

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
On 6 April 2017**

Present:

Mr R Bearman	Norfolk County Council
Mr M Carttiss (Chairman)	Norfolk County Council
Ms E Corlett	Norfolk County Council
Michael Chenery of Horsbrugh	Norfolk County Council
Mrs A Claussen-Reynolds	North Norfolk District Council
Mrs E Corlett	Norfolk County Council
Mr D Harrison	Norfolk County Council
Mrs L Hempsall	Broadland District Council
Dr N Legg	South Norfolk District Council
Mrs M Stone	Norfolk County Council
Mrs S Young	King's Lynn and West Norfolk Borough Council

Substitute Members Present:

Ms L Grahame for Dr K Maguire	Norwich City Council
Mrs S Gurney for Mrs J Chamberlin	Norfolk County Council

Also Present:

Jonathan Stanley	Child and Adolescent Mental Health Services (CAMHS) Strategic Commissioner, Norfolk County Council and Clinical Commissioning Groups
Clive Rennie	Assistant Director of Commissioning Mental Health and Learning Disabilities, Jonathan Stanley: CAMHS Strategic Commissioner
Ricky Cooper	Head of Social Work, Children's Services, Norfolk County Council
Philip Beck	Head of Services and Partnerships (Great Yarmouth), Children's Services, Norfolk County Council
Jan Thomas	Associate Locality Director, Integrated Services, IC24
Dr Nick Wilford	Associate Medical Director, IC24
Nikki Cocks	Director of Operations and Delivery, Norwich CCG
Lorraine Gray	Chief Operating Officer, IC24
Katherine Pitts	Deputy Chief Operating Officer, IC24
Gilly Carliell	Associate Director of Communications & Engagement, IC24
Judith Bell	Healthwatch Norfolk
Maureen Orr	Democratic Support and Scrutiny Team Manager
Chris Walton	Head of Democratic Services
Tim Shaw	Committee Officer

1 Apologies for Absence

Apologies for absence were received from Mrs J Chamberlin, Mrs A Claussen-Reynolds, Mr P Gilmour, Dr K Maguire, Mrs S Weymouth and Mr P Wilkinson.

2. Minutes

The minutes of the previous meeting held on 23 February 2017 were confirmed by the Committee and signed by the Chairman.

3. Declarations of Interest

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

4. Urgent Business

There were no items of urgent business.

5. Chairman's Announcements

- 5.1 The Chairman pointed out that Mrs S Gurney was attending her first meeting of the Committee as a substitute member for Mrs J Chamberlin.

6 Children's Mental Health Services in Norfolk

- 6.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to a report from Child and Adolescent Mental Health Services (CAMHS) commissioners that examined the development of children's mental health services under the Local Transformation Plan and the early outcomes for service users.

- 6.2 The Committee received evidence from Jonathan Stanley, Child and Adolescent Mental Health Services (CAMHS) Strategic Commissioner, Norfolk County Council and Clinical Commissioning Groups, Clive Rennie, Assistant Director of Commissioning Mental Health and Learning Disabilities, Jonathan Stanley, CAMHS Strategic Commissioner, Ricky Cooper, Head of Social Work, Children's Services, Norfolk County Council and Philip Beck, Head of Services and Partnerships (Great Yarmouth), Children's Services, Norfolk County Council.

- 6.3 The following key points were noted:

- The speakers said that the 5 CCGs had agreed to allocate a minimum of £1.9m per annum to children's mental health services, which was the amount originally allocated in 2015-16.
- NHS England had included uplifts to LTP funding within the CCGs baseline core funding. For 2017-18, the CCGs budget had increased to £3.1m. However, the uplifts were not ring fenced and had to be considered against all other cost pressures affecting CCGs.
- Ms Corlett and Mrs Stone outlined the recommendations of the Children's Services Committee Task and Finish Group on children's emotional wellbeing that were set out in the report. Members who had served on the Task and Finish Group said that the Group's findings had identified early intervention to

be critical in improving the emotional wellbeing of children. Many children and adolescents who experienced mental health problems had not had appropriate interventions at a sufficiently early age.

