was around how providers could work together to get the very best provision and levels of services for the residents of Sunderland.

Councillor Francis referred to the problems around the data regarding waiting times and asked if Committee Members could be provided with all of the detailed data including the range, mean, medium, mode and standard deviation of waiting times over the last twelve months, as sometimes how data was worked out could give a different view to what was being experienced, which it was agreed could be provided.

In relation to the CYPS Community Services, Councillor Tye related to three specific scenario's whereby young people had been in need of access to services and support and each had been dealt with in different ways; one through section 136 into the assessment suite, one through admittance to accident and emergency and the third who was dealt with at the scene by Northumbria Police and triaged by a local duty team. Mr. Knowles, CYPS, advised that the on street triage system had been a pilot scheme which they were pleased had given favourable outcomes. He explained that the challenge was around other services involved with young people who were showing high risk behaviours and commented that sometimes accident and emergency units and Northumbria Police were not equipped to deal with these issues. The Section 136 assessment suite was a safe place to take the young person but it did tend to be within an adult site, although this was an area being looked into. He also advised that Sunderland Royal Hospital had an individual in place with young person expertise who could be quickly on site to support any individual brought in through the accident and emergency unit and therefore, he would like to think in future the incidents Councillor Tye had referred to would not happen.

Mr. Williamson referred to the number of 'Did Not Arrive' (DNA's) experienced by services at their first and then subsequent appointments and commented that if Headteachers at the young person's school were advised of the appointments they could then look to work with the individual and family to ensure their attendance. Mr. Knowles advised that the service were working more closely with schools but that there were issues around confidentiality for the young person; as if they did not want other agencies to know they were accessing services, then they would need to respect that but on the whole it was a suggestion that could be taken on board.

Councillor Wright commented that she had seen the changes occurring in the services and the improvements that were being worked towards and congratulated Officers involved but understood that there was still further developments that needed to be made and raised a number of concerns following the information that had been presented to the Committee from the providers, including concerns over the registering of hospital beds nationally; the pressure on voluntary services, which young people who self harm may look to for support rather than statutory services; young people with eating disorders which could be misdiagnosed; what the aftercare offer for young people following discharge from services was; how services were made accessible for hard to reach groups who may not access the usual referral

routes and what follow up was taken around DNA's? how many attempts are taken to engage with the young person following a DNA?

Mr. Holliday agreed with Councillor Wright in that the role of the voluntary sector was an important one and to allow young people to become fully engaged there needed to be a range of services and ways to access them for young people. Early intervention through other routes available would help divert some cases from being referred on further. He commented that there was always the feeling that there were too many young people at tier level three, which if there were more interventions available for the young person prior to this then the individual may not have been referred. There were concerns in the current climate that cuts to the lower level services would have an impact throughout.

Mr. Knowles commented that traditional services do not always engage with young people in the way that they prefer. A lot of young people would look straight to the internet for advice and support nowadays and services needed to get better at providing information and signposting and allowing the access of services in this way to better engage with young people. Ms. Sherratt commented that part of the transformation was to look towards cyber help and that this had already begun to be invested in.

In closing, Ms. Sherratt expressed that overall, it was about the bringing together of services and offering a range of options for universal needs and the right level of support to children and young people through a wide and varying range of services but that with the best will in the world there may always be some individuals who do not wish to engage with statutory services so it was about addressing how the whole system worked together to ensure that support and advice was always available. She reiterated that it was intended to bring a further update report back to this Committee in March, 2017 to seek Members views on the refreshed CAMHS Transformational Plan and work programme for the year ahead.

Members, having fully considered the report, and having no further questions, it was:-

2. RESOLVED that the report be received and noted and that a further report be submitted to the March meeting to seek Members views on the refreshed CAMHS Transformational Plan and work programme for the year ahead.

Notice of Key Decisions

The Head of Member Support and Community Partnerships submitted a report (copy circulated) providing Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28 day period from the 10 January, 2017.

(for copy report – see original minutes)

Members having fully considered the report, it was:-

3. RESOLVED that the Notice of Key Decisions be received and noted.

Annual Work Programme 2016/17

The Head of Member Support and Community Partnerships submitted a report (copy circulated) attaching for Members' information, the work programme for the Committee's work being undertaken for the 2016/17 council year.

(for copy report – see original minutes)

Mr. Diamond presented the report and invited comments and/or questions from Members.

Members having fully considered the report, it was:-

4. RESOLVED that the information contained in the Work Programme be received and noted.

The Chairman then closed the meeting having thanked Members and Officers for their attendance and contributions to the meeting.

(Signed) P. SMITH, Chairman.