Norfolk County Council

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday, 20 July 2017**

Time: **10:00**

Venue: **Edwards Room, County Hall, Martineau Lane, Norwich, Norfolk, NR1 2DH**

Persons attending the meeting are requested to turn off mobile phones.

Members of the public or interested parties who have indicated to the Committee Administrator, Timothy Shaw (contact details below), before the meeting that they wish to speak will, at the discretion of the Chairman, be given a maximum of five minutes at the microphone. Others may ask to speak and this again is at the discretion of the Chairman.

Membership

Main Member	Substitute Member	Representing
Michael Chenery of Horsbrugh	Vacancy	Norfolk County Council
Ms E Corlett	Ms C Rumsby/Miss K Clipsham	Norfolk County Council
Vacancy	Vacancy	Norfolk County Council
Mr F Eagle	Vacancy	Norfolk County Council
Mr A Grant	Vacancy	Norfolk County Council
Mr D Harrison	Vacancy	Norfolk County Council
Mrs B Jones	Mr C Rumsby/Miss K Clipsham	Norfolk County Council
Mrs L Hempsall	Mrs E Emsell	Broadland District Council
Dr N Legg	Mr C Foulger	South Norfolk District Council
Vacancy	Vacancy	Norwich City Council
Mr R Price	Vacancy	Norfolk County Council
Mrs M Fairhead	Vacancy	Great Yarmouth Borough Council
Mr P Wilkinson	Mr R Richmond	Breckland District Council
Mr G Williams	Vacancy	North Norfolk District Council
Mrs S Young	Mr T Smith	King's Lynn and West Norfolk Borough Council

For further details and general enquiries about this Agenda please contact the Committee Officer:

Tim Shaw on 01603 222948 or email committees@norfolk.gov.uk

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A g e n d a

1		**To receive apologies and details of any substitute members attending**	
2		**NHOSC minutes of 25 May 2017**	**Page 5**
3		**Declarations of Interest** If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter. If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with. If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects - your well being or financial position - that of your family or close friends - that of a club or society in which you have a management role - that of another public body of which you are a member to a greater extent than others in your ward. If that is the case then you must declare such an interest but can speak and vote on the matter.	
4		**Any items of business the Chairman decides should be considered as a matter of urgency**	
5		**Chairman's Announcements**	
6	**10.10-11.20**	**Availability of acute mental health beds** **Appendix A (Page 15)** - Report by Norfolk and Suffolk NHS Foundation Trust	**Page 9**

		Break at Chairman's discretion	**Page**
7	**11.30-12.20**	**Waiting times for children's mental health services in Norfolk** **Appendix A (Page 29)** - Report from the Child and Adolescent Mental Health Service Commissioners	**Page 25**
8	**12.20-12.25**	**Norfolk Health Overview and Scrutiny Committee appointments** (a) To link role (b) To a potential joint health scrutiny committee for Norfolk and Waveney	**Page 41**
9	**12.25-12.35**	**Forward work programme** To agree the proposed forward work programme	**Page 43**
		Glossary of Terms and Abbreviations	**Page 45**

Chris Walton
Head of Democratic Services
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Date Agenda Published: 12 July 2017

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Norfolk County Council

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
On 25 May 2017

Present:

Michael Chenery of Horsbrugh	Norfolk County Council
Ms E Corlett	Norfolk County Council
Mr A Grant	Norfolk County Council
Mr D Harrison	Norfolk County Council
Ms B Jones	Norfolk County Council
Dr N Legg	South Norfolk District Council
Dr K Maguire	Norwich City Council
Mr R Price	Norfolk County Council
Mr P Wilkinson	Breckland District Council
Mrs S Young	King's Lynn and West Norfolk Borough Council

Also Present:

Maureen Orr	Democratic Support and Scrutiny Team Manager
Chris Walton	Head of Democratic Services
Tim Shaw	Committee Officer

At the start of the meeting Members observed a one minute's silence held at all UK government buildings following the terror attack in Manchester on Monday, 22 May 2017.

1 Election of Chairman

Resolved (unanimously)

That Michael Chenery of Horsbrugh be elected Chairman of the Committee for the ensuing year.

(Michael Chenery of Horsbrugh in the Chair)

2 Election of Vice-Chairman

Resolved (unanimously)

That Dr N Legg be elected Vice-Chairman of the Committee for the ensuing year

3 Apologies for Absence

Apologies for absence were received from Mrs A Claussen-Reynolds, Mr N Dixon, Mr F Eagle, Mrs M Fairhead and Mrs L Hempsall.

4. Minutes

The minutes of the previous meeting held on 6 April 2017 were confirmed by the Committee and signed by the Chairman.

5. Declarations of Interest

There were no declarations of interest from Members of the Committee.

6. Urgent Business

There were no items of urgent business.

7. Chairman's Announcements

7.1 The Chairman welcomed to the meeting the newly appointed Members and those Members who were returning to the Committee following the County Council election in May 2017.

8 Norfolk Health Overview and Scrutiny Committee Appointments

8.1 The Committee received a report about appointments to joint committees and other roles that could be taken on by Members.

The Committee **agreed** the following appointments:

8.2 Great Yarmouth and Waveney Joint Health Scrutiny Committee
NHOSC appointees (Three NHOSC Members)

Mrs M Fairhead
Dr N Legg
Mr R Price

8.3 Clinical Commissioning Group links (One NHOSC Member for each CCG to observe meetings held in public)

(a) North Norfolk CCG

Michael Chenery of Horsbrugh agreed to serve in this role until North Norfolk District Council appointed a new Member to NHOSC, at which time the Committee will reconsider its appointment.
(Substitute – Mr D Harrison)

(b) South Norfolk CCG

Dr N Legg
(Substitute – Mr P Wilkinson)

(c) Great Yarmouth and Waveney CCG

Mrs M Fairhead
(Substitute – Mr A Grant)

(d) West Norfolk CCG

M Chenery of Horsbrugh
(Substitute – Mrs S Young)

(e) Norwich CCG

Ms E Corlett
(Substitute- Ms B Jones)

8.4 Provider Trust links (One NHOSC Member for each local NHS provider organisation)

(a) The Queen Elizabeth Hospital NHS Foundation Trust

Mrs S Young
(Substitute – M Chenery of Horsbrugh)

(b) Norfolk and Suffolk NHS Foundation Trust

Michael Chenery of Horsbrugh
(Substitute – Ms B Jones)

(c) Norfolk and Norwich University Hospitals NHS Foundation Trust

Dr N Legg
(Substitute – Mr D Harrison)

(d) James Paget University Hospitals NHS Foundation Trust

Mrs L Hempsall
(Substitute – Mrs M Fairhead)

(e) Norfolk Community Health and Care NHS Trust

Mr D Harrison
(Substitute- Mr N Dixon)

8.5 It was **agreed** to include within the Member Briefing Note a means whereby Members can follow the activities of bodies with link Members.

9. Forward Work Programme

9.1 The Committee **agreed** the list of items in the current Forward Work Programme as set out in the agenda papers.

9.2 **Agreed** that the 'Waiting times for Children's Mental Health Services in Norfolk' item should cover:-

- description of what the service involves at each stage
- what the waiting time is at each stage
    - including waiting times for acute mental health beds for children
    - setting out the geographical variations in waiting times
    - including waiting times for follow-up appointments as well as first contact.
- what is done for children who are exhibiting mental distress but not considered severe enough for referral to the first level of the mental health services (Point 1).

9.3 **Agreed** to take up the invitation given by the East of England Ambulance Service NHS Trust (EEAST) on their last visit to NHOSC for Members to ride out with ambulance staff / visit the EEAST control room.

9.4 **Agreed** to approach Norfolk Constabulary about arranging a visit to the Police Investigation Centre, Wymondham for new Members to see the mental health support available.

9.5 Members who had any other items which they wished to have considered for inclusion in the forward work programme were asked to contact Maureen Orr, Democratic Support and Scrutiny Team Manager, in the first instance.

Chairman

The meeting concluded at 12.05 pm

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Norfolk Health Overview and Scrutiny Committee
20 July 2017
Item no 6

Availability of acute mental health beds

Suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager

A report on the availability of acute mental health beds in Norfolk in light of concern about reports in February 2017 of prolonged detention of individuals in police custody awaiting a mental health bed and about the level of out-of-area placements.

1. Introduction

1.1 Norfolk Health Overview and Scrutiny Committee (NHOSC) added 'Availability of acute mental health beds' to its forward work programme on 23 February 2017. This followed reports in the local press of examples of prolonged detention of individuals in police custody while waiting for an acute mental bed following assessment under the Mental Health Act.

1.2 In February 2017 it was also clear that there was a rising trend in out-of-area placements of NSFT patients (i.e. patients being placed in beds outside of the Norfolk and Suffolk geographic area). By the end of the 2016-17 financial year the total number of out-of-area bed days was 3,207. There were also a total of 4,675 out-of-Trust bed days at Mundesley Hospital (which is in the Trust's geographic area but does not belong to NSFT). Together the out-of-area and out-of-Trust bed days cost a total of £4.5m. The budget for 2016-17 was £1m.

