MINUTES OF JOINT MEETING OF ADULTS & HEALTH AND CHILDREN & YOUNG PEOPLE'S SCRUTINY PANELS HELD ON THURSDAY 9TH FEBRUARY, 2023

PRESENT:

Children & Young People's Scrutiny Panel Councillors: Makbule Gunes (Chair), Anna Abela, Lester Buxton, Lotte Collett, Marsha Isilar-Gosling, Sue Jameson and Mary Mason

Children & Young People's Co-optees/Non Voting Members: Yvonne Denny (Church representative) and Amanda Bernard (Haringey SEND Parent Carer Forum)

Adults & Health Scrutiny Panel Councillors: Pippa Connor (Chair), Anna Abela, Cathy Brennan, Thayahlan Iyngkaran, Felicia Opoku and Sheila Peacock

Adults & Health Scrutiny Panel Co-optees: Helena Kania

1. FILMING AT MEETINGS

The Chair referred Members present to agenda item 1 in respect of filming at this meeting. Members noted the information contained therein.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Lourdes Keever, Venassa Holt and Ali Amasyali.

3. ITEMS OF URGENT BUSINESS

None.

4. DECLARATIONS OF INTEREST

None.

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

6. MENTAL HEALTH SUPPORT AND TRANSITIONS FOR 14-25 YEAR OLDS IN HARINGEY

Tina Read (Head of Child and Adolescent Mental Health Services (CAMHS) Transformation at BEH (Barnet, Enfield and Haringey) Mental Health Trust (MHT)) outlined the range of services that were currently available to children and young people under the age of 18.

Trailblazer was based in schools and was part of NHS England's early intervention. Choices was community based and could be accessed by self-referral. Other CAMHS services were accessed through CAMHS Access, which triaged services according to need. There were Core CAMHS teams, which provided support through multi-disciplinary teams. There was also a Health and Well-Being service that was delivered through schools and GPs. In addition, there was also specialist learning disability team and an adolescent outreach team that worked with young people at the higher end of needs.

Partners delivered some services. Open Door provided services to young people up to the age of 25 whilst the Tavistock and Portman provided outreach and assessments for neuro-disability. There was also new provision for crisis response:

- A 24/7 Crisis Line;
- Crisis hubs; and
- North central London out-of-hours nurse led service.

In answer to a question, Tim Miller (Joint Assistant Director of Commissioning (Adults and Children)) stated that the vast majority of funding for mental health came from the NHS. The local authority provided some funding for the Learning Disability service, Open Door and the Tavistock and Portman for their First Step service for looked after children. In answer to another question, Ms Read stated that there was a four week waiting time target for a first appointment but it had been difficult to meet this during the pandemic. In an emergency, the 24/7 helpline could be contacted and the Crisis Hub could see young people in one to four hours. Some parents and young people chose to attend Accident and Emergency instead though. She was aware that waiting times could be long and work was taking place to bring them down.

In answer to a question regarding neuro-developmental assessments, Mr Miller acknowledged that there were long waiting times, particularly in respect of autism, and this had been highlighted in the recent local Special Educational Need and Disability (SEND) inspection. Action to remedy this was a key part of the SEND Improvement Plan, which was currently being implemented. Progress was being monitored by both the Department for Education and NHS England.

In answer to another question, Mr Miller stated that there had been considerable investment in autism assessment capacity for the under 11's. Prioritisation was based on level of need and how long that they had been waiting. More support was also being provided to those who were waiting for assessments, through the Markfield Project or Open Door.

In answer to a question regarding how young people accessed mental health services, Ms Read stated that there were a number of ways. There was mental health support available in schools and schools themselves could make referrals. There was also Choices, which was a self-referral service. In addition, there was the Crisis Line.

Once people had made contact, it was the responsibility of services to assist young people in navigating their way around the system. Vicky Murphy, Service Director for Adults, Health and Communities, reported that joint work was taking place to re-launch the service directory, which provided shared information on what services were available locally. Work to map out mental health services for adults was also planned and this would include identifying any gaps. She would be happy to report on the outcome of this.

