Herefordshire Council

AGENDA

Health & Social Care Overview and Scrutiny Committee

Date:	**Friday 28 April 2017**
Time:	**9.30 am**
Place:	**Council Chamber, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX**
Notes:	Please note the time, date and venue of the meeting. For any further information please contact: **Ruth Goldwater, Governance Services** Tel: 01432 260635 Email: councillorservices@herefordshire.gov.uk

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Agenda for the meeting of the Health & Social Care Overview and Scrutiny Committee

Membership

Chairman	**Councillor PA Andrews**
Vice-Chairman	**Councillor J Stone**
	Councillor CR Butler
	Councillor ACR Chappell
	Councillor PE Crockett
	Councillor CA Gandy
	Councillor MD Lloyd-Hayes
	Councillor MT McEvilly
	Councillor GJ Powell
	Councillor A Seldon
	Councillor D Summers
	Councillor EJ Swinglehurst

AGENDA

		Pages
1.	**APOLOGIES FOR ABSENCE** To receive apologies for absence.	
2.	**NAMED SUBSTITUTES (IF ANY)** To receive details of any members nominated to attend the meeting in place of a member of the committee.	
3.	**DECLARATIONS OF INTEREST** To receive any declarations of interest by members in respect of items on the agenda.	
4.	**MINUTES** To approve and sign the minutes of the meeting held on 27 February 2017.	9 - 14
5.	**SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY** To consider suggestions from members of the public on issues the committee could scrutinise in the future. *(There will be no discussion of the issue at the time when the matter is raised. Consideration will be given to whether it should form part of the committee's work programme when compared with other competing priorities.*)	
6.	**QUESTIONS FROM THE PUBLIC** To note questions received from the public and the items to which they relate. *(Questions are welcomed for consideration at a scrutiny committee meeting so long as the question is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it* ***no later than two working days before the meeting*** *to the committee officer. This will help to ensure that an answer can be provided at the meeting).*	
7.	**TASK AND FINISH GROUP: REVIEW OF PROVISION OF MENTAL HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE IN HEREFORDSHIRE** To consider the findings of the scrutiny task and finish group and to recommend the report to the executive for consideration.	15 - 36
8.	**SUBSTANCE MISUSE SERVICES UPDATE** To provide an overview of performance of substance misuse services (provided by Addaction) across Herefordshire in order to provide assurance.	37 - 58
9.	**NEW CARERS STRATEGY FOR HEREFORDSHIRE** To seek the views of the committee on the proposed new carers strategy for Herefordshire.	59 - 80

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1. Identifying Areas for Scrutiny

At the meeting the Chairman will ask the members of the public present if they have any issues which they would like the Scrutiny Committee to investigate, however, there will be no discussion of the issue at the time when the matter is raised. Councillors will research the issue and consider whether it should form part of the Committee's work programme when compared with other competing priorities.

2. Questions from Members of the Public for Consideration at Scrutiny Committee Meetings and Participation at Meetings

You can submit a question for consideration at a Scrutiny Committee meeting so long as the question you are asking is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it **no later than two working days before the meeting** to the Committee Officer. This will help to ensure that an answer can be provided at the meeting. Contact details for the Committee Officer can be found on the front page of this agenda.

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(Please note that the Scrutiny Committee is not able to discuss questions relating to personal or confidential issues.)

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- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
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HEREFORDSHIRE COUNCIL

SHIRE HALL, ST PETER'S SQUARE, HEREFORD, HR1 2HX.

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HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Committee Room 1 - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Monday 27 February 2017 at 1.30 pm

Present: **Councillor PA Andrews (Chairman)**
Councillor J Stone (Vice Chairman)

Councillors: CR Butler, PE Crockett, CA Gandy, MD Lloyd-Hayes, MT McEvilly, GJ Powell, A Seldon, NE Shaw, D Summers and EJ Swinglehurst

In attendance: **Councillors WLS Bowen and AJW Powers**

Officers: **John Coleman (Herefordshire Council), Mike Emery (NHS Herefordshire Clinical Commissioning Group), Simon Hairsnape (NHS Herefordshire Clinical Commissioning Group), Sue Harris (Worcestershire Health and Care NHS Trust), Martin Samuels (Herefordshire Council) and Alison Talbot-Smith (NHS Herefordshire Clinical Commissioning Group)**

134. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr ACR Chappell.

135. NAMED SUBSTITUTES (IF ANY)

None.

136. DECLARATIONS OF INTEREST

There were no declarations of interest made at the start of the meeting. However, at the start of the item on WISH, Cllr GJ Powell declared an interest as the portfolio holder for adults and wellbeing at the time that the contract for WISH was being designed. It was confirmed by the statutory scrutiny officer that this was not material to the item as discussed at today's meeting.

137. MINUTES

RESOLVED
That the minutes of the meeting held on 24 January 2017 be agreed as a correct record of the meeting and signed by the chairman.

138. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY

There were no suggestions received.

139. QUESTIONS FROM THE PUBLIC

There were no questions received.

140. NHS SUSTAINABILITY AND TRANSFORMATION PLAN FOCUS ON COMMUNICATION AND ENGAGEMENT

The report was presented by the director of strategy, partnerships and STP, and colleagues of NHS Herefordshire Clinical Commissioning Group (CCG), including the director of transformation, the director of corporate development and the accountable officer.

The CCG director of transformation, began the presentation by recapping the work that had taken place so far around the sustainability and transformation plan (STP). Commissioners had been working in partnership to develop the STP and a high level document was submitted in 2016. The public engagement phase was under way and was coming to an end this week.

Members made a number of observations and comments on the engagement approach:

- members reported that people they had spoken to had not heard of Your Conversation as the vehicle for engagement and consultation and this included a number of local NHS workers within Wye Valley NHS Trust
- it was felt that the documentation was difficult to understand and for people to picture how the plan would work, and this needed to be highlighted
- the BBC had publicised some of the details of plans from across England and this was in contrast to the approach of the high level engagement led by the NHS. There were a number of resulting campaigns that had been generated by the public, and also the British Medical Association (BMA) had been commenting. The impact of this was noted in contrast to the number of visits to the '#YourConversation' website and survey which had been completed by a comparatively low number of people
- the BBC presented an opportunity to support the right message to the public
- these factors presented a challenge when considering the differing publicity and perspectives on an emotive topic

In response, officers clarified that:

- the detailed document was provided to NHS England and was the basis for public engagement with information being presented in a more accessible and theme-based way for the '#YourConversation' survey promoted to the public by Healthwatch
- at this stage the focus was on engaging on high level themes rather than on consulting on details and there were challenges across the footprint to do this in a meaningful way
- at the same time it was important to ensure that the focus was on the facts, following a proper process of constructive and meaningful engagement
- there was a national conversation and some standardisation in approach, which would include more accessible information, in recognition of the many common issues shared by the 44 STPs across England
- there was a process of engagement being undertaken which was an early part of the overall plan, and this differed from formal consultation which would come later, and the requirements of which were well understood
- there was communication coming through to NHS employees locally which was generating feedback
- the council had been involved from the start of the process, and in recognition of employees also being residents, communication had sought to provide context and making connections to preventive work and WISH (wellbeing information and signposting service). It was recognised however, that the information may not be meaningful to people as individual practitioners at this stage

A member made the observation that the information available for consultation was not concrete at this stage, but that it was necessary to engage with it and make use of what was available in order to inform health and social care for the future. The way forward must be to focus on the 9 'must-dos' described in the STP starting from April 2017. Consultation on specifics could talk about challenges, including financial, primary care services, prevention work and out of hospital care.

A member made the suggestion of making use of existing networks to consult / engage, particularly through members and their meetings with the public.

A member asked about the impending update on 10 March 2017 regarding improvement measures for Worcestershire Acute Hospitals NHS Trust and the impact this may have on the STP footprint. It was clarified that any proposals in response to the Care Quality Commission's findings would involve statutory consultation although it was hoped that in doing this the public would see the whole picture and the interdependences between this and the STP.

With regard to the specifics of Your Conversation, the following points were noted:

- high level themes were shared with stakeholders during 2016, prior to publishing the STP in November. The '#YourConversation' website showed the details and included stakeholders' views, webinars and questions and answers, although it was acknowledged that a rate of 1000 responses to the questionnaire was not high
- there had also been a series of drop-in sessions provided by Healthwatch
- the period of engagement concluded this week but there was a longer-term process to follow on from this
- information gathered would be fed back to the STP partnership board and health and wellbeing board by the end of March 2017
- in terms of themes, the focus had moved to specific questions and needs of carers and from this it was found that transportation had been identified as an area of concern, and there was varied appetite for digital options in service provision which was being explored to identify the benefits of this approach
- with regard to developing engagement, there had been further work around organisational development and looking at system wide issues, such as on transportation issues and also in involving young people. The intention was to extend the involvement of the voluntary and community sector.

A member commented on the merits of joint scrutiny work on transportation to look at wider issues on this, in light of funding transfers to the council from central government in 2020.

Officers summarised the next steps, which would be for the CCG to lead on formal consultations on specific areas, which included 7-day GP services, walk-in centres and access to primary care. Consultation would take place locally, such as at the Kindle Centre during March, with wider engagement with community services in market towns and getting the message out to hard to reach groups. Members' views were welcomed on how best to do this, and the suggestion of using ward members' constituency was noted. Feedback would be collated in April.

A member asked about the practicalities of accessing rural communities and transportation and the extent of impact of the approach to consultation, noting that people were less likely to come into the market towns for consultation in favour of places such as their local library.

It was confirmed that this was recognised and would be built in to the process, making use of existing events such as through parishes, residents' associations and church groups. The role of GPs in this was also noted. Digital solutions were being explored for reaching remote communities and also young people.

With regard to transport issues, the chair of Healthwatch confirmed that a co-ordinated approach was being actively explored, and to support the engagement process Healthwatch had contacted parish councils. Healthwatch planned to hold a question time event in the autumn with participation from partners on the panel.

Discussion took place on the value of open and transparent information during the formal consultation period, and although there was joint work with partners on the communications workstream, this was less easy when not working with specific detail and the public perception was that the information was not available to help them respond. Gauging the level of detail and the timing of its release could present a challenge when working with broad themes and then moving to detailed information. However, there were ways of making this easier, such as accessing existing community events, identifying opportunities for partners to work more closely on key messages, and developing scrutiny's role in informing some of the approaches. A member suggested that the common priorities be provided in summary format to assist in explaining the STP in a way that was meaningful to the public.