2. Background - national initiatives and changes to mental health services in Norfolk

2.1 For decades the NHS has been shifting the care and support of people with mental health problems from psychiatric institutions into community based settings. NSFT's Trust Service Strategy 2012-16 (TSS) involved a redesign of mental health services with the aim of delivering a service to the maximum number of people possible within the constraints of the available budget. An important strand of the TSS was to enable more people to be treated by shifting resources away from in-patient services towards providing services in the community. Initially the plan was to have 86 fewer mental health beds across Norfolk and Suffolk. This went hand-in-hand with enhancing community services, Crisis Resolution Home Treatment teams and Dementia Intensive Support Teams.

2.2 A report to NHOSC on 4 September 2014 noted plans to reduce functional (i.e. non dementia) mental health beds by 20 and dementia beds by 8 in the Great Yarmouth and Waveney area, and a pilot taking

12 functional mental health and 12 dementia beds out of use in West Norfolk. There were to be no mental health bed closures in the central Norfolk area. In fact, Members were informed of plans to open 10 additional mental health beds in Norwich, which would help avoid the need for patients from other parts of Norfolk to be placed in the Great Yarmouth and Waveney area.

2.3 The Norfolk and Waveney Sustainability Transformation Plan (STP) October 2016, reported to NHOSC in December 2016, reflects the NHS Five Year Forward View for mental health by prioritising the support of people in the community and the reducing the need for acute and residential beds. It includes the aim for a 100% reduction in acute out of area beds as a contribution towards closing the financial sustainability gap, and has a Key Workstream Objective to 'Offset and reduce the growth in out of area bed days'. This is supported by an investment of £14.1m to enable the local and Five Year Forward View mental health priorities to be met.

2.5 NSFT has three Section 136 suites in Norfolk; at Northgate Hospital, Great Yarmouth, at the Hellesdon Hospital in Norwich and at the Fermoy Unit in King's Lynn. These are 'places of safety' where people in mental health crisis can be taken by Police to be looked after by mental health professionals. This frees the Police to return to their duties in the community. NSFT received a one-off capital funding grant of £394,700 from the Department of Health, Home Office and NHS England in 2016 to refurbish the suites in King's Lynn and Great Yarmouth and to rebuild and extend the one in Norwich.

2.6 It was reported to the NSFT Board of Directors in April 2017 that the Trust is funded at Hellesdon and Waveney for dedicated staffing for the Section 136 suites however not at Kings Lynn, which causes pressure on ward staff and potential delays for the police.

3. NSFT's bed review

3.1 On 27 April 2017 NSFT's Board of Directors received a report about a Bed Review carried out by Mental Health Strategies for NSFT and the CCG commissioners. The review centred on NSFT's acute care pathway and associated community services and focused on the number of beds required for day-to-day services. The report is available on NSFT's website (Board of Directors Public Papers, 27 April 2017, agenda item 17.72 i, attachment E):- http://www.nsft.nhs.uk/Event/Pages/BoD-27Apr2017.aspx

3.2 The review concluded the following:

a) There is a range of variance across Norfolk and Suffolk in service models, in referral and admission rates, in the operation of community teams. There are clear opportunities to spread learning and practice across the Trust to improve the overall service efficiency and effectiveness.

b) Clinical variance (both primary and secondary) should be addressed. **With this action and adjusting the pattern of alternatives to admission then the current number of beds could be sufficient.**

c) Crisis cafes and a small number of additional step down beds would offer the most useful means of alternatives to admission.

d) Assessment beds are not considered to offer an advantage and all working age beds could be considered equivalent.

e) A community personality disorder service would be a useful addition to current services (although it should not be seen as a replacement for any existing services).

f) Demand and capacity on community teams is out of balance and should be addressed.

3.3 The Mental Health Workstream for the Norfolk and Waveney STP has agreed to address some of the recommendations arising from the bed review within its work plan:-

(i) Clinical variation – a project to address clinical variation for both primary and secondary care.

(ii) Crisis café – a project aiming to design and implement a new service model (Crisis Hub) by December 2017, initially in Norwich, to support people experiencing heightened emotional distress – those on an escalation path to crisis.

(iii) Alternatives to admission: step down beds

(iv) Community personality disorder service – the design of the service is expected to be completed by the end of 2017-18.

3.4 In addition to the STP actions the Trust has established a task and finish group to deliver against some short term actions to address Out of Trust placements. The group is led by the Chief Executive and includes the Director of Operations, Director of Finance and Associate Director of Operations. The actions are:-

1. Change functionality of continuing care beds to dementia care at the Julian Hospital
2. Delayed transfers of care – discussion with Social Care on access to new funds to address mental health delays.
3. Test/pilot temporary accommodation model for the discharge of medically fit patients
4. Allocate dedicated team to review Out of Trust placements and address discharge or transfer to the Trust on a daily basis
5. Assess potential of adopting “Red to Green” acute approach to discharge of patients.
6. Address blockages to discharge eg transport, cleaning (linked with action 5)
7. Review effectiveness of s117 on care needed after discharge and what improvements are needed

8. Adopt the approach to 'plan discharge on arrival' with service users in liaison with other third sector organisations

4. Purpose of today's meeting

4.1 NSFT has been asked to report to NHOSC with the following information:-

(a) Current numbers and locations of CCG commissioned and NHS England Midlands & East commissioned NSFT acute in-patient mental health beds for adults and children in Norfolk and Suffolk.

(b) The number of NSFT in-patient beds per 100,000 people in Norfolk compared to the number of beds per 100,000 in England.

(c) The number of readmissions within four weeks of discharge from an in-patient bed during the past year.

(d) Number of people admitted who have had an admission in the previous six months, broken down by CCG area.

(e) Monthly figures showing the percentage occupancy level of NSFT's inpatient beds during the past year. (The quality target for bed occupancy is 95% occupancy).

(f) For how many days in the past year has bed occupancy dropped below 100%?

(g) The numbers of out-of-Trust placements for adults and children during the past year (showing both the number of individual placements and the total bed days, and showing out-of-Trust placements within Norfolk and Suffolk as well as out-of-Trust placements outside of the two counties.)

(h) The numbers of people who have been detained in police custody waiting for a bed following assessment under the Mental Health Act in the past year.

(i) For people that have been detained in police custody whilst waiting for a mental health bed during the past year, the length of time from the start of Mental Health Act assessment to:-

- A mental health bed being identified
- The person leaving police custody to be conveyed to hospital.

NSFT's report is attached at **Appendix A** and representatives will be present at the meeting to answer Members' questions.

4.2 Mental health commissioners from West Norfolk CCG and South Norfolk CCG (representing the three central Norfolk CCGs) have also been

invited to attend today's meeting to answer Members questions on the investment in mental health services.

Commissioners from Great Yarmouth and Waveney CCG have not been asked to attend because the Great Yarmouth and Waveney Joint Health Scrutiny Committee has been monitoring developments in both adult and children's mental health services in the area since the CCG's formal consultation in 2014. The last report to the Joint Committee was in January 2017 and there will be an update on 6 July 2017.

4.3 Representatives from Norfolk Constabulary have been invited to attend the meeting to discuss the detention of people in police custody while they await a mental health bed.

5. Suggested approach

5.1 After the representatives from NSFT have presented their report, Members may wish to discuss the following areas:-

(a) Net investment of £14.1m in mental health services to achieve the aims of the STP is undoubtedly welcome but is it enough to meet the aim of eliminating out of area placements by 2021?

(b) During a visit to the Police Investigation Centre (PIC), Wymondham on 10 May 2017 Members heard that there are occasions where after the Police and Criminal Evidence (PACE) process has ended, individuals who have been assessed as needing hospital admission under the Mental Health Act are kept at the PIC under common law awaiting transfer to mental health facilities, either because there are no beds available and/or because the ambulance / patient transport service is busy. How often does this occur and how can it be resolved?

(c) It appears that dedicated staffing of Section 136 suite in King's Lynn could reduce delays for the police. Are the CCGs and NSFT able to identify funding this?

(d) How much progress has been made with implementing the recommendations of the Bed Review (see paragraph 3.3 & 3.4)? Are NSFT and the CCGs convinced that implementing the recommendations will be enough to enable the service to manage with the current number of mental health beds?

6. Action

6.1 Following the discussions with representatives at today's meeting, Members may wish to consider whether:-

(a) The committee's examination of this subject is complete.
(b) There is further information or progress updates that the committee wishes to receive at a future meeting.

(c) There are comments or recommendations that the committee wishes to make as a result of today's discussions.