- The Task and Finish Group had identified the need to develop a common language for use by social care, medical professionals and schools to describe incidents of mental health in children.
- Members spoke about how mental health was often related to issues of social deprivation and emotional distress.
- The speakers considered the performance of children's mental health service in Norfolk to be good when set against the national average waiting times for CAMHS.
- The speakers said that all 5 CCGs had signed up to plans for the redesign of the mental health pathways and for greater integration of the system by April 2019. All of the service developments promised in the original LTP were now either close to being implemented or were fully operational.
- The service developments that went live on 1st April 2017 were set out in the report. They included an expanded specialist CAMHS crisis assessment function which would be available up until midnight during the week, and for at least 4 hours on weekend and bank holiday days (with cover provided out of those hours by the Adult Crisis Teams) and an extension to the core/team service opening hours of Norfolk and Suffolk Foundation Trust (NSFT) to 8am-8pm on week days.
- The speakers said that the CCGs and their partners had focused on work that was aimed at redesigning the entire mental health system for children and young people. The CCGs had consulted with a wide range of partners about the promised improvements and were keeping parents and service user groups informed about progress.
- Members said that the CCGs had to be careful not to spend too much time on what could be seen as a "product rebranding exercise."
- In reply, the speakers said that the service review was much more than a "rebranding exercise". The review was about the development of children's mental health services and the specialist CAMHS activity commissioned by the CCGs and NCC. The approach being taken was primarily aimed at the two largest service providers. The improvements (which were set out in the report) were negotiated with the two service providers as contract variations.
- Members said that they would like to see evidence of plans for service integration with a wider range of service providers, including single point of access. Members acknowledged that this would require significant changes in the contractual arrangements with several existing providers.
- The speakers spoke about the CCGs aim to provide a single point of access to mental health services provided by Norfolk and Suffolk NHS Foundation Trust (NSFT) and Point 1 in the short term, and encompassing other partners in the longer term. A fully integrated service would depend on the availability of long term funding.
- The speakers said that in recent years a number of new pathways had become available to parents and young people when seeking help, however, up to 80% of referrals still came from GPs following a traditional referral route.
- Members spoke about the need for more public information on the type of help that was available to parents and children and about where parents should look to find help in the quickest possible time.
- In reply, the speakers said that the number of referrals and the number of active service users continued to increase significantly from one year to the next. The current locally agreed Norfolk waiting time standard was for 80% of CAMHS patients to be seen within 8 weeks of their referral being received by

the NSFT. The speakers said that this standard was being met for 90% of CAMHS patients.

- In reply to questions about whether they considered the local waiting time standard to be adequate, the speakers said that the Norfolk waiting time standard was far more ambitious than the standard in many areas of England. The mean average waiting time for England as a whole was 17 weeks.
- Members spoke about how a refusal to proceed with an initial health assessment for a Looked After Child could lead to long term implications for that child's health and queried whether it was children or carers who refused the assessments.
- The speakers said that over the last year there were 45 refusals of children's mental health assessments. In the previous year there were 52 refusals. Nearly all of the refusals related to older adolescents. The national average acceptance rate of a mental health assessment was 89%.
- Members asked to be informed of the percentage (as well as the actual figure) for the number of refusals to accept a mental health assessment in Norfolk. This statistic would help to provide Members with a greater understanding of the scale of the issue.
- In reply to questions, the speakers said that Children's Centres had identified a year on year increase in the number of children with mental health issues. They said that an initial reluctance by a child to undergo a mental health assessment usually became less of an issue after work with parent and child/adolescent had begun and trust and confidence with specialist nursing staff and family support workers was established.
- The Chairman spoke about how each mother and child seeking help had their own unique set of issues and needs.
- Other Members spoke about the importance of giving priority to individuals with parental responsibilities in order to reduce the impact upon their family of not receiving treatment. They spoke about the importance of giving priority to meeting the specific needs of mothers who suffered from depression, anxiety, or in some cases psychosis, during pregnancy or in the first year after childbirth.

