

Health and Social Care Scrutiny Commission

MINUTES of the OPEN section of the Health and Social Care Scrutiny Commission held on Monday 14 October 2019 at 7.00 pm at Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Victoria Olisa (Chair)
Councillor Darren Merrill
Councillor Charlie Smith
Councillor David Noakes

**OTHER MEMBERS
PRESENT:**

**OFFICER
SUPPORT:** Ross Graves, Managing Director, NHS Southwark Clinical
Commissioning Group
Genette Laws, Director of Commissioning , Southwark Council
Julie Timbrell, Scrutiny Project Manager

1. APOLOGIES

Apologies for absence were received from Councillors Paul Fleming, Helen Dennis and Maria Linforth – Hall, and apologies for lateness from Councillor Charlie Smith.

1. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

4. UPDATE ON SOUTHWARK'S JOINT MENTAL HEALTH STRATEGY

The chair invited Genette Laws, Director of Commissioning, Children's and Adults' Services, Southwark Council and Ross Graves, Managing Director, NHS Southwark Clinical Commissioning Group (CCG) to provide an update on Southwark's joint Mental Health strategy.

Officers went through the presentation and explained that the cabinet had committed extra spending of 2 million to be spent in schools. The ambition to meet the 100% target of children and adolescents with Mental Health needs being addressed by 2020 is being overseen by Cllr Jasmine Ali's CAMHS Commission. This will in part be achieved through improved open access service.

The chair invited the Commission members to ask questions:

- i. Members asked if the additional 2 million pounds is a one off. Officers said it is, however the sum is likely to be spent over longer than one year. Some schools already spend a significant amount of their own budget on supporting mental health; for example East Dulwich Harris Girls spends approximately 100,000 a year. A legacy of this investment could be realised in programmes such as training.
- ii. Is the Southwark 100% target higher than the NHS target? Officers confirmed it was.
- iii. How will achieving the 100% target be monitored, and in particular how will officers know if the planned open access service will be reaching young people in need ? Officers said that around 50 children and young people are refused by CAMHS each month – this new service will see this cohort. Officers said the open access provision will not be the only answer. There will also be work to encourage young people to talk, including a digital offer, which incorporates virtual reality. The other strand is supporting families to support young people's mental health. The open access centre will also be for the whole family. Members recommended that a good baseline of present access to Mental Health services is established, with timelines and milestones for reaching the 100% target.
- iv. How will the children and young people who are furthest from schools and services be reached? For example children and young people who are truanting, or young carers , or young people who do not trust services enough to engage? Officers reported that have spoken to YouThink peer navigators who have entered the criminal justice system. They are also talking to educational Alternative Provision. The open access service could be attractive young people who are not otherwise engaged. Officers agreed that services do need to ensure that the most disengaged and excluded young people, who are often most in need, are being targeted and reached.
- v. What about reaching young people in youth settings or where they congregating? Officers said that they are looking as coffee shops, and Wi-Fi spots for pop ups.
- vi. Is the stigma of mental health still an issue; it appears to be reducing but still present? Officers agreed stigma is present and work is needed to further address this. This aspect links to equalities as the chances and fear of Sectioning is disproportionately higher in BAME communities. Services do need to demonstrate

that they are available and viable sources of support for all young people.

