



Notice of a public meeting of

Health Overview & Scrutiny Committee

To: Councillors Funnell (Chair), Doughty (Vice-Chair), Douglas, Burton, Hodgson, Jeffries and Wiseman

Date: Wednesday, 26 June 2013

Time: 5.30 pm

Venue: The Severus Room (F032) West Offices, York

AGENDA

1. Declarations of Interest (Pages 3 - 4)

At this point in the meeting, Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

2. Minutes (Pages 5 - 18)

To approve and sign the minutes of the meetings held on Wednesday 24 April 2013 and Friday 26 April 2013.

3. Public Participation

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **Tuesday 25 June 2013 at 5:00 pm.**

- 4. Update Report- Merger of Priory Medical Group Surgery and Abbey Medical Group** (Pages 19 - 22)

The Committee will receive an update report on a number of questions raised at a previous meeting relating to the merger of Priory and Abbey Medical Groups to discuss how well the merger is working with the Out of Hours Service.
- 5. Verbal Update from Chair of the Personalisation Review Task Group**

Members will receive a verbal update from the Chair of the Personalisation Review Task Group on the current progress of the review.
- 6. Interim Report from the Community Mental Health and Care of Young People Scrutiny Review** (Pages 23 - 82)

This report sets out the findings to date in relation to the scrutiny review on Community Mental Health and the Care of Young People.
- 7. Update on Membership of ongoing Task Groups** (Pages 83 - 86)

At the Annual Council meeting on 23 May 2013 appointments were made to various Committees, outside and partnership bodies for the 2013/14 municipal year. As a result, the membership of Health Overview & Scrutiny Committee changed slightly for 2013/14. In turn, this has had a slight effect on the membership of some Task Groups, which this Committee has set up. This report seeks to update the membership of Health Overview & Scrutiny Task Groups, as appropriate.
- 8. Verbal Update from Chair on Children's Cardiac Services**

The Chair will give the Committee a verbal update on proposed changes to Children's Cardiac Services.
- 9. Work Plan (including details of possible topics identified at Annual Scrutiny Work Planning Event)** (Pages 87 - 90)

Members are asked to consider the Committee's work plan for the municipal year and a list of possible topics for future Scrutiny reviews.

10. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

Name- Judith Betts

Telephone – 01904 551078

E-mail- judith.betts@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

- Registering to speak
- Business of the meeting
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Contact details are set out above

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Scrutiny Committees

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE**Agenda item 1: Declarations of interest.**

Please state any amendments you have to your declarations of interest:

Councillor Doughty Volunteers for York and District Mind and partner
also works for this charity.
Member of York NHS Foundation Teaching Trust.

Councillor Funnell Member of the General Pharmaceutical Council
Trustee of York CVS

Councillor Hodgson Previously worked at York Hospital
Member of UNISON

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City of York Council

Committee Minutes

MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	24 APRIL 2013
PRESENT	COUNCILLORS FUNNELL (CHAIR), DOUGHTY (VICE-CHAIR), FRASER, RICHARDSON, CUTHBERTSON, FITZPATRICK (SUBSTITUTE FOR COUNCILLOR RICHES) AND BURTON (SUBSTITUTE FOR COUNCILLOR HODGSON)
APOLOGIES	COUNCILLORS HODGSON & RICHES

82. DECLARATIONS OF INTEREST

At this point in the meeting, Members were invited to declare any personal, prejudicial or pecuniary interests, other than their standing interests attached to the agenda, that they might have in the business on the agenda.

Councillor Fitzpatrick declared a personal interest in Agenda Item 5 (Monitoring Report from the Director of Public Health- Identification of issues around the provision of medical services for Travellers and the Homeless) as she had been involved with the Travellers Trust through her work in education.

No other interests were declared.

83. MINUTES

RESOLVED: That the minutes of the meeting of the Health Overview and Scrutiny Committee held on 13 March 2013 be approved and signed by the Chair as a correct record.