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Date:	**20 July 2017**
Item:	**6 – Appendix A**

Norfolk and Suffolk NHS
NHS Foundation Trust

Report To:	NHOSC
Meeting Date:	20th July, 2017
Title of Report:	Availability of Acute Mental Health Beds
Action Sought:	
Estimated time:	
Author:	Veno Sunghuttee (Associate Director of Operations at NSFT) and Inspector Lucy King (Mental Health Team, Norfolk Constabulary)
Director:	Debbie White Director of Operations NSFT

Report contents and Summary:

This report is concerning the availability of acute mental health beds, and is submitted to the NHOSC meeting of 20th July, 2017. The data that NSFT has used to compile this report is from the period 1st June 2016 to 31st May, 2017 (unless stated otherwise.)

This report does not include data relating to any patient who has "patient A" status.

1.0 Report contents Current numbers and locations of CCG Commissioned and NHS England Midlands and East commissioned NSFT acute inpatient mental health beds for adults and children in Norfolk and Suffolk are as follows:

Adult and Child Inpatient Beds - Norfolk and Waveney		
Great Yarmouth Acute Services	ADULT	20
Thurne Ward, Hellesdon	ADULT	15
Glaven Ward, Hellesdon	ADULT	20
Waveney Ward, Hellesdon	ADULT	20
Churchill Ward, Kings Lynn	ADULT	15
Rollesby ward, Hellesdon	ADULT PICU	10
Dragonfly Unit, Carlton Colville	CAMHS	7

Please be aware that Q2 and Q6 are based on adult inpatient beds available in month throughout the year. We have not included adult PICU and CAMHS beds in this data. Other beds available are as above.

2.0 The number of NSFT in-patient beds per 100,000 people in Norfolk compared to the number of beds per 100,000 in England

The number of adult inpatient beds per 100,000 people in Norfolk is 10.2 beds. This compares to an average 11.2 acute inpatient psychiatric care for adult inpatient beds per 100,000 people in England

The following calculation guidance has been used to determine the number of beds in Norfolk compared to the national average:

According to Mental Health Network NHS Confederation Key facts and trends in mental health 2016 update

"March 2015 figures from NHS Benchmarking, cited by the recent Commission to Review the Provision of Acute Inpatient Psychiatric Care for Adults, indicated that there are 6,144 acute adult NHS beds in England"

According to the Office for National Statistics the estimate of population for 30 June 2015 for England was 54,786,300. Using this figure with the 6,144 acute adult beds the following figure has been obtained:

(6,144 / 54,786,300) * 100,000

= 11.2 acute inpatient psychiatric care for adult inpatient beds per 100,000 people in England.

3.0 The number of readmissions within four weeks of discharge from an in-patient bed during the past year.

Ward Name	Total Admissions	Re-admissions	Percentage
GYAS	456	43	9%
West Norfolk	157	20	13%
Central Norfolk	512	46	9%

NOTE: Based on admissions between 1/06/2016 and 31/05/2017 and readmissions within 28 days

4.0 The number of people admitted, who have had an admission in the previous six months broken down by CCG area for Norfolk.

		Adult	OP	CAMHS
GYAS	83	78	2	3
NORTH NORFOLK	61	56	0	5
NORWICH	182	178	0	4
SOUTH NORFOLK	46	45	1	0
WEST NORFOLK	59	59	0	0

NOTE: 1 readmission with London GP to Churchill ward and 3 readmissions with West Suffolk GP's not included in figures.

5.0 Monthly figures showing the percentage occupancy level of NSFT's inpatient beds during the past year

Year/Month	2016 06	2016 07	2016 08	2016 09	2016 10	2016 11	2016 12	2017 01	2017 02	2017 03
Bed Occupancy %	103.5	102.6	99.1	100.4	99.1	99.6	101.2	103.2	101.6	100.1

6.0 For how many days in the past year has bed occupancy dropped below 100%

The number of days that bed occupancy was below 100% in the last year (period 1st June 2016 to 31st May 2017), is 102 days. This data is for adult acute inpatient beds and excludes the Dragonfly unit.

7.0 The numbers of out-of-Trust placements for adults and children during the past year, (showing both the number of individual placements and the total bed days, and showing out-of-Trust placements within Norfolk and Suffolk as well as out-of-Trust placements outside of the two counties.)

OOT PLACEMENTS	ADULTS	CAMHS	DCLL	CLL
TOTAL PLACEMENTS OUTSIDE OF NORFOLK	105	46	36	10
TOTAL OOT PLACEMENTS WITHIN NORFOLK	145	0	0	3
TOTAL BED DAYS OUTSIDE OF NORFOLK	2084	4564	1408	138
TOTAL BED DAYS INSIDE OF NORFOLK	4378	0	0	145
TOTAL	6462	4564	1408	283

OOT and OOA placments								
Placement	**ADULT**	**BED DAYS**	**CAMHS**	**BED DAYS**	**DCCL**	**BED DAYS**	**CLL**	**BED DAYS**
BRISTOL PRIORY	1	7						
CAMBIAN WILLOWS			4	147				
CHEADLE PRIORY			1	76				
CHELMSFORD PRIORY	8	197	2	175			1	66
CYGNET BLACKHEATH	1	14						
CYGNET COVENTRY	1	3						
CYGNET HARROGATE	2	16						
CYGNET HARROW	1	40						
CYGNET SHEFFIELD			1	24				
CYGNET STEVENAGE	1	4						
CYGNET TAUNTON					3	197		
CYGNET WYKE	3	17			1	12	1	19
EAST LONDON NHS	1	24						
ELLERN MEADE			5	464				
HUNTERCOMBE MAIDENHEAD			2	94				
HUNTERCOMBE NORWICH			2	158				
HUNTERCOMBE ROEHAMPTON	2	118	1	109				
HUNTERCOMBE STAFFORD			2	237				
KNEESWORTH	28	565						
LONGVIEW			4	358				
MUNDESLEY	145	4378					3	145
PHOENIX CENTRE			9	1200				
POPLAR			1	33				
PRIORY POTTERS BAR	3	16						
PRIORY MIDDLETON ST GEORGE	2	31					2	10
PRIORY NOTTINGHAM	5	56						
PRIORY ROEHAMPTON	4	120	1	178			4	26
PRIORY ST NEOTTS					14	581	1	13
PRIORY WOKING	2	34					1	4
PRIORY TICEHURST	11	178	2	44				
RHODES WOOD			7	1000				
ST ANDREWS ESSEX	3	64			18	618		
ST AUBYNS			1	182				
THE DENE	26	568						
THE CROFT			1	85				
THORNFORD PARK	1	12						
TOTAL	**250**	**6462**	**46**	**4564**	**36**	**1408**	**13**	**283**

8.0 The numbers of people who have been detained in police custody waiting for a bed following assessment under the Mental Health Act in the past year

At the time of writing Norfolk Constabulary and NSFT are unable to provide this data. The custody database used by Norfolk Constabulary does not hold information about MHA assessment that take place in a Police Custody Suite in a format that is readily searchable. Information about the number of MHA assessments undertaken in Police Custody Suites is held by Norfolk County Council. In order to provide this information for NHOSC Norfolk Constabulary has

drafted a Data Sharing Agreement (DSA) with NCC to obtain this information for the period 01.04.2016 – 31.03.2017 but at the time of writing this DSA is still awaiting sign-off. It is hoped that this DSA will be in place prior to 20th July so that a report can be provided in advance of the NHOSC meeting.

9.0 For people that have been detained in police custody whilst waiting for a mental health bed during the past year, the length of time from the start of the Mental Health Act assessment to:

- A mental health bed being identified
- The person leaving police custody to be conveyed to hospital.

Inspector Lucy King (Norfolk Constabulary Mental Health Lead) has provided the attached report which is a summary of all QIRs submitted during the period 01.04.2016 – 31.03.2017 when bed delays were a significant factor. These are the cases when the longest delays have been experienced.

Summary of all QIRs submitted during the period 01.04.2016 – 31.03.2017 when bed delays were a significant factor

Date of incident	Location	Summary
12.05.2016	Kings Lynn PIC	Male was arrested at 16.43 hrs on 12th May for Assault Police. He was taken to Kings Lynn PIC where it became apparent that he was experiencing a MH related crisis. He was referred to the Liaison and Diversion nurse who arranged for a full MHA assessment. He was assessed at 22.30hrs with the outcome being that he needed to be admitted to hospital under S2 MHA. Due to his risks he needed a Psychiatric Intensive Care Unit (PICU) placement. The Duty AMHP advised that there weren't any suitable beds available at that time. The male remained in the PIC overnight. At 10.02hrs the following day the PIC were advised that a bed was being sourced at Hellesdon Hospital but this was dependent on another patient being transferred before he could be admitted. At 15.49hrs the PIC were advised that the bed was now available and an ambulance had been booked for 1700hrs. A police escort was requested as a standard (non-secure) ambulance had been booked. By 17.48hrs the ambulance hadn't arrived. The Duty AMHP was contacted who investigated the delay and advised that no ambulance had been booked. She then arranged for as secure ambulance to attend the PIC with an ETA of 20.30hrs. At 20.50hrs the male left the PIC. Total detention period = 27hrs 46 mins.
26.06.2016	Kings Lynn PIC	Male was arrested for a Public Order offence and was taken to Kings Lynn PIC. Whilst in the PIC it became apparent that he was experiencing a MH crisis. A full MHA assessment was requested. There was an initial delay of 7 hours before the assessment team arrived. The male was assessed as being in need of hospital admission under Sec 2 MHA. Due to his risks a PICU bed was requested. A delay of nearly 26 hours then followed whilst NSFT sourced an appropriate bed. The male spent a total of 44 hours in police custody.