- vii. What about waiting times from doctors to CAMHS? How long are these? There are waits for assessment between GP and CAMHS. We are looking at GP training and linking with community and VCS support.
- viii. Could we have more information on boys' and men's mental health, and ethnicity; the two themes of the scrutiny review? Officers reported that they are doing a deep dive on services, which may show underrepresentation for boys and different ethnicities. An event with FutureMen which looked at some of these issues. Officers will come back with some more information on these topics.
- ix. What age is CAMHS? Up to 18. It is a hard stop and officers said they want to see a better transition. A recent workshop to inform this work also looked at transition from primary to secondary. These are the points that it is good to engage children early – and there is wide support for the benefits of preventative work at these transition points.
- x. How long will the CAMHS Commission last for? This is scheduled for 2 years. The Terms of Reference is available; this went to members as part of its establishment. Cllr Ali is due to be interviewed in January and an update can be requested.
- xi. Is children's and young people's mental health worsening, with the impact of social media and other pressures? The Children's Commissioner wrote an interesting report recently. The previous report estimated that 1/10 children and young people were in mental distress, now this has risen to 1/8, so this does look like a worsening situation, although this could also be partly a result of a rising focus on this issue. We want the open access to catch young people in distress.
- xii. What is the impact of drug and alcohol use and abuse on mental health, particularly the rise of more potent cannabis strains and link with psychosis, as well as new party drugs like poppers, which seem prevalent? Officers offered to follow up on this.

RESOLVED

More information was requested on boys and men accessing mental health services, along with more information on BAME communities, and alcohol and substance misuse services, including:

- Breakdown of most common mental health conditions by sex and ethnicity
- Accessing CAMHS services by sex and ethnicity
- Sectioning by sex and ethnicity
- Suicide and self harm data and trends by sex and ethnicity
- Alcohol and substance misuse by sex and ethnicity

What are the current waiting times for CAMHS services?

What baseline data, timeline, outcomes and targets being used to measure the effectiveness of the programme to provide 100% access to mental health services for children and young people?

5. PARTNERSHIP SOUTHWARK

Ross Graves, Managing Director, NHS Southwark Clinical Commissioning Group (CCG) went through the presentation.

Officers were asked about the gap between the holistic approach outlined, which has a high level of support and evidence, and reality on the ground. Member queried how much capacity there is to build the volunteer sector, given the demonstrable benefits. The importance of engaging with the sector directly was highlighted by members.

A member cited older people as a group that benefit from this approach. Research shows the link between loneliness, depression and ill health. The council puts an emphasis on community and voluntary groups, which is welcomed. Feedback from the Pensioner Centre is that it has really saved lives. A group that often needs encouragement to join is older men.

The Managing Director was asked if streamlining the CCG at a strategic level will mean a loss of local focus. He responded that the CCG reforms have little to do with Partnership Southwark - other than helping with strategic commissioning, for example with large hospitals such as Guy's and St Thomas' Foundation Trust. Partnership Southwark is more about how the Southwark £ is spent, with a recent focus on integrating care, and building local partnerships.

A member commented that integrated care has been something on the table for last 20 years - what's different now? Officers said that there have been some changes on the ground and we are in a better place for joint working. Members pressed on where this is making a difference for people and the Director of Commissioning gave the Renablement service as a good example. She added that culture change is very important to making a success of integration.

6. WORK PROGRAMME

Members discussed the Care Home quality assurance review. This review will examine how effectively the council assures itself that local residents are being looked after well in local provision and out of borough placements.

Local residents, Esme Dobson and Jenny Turner, who were present in the public gallery, were invited to speak on this theme. Both are campaigners on care homes. One spoke about her personal experience of raising concerns about the quality of care of a family member (rather than a safeguarding report). They made the following points:

- When visiting it is important the right questions are asked
- Dementia training is required
- Homes ought to be asked if residents without family advocacy are having regular visits from the Independent Lay Advocacy service
- Relatives ought to be given independent access to council officers to raise concerns (rather than this being funnelled via the care home manager)

- A dedicated line to raise safeguarding concerns / abuse ought to be provided
- The present cabinet portfolio for social care is very large

Members thanked the residents for their insights. The scrutiny project manager will contact the above in advance of a future meeting to invite the campaign to give evidence more formally.

The Lay inspectors / Age Concern will be invited to a meeting to give evidence.

RESOLVED

An overview report will be requested on how the council monitor and conduct quality assurance of Southwark based care providers and for people placed out of the borough.

A meeting will be added in December.