84. PUBLIC PARTICIPATION

It was reported that there had been no registrations to speak under the Council's Public Participation Scheme.

85. INTRODUCTION FROM THE MANAGING DIRECTOR OF THE NEW COMMISSIONING SUPPORT UNIT (CSU)

The Managing Director of the new NHS Yorkshire and Humber Commissioning Support Unit (CSU) gave a Power Point presentation to the Committee about the CSU.

Members were informed that the CSU's main role was to support Clinical Commissioning Groups (CCG's), in order for GPs to focus on transforming commissioning services rather than just providing services. The Yorkshire and Humber CSU would provide support for 8 CCG's (including two that had been gained from the West Yorkshire Area-Craven and Airedale) in Yorkshire, and they would employ fewer staff than the separate Primary Care Trusts had previously done.

It was also reported that the CSU was currently part of the NHS Commissioning Board but by 2016 would not be part of the NHS. There were differing opinions in Government as to whether CSUs would be independent or would be arms length organisations of the NHS Commissioning Board.

Further discussion took place between Members and the Managing Director and the following points were raised;

- Each of the CCGs could choose to purchase their services from any provider in the public or private sector.
- The CSU would offer management expertise for GPs, and that each CSU would be in competition with other private providers such as KPMG, Price Waterhouse Coopers and Capita.
- Capita and Macmillan were currently examining ways of working with the NHS Yorkshire and the Humber CSU to provide their expertise in commissioning services.
- 90% of staff for the CSU originated from the previous Primary Care Trusts.

RESOLVED: That the presentation be noted.

REASON: To inform the Committee about the role of the new NHS Yorkshire and Humber Commissioning Support Unit.

86. MONITORING REPORT FROM THE DIRECTOR OF PUBLIC HEALTH- IDENTIFICATION OF ISSUES AROUND PROVISION OF MEDICAL SERVICES FOR TRAVELLERS AND THE HOMELESS

Members received a report which outlined the re-provision of medical services for the homeless and Gypsy Roma Traveller (GRT) clients of the former Primary Medical Services (PMS) Homeless Service. It assessed the benefits and concerns around the new model, and proposed that the new Health Inequalities Partnership (a sub group of the Health and Wellbeing Board) lead on monitoring health needs and outcomes and influencing service provision for vulnerable groups such as these.

The Director of Public Health gave a brief background to the decommissioning of the PMS service and stated that it stopped due to;

- Users of the service becoming engaged with mainstream services.
- A lack of consistency in the service.
- As it was financially unsustainable.

In response to a Member's question, it was noted that the Gypsy Roma and Traveller community in York were not necessarily a mobile community and were relatively settled. If they were in an area for a longer amount of time, GP surgeries could take them on as patients.

The community had commented that they missed the provision of Health Visitors, as they felt engaged with medical services through this team. Members were told that in order to reinstate the Health Visitor programme evidence was needed to show a clear lack of engagement from the Traveller community towards medical services. It was noted that the Health Visitor was not part of PMS and that when the postholder retired, it was decided to not fill the post. It was hoped that the work of Health Visitors could be picked up at GP level when travellers registered with GP surgeries.

In relation to homeless clients of the PMS service, Members were told that GP surgeries would keep a register of homeless patients and would also work with Housing Support Officers to keep their information updated.

The Director of Public Health indicated that further information and data could be brought back to a future meeting of this Committee.

RESOLVED: That the report be noted.

REASON: To keep Members updated of medical services for homeless people and Gypsy and Roma Traveller communities.

87. VERBAL UPDATE- IMPLEMENTATION OF THE NHS 111 SERVICE

Members received an update on the NHS 111 Service. They were informed that although the service had been officially launched across York on 19 March 2013, this did not happen and existing GP Out of Hours Services continued to provide call handling and clinical assessment for people who access this service. It was also reported that the only service that was yet to be handed over to the NHS 111 service provider, which was Yorkshire Ambulance Service (YAS), was the call handling and clinical assessment service. It was also reported that the NHS 111 service had now replaced the former NHS Direct service and by default people had now started using NHS 111 services across York.