The chairman welcomed assurance that developments were planned for getting the message to the public about plans for local healthcare provision and noted that forthcoming consultations would raise sensitivities. She added that it was imperative to listen to views on how to reach remote areas in order to engage and seek views on service provision. Officers confirmed that feedback would be taken on board in developing quality and accessible care, and acknowledged that scrutiny would provide a key forum in achieving this.

RESOLVED
That

(a) the report be noted;

(b) existing networks, including those of councillors, parish councils, community groups and GPs, be accessed to support engagement and consultation, particularly with harder to reach areas of the community;

(c) consideration be given to future scrutiny work on transportation;

(d) consideration be given to developing a simple format of information for the public to set out common priorities of the STP; and

(e) there be continued dialogue with scrutiny in realising plans.

141. IMPLEMENTATION OF WISH INFORMATION AND SIGNPOSTING SERVICE

It was noted that the service was about to be recommissioned so this presented an ideal opportunity for scrutiny input.

A member referred to her comments at an earlier meeting regarding her past experiences of using online searches being poor. She commented that this was now much better and WISH was appearing at the top of search results. The WISH website now had better menu navigation including immediate information for people in crisis, and the overall construction of the website had improved.

The director for adults and wellbeing introduced the report by explaining that the Care Act 2014 placed a statutory responsibility on the council for providing information and advice. The model for WISH was intended to support the developing model of health and care by putting the member of the public at centre of the support available and helping them to access the large and varied range of local support and opportunities not provided by the state and supporting them to live well. This also brought benefits to

providers as WISH represented an information resource for referral and signposting their own service users. A further beneficial role was that of enabler in connecting communities in ensuring that the support on offer was the right support to meet need. It was noted that it could be difficult for individuals wishing to volunteer to know what they could do that would have the most beneficial impact on those needing support.

The community capacity and wellbeing manager explained that WISH was an evolving service, and as had been found in other authorities, the period of development was known to be around four years. Since WISH's inception, some of the key regulations had changed so its original purpose had developed and there was more focus on making the online presence comprehensive. The provider, SIL (Services for Independent Living), was working with organisations listed on the website to review their entries and the intention was to focus on universal services and on areas of demand and localised information where there was limited content.

A member commented that the website's search facility needed to produce more postcode relevant information. She noted that some of the council's services that provided opportunity to generate income were not listed. In response it was clarified that consideration was being given to what content could be migrated from the council website and how best to do this. It was an intention to keep the WISH identity separate so that people were encouraged to visit it and so to reduce reliance on council services. However, it was noted that it needed more promotion by other partners and for library staff to access it to support members of the public to find information. Its use needed to be promoted more by other partners, including the library, so that people could use any public facing service to access information, not just via the physical hub.

Discussion took place around the footfall to the WISH hub. It was noted that there were fluctuations in access levels to the service hub and the reasons for this were not fully understood. The impact of the new arrangements in the library, which was considered to be a more viable option, would be seen over time. It was initially understood that people would be more likely to use face to face and telephone services so these were developed more strongly during the early phases of the project. It was also noted that a higher proportion of users than expected were professionals and carers, with the remainder being those seeking help themselves and this pattern of usage had been experienced around the country.

With regard to the future marketing of the service, a member commented that the presence in the library may be less obvious than the previous location in Hereford's High Town. Consideration was being given to marketing, particularly for the online offer and how this could be promoted in a fresh way. It was acknowledged that marketing could have had greater impact and that the experience nationally was that it could take time to raise the profile of the service. It was intended to review the objectives for the service before further developments.

A member commented that however the service be defined, its success would be determined by how well the information reaches people. It was important for the hub to have 'spokes' reaching out to where people in need had access. In response, it was explained that such 'spokes' were evolving and that SIL had provided some pop-up facilities with limited success, and now the focus was on developing facilities in places such as GP surgeries and pharmacies with locally trained people to use WISH online, so that it could become more embedded in communities. With regard to Care Act implementation, it had originally been anticipated that there would be an increase in enquiries and a drive down in demand on services, but this was found to not be the case in practice and there had been no increase in demand during the operational period. If it were the case that more people could take up universal services then there would be some impact on demand.

In terms of future developments, the provider arrangements were evolving and the service provision would look different as the service moved to emphasise its online presence and relied upon non-SIL staff doing more signposting. There was opportunity to develop specific content for children's wellbeing, with interest in Herefordshire's work on this model already being shown from other councils.

The chairman commented on the role of WISH within the preventive agenda and noting the developments in Leominster, asked about extending this to other parts of the county. It was confirmed that this was central to strategy development, although it was important to recognise that WISH did not need to be the sole point of reference if providers had existing information and resources that people engaged with and the two were sighted on each other so that providers could also use WISH. It was felt that there was a critical mass to be able to have a co-ordinated approach to this and to encourage resources to be embedded.

A member commented that councillors could contribute to promoting WISH. This would be encouraged further once the planned developments were in place.

Discussion took place around some of the format and content of the service, such as whether to have separate websites for children and for adults and how advice would be provided and integrated with services. It had also been identified for SIL to build up the information on third sector and voluntary support, and look at how to present this. There was further work to be explored such as the potential for online chat facilities, improving the search function, and developing a directory of personal assistants for use by people on direct payments.

In terms of timescales for implementing these developments, it was anticipated that the improvements could become live around June or July, with the additional features in the following few months.

RESOLVED

That

a) the following suggestions be considered by commissioners regarding the redesign of the WISH service:
   - **i) to strengthen the marketing strategy**
   - **ii) to develop the website capability to include online chat facility; and**

b) members be supported to promote the service, particularly once the redesign has commenced, by way of an update briefing.

The meeting ended at 4.14 pm **CHAIRMAN**

Meeting:	Health and social care overview and scrutiny committee
Meeting date:	28 April 2017
Title of report:	Task and finish group: review of provision of mental health services for children and young people in Herefordshire
Report by:	Task and finish group (Chairman: Councillor G Powell)

Classification

Open

Key decision

This is not an executive decision.

Wards affected

Countywide

Purpose

To consider the findings of the scrutiny task and finish group and to recommend the report to the executive for consideration.

Recommendation(s)

THAT:

(a) the committee consider the report of the task and finish group: review of provision of mental health services for children and young people in Herefordshire, in particular its recommendations, and determine whether it wishes to agree the findings for submission to the executive; and

(b) subject to the review report being approved, the cabinet's response to the review, including an action plan, be requested to be reported to the first available meeting of the committee after due consideration by the executive.

Further information on the subject of this report is available from governance services on (01432) 260635

Alternative options

1. The committee can agree, not agree or can vary the recommendations. If the committee agrees with the findings and recommendations from the review, the attached report will be submitted to the executive for consideration. It will be for the executive to decide whether some, all or none of the recommendations be approved. Any changes to the recommendations should be made having regard to the evidence available.

Reasons for recommendations

2. The committee commissioned a task and finish group to review of provision of mental health services for children and young people in Herefordshire. The report of the task and finish group, enclosed as appendix a, is submitted for consideration and approval by the committee.

Key considerations

3. The task and finish group was set up as a result of scrutiny identifying a need for a review of local approaches and service provision to ensure that the emotional and mental health needs of children and young people are being met sufficiently. It was agreed at the HSCOSC meeting of 14 November 2016 that a task and finish group be commissioned.

4. The appended report identifies recommendations arising from the findings of the task and finish group.

Community impact

5. If the committee agrees with the findings of the task and finish group, the report will need to be considered by the executive and, depending on their decision, community impact will need to be assessed.

Equality duty

6. If the committee agrees with the findings of the task and finish group, the report will need to be considered by the executive and, depending on their decision, equality and human rights issues will need to be assessed.

Financial implications

7. If the committee agrees with the findings of the task and finish group, the report will need to be considered by the executive and, depending on their decision, the financial implications of any of the recommendations will need to be assessed.

Legal implications

8. The executive should have the opportunity to respond to the findings and any legal implications will need to be assessed at that time.

Risk management

9. If the committee agrees with the findings of the task and finish group, the report will need to be considered by the executive and, depending on their decision, the risk management implications of implementing any of the recommendations will need to

be assessed.

Consultees

10. The consultees are detailed in the scoping document (appendix 1 of the appended report).

Appendices

Appendix a – Task and finish group report: review of provision of mental health services for children and young people in Herefordshire

Background Papers

None

APPENDIX A

Task & Finish Group Report

Review of provision of mental health services for children and young people in Herefordshire

April 2017

APPENDIX A

Review of provision of mental health services for children and young people in Herefordshire

Chairman's Foreword

The Health and Social Care Overview and Scrutiny Committee asked me to form a task and finish group to undertake a review of the mental health support services available to children and young people in Herefordshire.

The members of the group, with the invaluable support of officers, have consulted as far and as wide as possible within the available timescale. We have emphasised that we are not conducting an inspection or reviewing the use of resources, whether they be financial or people; we were listening to their views and attempting to understand the strengths and weaknesses of the services prior to making recommendations for further areas of work.

We would like to place on record our thanks to all who contributed. We found everyone we met to be committed to giving children and young people a great start in life, willing and able to share their knowledge and thoughts and perhaps most encouragingly willing to discuss openly areas that could be improved.

We particularly appreciate the input of the wellbeing ambassadors, who gave us their invaluable insights.

I would like to offer my own personal thanks to all who contributed to and supported the work of the group for their professionalism, dedication, hard work, and good humour. I am especially indebted to Ruth Goldwater who worked tirelessly to arrange and attend meetings, develop draft papers and keep order!

I must also thank my fellow group members: Cllr Felicity Norman; Cllr Pauline Crockett, Cllr David Summers and Cllr Marcelle Lloyd-Hayes, for their enthusiasm, intelligent questioning and general input.

Councillor Graham Powell, April 2017
Chairman of the Task and Finish Group

APPENDIX A

1 Executive Summary

1.1 The task and finish group has considered a significant amount of evidence and this report necessarily summarises our findings and focuses on those matters identified for review in the scoping statement for the review.

1.2 The task and finish group interviewed professionals who have contact with children and young people, practitioners, commissioners and service users, to better understand how the plans and commissioning strategies were aligned in practice and whether they combined to deliver the stated corporate objective of providing support and access to children and young people who have emotional or mental health issues in a timely manner.

1.3 There is agreement in the group that the summary of our findings are a true reflection of our research and discussions and that these should be condensed into 6 recommendations. The recommendations focus on:

1. Information and support
2. Tier 1 and Tier 2
3. Tiers 3, 4, 3.5 and inpatient care
4. Accommodation
5. Mental health needs assessment
6. Perinatal and under 5s care

1.4 These recommendations are intended to be a stepping stone to further work that looks at ways in which service provision could be improved over the next 2 to 3 years.