Date of incident	Location	Summary
22.06.2016	Wymondham PIC	Male was detained at Wymondham PIC for a Public Order Act offence. Due to his behaviour on arrival at the PIC he was referred to the L&D nurse who called for a full MHA assessment. The assessment took place promptly with the outcome being that the male needed to be admitted to hospital under Sec 2 MHA. Due to his risks a PICU bed was required. A delay of 26 hours then followed before a bed was found. As a result of this delay the male spent a total of 35 hours in the PIC.
11.08.2016	Kings Lynn PIC	Male was arrested for Affray and was taken to Kings Lynn PIC. He arrived at the PIC at 12.32hrs on 11/08/2016. At 14.09hrs a phone call was received from a MH nurse who advised that the male's mother had raised concerns about his mental state. As a result a full MHA assessment was requested. The male was assessed at 15.00hrs with the outcome being that he was in need of admission to hospital under Sec 2 MHA. Due to his risks he required a specialist (PICU) placement. There were no local beds available and efforts were made to source an out-of-county bed but this did not materialise. The male remained in the PIC overnight. At 12.12hrs on 12/08/2016 it was confirmed that a bed had become available on the PICU ward at Hellesdon Hospital but there would be a further delay as this was dependent on another patient being transferred. At 16.20hrs the Section 2 papers were signed and the male eventually left the PIC in an ambulance with a police escort at 18.00hrs. Total detention period = 29.5hrs.

Date of incident	Location	Summary
03.09.2016	Wymondham PIC	Male was arrested for criminal damage and was taken to Wymondham PIC. He arrived at the PIC at 14.09hrs on 03/09/2016. Concerns were raised about his mental state and he was referred to the Liaison and Diversion Nurse who subsequently requested a full MHA assessment. Male was assessed at 21.45 hrs with the outcome being that he was in need of admission to hospital under Section 2 MHA. No local beds were available at that time and the male remained in the PIC overnight. At 09.49hrs the following day a bed was found for him at the Denes Hospital in West Sussex. Due to his risks as secure private ambulance was requested to convey him. The male finally left the PIC at 19.15hrs on 04/09/2016. Total detention period = 29 hours.
16.01.2017	Kings Lynn PIC	Male was arrested for assault police. He was taken to Kings Lynn PIC where he was later assessed under the MHA. He was assessed as being in need of admission to hospital under Section 3 MHA but at the time of the assessment there were no inpatient beds available. As a result he was detained in the PIC overnight. He was released from the PIC the following day, 19 hours after he was assessed under the MHA, when a bed became available at Northgate Hospital in Great Yarmouth. Total detention period in the PIC = 23 hours.
22.01.2017	Kings Lynn PIC	Male was arrested at 21.55hrs on 22.01.2017 for assaulting two police officers outside Kings Lynn Police Station. During the booking in procedure concerns were raised about his mental state and as a result he detained overnight to be seen by the Liaison and Diversion nurse the following morning. The L&D nurse referred him for a full MHA assessment. He was assessed at 14.30hrs on 23.01.2017 with the outcome being that he needed to be admitted to a psychiatric unit under S2 MHA. No suitable MH beds were available locally or nationally. A bed was eventually found for him at Hellesdon Hospital and he left the PIC at 16.21hrs on 25/01/2017. The time period

Date of incident	Location	Summary
		between the male being assessed as being in need of admission to hospital under S2 MHA and him leaving the PIC was nearly 49 hours.
24.01.2017	Aylsham PIC	Male was arrested for a public order offence at 17.29hrs on 24.01.2017. He was taken to Aylsham PIC where he was later referred for a full MHA assessment. He was assessed at 01.00hrs on 25.01.2017 and the outcome was that he was deemed to be in need of admission to hospital under S2 MHA. As the male was registered with a GP in London NSFT were not obliged to find him a local bed. After much liaison with NSFT and EDT a bed was finally secured in Hillingdon, London. The AMHP advised that a secure ambulance had been booked to collect the male at 1830hrs on 26/01/2017. When the ambulance arrived at the PIC the crew refused to convey him as they were not equipped to deal with his level of risk. As a result a more secure ambulance had to be booked but this wasn't available until the following day. The male finally left the PIC at 12.49hrs on 27.01.2017. The male spent nearly 68 hours in Police Custody with the time period between him being assessed as being in need of admission to hospital under S2 MHA and him leaving the PIC being nearly 60 hours.
05.02.2017	Wymondham PIC	Male was arrested for Affray after he was in possession of a knife in a public place and assaulted officers. He was taken to Wymondham PIC, arriving at 11.18hrs on 05/02/2017. Male has dementia and resides in a care home. He had expressed suicidal ideation. Soon after arriving at the PIC he was referred for a full MHA assessment which took place at 1830hrs. The outcome of the assessment was that he was liable for detention under S2 MHA but no suitable bed was immediately available. Due to his care needs he was deemed as being not fit to detain in the PIC. His care home refused to have him back unless officers remained with him whilst an inpatient bed was sourced. Police were left with no other option than to return him to his care home and undertake a bed watch overnight. After lengthy negotiation the following morning Adult Social Care provided extra staff for the care home and officers were able to resume at around midday on 06/02/2017.

Date of incident	Location	Summary
17.02.2017	Wymondham PIC	Male was arrested for a racially aggravated Public Order offence. He was later seen by the HCP who referred him for a MH assessment. The Duty AMHP declined to attend and passed the case to the CRISIS Team. The CRISIS team stated that they felt that the assessment was the responsibility of the AMHP. After some time the CRISIS team accepted responsibility for the assessment but stated that they would not be able to attend the PIC overnight due to their existing workload. Due to the PACE clock being close to expiring the decision was taken to bail the DP and continue to hold him under Common Law as it was felt that if he was released from the PIC he would present a risk to himself and others. After a 12 hour delay the CRISIS team attended the PIC and the male was subsequently admitted to Hellesdon Hospital as an informal patient.

Waiting times for Children's Mental Health Services in Norfolk

Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager

A report on the standards set for referral to treatment at each level of children's mental health services and on current actual waiting times.

1. Background

1.1 NHOSC has received reports from Child and Adolescent Mental Health Services (CAMHS) commissioners on three occasions regarding the progress of the Norfolk and Waveney Local Transformation Plan for CAMHS:-

3 December 2015
8 September 2016
6 April 2017.

1.2 At the meeting on 6 April 2017 there was discussion about referral to treatment standards and waiting times, in terms of the adequacy of national and local waiting time standards, the situation regarding referrals that did not meet the criteria to access the first level of services (Point 1) and the fact that the funding provided to Clinical Commissioning Groups for the Local Transformation Plan (LTP) is not ring-fenced and not all of this year's uplift to Norfolk and Waveney LTP funding is guaranteed to reach local services.

1.3 NHOSC noted that the Norfolk waiting time standard of 8 weeks (for at least 80% of patients) for routine referrals to NSFT's services for moderate to severe mental health needs was far more ambitious that the standard in many areas of England. The national standard was 18 weeks and the mean average waiting time for England as a whole was 17 weeks.

Since NHOSC last discussed the subject, there has been a change to the local waiting time standard for routine referrals to NSFT from 8 weeks (for at least 80% of patients) to 12 weeks (for at least 90% of patients).

1.4 To enable it to reach a better understanding of the situation, NHOSC asked for the joint CAMHS commissioners to return with further detail in relation to the standards set for referral to treatment at each level of children's mental health services and on current actual waiting times.

2.0 Purpose of today's meeting

2.1 The commissioners have been asked to provide the following information:-

- description of what the service offers at each level (i.e. at each of the different levels of severity of mental health problems, including the in-patient resources commissioned by NHS England Midlands and East (East) Specialised Commissioning)
- the standards set for referral to assessment and assessment to treatment times, and current performance across the service
- geographical variations in waiting times within Norfolk localities
- why has the referral to treatment standard for routine referrals to NSFT's services changed from 8 weeks (for at least 80% of patients) to 12 weeks (for at least 90% of patients)?
- what would enable services to improve waiting times?
- what is done for children who are exhibiting mental distress but not considered severe enough for referral to the first level of the mental health services?

The information is included at **Appendix A**.

2.2 The local CAMHS commissioners have been invited to present the information and to answer Members' questions. Representatives from the provider organisations have also been invited to answer questions that may arise about operation matters.