Gary Passaway, Managing Director for Haringey for BEH MHT, reported that the current workforce was considered sufficient to meet current levels of activity but an increase in demand was anticipated. There was to be a particular focus on hard to recruit roles. Workforce capacity was being addressed across the north central London area and was a continuous process. He was confident that there would be sufficient capacity to meet future challenges.

In answer to another question, Mr Passaway stated that no one on the waiting list was forgotten. There was a rigorous review process and a range of initiatives to support it. Ms Read commented that reducing the waiting list was difficult. It had begun to reduce though but not as quickly as desired. Mr Miller stated that not everyone wished to use NHS or Council services and there was now a digital offer called Kooth that people could access instead and this had proven to be very successful. It could be used while people were waiting for other mental health services or as an alternative to them. In addition, MIND in Haringey provided a wide range of services in the community. Ms Murphy reported that, in adult mental health services, there were currently no young adults waiting for a Care Act assessment. There currently two young adults awaiting Care Act assessments by the learning disability team.

In answer to a question regarding diversity, Mr Miller reported that Kooth had been successful in engaging with BAME communities and take up was greater amongst them than for mainstream CAMHS services. In addition, MIND had formed partnerships with a range of community organisations. The NHS talking therapies for anxiety and depression service had also accessed a wide range of communities, had a diverse workforce and could deliver services in community settings and languages.

In response to a question from Councillor Iyngkaran, it was agreed that waiting list data, including the trajectory as well as historical performance, would be shared with the Panels. In response to a question regarding Trailblazer, Ms Read stated that it was part of the NHS's long term plan for CAMHS and involved special teams being based in schools and supporting the whole school community. It aimed to provide a well-developed programme of early intervention. It was not in all schools in Haringey yet but it was planned to extend it in due course.

Ms Read reported on plans for the future. There was recognition that the support system needed to be reconsidered and the THRIVE model had been developed in response to this. It was a needs based model that had been co-created with young people and was based on the principle of them being able to access support at the point of need. It was a system wide response and was crucial to reducing the waiting list. The transformation required had begun to be implemented. The Panels noted that it was not a new service but a different way of working and an overarching

approach. It did not require new funding but all new investment would be directed towards the new model of support.

In answer to a question regarding stigma, Ms Passaway stated that he felt that it was diminishing. Covid had changed circumstances and helped to raise awareness. Services were now trying to help young people at an earlier stage and develop a preventative model. Mark Pritchard (Senior Service Lead (BEH-MHT) felt that there was still a stigma attached to St Ann's Hospital though and efforts were being made to provide services away from the site where possible.

In answer to a question regarding support for those in the Gypsy and Roma communities, Mr Miller stated that some work had recently been undertaken to look at inclusion and support for adults in marginalised groups. He was not aware of any specific work involving the Gypsy and Roma communities though and would report back on this. He also agreed to provide further information on referrals to the London Survivors Gateway. In answer to another question, Ms Read stated that services tried to obtain as much feedback as possible from those using them on their experience and there were a range of outcome measures linked to this. She agreed to come back regarding whether this information could be shared.

In respect of looked after children, Mr Miller stated that the Tavistock and Portman provided an assessment and screening service call First Step and worked alongside the Council's social work team. Support for those placed outside of the borough was provided through First Step Plus. There were also services commissioned from MIND and Hope for the Young. There was more that could be done though and consideration of improvements was taking place.

In answer to a question regarding relationships between partners, Ms Murphy stated that these were much better now. There was daily contact between staff in Adults and the Children and Young People's service. The transitions service had just been redesigned and additional investment put in. There were also good relationships with other partners. Services received feedback on services in multiple ways. Care Act assessments were subject of review and there were also various forums that could provide feedback. Culture was also important as well as ensuring that the right services were being commissioned.

In answer to a question, Ms Murphy stated that the transitions service worked with new adults receiving local authority support and could support them up to the age of 24. Providers of Care Quality Commission (CQC) registered statutory services could only provide support up to the age of 18 though.