1.5 The group recognises that the services and the relationships between commissioners, practitioners and professionals has improved over the past 2 years and these improvements should be recognised and used as a foundation for the future.

2. Composition of the Task and Finish Group

2.1 Members of the task and finish group were:

Councillor Graham Powell (chairman)
Councillor Pauline Crockett
Councillor David Summers
Councillor Marcelle Lloyd-Hayes
Councillor Felicity Norman

2.2 Lead directorate officer – Richard Watson

2.3 Democratic services officer – Ruth Goldwater

3 Context

Why did we set up the group?

3.1 The Herefordshire Council Corporate Plan 2016-2020 states that we will make improvements so that the children and young people that require support with their mental health or emotional resilience are identified and supported to access help in a timely manner.

3.2 The task and finish group was commissioned by the health and social care overview and scrutiny committee to review mental health services across Herefordshire in the context of that commitment.

What were we looking at?

3.3 The group considered and adopted a scoping statement, which is attached as Appendix 1.

Who did we speak to?

3.4 During February and March 2017, the group convened meetings and visits to gather as much background information and seek as many views as possible within the timescale. In doing this, the group spoke to the following people:

- Commissioners
- Leadership from within service providers
- Practitioners within mental health service providers
- Practitioners from various disciplines who worked with children and young people
- Service users, through the wellbeing ambassadors

What did we read?

3.5 The group looked at background information to undertake this review. The documents that were used to inform the work were:

- Herefordshire Children and Young People's Plan 2015-18
- Mental health and wellbeing transformation plan 2015-20 (NHS Herefordshire CCG)
- Public Health report: The mental health of children and young people in England 2016
- Mental health needs assessment March 2015 (NHS Herefordshire CCG)

What did we ask?

3.6 Our line of enquiry was to establish whether or not the published plans could be reasonably expected to deliver the corporate objective.

3.7 We wanted to know more about the views and experiences that people had of mental health service provision. It was important to consider the various perspectives of service providers, practitioners who worked with children and young people who may have a need for mental healthcare support, and of children and young people who had accessed a service.

3.8 Professionals from a variety of disciplines were given an initial brief in advance of interviews, based on the following:

- What resources, where appropriate, do you have within your team to promote emotional resilience and to respond to concerns, e.g., skill-set of colleagues?
- What is your experience of making referrals to mental health professionals, e.g. ease of access and clarity of pathway?
- What impact/outcomes do you see where a child or young person has accessed mental health support?
- What works well?
- What could be done better?

3.9 Providers were asked to describe their services, including the operating environment, identifying any key developments to the service, and how budgetary and other challenges were met.

3.10 Young people were asked to describe their experiences of services and to suggest changes that would have improved that experience.

What did we find from our research?

3.11 In 2014 it was estimated that 8,635 children and young people in Herefordshire require support with their mental health or emotional resilience.

3.12 The Herefordshire Children and Young People's Partnership (CYPP) has lead responsibility for the development and delivery of the Children and Young People's Plan 2015-2018. This Plan is an integral component of the Herefordshire Health and Wellbeing Strategy and sets out Herefordshire's vision to improve services and outcomes for children and young people.

Note: *Next Steps on the NHS Five Year Forward View, published in March 2017 states that - For children and young people, NHS England will fund 150-180 new CAMHS Tier 4 specialist inpatient beds in underserved parts of the country to reduce travel distances for treatment, rebalancing beds from parts of the country where more local CAMHS services can reduce inpatient use.*

3.13 The Health and Wellbeing Board (HWB) has oversight of the Plan's implementation via feedback, on a quarterly basis, from the Children and Young People's Partnership Executive. The HWB also undertakes an annual audit of the Plan's progress on the anniversary of each business plan.

3.14 The CYPP seeks to protect children and give them a good start in life. Emotional Wellbeing and good mental health are crucial to this.

3.15 The Children and Young People's Plan for Herefordshire is an overarching plan that brings together agencies to cooperate in making improvements in six key areas:

- Early help
- 0-5 Early Years
- Mental Health and Emotional Wellbeing
- Children and Young People in need of Safeguarding
- Addressing challenges for Adolescents
- Children and Young People with Disabilities

3.16 Herefordshire Children and Young People's Mental Health and Wellbeing Transformation Plan is a detailed expansion of the Partnership Strategy.

3.17 The Transformation Plan is led by Herefordshire Clinical Commissioning Group on behalf of the CYPP.

3.18 The Transformation Plan concerns the mental health and emotional wellbeing of children and young people living in Herefordshire from pre-birth to young adulthood. Emotional wellbeing enables children and young people to:

- Develop psychologically, socially and intellectually;
- Initiate, develop and sustain mutually satisfying personal relationships;
- Gain self-esteem and resilience;
- Play and learn;
- Become aware of others and empathise with them;
- Develop a sense of right and wrong; and
- Resolve problems and setbacks and learn from them

3.19 Good mental health support for children and young people is characterised by:

- Early identification of mental health needs;
- Access to assessment and treatment in a timely manner;
- Supports the person with self-management and recovery; and
- Recognition of the role of the family and carers.

3.20 Herefordshire and Worcestershire are currently engaging with residents on their emerging Sustainability and Transformation Plan (STP) which will enable a system wide strategic direction and delivery mechanism to deliver the Health and Wellbeing Strategy and the Children and Young People's Plan. The STP process is intended to provide the central vehicle through which local government and the NHS can work together in order to achieve the 'triple aim' of improving the health and wellbeing of the local population, improving the quality and safety of care delivery and securing ongoing financial sustainability.

3.21 The underpinning vision agreed in both Herefordshire and Worcestershire is:
That a person with mental health needs "can plan their care with people who work together to understand them and their carer(s); allow them control and bring together support to achieve the outcomes that are important to them".

3.22 Opportunities such as care closer to home for children and young people needing inpatient care, are a key area within the STP plan. Key priorities from the Herefordshire Children and Young People's Mental Health and Wellbeing Transformation Plan have informed the STP plan. Further alignment shall occur during 2017, particularly for community rehabilitation and inpatient care for children and young people.

3.23 The Herefordshire Mental Health Needs Assessment (March 2015) is a key document in understanding the needs of children and young people and mental health. The assessment involved extensive engagement of children and young people to understand their experience, their aspirations and things that need to change or improve. The assessment concluded that there was a need to:

- Enhance tiers 1 and 2 support for children and young people;
- Improve the availability and quality of information available on mental health and wellbeing to young people, parents and carers;
- Improve professionals' knowledge and awareness of the signs and symptoms of mental health, tiers of need, thresholds and referral routes;
- Improve collaboration between service providers in the identification and response to emotional health, wellbeing and mental health need;
- Development of a comprehensive referral care pathway using a 'stepped' model;
- Develop a programme of reform and transformation in response to the engagement of children, young people and their families that contributed 450 hours to the needs assessment development.

3.24 Mental health services are defined by a tier system, from 1 to 4, set out as follows:

Tier	Description
Tier 1	Services provided by practitioners working in universal services (such as GPs, health visitors, teachers and youth workers), who are not necessarily mental health specialists. They offer general advice and treatment for less severe problems, promote mental health, aid early identification of problems and refer to more specialist services.
Tier 2	Services provided by specialists working in community and primary care settings in a uni-disciplinary way (such as primary mental health workers psychologists and paediatric clinics). They offer consultation to families and other practitioners, outreach to identify severe/complex needs, and assessments and training to practitioners at Tier 1 to support service delivery.
Tier 3	Services usually provided by a multi-disciplinary team of service working in a community mental health clinic, child psychiatry outpatient service of community setting. They offer a specialised service for those with more severe, complex and persistent disorders.
Tier 4	Services for children and young people with the most serious problems. These included day units, highly specialised outpatient teams and inpatient unit, which usually service more than one area.

Source: Department of Health (2008)[clxi].

3.25 The estimated need for services at each tier are:
Tier 1 - 5,410 Tier 2 - 2,525 Tier 3 – 670 Tier 4 – 30

(Source: Office for National Statistics mid-year population estimates for 2014. CCG population estimates aggregated from GP registered populations (Oct 2014))

What did we find from talking to commissioners?

3.26 Commissioners told us that the system for supporting emotional wellbeing and mental health for children and young people had been identified as having improved, but there was scope for further improvement. In terms of the operational context, in-patient services for specialist care are provided in Birmingham and Stafford (for eating disorders). There has been an increased pressure for tier 4 beds, The 2016/17 Herefordshire demand for 8 beds was a 50% increase on the previous year. There is regional pressure, described as competition, for the available regional in-patient beds. The CCG is working with NHS England on this and is providing local “holding” care for young people with 1-1 or 2-1 nursing care locally. There is also self-harm admissions to manage through a coping strategy with individually-focused support.

3.27 The joint commissioning strategy is refreshed annually with service development linked to the aims of the emerging sustainability and transformation plan (STP). The Young Peoples’ Wellbeing Ambassadors group calls this work to account and service development is linked to the sustainability and transformation plan (STP). The CYP partnership is active and thriving, and involves a range of agencies in their work, including The CLD Trust (CLD), as the main partner for tier 2 provision.

3.28 It is generally acknowledged that there is further work to be done on developing workforce skills and knowledge around emotional wellbeing, particularly for schools and GPs, with greater consideration being given to delivery of mental health first aid in schools. However, there have been improvements in assessment and treatment, supported by changes in and training of the workforce, making the service more responsive and less Hereford centric. Triage is felt to be working well, and there are good links between CLD and 2gether NHS Foundation Trust (2gether) that reduce the need to refer back to the GP. Commissioners believe that CLD is proving very successful although they cannot provide enough sessions to meet potential demand.

3.29 Further developments include:

- A crisis care concordat to drive forward changes in the A&E pathways and the involvement of a multi-disciplinary team to work on the avoidance of admissions. This team will work with the child or young person for the duration of their care;
- Improvements to Mental Health Act holding and assessment facilities at the Stonebow Unit. (There were 8 incidents last year where children or young people presented, the majority were discharged home, but if admitted to hospital, this has to be to the general children's ward as there are no inpatient mental health beds for children in the county.);
- The creation of a toolkit for schools to support choices in finding therapists, critiqued resources and model policies, (scheduled for launch by September 2017);
- Encouraging schools to use, and build on, Strong Young Minds (a web-based resource for children and young people, carers and professionals, which also has facility to refer for more individualised support)

<u>What did we find from non-mental health professionals that support children and young people in Herefordshire?</u>

3.30 We met with practitioners from health, education and social care. Within the scope of the review it was not possible to interview the whole range of professionals. It is therefore important to recognise that views gathered may not be wholly representative, but seek to provide a representative snapshot.