2.3 On 6 April 2017, NHOSC noted that this subject is of interest to both Children's Services Committee and health scrutiny. The Chairman of Children's Services Committee (CSC) was unfortunately unable to attend today's meeting, but several members of NHOSC are also members of CSC and Children's Services department is represented by Jonathan Stanley, the CAMHS Strategic Manager.

3.0 Suggested approach

3.1 After the commissioners have presented the information requested, Members may wish to address the following areas:-

(a) NHOSC members have previously expressed concern about the situation for children for whom referral to the targeted mental health services is not considered necessary but who are nevertheless in need of help. Appendix A, section 7, refers to 5 new Link Workers who will deliver a rolling programme of support, advice and training to staff in education and primary care settings. When will these new staff start work and how broad is their reach expected to be across Norfolk's GP practices and schools?

(b) The current performance (i.e. April 2017) for meeting the waiting time standard urgent referrals to NSFT's services is far below target in all of Norfolk except for the Great Yarmouth and Waveney area, and the waiting time standard has been reduced from 72 hours to 120 for all except the Great Yarmouth and Waveney area, where the

CCG did not wish to reduce the standard. Appendix A, paragraph 2.4, refers to an intention to review the clinical appropriateness of the target. What is the rationale for this review and are the CCGs in agreement on how to take it forward?

(c) Appendix A, paragraph 2.5, refers to a senior nurse taking the role of NSFT Waiting List Co-ordinator from July 2017, to help make decisions about which young people will start treatment next. Is there assurance that individuals whose waiting time has already breached the standard and those who are still within the standard will be treated equally in this process?

(d) On 6 April NHOSC heard that NHS England had announced an uplift to funding for Local Transformation Plans (LTP) for children's mental health in 2017/18, which would increase the budget available to the CCGs up to £3.1m. The uplift to the CCGs was not ring-fenced and had to be considered against all other service cost pressures. The Norfolk CCGs had committed to maintaining the 2015-16 level of increased investment (£1.9m extra per year), but not the potential additional uplift. The report at Appendix A mentions some additional on-off investments (e.g. to Point 1 to reduce waiting time backlogs). What is the current situation in terms of additional investment by the CCGs from LTP uplift monies or other sources?

4.0 Action

4.1 In view of the fact that NHOSC has previously endorsed a recommendation of the Children's Services Committee Task & Finish Group on Children's Emotional Wellbeing and Mental Health:-

'That the Local Transformation Plan be scrutinised on a regular basis **by Children's Services Committee** in order to ensure it is delivering for the children and young people of Norfolk'

NHOSC may wish to consider whether:-

(a) The Committee's examination of this subject is complete.

(b) There are any comments or recommendations that the committee wishes to make as a result of today's discussions.

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Report from the 5 Clinical Commissioning Groups in Norfolk and Waveney

HOSC report on the standards set for referral to treatment at each level of children's mental health services and on current actual waiting times.

This report is produced on behalf of the 5 Clinical Commissioning Groups (CCGs) in Norfolk and Waveney. It provides information about waiting times for Child & Adolescent Mental Health Services (CAMHS). CAMHS are provided in Norfolk and Waveney by a range of NHS and voluntary organisations. The report responds to each of the lines of enquiry requested by the Committee as set out in the cover note. The Committee is due to receive a separate report to its September meeting about children's neurodevelopmental pathways.

1. Description of what the service offers at each level (i.e. at each of the different levels of severity of mental health problems)

1.1 CAMHS are commissioned to provide support and treatment for children and young people aged 0-18, with some services extending up to 25. CAMHS include teams who provide education, support and guidance to build positive mental health in the whole population, as well as teams who provide support and treatment when children and young people develop mental health problems.

1.2 CAMH Services are categorised as Universal, Targeted and Specialist, in accordance with national guidance:

1.2.1 **Universal services/provision** are accessible by all children and young people. They are delivered in settings such as children's centres, schools and primary care by teachers, early years workers, GPs, school nurses, health visitors and others. The mental health role of universal services is to promote positive mental health and well-being and to help identify, refer on and support those children who may require input from targeted or specialist services.

As waiting time standards do not apply to universal services, this report focuses on Targeted and Specialist provision.

1.2.2 **Targeted services/provision** are for children and young people who may be considered to have **mild to moderate** mental health needs and/or to be vulnerable, where some low intensity monitoring/interventions may be required. Service settings include universal settings, but the provision is aimed at identified groups, not the whole population. Norfolk & Waveney's CCG commission in partnership with Norfolk County Council (NCC) a Targeted service called Point 1. The service provides:

- Talking therapy sessions – 1:1 and group
- Structured psychosocial sessions – 1:1 and group

- Consultation sessions – group, individual and anonymous, for staff needing advice and support regarding children they are concerned about
- Evidence based parenting courses
- Parent Infant Mental Health provision
- Single Area Meetings – Point 1 co-ordinates regular meetings of local providers to jointly review and 'trouble shoot' regarding complex or difficult to assess cases

1.2.3 **Specialist services/provision** are for children and young people with identified **moderate to severe** or complex mental health needs. Settings include community based specialist clinics and residential or inpatient provision, with staff including talking therapists, child and adolescent psychiatrists and other practitioners with specialist mental health training.

Norfolk & Waveney's CCG commissioned Specialist community service is provided by Norfolk & Suffolk Foundation NHS Trust (NSFT). The service delivers treatment provided by multi-disciplinary teams, including:

- Talking therapy sessions – 1:1 and group
- Specialist team for those affected by Eating Disorders
- Specialist team for those affected by their first episode of psychosis
- Specialist team for those affected by a severe mental health crisis
- Structured psychosocial sessions – 1:1 and group
- Medication
- Consultation sessions for staff needing advice and support regarding children they are concerned about
- Art psychotherapy

NHS inpatient provision is commissioned for our population by NHS England's Specialised Commissioning team. NHS England has supplied information about waiting times affecting those needing inpatient treatment at **Appendix 1**.

2. The standards set for referral to treatment times at each level and current performance

The Committee requested information about the following additional points of detail:

- *the actual average waiting times at each level including*
    - *the Point 1 and NSFT services commissioned locally*
    - *waiting times for follow-up appointments as well as first contact.*

2.1 Providers are required to meet waiting time standards for a minimum target percentage of those who receive an assessment and/or enter treatment – e.g. a minimum of 80% of Eating Disorders patients should be assessed within 1 week of their referrals being received by NSFT. Performance is not

measured by a calculation of the average waiting time experienced. The performance data that follows therefore relates to the percentages of the population for whom waiting times standards are achieved.

2.2 Reporting of waiting times for follow-up appointments (after initial assessment) is a contract requirement for Point 1, so data is included about that in the table below.

For some CAMHS teams, there are nationally mandated waiting time standards. However, for most CAMHS teams waiting time standards are set locally. The following table sets out the standards applied to Norfolk & Waveney's CAMHS and current performance.

	Provider & Team	**Waiting time category**	**Waiting time standard**	**National or Local standard**	**Target (% of client/ patients whose waits should meet the standard)**	**Current performance (April 2017)**
1	NSFT: ED Team	Urgent	1 Week	National	80%	100%
2	NSFT: ED Team	Routine	4 Weeks	National	75%	100%
3	NSFT: EIP Teams	All	14 Days	National	50%	61%
4	NSFT: 0-18yr olds	Emergency	4 hours (RTA)	Local	95%	76%
5	NSFT: 0-18yr olds	Urgent – **GYW area only**	72 Hours (RTA)	Local	80%	91%
		Urgent – **Rest of Norfolk**	120 hours (RTA)	Local	95%	41%
6	NSFT: 0-18yr olds	Routine	28 Days (RTA)	Local	95%	60%
7	NSFT: 0-18yr olds	Routine	12 Weeks (RTT)	Local	90%	99%
8	Point 1	RTA	28 Days	Local	95%	96%
		ATT	28 Days	Local	95%	79%

'ED' stands for Eating Disorders
'EIP' stands for Early Intervention in Psychosis
'RTA' stands for Referral To Assessment
'RTT' stands for Referral to Treatment

'ATT' stands for Assessment To Treatment
'GYW' stands for Great Yarmouth & Waveney

2.3 In row 5 two separate urgent waiting time standards are shown – one for the Gt Yarmouth & Waveney area only (72 hrs), the other for the rest of Norfolk (120 hrs). Initially this waiting times standard was set at 72 hours across the Norfolk and Waveney CCG areas. However in dialogue with NSFT agreement was gained to adjust the Urgent waiting times target to 120 hours for all CCGs except Great Yarmouth and Waveney who wished at the time for the target to remain at 72 hours.

2.4 This leaves a situation of differing performance expectations for NSFT. In acknowledgement of this and in order to respond to an agreement made with NSFT, a review of the clinical appropriateness of this target will be taken forward. The aim of this review will be to determine both the future of these targets and to agree how CCGs can be assured by NSFT that patients are being seen within acceptable periods of time in accordance with presenting clinical needs.