Mr Miller reported that the vast majority of 18-25 years olds requiring mental health support received it. There were ways to access support without referral though. It was also possible to access talking therapies for anxiety and depression directly. Mr Pritchard reported that it was known that some people were reluctant to go to their GP regarding mental health concerns and research had been commissioned from the Bridge to find out where such people sought help so that any gaps could be addressed.

Mr Pritchard reported on how adult community mental health services had developed. There were now three Core Teams in the borough, which were aligned with Primary Care networks. The teams included a range of professionals and services. In addition, there was also an Early Intervention in Psychosis team and a Complex Emotional Needs service. However, the bulk of referrals went to the Core Teams. A key aim was to link support to primary care and allocation to teams was based on the location the person's GP. There was also provision for people whose GP was outside of the borough. It was intended that any change of Core Team would be seamless.

In answer to a question, Mr Pritchard stated many young people needed no further help after being supported by CAMHS. However, work was taking place to better identify those who were likely to need to receive ongoing care at an early stage so that a clear transition plan could be put in place. The experiences of those transitioning was being tracked with the intention of ensuring that the process was as smooth as possible. It was noted that there was now a regular meeting that took place with all of the professionals and partners to discuss transition plans. It was acknowledged that transition had not always been undertaken smoothly and the intention was to ensure that no young person fell off the pathway.

Mr Pritchard reported that it had been anticipated that demand for services would increase in the forthcoming years and the additional numbers had been factored in, with clear targets set. Mr Miller stated that there had been a growth in funding to recruit staff to support transition and the needs of 18 to 25 year olds. There would be a 5% year on year growth in the number of beneficiaries. The increased funding would take into account former CAMHS service users who might later need to be re-referred.

In answer to a question regarding support for families, Mr Pritchard stated that there were mental health social workers who could undertake carers assessments and work with families where there were challenges. Support could be provided through a range of services, including those provided by partners, such as housing. Family therapy could be provided by core teams, if required. Ms Murphy stated that there could also be a role for adult social care and Care Act assessments or carers assessments could be undertaken if need be.

The Chair of the Adults and Health Panel reported that Councillors often undertook complex casework and it could be unclear who to refer matters to. Mr Pritchard reported that he met regularly with colleagues in Adult Services to discuss individual cases, including Councillors enquiries. However, it was sometimes difficult to identify who the individuals referred to were as just the name was often not sufficient. Any additional information, such as date of birth, helped with identification. Members stated that action taken in response to their enquiries was not always reported back to them. Mr Passaway agreed to consider further how enquires from Members could be best addressed and feedback from services provided on cases referred by them.

In answer to a question, Mr Miller stated that there was now a Council Preparing for Adulthood strategy and a transitions team to smooth the move to adult social care. There were also closer connections between CAMHS and adults mental health services. There was a Transitions Panel led by the Council, which the Mental Health

Trust also attended. Systems were now in place to ensure better and earlier planning that were not previously in place.

In answer to a question regarding preparation for transition, Ms Murphy reported that the transfer from children's to adults social care was facilitated by the Transitions Team. Dennis Scotland, the Head of Children in Care and Placements, reported that parents and carers were very much involved in plans. The process could go well but it could be less smooth when the pathway was not begun early enough. Co-production was a high priority and would help reduce the level of stress and anxiety. Ms Read reported that there had been co-production with parents and carers on the transfer process from CAMHS to Adult mental health services and they would be happy to discuss this further. It was recognised that it was a period of anxiety and they were striving to do better.

Mr Miller reported that universities were beyond the sphere of influence of local services. Student mental health support was now more focussed and a higher priority though and this had been included in the NHS long-term plan for mental health. However, consideration could be given locally to what more could be done to support young people going into higher education, such as sign posting and providing information on what they might expect at university. Ms Read stated that there was a programme of improvements and this included support for transition from CAMHS to adult mental health services wherever young people might be or were moving to. It was difficult to have influence if a young person was not in the local area but they could, with the young person's consent, liaise with universities ahead of them starting.

Ms Read outlined the young adults' programme that was part of NHS England's long-term plan for mental health services, which focussed on investment and improvement. There were three core areas that had been identified for improvement in the next year:

- Young people transitioning to adult services;
- Delivering care in new and different ways, including community based ones; and
- Supporting young adults coming into services for the first time.