3.31 Those professionals who worked with children and young people over the age of 10 spoke positively about tier 2 services provided by The CLD Trust and in particular the work of the Strong Young Minds project.

3.32 The general view from health professionals interviewed was that there is a high demand for mental health services with a high proportion of referrals, particularly for the youngest children, but that some 90% are not taken forward. Referrals from education to specialists within child development services such as educational psychology were increasing, which was felt to be due to budget pressures in schools. The rate of increase of demand was considered to be potentially unsustainable and some professionals said that they were 'holding' cases where the referral had not resulted in formal mental health provision. There is an often stated view that earlier intervention at tiers 1 and 2 coupled with greater attention being given to children under the age of 5 would lead to reduced demand for tier 3 support over time.

3.33 The Ross Road Child Development Centre (CDC) team are a specialist multi-disciplinary clinical team providing a service dedicated to improving the health and Wellbeing of children, young people and their families. The primary aim of the CDC is to deliver services to families with children suffering from a wide variety of developmental disorders and disabilities, by taking a lead role in the assessment, diagnosis and management of these conditions. The CDC also provides services to children in need of protection and children in care; as well as children with life limiting conditions.

3.34 The CDC receives many referrals for young children regarding safeguarding and queries on developmental delay and disabilities. Not all of the referrals are appropriate. A paediatrician is able to rule out other causes of ill health which gives referrers assurance that social interventions are the right way to go. Very few of the referrals are for mental health needs, the most common being ADHD in under 10 year olds. A number of referrals relate to behaviour management, which often result in the CDC recommending parenting courses. Staff expressed a concern that some schools were referring to the CDC at no cost, rather than directly funding sessions with, for example, a child educational psychologist or other professionals.

3.35 The service currently monitors activity using paper records, which limits the performance data available for analysis. There are plans in place to implement an electronic system in the near future, which is expected to resolve this problem. The service estimates that it currently comes into contact with 3,000 children per annum. The service will be seeing children for all kinds of reasons, e.g. welfare benefits claims; housing; safeguarding, Autism; developmental delay; behaviour in school. This is not the same as saying all 3,000 children have emotional wellbeing or mental health needs. Limited published data is available to help understand this estimate or describe the types of need encountered. While the service will see some children with mental health needs, the numbers are thought to be low and in-line with Herefordshire's population estimates for children's mental health. It is likely that the service is receiving inappropriate contacts and referrals, which does need to be addressed, however the quality of available data makes it difficult to pinpoint where the main issues are.

3.36 If the CDC is receiving inappropriate contacts and referrals, then work may be needed to review or reinforce care support pathways. This could include, for example, further training and information for schools to explain eligibility and referrals to an educational psychologist

3.37 We visited a small sample of schools within urban, market-town and rural settings. Schools tended to make their own arrangements to support pupils, making use of the school's workforce and budget, and a variety of interventions. Within secondary education, CLD and Strong Young Minds were accessed for support with mixed experiences. Schools described a changing social context where contact with social care and safeguarding needs were increasing; early needs not being met were manifesting at school and disorders previously seen in older children (in particular self-harm and eating disorders) being seen in younger children. Formal mental health services were described as over-subscribed while many referrals were not meeting the acceptance criteria. Resources and support that schools would welcome included:

- A greater understanding of and information about the services available
- Additional training and support to ensure that referrals are only made where appropriate
- Training teaching staff to better understand pupils' needs and to provide additional pupil support within the school.
- Access to advice and support for schools and services for the whole family was cited as crucial particularly for isolated families who were unable to access services.

3.38 We would like to state for the record that we witnessed outstanding examples of support within some of the schools visited and credit must be given to the governors, heads and teachers for their individual commitment to the emotional wellbeing of the children in their care. That being said, it was observed by Herefordshire Carers Support when interviewed, that in their experience, some schools did not seem equipped to respond to mental health needs. Our observation is that there is some very good practice within schools that could be shared more widely to enhance support within schools.

3.39 Social care professionals raised a number of points around accessibility of services and support for the most vulnerable. These included:

- The upper age limit for access to mental health services not being aligned with services such as looked after children (which is 25), as they leave care and transit to adult services;
- The physical appearance and co-location of the Linden Centre (CAMHS tier 3 services) was compromised and felt unwelcoming;
- The first appointment and service offer for tier 3 was experienced as mechanistic, making it difficult to access alternatives if criteria were not met;

- Services were facing new social and demographic pressures which needed greater awareness in order to accommodate. This included unaccompanied children from Syria, asylum seekers and transgender;
- Support for carers and families was considered to be generally poor; and there was little or no service provision for perinatal and under 5s.

3.40 The public health team is reviewing support and interventions that are available for professionals to access and to cascade within services. This includes multi-agency training and access to mental health first aid for school staff, and development of a self-harm policy is in development. There are synergies with public health's work and commissioning plans for this area and opportunity to consolidate activity for example around access to 24-hour support.

What did we find from mental health practitioners?

3.41 **The CLD Trust (CLD)** is commissioned by the Clinical Commissioning Group (CCG) to provide tier 2 services for children and young people from age 10 up to the age of 25. This includes counselling and wellbeing work for schools and cognitive behavioural therapy (CBT) and systemic family practice, which works to foster change within family relationships. CLD also employs and trains the psychological wellbeing practitioners for low-intensity CBT through the CYP-IAPT (Children and Young People's Improving Access to Psychological Therapies) service. CLD also runs the Strong Young Minds project (see below), an online resource and referral point for children and young people.

3.42 CLD takes over 1000 referrals a year under the CCG contract. The service is in demand and additional referrals are supported through signposting to other support, or where appropriate through self-funding. There are arrangements in place to cross-refer between CLD and 2gether to access the most appropriate treatment. Therapy and support is based on a consultative approach which puts the young person at the heart of the assessment so that they are supported to make informed choices about their treatment, and in recognition that different therapeutic models suit different people. The CCG contract places a key performance indicator on the service for people to be seen for assessment within 4 weeks and for a service to be offered within 18 weeks.

3.43 **Strong Young Minds** was set up by CLD as an online resource for children and young people to promote emotional wellbeing and resilience. Professionals may refer a young person to Strong Young Minds for support and young people may also refer themselves.

3.44 **2gether,** through the child and adolescent mental health service (CAMHS), is commissioned by the CCG to provide a specialist tier 3 service for complex intensive needs. The trust also provides training and access to expertise over the phone for practitioners and professionals from outside the service as additional support.
On average the service receives around 100 referrals per month. Triage has been described as exemplary by the Care Quality Commission. Around a third of referrals are signposted elsewhere or to CLD as appropriate, which is supported by a tier 2 and 3 information sharing agreement with CLD. There is also shared practitioner development with CLD through CBT practitioner supervision.

3.45 Treatment eligibility is based on 0-18 years with a Herefordshire GP, which means that some referrals come from outside the county, and there are also some out of county looked after children. CAMHS is based at the Linden Centre in Hereford, with some service provision in Leominster, Ross and Ledbury.

3.46 There is a single point of access to the service and a multi-disciplinary team assesses eligibility for treatment or signposts to another service. Treatment choices take a choice and partnership approach (CAPA) with the young person. There are set key performance indicators which mirror those for CLD (4 weeks for assessment, and treatment within 18

weeks). For eating disorders, people are seen within 4 weeks, or within 1 week if urgent. There is some funding to develop this pathway as a nurse-led service. There are plans to develop the duty service for self-harm to extend from 8am to 8pm. The service links to tier 4 in-patient services in Birmingham although children are also admitted to services elsewhere in the country. A member of staff is placed at the Youth Offending Service to provide support to staff and young people, and linking back to CAMHS.

3.47 Feedback is sought regularly, with service users commenting adversely on the Linden Centre building, how it feels going there, limited waiting space and the shared access with other stigmatised clinics. This was also noted by task and finish group members when they visited the service.

3.48 The service completed a Commissioning for Quality and Inspection (CQUIN) exercise resulting in practitioners working closely with service users before the transition to adult services to prepare for the change in setting.

3.49 The leadership of 2gether recognises that the financial envelope within which commissioners operate is tightening but they are complementary about the ways in which funding is being spent. 2gether commented that the relationship they have with commissioners has improved measurably. There were some concerns that the CCG did not have the financial resource to fund the NHS 5 year forward view (see para 3.12 note).

3.50 For tier 2 services, CLD runs an excellent service but they do not provide therapy for children below the age of 10. 2gether is not funded for tier 2 services although they do provide an advice and guidance telephone service for schools and GPs. In Gloucestershire there is investment in 12 practitioners specifically to train and upskill schools and GPs. The purpose is to achieve earlier identification of issues, consistency of referrals, support during consultations and to give 2gether a "deeper reach" into tier 2. 2gether estimate that to replicate this service in Herefordshire would require some 3 or 4 practitioners. The 2gether view is that earlier and better informed intervention within tier 2 provides better transition into tier 3.

3.51 CAMHS tier 3 – recruitment and retention of consultants is difficult, in particular in Herefordshire. 2gether is looking at "train and retain" programmes for new Herefordshire staff and would welcome any help that Herefordshire Council might be able to provide. Tier 3 was inspected by Ofsted in 2016 and their report (October 2016) described the service as being of a very high quality.

3.52 CAMHS tier 4 – There are no tier 4 beds in Gloucestershire or Herefordshire. In 2016/17 there were 14 young people admitted, with stays ranging from 9 to 276 days, totalling 1398 bed days. The reality is that providing a bed resource across the two counties would not make economic sense. In emergencies young people have been accommodated in Wye Valley Trust children's wards or 2gether adult wards. The out of county beds are funded by NHS England, who are themselves financially stretched.

What did we find from service users?

3.53 We met with three young people who are members of the wellbeing ambassadors group and who contribute to the transformation programme for Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT). The ambassadors told us that they had positive experiences of CLD and participate in activities such as recruitment interviews, staff appraisals and training. They commented however, that they would welcome more feedback following recommendations they have made in regard to service design.