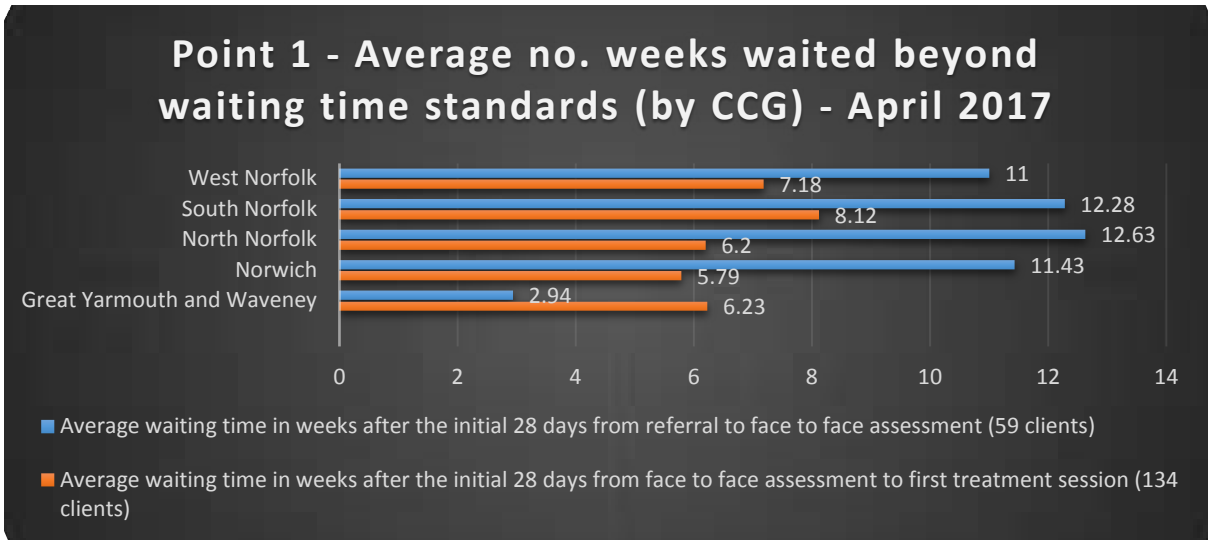
2.5 The above table highlights that there are some areas, particularly within the NSFT service, where current waiting time standards are not being met. NSFT has provided some additional information to give Members more context on this matter, which now follows:

> *Increasing demand for NSFT's service has resulted in a wait for some patients for ongoing treatment post assessment. If a young person requires group work or short term therapy they receive a rolling programme of interventions.*
>
> *After initial assessment and once on NSFT's waiting list for treatment, young people are able to access drop in clinics, group work, webinars and self-help materials. Young people on the list receive a letter every three months reminding them of the ways to contact the service if their needs change while waiting for treatment. A senior nurse will become the Waiting List Co-ordinator from July 2017, with responsibility to monitor changes in young people's presenting needs and to pass this information to the weekly multi-disciplinary meetings for the clinical team to make safe and informed decisions about which young people will start treatment next. Staff working in NSFT's Youth Service treatment teams are currently working overtime to contact those waiting the longest to ensure assessments of risk are still valid and so that young people have the opportunity to discuss any concerns.*
>
> *The largest age group currently waiting are 14-16 yr olds. A weekly report monitors the changing make-up and size of the waiting list, and is reviewed by clinical teams (overseen by a senior clinical psychologist and a consultant psychiatrist). CCGs and NSFT monitor activity and will hold further detailed discussions if indicative activity levels are at risk of being exceeded.*

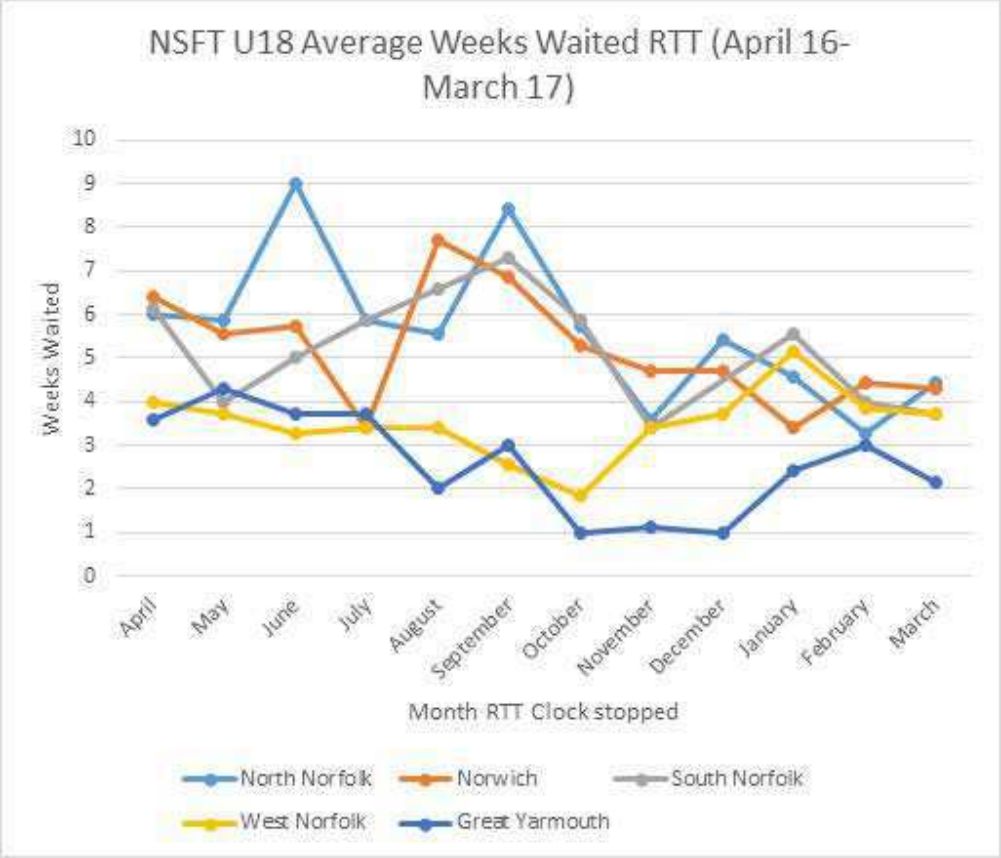
2.6 Point 1 is not meeting its second waiting times standard - 28 days from Assessment appointment to Treatment appointments starting. The standard is being achieved for 79% of clients, whereas the target is that it should be reached for 95%. This represents an improved position as at April 2017, over the preceding period. In January 2017 Point 1 received additional one off funding to reduce waiting time backlogs. Performance against both waiting time standards has improved as a result of this funding. The difference in performance against the two standards is mostly because the first assessment (RTA standard) is carried out by a dedicated assessment team, whereas the second requires the therapy teams to make treatment slots available. The assessment team makes the initial contact and provides a single assessment appointment, allowing them to see a higher number of clients. The therapy teams have to see any new referrals in addition to the existing clients they are already seeing for a series of treatment sessions. This is a key reason why the percentage of clients for whom the second waiting time standard (ATT) is achieved is always lower than is the case for the first standard. When the one off money is used up waiting times may increase, particularly if the number of new referrals continues to rise.

3. Geographical variations in waiting times within Norfolk localities

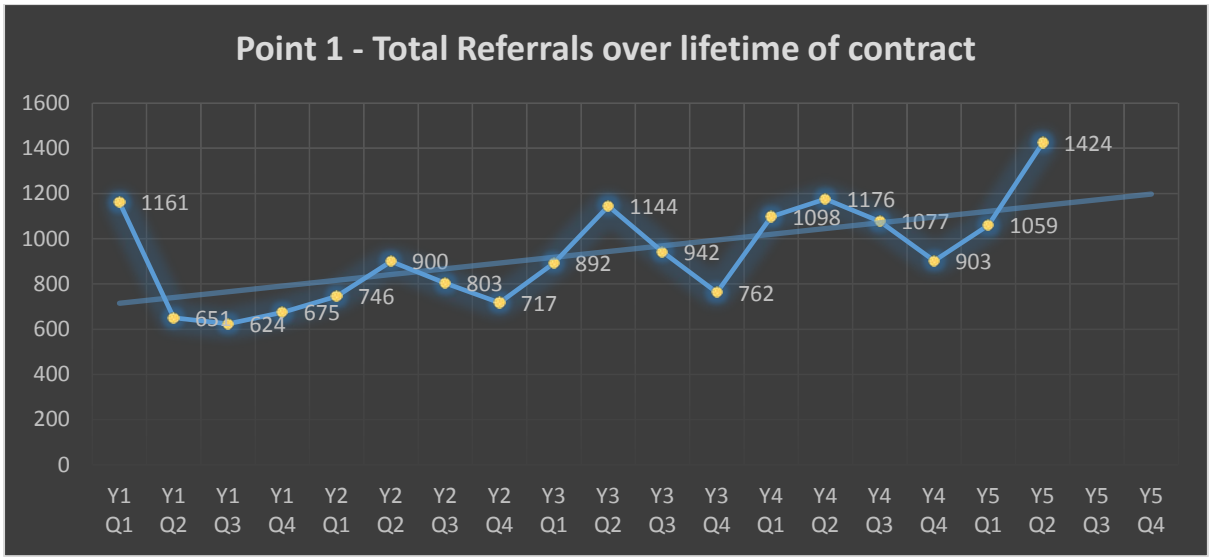
3.1 Members have requested information about any significant geographical variations. The table below shows data by CCG as at April 2017 for those clients of Point 1 whose waiting times exceeded either or both of Point 1's waiting times standards. The information in the table relates to 59 clients who waited longer than the first waiting time standard (28 days from referral to assessment) and 134 clients who waited longer than the second standard (28 days from assessment to 1st treatment session). It shows how many weeks beyond the standard clients waited on average before being seen.