6.4 The Committee took a break at this point in the proceedings and the speakers left the meeting.

6.5 Later in the meeting it was **agreed** that:-

- a. The Committee noted there were reports on the way forward but was disappointed that a target date for concrete achievements was difficult to find.
- b. The Committee endorsed the recommendation by the Children's Services Committee Task and 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.

6.6 The Committee also **agreed** as part of the forward work programme (at item 9 on the agenda):

- That representatives of Children's Services Committee should be invited to the meeting when NHOSC next looks at the subject on 20 July 2017.

7.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to a report from IC24 and Norwich CCG on progress with the NHS 111 and GP Out of Hours (OOH) service in central and west Norfolk.

7.2 The Committee received evidence from Jan Thomas, Associate Locality Director, Integrated Services, IC24, Dr Nick Wilford, Associate Medical Director, IC24 and Nikki Cocks, Director of Operations and Delivery, Norwich CCG.

7.3 The following key points were noted:

- The speakers said that the Care Quality Commission had rated IC24 as providing a good service.
- One of the key performance measures mentioned in the report, the number of abandoned calls, where a caller hung up before the conversation started, had dropped significantly in recent months.
- Members suggested that OOH staff should place more emphasis on identifying the amount of pain that OOH service users were in when deciding on the most appropriate response to meet service user needs.
- In reply, the speakers said that OOH care staff were qualified registered nurses and paramedics who had the expert knowledge base, complex decision making skills and clinical expertise to assess the amount of pain that patients were in and to put in place the most appropriate response. This multi-disciplinary skills mix worked very well and was supported by a stable GP workforce who remained committed to leading the OOH service.
- One of the key national issues for GPs working in OOH was the challenge of increased indemnity costs.
- It was pointed out that indemnity insurance, which had been discussed at previous Committee meetings, was an obligatory requirement and remained a barrier to the recruitment of more GPs in out-of-hours services. IC24 could not provide this insurance since to do so could change the employment status of those who worked for IC24. This issue continued to be taken up at the national level.

7.4 The Committee **noted** the progress that had been made.

8 **Potential joint health scrutiny committee for Norfolk and Waveney**

8.1 The Committee received a report that asked Members to approve terms of reference for a potential joint health scrutiny committee with Suffolk, on a task and finish basis, to cover the Norfolk and Waveney Sustainability Transformation Plan (N&W STP) footprint.

8.2 The Committee **agreed** the draft terms of reference at Appendix A to the report and authorised them to be used, subject to the agreement of Suffolk Health Scrutiny Committee, to establish a joint health scrutiny committee with Suffolk County Council on a task and finish basis in the event of consultations 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.

9. **Forward Work Programme**

9.1 The forward work programme was **agreed** with the following addition:-

20 July 2017 – **Waiting times for Children’s Mental Health Services in Norfolk**
(see minute 6 above).

- 9.2 It was noted that Ms Corlett had arranged for a visit to the Police Investigation Centre and the mental health team who operated there. The Police had said to Ms Corlett that other Members would be welcome to attend. The date for the visit would be circulated to Members of the Committee.

10 **Mr Michael Carttiss**

- 10.1 Dr Nigel Legg, Vice-Chairman of the Committee, placed on record Members’ thanks and best wishes for the future to Mr Michael Carttiss who was not standing for election in the forthcoming County Council elections and for whom this was his last meeting of the Committee. The Committee was informed that Mr Carttiss had served as Chairman of NHOSC on two occasions for a total of 10 years. He was elected to serve on the County Council at a total of five elections. During his 51 years in public service Mr Michael Carttiss had served as Chairman of the County Council and had been elected as MP for Great Yarmouth. Dr Legg said that Mr David Bradford had asked him to pass on his best wishes to Mr Michael Carttiss. Mr Bradford had said that although they were from different parties and had very different views on some matters he respected Michael's chairmanship of the NHOSC and had always recognised that Michael was a supporter of the National Health Service.

Chairman

The meeting concluded at 12.50 pm



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