3.54 In terms of suggestions for developing services, the wellbeing ambassadors made the following points:

- More could be done to raise awareness of the available services and referral routes. This could include greater use of social media, the provision of information to all school pupils and college students, recognising that young people look for information and support in different ways;
- It would be useful to explore the use of technologies, such as Skype, as an alternative means of support for those people who were unable to access services in Hereford or the market towns;
- That there needs to be a greater understanding of the relationship between mental health and non-mental health conditions. We heard evidence that some young people had spent longer than necessary within the healthcare system without a conclusive diagnosis. It was also felt that the use of medication by some GPs was a routine solution rather than referral for therapy, which might be more appropriate. It was recognised that this might be in response to concerns about waiting times for therapy and limited GP consultation time;
- The current location and setting for the Linden Centre needed addressing as this was not a conducive environment for provision of essential services;
- Inconsistent approaches to mental health from one school to another were recognised and there should be stronger encouragement for some schools to do more to support mental health issues. It was felt that it would be helpful to provide some “independent professional” drop-in support within schools for both pupils and their parents or carers.

4. Summary of our findings

4.1 There appears to be a need to improve/promote and/or better co-ordinate the provision of information to support the emotional health and wellbeing of children and young people, as well as information for families and the people that work with children to help them effectively support the child and avoid a referral culture.

4.2 A preventative and whole system approach is important. Increasing the training and support for professionals such as teachers, health visitors and GPs who work with children and young people in tiers 1 and 2 has the potential to prevent entry into tiers 3 or 4.

4.3 People we spoke to felt that there were areas where there could be improvements, for example:

- There was a need for further understanding the underlying causes and prevalence of the issues experienced in tiers 3 and 4, possibly informed by existing research or local case audit
- There was a need for further understanding the demographics and backgrounds of the tier 3 and 4 populations, to identify any common themes that could help target preventative tier 1 and 2 resources (within particular communities or age groups for example)
- Carrying out an appraisal of the potential evidence-based models that could reduce the risk of, or prevent, the underlying causes
- Making recommendations for developing the support at tiers 1 and 2, and what this could mean for managing demand in tiers 3 and 4. For example, depending on the outcome of any work carried out by commissioners under the previous three bullet points, recommendations may include an invest to save business case if it could be demonstrated that a different approach could lead to reduced numbers of children entering tiers 3 and 4.

4.4 Tiers 1 & 2

- There was a need to determine whether 2gether should have a deeper reach into tiers 1 and 2 to better support practitioners in making referrals and managing transitions

- Review whether additional preventative work at tier 1 and 2 would reduce appearances at tiers 3 and 4
- Understand why the referral system has a high rejection rate – quality of referral guidance and quality of referral, link this to the point on the deeper reach, and couple with more training

4.5 Tiers 3 & 4

- There was a need for a multi-county approach to the provision of a bedded facility - STP references tier 3.5. This was discussed at a meeting of the health and social care overview and scrutiny committee on 6 July 2016. Members were advised that the evidence base for a tier 3.5 service was being monitored.

4.6 Perinatal

- Early intervention was very important and the task and finish group consider it would be appropriate to conduct a separate review of 0-5 and perinatal care to coincide with new WVT safeguarding appointment.

4.7 Schools

- Schools are prioritising their resources in different ways, with some focussing strongly on core academic activity to the detriment of other enriching activities that could support child development and wellbeing.
- There should be clarity as to whether the school pupil premium can be used to support emotional wellbeing
- Toolkit – there are many training courses, websites and other resources available and schools seem to be "doing their own thing". A standard toolkit would provide clarity, commonality and a guide to good practice.
- There is evidence of outstanding practice in some schools, which should be celebrated, and shared with other schools, perhaps through a system of buddying schools or pooled resources.

5 Summary of Recommendations

From our findings, the task and finish group would like to make the following **5 recommendations** to the executive and ask that they are given appropriate consideration and conveyed to commissioners (where applicable):

Recommendation 1- Information and support
That the 'local offer' of emotional wellbeing and mental health support be defined and publicised in terms of:

- the sources of information and services available
- the training provided to practitioners and parents and carers to be coordinated, consistent and approved
- active and assertive awareness-raising
- assessing the scope for developing a deeper professional reach by 2gether into the lower tiers in order to support processes which would help to consistently deliver appropriate referrals

Recommendation 2 - Tier 1 and tier 2
That consideration be given to provision of additional telephone support for practitioners, which could be provided via the "deeper reach" from 2gether as referred to in the report.

Recommendation 3 - Tiers 3, 4, 3.5 and inpatient care

That there be a review of the proposals in the STP regarding opportunities for bringing care closer to home, and the development of inpatient care based on a tier 3.5 model.

Recommendation 4 - Accommodation
That there be a review of the benefits of having co-located teams based in a child friendly and therapeutic setting.

Recommendation 5 - Mental health needs assessment
That needs are updated regularly to recognise emerging pressures, including a review of the support provided for young people up to the age of 25, which would align with other children's services.

Further recommendation for consideration for the scrutiny work programme in 2017/18 - Perinatal and under 5s care
That the relevant scrutiny committee considers for inclusion in the work programme that there be a scrutiny review of perinatal support and under 5s services for children in Herefordshire, to include additional support for parents and families pre-school that is broader than mental health support and which encompasses safeguarding.

APPENDIX A

Appendix 1

Health and Social Care Overview and Scrutiny Committee
Task and Finish Group scoping document

<table>
<tr><td>Title of review</td><td>Mental Health Services for Children and Young People</td></tr>
<tr><td>Date of first meeting</td><td>20 January 2017</td></tr>
<tr><td colspan="2">Scope</td></tr>
<tr><td>Reason for enquiry</td><td>To establish whether or not the commitments of the corporate plan are being met</td></tr>
<tr><td>Links to the corporate plan</td><td>A priority of the corporate plan is to “Keep children and young people safe, give them a great start in life”. Emotional and psychological good health underpins children’s life chances and goes hand in hand with a flourishing community. Mental health, wellbeing and resilience is the first priority of the health and wellbeing strategy, which sets out the broad aims for delivery through the children and young peoples’ plan (CYPP), which states:

“The CYPP will make improvements so that children, young people and their families are identified and supported to access help in a timely manner. We will transform the volume and quality of the £1.4m of services available and be part of the development of an integrated all age pathway for mental health. We will:
• Improve the availability and quality of information available on mental health and Wellbeing to children, young people and their families so they can have more control over their own lives
• Improve professionals’ (e.g. GPs, teachers) knowledge and awareness of the signs and symptoms of mental health, tiers of need, thresholds and referral pathways to needs led care
• Improve collaboration between service providers in the identification and response to emotional health, Wellbeing and mental health need
• Deliver the Crisis Care Concordat and its action plan to ensure that no young person with a mental health need is detained in police custody and that 24/7 support is available in the event of a mental health crisis
• Improve the experience of young people transferring from young people’s mental health services to adults’ by making it person-centred
• Identify the opportunities to improve access to specialist support so that young people with early psychosis and those requiring home treatment or rehabilitation as an alternative to hospital admission can maintain their daily lives in Herefordshire.”</td></tr>
<tr><td>Summary of the review and terms of reference</td><td>Summary:

To review the overall effectiveness and performance of providers, including referral pathways, outcomes and value for money against the intentions of the CYPP.

- Understand what the needs are and that they are being met
- Being realistic about what is asked for in recommendations</td></tr>
</table>

	Terms of Reference: • This task and finish group comprises 5 councillors, with membership from the health and social care overview and scrutiny committee (HSCOSC) and one non-HSCOSC member, joint commissioning manager and DSO • It will focus on the provision of mental health services for children and young people, from an all-provider perspective. • The group will consider the questions detailed below and hear evidence from witnesses. • The findings and recommendations of the group will be written in a report to be presented to the main committee on 28 April 2017
What will NOT be included	Individual cases of children and young people accessing the services. Resources do not provide for a full-scale inquiry which captures the views of all the many and varied stakeholders. The aim of the inquiry is therefore to take a temperature check from a sample of experiences.
Potential outcomes	• That the group finds that the corporate plan is on track and therefore no recommendations are required • That the group finds areas that need additional input or focus and makes recommendations accordingly
Key Questions	To consider: • What are we striving to achieve? • Are the available resources being used well? • Are performance levels improving or declining? • Entry – who do I talk to; where do I go? • Entry – at which level? Service aspect – needs, commissioning, value for money, outcomes/performance View of the child/young person Access to information, who do I talk to, what's like for me, is it working
Cabinet Member	Cllr JG Lester, Young people and children's wellbeing
Key stakeholders / Consultees	Herefordshire Clinical Commissioning Group / Joint commissioning 2gether NHS Foundation Trust Herefordshire Council CLD Trust and any other providers Parents/carers of children who access the services Children and young people who access the services Education providers Councillors
Potential witnesses	**Those listed above plus:** **Herefordshire Council**

	Jo Davidson Chris Baird **Herefordshire CCG** Jade Brookes **Providers** The CLD Trust Out of county specialist
Research Required	Herefordshire Children and Young People's Plan 2015-18 Mental health and wellbeing transformation plan 2015-20 (NHS Herefordshire CCG) Public Health report: The mental health of children and young people in England 2016 Mental health needs assessment March 2015 (NHS Herefordshire CCG)
Potential Visits	Chris Baird / Jade Brooks at next meeting w/c 30 Jan for overview Plan of interviews and visits with stakeholders to be agreed

Herefordshire Council

Meeting:	Health and social care overview and scrutiny committee
Meeting date:	28 April 2017
Title of report:	Substance misuse services update
Report by:	Director of public health

Classification

Open

Key decision

This is not an executive decision.

Wards affected

Countywide

Purpose

To provide an overview of performance of substance misuse services (provided by Addaction) across Herefordshire in order to provide assurance.

Recommendations

That the committee

(a) review the performance of the substance misuse service;
(b) determine any recommendations it may wish to make to deliver improved performance; and
(c) agree a forward timetable for any future reviews of the substance misuse service.

Alternative options

1. There are no relevant alternative options. It is the role of the committee to review the performance of the council (and health partners) and make recommendations for improvement where appropriate.

Reasons for recommendations

2. To enable the health and social care overview and scrutiny committee to fulfil its function.

Further information on the subject of this report is available from
Professor Rod Thomson, director of public health on Tel (01432) 383535

Key considerations

3. Since 1 December 2015, Addaction has been providing substance misuse and alcohol services for Herefordshire residents. The organisation took over this function from 2gether NHS Foundation Trust following an open competitive tendering process.

4. Addaction is a charity founded in 1967 that supports people to make positive behavioral changes, most notably with alcohol and drug misuse, and mental health. The charity works extensively throughout England and Scotland.