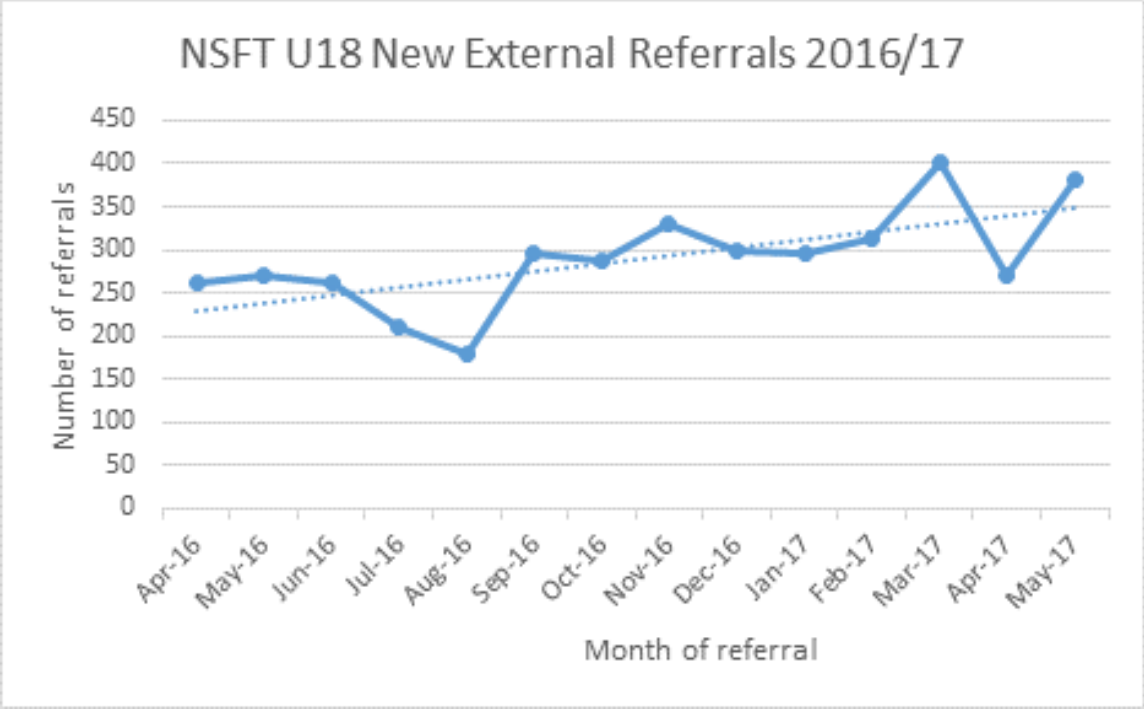
3.2 The table below shows the variation by CCG in NSFT's Referral To Treatment 12 week waiting time standard for under 18s during the 2016-17 financial year.



3.3 A key factor that exerts pressure on waiting times is that the number of referrals to CAMHS has been on the increase for some time. For example, the following table shows how the number of referrals to the Point 1 service has increased over the 4-5 years the service has been operational. If the first quarter of the first contract year's figures are disregarded (as data quality issues resulted in that quarter's figures being inflated) the table shows a dramatic rise in referrals from 600-700 a quarter increasing to approaching 1500 in the most recently reported quarter.



3.4 Referrals to NSFT have also risen significantly in recent times. The next table shows the number of referrals received during 2016/17 (please note this excludes data for the Gt Yarmouth & Waveney CCG, which was not available at the time of writing).



4. Prior to April 2017 the referral to treatment standard for NSFT's children's mental health services was 8 weeks. This has now been amended to 12 weeks. Why has this change been made?

4.1 NSFT's **Routine** waiting time standard for under 18 yr olds is 12 weeks. In the 2017/19 contract negotiations with NSFT an agreed change was made to the local waiting time target moving this from an up to 8 week wait (for at

least 80% of patients) to an up to 12 week wait (for at least 90% of patients). This remains under the generic national waiting time standard of 18 weeks and represents a change in expectation to support the provider in balancing the level of service demand with a clinically safe response timeframe. The mean waiting time for CAMHS in England reported by an NHS Benchmarking report in late 2016 was 17 weeks. 12 weeks is the maximum time a person referred to CAMHS services should be waiting and that the expectation is for assessments to be conducted and treatment commenced in accordance with clinically presenting needs within the 12 week period.

5. What would enable services to improve waiting times?

5.1 In addition to effective performance management (internally by providers and through the usual CCG contract management mechanisms), three things could result in an improvement in waiting times – an increase in funding, a reduction in referrals or more cost effective use of existing resources.

- **Increase in funding**

  Additional sums have been allocated to and received by CCGs to transform and increase capacity in CAMHS (including additional one off funding for waiting list reduction work). CCGs have committed to maintaining the 2015/16 level of increased investment (£1.9m extra per year) from the Local Transformation Plan (LTP) funding. Further information on LTP spend is detailed in the previous HOSC reports (the most recent of which was in April 2017).

- **Reduction in referrals**

  While a reduction in referrals would result in reduced waiting times, local demand (referral numbers) continues to increase and government has set targets for CCGs to ensure increased numbers of children access CAMHS support and treatment. The Government's Five Year Forward View target is that by 2021 at least 35% of children who need mental health treatment are accessing it. What would help to increase capacity is work to ensure that only those children and young people who need support and treatment from CAMHS are referred to CAMHS. CAMHS currently spend time undertaking initial assessments and liaising with referrers, schools, families for a number of children who do not reach service thresholds and whose needs would be best met by well supported and trained staff from schools, non-specialist mental health teams and other universal services. The new Link Worker posts (described below) will, among other things, help to keep the number of inappropriate referrals low, which in turn will maximise the amount of time our mental health teams can spend delivering support and treatment.

- **More cost effective use of existing resources**

  CCGs and NCC are currently leading a whole system project to redesign mental health pathways for children. A key consideration of the project is to assess the opportunities and decide on the future pooling of funding to maximise the reach of CAMHS (within the total funding available), so that more children can be seen. It is also a key aim of the redesign to redevelop, simplify and integrate pathways so that they are more equitable and children do not fall between teams or service levels. It is expected this work will build on existing joint commissioning approaches between the CCGs and NCC, and will be completed by September 2019.

6. Waiting times for acute mental health beds for children commissioned regionally

6.1 NHS England's Specialised Commissioning team is responsible for the commissioning of inpatient CAMHS beds. The team has supplied a table illustrating the average waiting times experienced by patients assessed as needing an inpatient bed (see **Appendix 1**). Average waiting times (from January 2016-March 2017) ranged from 1-14 days.

7. What is done for children who are exhibiting mental distress but not considered severe enough for referral to the first level of the mental health services (Point 1)?

7.1 An expectation of all working in Universal settings (teachers, primary care and other open access services) is that they work in ways to build the wellbeing and resilience of children – including those experiencing mental health issues that are not complex or severe enough to reach the thresholds for targeted and specialist teams.

7.2 At a national level, some excellent websites have been funded to provide information, self-help and e-learning opportunities – some aimed at staff working in Universal settings and others aimed at children and the general public. Examples include MindEd, Time to Change and Young Minds. A nationally funded Mental Health First Aid rolling programme of training will also soon be made available for High Schools.

7.3 There are several initiatives commissioned locally to provide support to those in Universal settings, as well as opportunities to buy in dedicated support and training. All CAMHS (Targeted and Specialist services) provide consultation to those seeking advice about how best to support children (and families) who are struggling to cope. Where a child's needs do not reach service thresholds, CAMHS help connect and signpost children (and those around them) to other activities and services who may be able to provide some helpful input.

7.4 The Early Help teams of NCC are able to provide input to support the emotional health and wellbeing of children and families as part of its offer.

7.5 The extra government funding provided to the NHS under the LTP programme has enabled CCGs to commission 5 Link Workers to deliver a dedicated rolling programme of support, advice and training to staff working in education and primary care settings. The new posts are in the final stages of recruitment.