All young people would be tracked from the age of 17 upwards. A number of priorities for future years had been identified. This included support for vulnerable young people including those not accessing services. Work was taking place to gain an understanding of areas where needs were not being met and where support could be improved.

In answer to a question, Mr Pritchard stated that they already received referrals regarding young people who were moving into Haringey to attend university. Where young people moved from Haringey to other areas, mental health services would work with the mental health team in the area that they had moved to as local services were based placed to provide responsive care.

Mr Miller reported that there was a range of additional support available in the community outside of statutory services. Of particular note was the Autism Hub, which had been set up by the Council, was open access and had a young adults offer. There were also several support services that could assist young adults on a variety of matters, including employment and housing support, as part of their wider work, including Connected Communities.

Panel Members felt that all young people with Education, Health and Care (EHC) plans leaving schools should have a clear plan for their ongoing support. This was particularly relevant to those who were not receiving support from CAMHS. Jackie Difolco, Assistant Director for Early Help, Prevention and SEND, stated that this should be covered as part of an annual review of every child and young person's plan. Enhancing the quality and timeliness of annual reviews had been recognised as an area requiring improvement and was part of the SEND Service's current improvement plan and written statement of action. Whilst progress had been made, including increased active involvement of young people in their annual reviews, this was an ongoing area of development.

Ms Read outlined a journey that could typically be undertaken by a young person receiving support for mental health. Mr Passaway reported that the impact of plans would be monitored through both quantitative and qualitative means. It was particularly important to hear directly from young people about their impact.

The Panel acknowledged that the THRIVE model was based on providing support in a different way and that finances had already taken into account an anticipated increase in activity. However, they wished to receive further details of how services would be financed in the next five years as part of further scrutiny of transition. In addition, they requested details of:

- Additional funding there would be for Council services to ensure that necessary support was in place for transition and details of how new initiatives would be monitored so that it could be known whether the changes were working as anticipated;
- Early intervention programmes and how they were being rolled out;
- Action to move adult mental health services provided at St Ann's Hospital into the community, including staffing and funding; and
- The proportions of people who were supported via the telephone compared to those seen in person.

In answer to a question regarding access to services and how this was communicated, Ms Murphy stated that first point of contact for mental health services was through primary care and, in particular, GPs. Other services could be accessed by contacting the Council and there was now a digital offer. Mr Passaway stated that NHS 111 could also be contacted. Communicating what was available was a big priority for NHS services and more work was needed though. The Panel were of the view that access should not be over reliant on IT. Not everyone had access and other were not computer literate or had language difficulties.

In answer to a question on the effectiveness of Trailblazer and how mental health was taught in schools, Ms Read stated that it incorporated a whole school approach and aimed to raise awareness of mental health issues. The THRIVE model also aimed to incorporate a "no wrong door approach" so that people were not expected to be able to navigate their way around services themselves.

AGREED:

1. That waiting list data for CAMHS and adult mental health services, including the current trajectory as well as historical performance, be shared with the Panels;

2. That further information be provided to the Panels on:
   (a). Specific work to improve the mental health of people in the Gypsy and Roma communities;
   (b). Referrals to the London Survivors Gateway; and
   (c). Feedback from service users on their experience of services.

3. That further consideration be given by mental health partners on how enquires from Members could be best addressed and feedback from services provided on cases referred by them;

4. That, as part of the future scrutiny by the Panels of transition from children to adult services, the following information be provided:
   (a). Details of how mental health services for young people will be financed in the next five years;
   (b). What additional funding there will be for Council services to ensure that necessary support was in place for transition and details of how new initiatives will be monitored so that it is known whether the changes are working as anticipated;
   (c). Information on early intervention programmes and how they were being rolled out;
   (d). Action to move adult mental health services provided at St Ann's Hospital into the community, including staffing and funding; and
   (e). The proportions of young people who were supported via the telephone compared to those seen in person.

CHAIR: Councillor Pippa Connor

Signed by Chair ……..

Date ……