5. The latest figures available, which cover 2016, show that the charity provided services to over 75,000 people in sites across the country, from Argyle and Bute down to Cornwall. Over 100 services offer drug and alcohol treatment support to adults, young people and families in community-based programmes (29 services in Scotland, 24 services in west England, 24 in London, 16 south west England, 10 in Yorkshire, 4 south of England).

6. In Herefordshire, during the first three quarters of 2016-17, there has been a significant variation in the successful completion rates for all of the three treatment categories (i.e. Opiates, Non-opiates and alcohol users). These are below the set targets. In addition to the services factors (e.g. transition issues, vacancies), this can largely be attributed to the new “recovery model” of treatment. However, a Service Improvement Action Plan has been put in place to achieve the targets.

7. Partnership working across Herefordshire has been strengthened. Addaction is fully engaged with both Herefordshire safeguarding boards, Healthwatch, Veterans Programme and other local stakeholders. This has been enabling Addaction to develop an effective pathway for referrals both in and out of the services.

8. A new Naloxone programme was launched in September 2016 and Naloxone distribution is currently restricted to Addaction clients only. Addaction has secured £7k funding from a national grant and a wider programme of Naloxone training will be launched soon. This will involve training staff in pharmacies, police, prisons, homelessness teams, primary care, housing providers and social services and any other organisation that may come into contact with drug users. This programme is aimed at preventing deaths due to heroin and morphine overdose in community.

9. Addaction has been successfully recruiting to the vacant staff positions and only a handful of vacancies are left to be filled, out of a total staffing complement of around 31 positions.

10. Addaction’s county wide services are fully operational through one hub in Hereford and three spokes in Leominster, Ross-on-Wye and Ledbury. This means that clients across the county are able to access services in locations that are convenient to them. Easy access to services has been identified as a key factor in securing effective management and recovery from addiction.

11. A new working agreement has been established with the Community Rehabilitation Company. This will enable Addaction to provide optimum care to the offenders on court orders for treatment.

12. Addaction received a Care Quality Commission (CQC) inspection in October 2016 and was found to be demonstrating all of the key five principles of the CQC standards framework. A few areas of improvement were identified and an action plan has been developed and implemented. Progress is reported to the council at the quarterly contract management meetings.

Community impact

13. Addaction provides an equitable substance misuse service through hub and spoke model across the county. This ensures easy service access for clients from the locations convenient to them.

Equality duty

14. The focus of public health programmes is to reduce health inequalities and to commission services that are accessible to hard to reach communities. All of the services that are funded by the public health grant demonstrate the council's commitment to its equality duty.

    Section 149 of the Equality Act 2010 imposes a duty on the council to have due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic (disability being one such characteristic) and persons who do not share it. Addaction service is open to all and therefore meets the equality duty for the substance misuse clients.

    Public health programmes/services aim to identify and support those who suffer from or are at a high risk of developing physical and mental health problems. Continued improvement and development of these programme/services will support the council in discharging it's duty under the Act and will help deliver the three aims of the duty:

    - eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
    - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
    - foster good relations between persons who share a relevant protected characteristic and persons who do not share it."

Financial implications

15. Substance Misuse service is fully funded through a Public Health grant by the Department of Health (DH). This grant is ring-fenced till March 2019. From April 2019, new funding arrangements will come into force. The implications will be considered as part of the Medium Term Financial Strategy.

16. The annual cost of the Addaction contract is £1,784k. The current contract runs until 2018, with an option to extend for up to 2 years.

Legal implications

17. The Health and Social Care Act 2012 provides that local authorities have a statutory duty to improve the health of their population, which includes the provision of substance misuse services. Substance misuse services are one of the functions mandated in the Public Health regulations.

Risk management

18. There is a reputational risk to the council if it fails to discharge its public health responsibilities as set out in the Health and Social Care Act 2012.

Consultees

12. None in relation to the recommendations. The views of service users and stakeholders are gathered through formal and informal routes. This has helped to shape the provision of spokes.

Appendices

Appendix a – Addaction Herefordshire presentation

Background papers

None identified.

addaction Herefordshire

Performance to Date:

Total number in treatment: 756

Opiate 453

Alcohol 239

Non-OCU 64

Representations :

- Increase in Representation rate due to the following factors:
- Changes in approach to treatment, Recovery Focused with side, supported intervention of medical model.
- Increased Engagement and Contact from Individuals
- Clear Identification of Goals
- Promotion of Independence and consecutiveness to Community

addaction

Data

- Q1 successful completions
  - Opiates = 7.2%
  - Non opiates = 22.7%
  - Alcohol = 34.4%
- Q2 successful completions
  - Opiates = 5.4%
  - Non opiates = 21.9%
  - Alcohol = 28.9%
- Q3 successful completions
  - Opiates = 3.9%
  - Non opiates = 24.8%
  - Alcohol = 30%

Target =

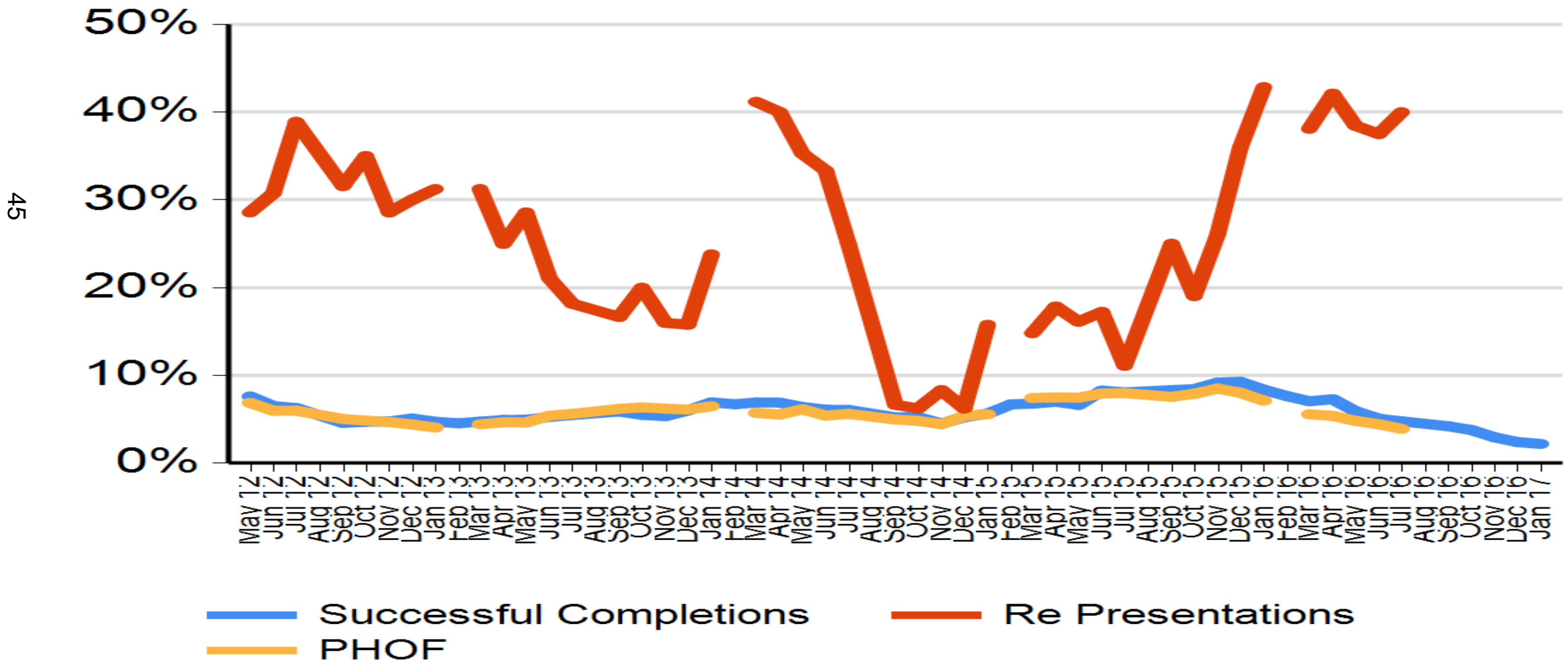
Opiates = 8%

Non Opiates = 52.5%

Alcohol = 38.5%

Data

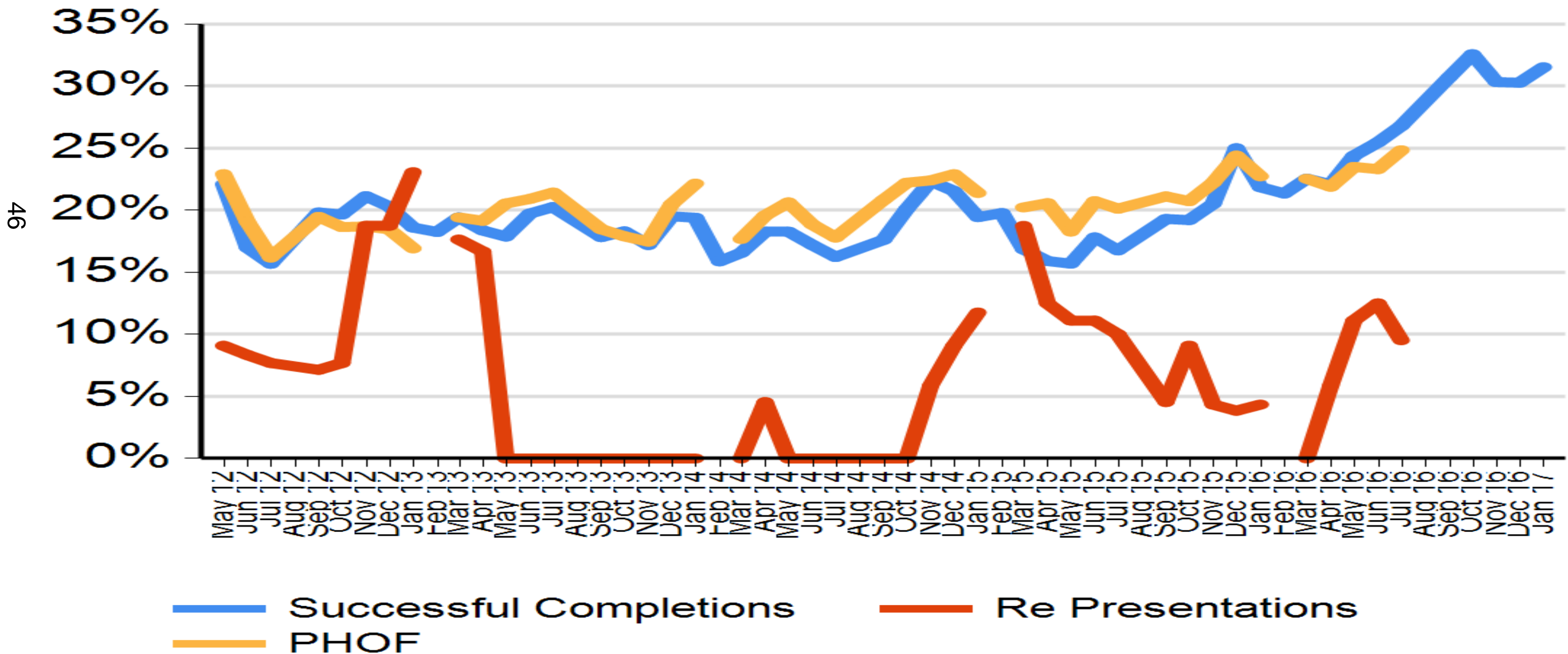
Opiate PHOF, Successful Completion and Re-Presentation performance since April 2012



addaction

Data

Non-opiate PHOF, Successful Completion and Re-Presentation performance since April 2012