7.6 The Wellbeing Service for Norfolk & Waveney (provided by NSFT) provides dedicated support for younger people aged 16-26. The support on offer includes group workshops, advice sessions (face to face, online or over the phone), drop in sessions, and one to one support/treatment.

7.7 Funded by NCC and participating schools, the Promoting Alternative Thinking Strategies (PATHS) programme is delivered in over 60 primary schools across Norfolk. PATHS is an evidence based programme that actively teaches children about feelings, self-esteem and how to manage emotions when under pressure.

7.8 In addition, some schools choose to buy in talking therapists to provide support directly in schools, over and above the core offer available from CAMHS.

Appendix 1 – Average waiting times for CAMHS inpatient beds (supplied by NHS England Specialised Commissioning Team)

	01/01/2016 - 01/06/2016		02/06/2016 - 01/11/2016		02/11/2016 - 01/03/2017	
CCG Name	**Number of Admissions**	**AVG Waiting Time**	**Number of Admissions**	**AVG Waiting Time**	**Number of Admissions**	**AVG Waiting Time**
NHS North Norfolk CCG	10	2.5 days	12	5.8 days	13	7 days
NHS Norwich CCG	3	3 days	5	5.8 days	4	7 days
NHS South Norfolk CCG	4	13 days	8	10 days	5	11 days
NHS West Norfolk CCG	4	14 days	6	3 days	13	5 days
NHS Great Yarmouth and Waveney CCG	8	3 days	7	4.5 days	15	1 day

Norfolk Health Overview and Scrutiny Committee appointments

Report by Maureen Orr, Democratic Support and Scrutiny Support Manager

The Committee is asked to appoint Members to link roles and to a potential Norfolk and Waveney Joint Health Scrutiny Committee.

1. Appointments to link role

1.1 On 25 May 2017 NHOSC made appointments to link roles with local Clinical Commissioning Groups (CCGs) and NHS provider Trusts. The link members are nominated to attend CCG meetings held in public in the same way as a member of the public might attend. Their role is to observe the CCG meetings, keep abreast of developments in the CCGs area and alert NHOSC to any issues that may require the committee's attention.

The nominated member or a nominated substitute may attend in the capacity of NHOSC link member. It is not essential for NHOSC to nominate substitute CCG links but it may nominate substitutes if it wishes. The CCG meetings are open to the public and other members may therefore attend as members of the public if they wish.

1.2 Mr Nigel Dixon was appointed as the substitute link with Norfolk Community Health and Care NHS Trust (NCH&C) but has since stood down from NHOSC. The Committee may wish to appoint another substitute. NCH&C meets on the last Wednesday of every month, usually at Norwich Community Hospital starting at 9.30am.

2. Potential Norfolk and Waveney Joint Health Scrutiny Committee

2.1 On 6 April 2017 NHOSC received draft terms of reference for a potential Norfolk and Waveney Joint Health Scrutiny Committee with Suffolk on the same footprint as the Norfolk and Waveney Sustainability Transformation Plan (STP):-
NHOSC 6 April 2017, Agenda item 8 - Potential joint health scrutiny committee for Norfolk & Waveney

The Committee agreed that subject to agreement of Suffolk Health Scrutiny Committee, the terms of reference be used to establish a joint health scrutiny committee with Suffolk County Council on a task and finish basis in the event of consultation on proposals for substantial changes to health and care services on a cross-border footprint which goes wider than the Great Yarmouth and Waveney area.

Suffolk Health Scrutiny Committee received the draft terms of reference on 12 July 2017.

The terms of reference provide that all Members of NHOSC and two Members of Suffolk Health Scrutiny Committee, one of which will be the Waveney District Council representative, would be members of the potential Norfolk and Waveney Joint Health Scrutiny Committee, should it be convened to receive consultation arising from Norfolk and Waveney STP. It is envisaged that, where possible, the joint committee would meet on the same day as NHOSC.

3. Action

3.1 The Committee is asked to:-

(a) Nominate a substitute link member with Norfolk Community Health and Care NHS Trust.

(b) Confirm that all members of NHOSC will serve on a potential Norfolk and Waveney Joint Health Scrutiny Committee with Suffolk to receive consultation arising from the Norfolk and Waveney STP on a cross-border footprint which goes wider than the Great Yarmouth and Waveney area.

Norfolk Health Overview and Scrutiny Committee

ACTION REQUIRED
Members are asked to suggest issues for the forward work programme that they would like to bring to the committee's attention. Members are also asked to consider the current forward work programme:-

- whether there are topics to be added or deleted, postponed or brought forward;
- to agree the briefings, scrutiny topics and dates below.

Proposed Forward Work Programme 2017

Meeting dates	*Briefings/Main scrutiny topic/initial review of topics/follow-ups*	*Administrative business*
7 Sept 2017	Speech and language therapy – concerns about waiting times for children. Children's autism and sensory processing assessment / therapy – concerns about availability of services and waiting times.	
26 Oct 2017	Ambulance Response and Turnaround Times in Norfolk – update on progress since 13 October 2016	
7 Dec 2017		

NOTE: These items are provisional only. The OSC reserves the right to reschedule this draft timetable.

Provisional dates for report to the Committee / items in the Briefing in 2017

26 Oct 2017 – *In the NHOSC Briefing* – Introduction of the Primary Care Education and Training Tariff – update from Mr I Newton, Department of Health (follow up to Members' informal meeting with Mr Newton on 29 Sept 2016).

Provisional – February 2018 – Continuing healthcare – an update on progress since Feb 2017.

Main Committee Members have a formal link with the following local healthcare commissioners and providers:-

Clinical Commissioning Groups

North Norfolk	-	M Chenery of Horsbrugh (substitute Mr D Harrison)
South Norfolk	-	Dr N Legg (substitute Mr P Wilkinson)
Gt Yarmouth and Waveney	-	Mrs M Fairhead (substitute Mr A Grant)
West Norfolk	-	M Chenery of Horsbrugh (substitute Mrs S Young)
Norwich	-	Ms E Corlett (substitute Ms B Jones)

NHS Provider Trusts

Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust	-	Mrs S Young (substitute M Chenery of Horsbrugh)
Norfolk and Suffolk NHS Foundation Trust (mental health trust)	-	M Chenery of Horsbrugh (substitute Ms B Jones)
Norfolk and Norwich University Hospitals NHS Foundation Trust	-	Dr N Legg (substitute Mr D Harrison)
James Paget University Hospitals NHS Foundation Trust	-	Mrs L Hempsall (substitute Mrs M Fairhead)
Norfolk Community Health and Care NHS Trust	-	Mr D Harrison (*Vacancy*)

Norfolk Health Overview and Scrutiny Committee 20 July 2017

Glossary of Terms and Abbreviations

AMHP	Approved Mental Health Practitioner
ATT	Assessment to treatment
CAMHS	Child And Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CLL	Complexity in later life
DCLL	Dementia and Complexity in Later Life
Dragonfly Unit	Dragonfly Unit, Carlton Colville, Suffolk – children's mental health in-patient unit
DP	Detained person
DSA	Data sharing agreement
ED	Eating disorders
EDT	Emergency duty team
EIP	Early intervention in psychosis
ETA	Estimated time of arrival
GP	General Practitioner
GYAS	Great Yarmouth acute service
GY&W	Great Yarmouth and Waveney
HOSC	Health Overview and Scrutiny Committee
L&D	Liaison & diversion
LTP	Local Transformation Plan (for children's mental health services)
MH	Mental health
MHA	Mental Health Act
NCC	Norfolk County Council
NCH&C (NCHC)	Norfolk Community Health and Care NHS Trust
NHOSC	Norfolk Health Overview and Scrutiny Committee
NSFT	Norfolk and Suffolk NHS Foundation Trust (the mental health trust)
N&W STP	Norfolk and Waveney Sustainability & Transformation Plan
OOT	Out of Trust (i.e. outside of the Norfolk and Suffolk geographic area covered by Norfolk and Suffolk NHS Foundation Trust)
OP	Older people
PACE	Police and Criminal Evidence Act
PATHS	Promoting Alternative Thinking Strategies
'Patient A' status	Patient A refers to when NSFT staff require an admission
PIC	Police investigation centre
PICU	Psychiatric Intensive Care Unit
Point 1	A consortium of 3 organisations – Ormiston Families (the consortium's lead agency), Mancroft Advice Project (MAP)

	and Norfolk and Suffolk Foundation Trust (NSFT) providing Norfolk's county wide targeted mental health service (2015)
QIR	Quality Improvement Report
RTA	Referral to assessment
RTT	Referral to treatment
S117	Section 117 aftercare – refers to section 117 of the Mental Health Act which give some people who have been kept in hospital under the Act the right to free help and support after they leave hospital.
S136	The police can use section 136 of the Mental Health Act to take people to a place of safety when they are in a public place. They can do this if they think the person has a mental illness and is in need of care.
TSS	Trust Service Strategy (Norfolk and Suffolk NHS Foundation Trust's Service Strategy 2012-16)