Data

- Expected upturn at beginning of contract in successful completion due to previous provider closing clients
- Leads to expected upturn in representations
- Expected decline in successful completions as staff and SU's accept a new culture of recovery as opposed to maintenance
- Beginning to see improvements in all data ie: TOPS, recovery plans, risk assessments and successful completions across non-opiates and alcohol
- Expected to see improvements in opiates as processes tighten and staff and SU's accept a new way of working

addaction

Strengthened Partnership working across Herefordshire:

- Key members of Herefordshire Safeguarding Board and assurance report on Addaction's processes and procedures to identify at risk and vulnerable individuals.
- Partnership working with Health Watch- targeted work in relation to young people and mental health.
- Naloxone Launch and Community Approach to education and distribution.
- Working in Partnership across West Midlands for specific Veterans Programme.

Service development update

- X1 FTE Service Manager
- X3 FTE Team Leaders
- X1 0.8 Consultant Psychiatrist
- X1 FTE Community Engagement Co-ordinator
- X1 FTE NMP (x2 part time workers)
- X 14.6 FTE Recovery Workers Adult
- X2 FTE Recovery Worker YP
- X2 FTE Recovery Workers Criminal Justice
- X1 0.6 Data Officer
- X 2.1 Project Administrators
- Total 31 members of staff.

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Service development update

- Staffing vacancies:
- 2 HCA's – will be looking at these also supporting in a hospital liaison capacity
- 1 CEC
- 2 Admin
- 2 new recovery workers due to start this month

Service development update

- Leominster is now open Tuesday 9am-5pm, Wed 9am-7.30pm, thurs 9am-5pm and Friday 9am-5pm and we provide a prescribing presence on Wednesdays and Thursdays.
- Continue to build and grow Ross and Ledbury and currently working out of both St Marys Church and Alton Surgery.

addaction

Care Quality Commission (CQC)

- CQC Inspected Addaction Herefordshire In October 2016 over a two day period with an inspection team of five.

- CQC inspection on the following principles:

  Is the service :
  Safe
  Effective
  Caring
  Responsive
  Well Lead

Findings: Addaction was found to demonstrate all five of the above principles.

- *'Staff treated clients kindly, were warm in their interactions and treated them with respect. Staff supported clients to give feedback. Carers and families were offered support and the service ran a regular carers group'.*

- *'Staff were confident in managing safeguarding issues, they had support from managers who also monitored safeguarding. All staff completed safeguarding training'.*

CQC areas for improvement Actions

- Update all risk assessments & risk management plans
- Update all recovery plans
- All required CQC notifications to be sent
- Clinical equipment to be routinely checked
- Client confidentiality to be maintained at all times
- Baseline physical health examinations for all clients
- Staff to be familiar with lone working policy
- Update all consent and review every 3 months
- Ensure no unnecessary delays for YP service
- Information to be provided in different languages
- All clients to have a thorough assessment
- Team discussions and actions points to be accurately recorded
- Room availability to be managed effectively

CQC areas for improvement plan

- To have worked through CMT by end of Feb – completed and are seeing vast improvements
- To have worked through CMT by end of Feb – completed and are seeing vast improvements
- To ensure incident reporting policy is followed and registered CQC manager to report to CQC
- Nurse lead to complete monthly checks on all equipment
- No conversations or handing out of scripts to take place in communal areas
- Clients to be booked in for health examinations with nurses
- All staff read and become familiar with lone working policy
- All consent to be updated by end of Feb And CMT to be used to ensure consent reviewed every 3 months
- YP no longer has a waiting list due to recent recruitment
- Information in different languages to be sourced
- All new clients to be thoroughly assessed
- All MDTs to be minuted and relevant notes added to Nebula, all relevant conversations to be added to Nebula
- Office move has provided maximum space to see clients

DRRs and ATRs

- ❖ Successful implementation of ATRs as new orders in Herefordshire.
- ❖ Addaction weekly attendance at court to support NPS and magistrates to assess and offer interventions.
- ❖ Effective and seamless partnership and co-location with CRC to support those on orders.
- ❖ Monthly progress reports on each offender for engagement in treatment.

Increased Group Work Programme:

- Access to Recovery Choices following initial contact to promote treatment options, Peer Support and Recovery Capital.

- Structured group programmes, Alcohol Awareness and Relapse Prevention.

- 'POD' Groups. Pop up groups facilitated by Recovery Workers, both treatment and recreational topic focused i.e. walking group, photography , barriers to change, sustaining change and gaining independence.

Meeting:	Health and social care overview and scrutiny committee
Meeting date:	28 April 2017
Title of report:	New carers strategy for Herefordshire
Report by:	Strategic wellbeing and housing manager

Classification

Open

Key decision

This is not an executive decision.

Wards affected

County-wide

Purpose

To seek the views of the committee on the proposed new carers strategy for Herefordshire.

Recommendation(s)

THAT:

(a) the committee considers the process adopted to developing a new carers strategy and advises on whether it is appropriate and sufficiently robust and on how it might be improved; and

(b) the committee considers the priorities set out for the proposed new carers strategy and advises upon the most appropriate content for the final strategy document.

Alternative options

1 None. It is open to the committee to determine whether it wishes to make any recommendations for improvement.

Reasons for recommendations

2 The council has committed to producing a new carers strategy for Herefordshire in collaboration with its partners. In 2017 building on previous engagement work, it has

Further information on the subject of this report is available from
Ewen Archibald, Strategic wellbeing and housing manager on Tel (01432) 261970

been working closely with carers to prepare a strategy for consideration by cabinet this summer. The advice and recommendations of the committee are sought to help further shape the strategy and enhance its content and strategic value.

Key considerations

3 The council acknowledges the enormous role played by unpaid and family carers in supporting vulnerable people across Herefordshire. It has legal duties towards carers, arising from the Care Act 2014, the Children Act 1989, the Carers (Equal Opportunities) Act 2004 and other legislation. Carers can play a key role in the assessment, co-ordination and review of social care and support needs. The council commissions contracted services to support carers.

4 The council and its partners in Herefordshire are seeking to establish a comprehensive approach to promoting health and wellbeing and preventing the need for health and care services. A strategic approach to enabling and supporting carers is a key element of that wellbeing approach, alongside information, signposting and advice, wellbeing networks, access to technology and universal services. The views and recommendations of the committee are sought particularly around how the carers strategy should fit with these other wellbeing and preventative approaches.

5 The Herefordshire carers strategy 2012-2015 was built upon five priorities; early identification of carers, carers as expert partners, employment and education, a range of support services and promoting the health of carers. Although these bear some similarity to current and emerging priorities, they were not reflected in the sort of whole system and new commissioning approaches that are now proposed. In 2012, there was a continued reliance on established models and levels of resourcing and so not the same emphasis on mutual and self help or access to universal services.

6 The climate of policy and resources has altered significantly over the past five years. In addition to the very substantial reduction in resources available to the council, the Care Act 2014 has consolidated and re-drawn the statutory framework for defining and supporting carers, complemented by other recent legislation. In particular, this has informed a very different approach to carers' assessments which will be reflected in the new strategy. In addition, very substantial consultation and co-production with carers has been undertaken since 2012.The views of the committee are sought in relation to how the new strategy is most likely to deliver positive change and service improvement for carers, in the light of the 2012/2015 strategy and the subsequent statutory and other changes.

7 In 2015, the council undertook to develop a new carers strategy in conjunction with its partners. This was to be completed in the context of a new national carers strategy which was promised by the Government in summer 2016 but which was later delayed until December 2016. The national strategy is still to be published and is now expected later in 2017, so the council resolved to press on with its own local strategy.

8 The council completed extensive consultation and engagement with carers between 2015 and 2016 to revisit the existing strategy, learn from experience and build an informed picture of their concerns and priorities. This was the starting point for an intensive process of coproduction and research in March 2017 in developing a new carers strategy for Herefordshire.

9 The carers strategy will set out the concerns and priorities of local carers and the barriers they face in fulfilling their caring role and in their own lives. It will propose system wide change and improvement across six priority areas and include

commissioning intentions. The committee's advice is sought on the balance and potential impact of these priorities. In light of the new strategy, detailed proposals will be prepared for the commissioning and procurement of support services for carers. The newly configured services will be in place from April 2018.

Community impact

10 Carers play a significant role in realising the vision in the council's corporate plan of people living safe, healthy and independent lives. The carers strategy will have a significant impact upon the achievement of all priorities within the corporate strategy and the health and wellbeing strategy, as follows:

- It will ensure carers are identified, giving them access to universal services and clear pathways for information and advice;
- It will assist them to stay healthy, supporting their physical and mental health;
- It will identify the challenges for young carers and provide direction on how to assist them to achieve the best possible start in life;
- It will assist to improve the quality of life for older people and reduce isolation;
- It will reduce inequalities and support carers to stay in work where possible, or to access education and career opportunities.

The strategy will also inform future commissioning of services to carers in ways consistent with the corporate plan and health and wellbeing strategy, so ensuring better services, quality of life and value for money.

Equality duty

11 The implications for equalities arising from the carers strategy will have an indirect impact on groups of people sharing protected characteristics under the Equality Act 2010, notably older people and disabled people including those with mental health needs. Many carers themselves belong to groups with protected characteristics, including young carers, older carers and carers who are disabled. In addition carers benefit from some indirect protection under the act, given the dependency of many people upon them. This is particularly in relation to employment and access to services.

12 An equality impact assessment will be completed for the strategy and associated commissioning decisions, which will change services available to support carers. The impact of the strategy upon any group of people with protected characteristics will be measured via continuous engagement and evaluation against agreed outcomes.

Financial implications

13 There are no direct financial implications arising directly from the report. All commissioning intentions and actions arising from the carers strategy itself will be accomplished within the budgets of the council and its partners and will be subject to decisions as appropriate.

Legal implications

14 The committee has the power to make reports or recommendations to the executive with respect to the discharge of any functions which are the responsibility of the executive and to review and scrutinise any matter relating to services designed to

secure improvement in:

(a) the physical and mental health of residents; and
(b) the prevention, diagnosis and treatment of physical and mental illness

Risk management

15 No specific risks arise from the recommendations in this report.

Consultees

16 The council has undertaken extensive consultation and co-production with carers in preparing the proposed carers strategy and therefore their views have substantially shaped the document. This is reflected in detail within the attached presentation slides at appendix 1.

Appendices

Appendix 1: Presentation

Background papers

- None identified.

Further information on the subject of this report is available from
Ewen Archibald, Strategic wellbeing and housing manager on Tel (01432) 261970

Developing the Herefordshire Carers Strategy

Co–production timetable

- Phase 1 - Developing the strategy
  - » 2015 - April 2017
- Phase 2 – Co-production, evaluation and governance of the draft strategy
  - » April/May 2017
- Phase 3 – Co-produced commissioning and procurement process
  - » May/June 2017
- Phase 4 - Implementing the strategy
  - » June/July 2017 onwards

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Advice and comment of the Scrutiny Committee are sought on -

- The approach adopted to-date and intended for engagement with carers and partners
- Lessons learned from the previous strategy
- The principles and priorities set out in the slides
- Expectations of the main strategy – what should be included?
- The timetable for producing the final strategy – does it allow enough scope and time for the necessary engagement?
- If/when/how the draft strategy should be circulated. If so, at which point within the timetable?

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Context - Legislation

- **The Care Act 2014 –**
  - Carers are offered an assessment. Necessary resources are put in place to support them.
  - Carers who meet the eligibility criteria are entitled to have their support and care needs met.
  - For those who are not eligible, information and signposting will be given.

- **The Children and Families Act 2014 and Care Act 2014 –**
  - Highlight the need for local authorities to take a whole family approach to identifying and assessing young carers.
  - Also the need for a joint adult and childrens services approach to carrying out assessments.

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Context

- Carers UK estimates that there will be 40% rise in the number of carers needed by 2037 – **the carer population in the UK will reach 9 million.**
- The Herefordshire Health and Wellbeing survey 2011 estimated that there were **34,200** carers in Herefordshire – rising.
- The rural nature and age profile of Herefordshire presents unique challenges in service design and delivery.
- Financial pressures – shift into the prevention approach and strength based assessment.
- The strategy is being drafted at a time where reductions in funding are being considered.

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Developing the draft strategy

- Co-produced with carers, accompanied by engagement with partner and stakeholder organisations
- Attended a number of events to obtain input from a range of carers (for example, dementia, autism, young carers, parent carers)
- Sought to engage carers pragmatically through events, online surveys, home visits and by telephone
- Research - local/national statistics, emerging trends to establish the picture and complexities
- Built upon previous learning

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Common themes from co-production 1

- Identification of carers – hidden from view/coping but built on fragile foundations. Missed opportunities for identification from services
- Identified at the point of not coping – often at the point of crisis
- Disjointed, complex, inconsistent advice and information
- Failure by Universal Services to share information – exhausting repetition
- Fear of what would happen to the cared for if the carer became sick – emergencies and care planning

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Common themes from co-production 2

- Social isolation and impact upon health
- Cared for person comes first – carer's health often neglected
- Financial impact, loss of opportunity
- Not being heard/respected by professionals
- Poor understanding of carer's assessment and eligibility
- Subjective views dependant on the carer's experiences and perceptions of how future resources should be designed

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Themes for specific carers

Themes varied greatly depending on the type of carer. Examples:

- Young carers are less likely to attain the same grades as their peers due to their caring responsibilities
- Some young carers are socially isolated and have limited opportunities
- Parent carers are often reliant upon diagnosis for their child before they can access support (e.g. statement of special education needs, counselling, mental health support)
- Older carers may also have increasingly complex health needs

Therefore there is no 'one size fits all' approach

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Carers in Herefordshire

Carers can fit into several categories

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The emerging carers strategy

- Some priorities from co-production remain the same as the current strategy –
  - prevention
  - early identification
  - recognising the carer as an expert.
- Times have changed – the way services are delivered and expectations. The new co-produced priorities retain the relevant priorities from the previous strategy and build upon them.
- The new strategy will include clear pathways (no wrong door), a central place for information (WISH), digital services/engagement and assessments.

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Previous strategy – five priorities	New strategy – six priorities
Raise awareness and provide early intervention support for carers	Identifying carers, including registration
Recognise and respect the carers as an expert partner	Valuing carers knowledge and experience
Enable carers to fulfil their education and employment potential	Information, advice and signposting
Provide flexible services to support carers in their caring role	Access to universal services
Support carers to be mentally and physically well	Social networking and support mutual - social networks - technical
	Assessing with and for carers

DRAFT

Our vision is that Herefordshire is a county where people who carry out the role of unpaid carer are known and valued within our health and care community. We will make this vision a reality by:			
Making it easy for carers to find the right information on opportunities and support for the person they care for and themselves.	Recognising when someone is a carer and being proactive in offering information, support and care as appropriate.	Using the wealth of knowledge carers have gained to continuously improve the design, delivery and access to all services.	Providing support to enable carers to keep well and access social, educational and employment opportunities.

A different way of working?

- A single care and health community strategy for carers
- Assessments understood by carers and carried out in a consistent way
  - ➢ building on the strengths of the carer and their family
  - ➢ interlinking assessments for the carer and cared for person
  - ➢ utilising assets within their community
  - ➢ enabling the carer to look after their own health and wellbeing

A different way of working?

- A continued process of co-production with carers and partner organisations, supporting commissioning and strategy review
- WISH for information, guidance and digital engagement
- 'No wrong door' approach – identification of carers and signposting via universal services. Clear pathways.
- Valuing and promoting the knowledge and skills of carers across the health and care system.

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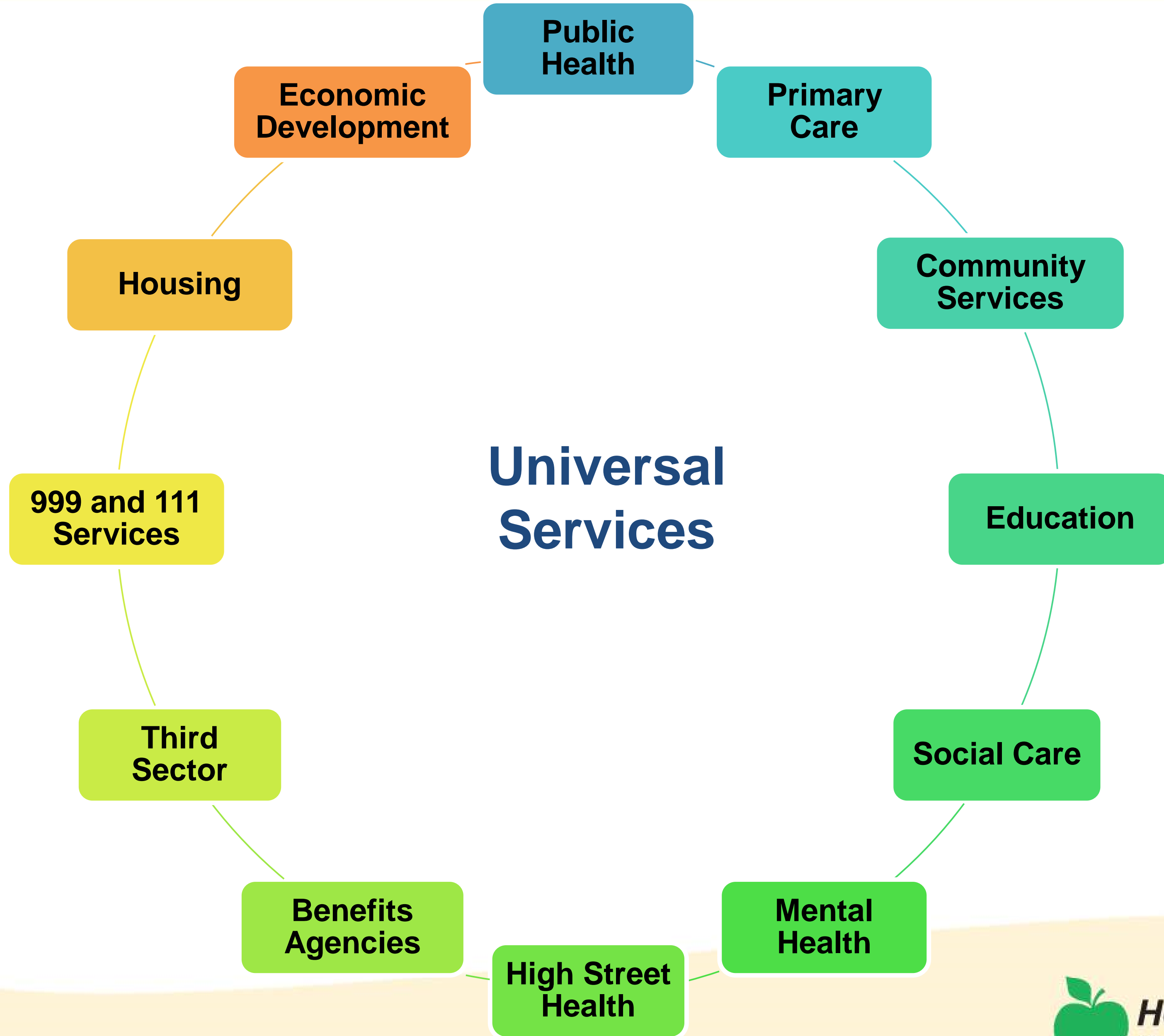

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Next stages

- Consultation on draft strategy with HCCG, other partners. April-May 2017
- Obtain input from local carers on the strategy, carer's journeys and pathways. May 2017
- Strategy to Cabinet - July 2017
- Commissioning plan - July 2017
- Procurement of services begins September 2017
- Co-production with carers; ongoing

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Next stages - evaluation of the draft strategy/ongoing co-production

- Asset mapping
- Commissioning intentions
- Review with carers, CCG, universal services, stakeholders. Co-production of pathway/s.
- Produce final draft

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