It was reported that a more robust governance system had been implemented. Two clinicians from the Clinical Commissioning Groups would support and co-ordinate the 111 service. Additional support would also come from the NHS Commissioning Support Unit, who would manage a Directory of Services.

Some Members expressed concerns over how the Directory of Services would work and they felt that it would be an unwieldy piece of bureaucracy. It was reported that the Directory would allow patients to access the most appropriate service for their need, such as booking an appointment to see a doctor.

Members were informed that a definitive date had not been set for when the NHS 111 Service would start operating in York, but that in the mean time a dedicated email and telephone number had been established for patients to express their opinions on medical services.

RESOLVED: That the report be noted.

REASON: To keep the Committee informed of the recent developments in the implementation of the NHS 111 Service.

88. VERBAL UPDATE- CHILDREN'S CARDIAC SURGERY

The Chair of the Committee gave Members a verbal update on proposed changes to Children's Cardiac Services. She gave a quick background to how the review of Children's Cardiac Surgery had come about, and the current situation with regards to action taken by Leeds Hospital over the decision to close the Children's Cardiac Unit there and to move it to Newcastle.

Members were informed that a consultation on the provision of Adult Cardiac Surgery would be shortly taking place (summer/Autumn 2013). The Scrutiny Officer informed the Committee that one of the recommendations of the current regional Joint Health Overview and Scrutiny Committee was that the consultations around the change to provision of both adults and children's cardiac services should be considered in conjunction with each other.

Further discussion between Members took place on issues of geography and how the recent temporary closure of the Children's Heart Unit at Leeds saw patients transferred for treatment in Leicester rather than in Newcastle.

RESOLVED: That the update be noted.

REASON: To keep the Committee informed of current developments.

89. WORK PLAN 2012-13

Members considered the Committee's Work Plan for the rest of the municipal year.

RESOLVED: That the work plan be noted.

REASON: To ensure that the Committee has a planned programme of work in place.

90. DRAFT WORK PLAN FOR 2013-14

Members considered the Committee's Draft Work Plan for 2013-14.

It was noted that a report on the commissioning of a Section 136- "Place of Safety" for North Yorkshire and York should be considered by the Committee at their August meeting. The Scrutiny Officer suggested that further items on the provision of medical services for Travellers and an update on the NHS 111 Service as identified at today's meeting should also be added on to the work plan and agreed to liaise with report authors as to the most appropriate times for these.

Members also requested that the NHS Commissioning Support Unit (CSU), the Vale of York Clinical Commissioning Group (VOYCCG) and York Teaching Hospital NHS Foundation Trust should be invited to address the Committee in the new municipal year around how they are working together along with their challenges and priorities.

RESOLVED: That the work plan be noted subject to the following additions¹;

- A report on the commissioning of a Section 136 "Place of Safety"
- A further monitoring report from the Director of Public Health on the provision of medical services for Travellers and the Homeless
- An update on the implementation of the NHS 111 Service.
- An invitation to both the NHS Commissioning Unit and the Vale of York Clinical Commissioning Group to address the Committee.

REASON: To ensure that the Committee has a planned programme of work in place for the next municipal year.

Action Required

1. To update the draft work plan.

TW

Councillor C Funnell, Chair
[The meeting started at 5.30 pm and finished at 7.00 pm].

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MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	26 APRIL 2013
PRESENT	COUNCILLORS FUNNELL (CHAIR), RICHES, FRASER, RICHARDSON, CUTHBERTSON AND WISEMAN (SUBSTITUTE FOR COUNCILLOR DOUGHTY)
APOLOGIES	COUNCILLORS DOUGHTY & HODGSON
IN ATTENDANCE	HUGH BAYLEY MP, JULIAN STURDY MP, COUNCILLORS ALEXANDER, CRISP & RUNCIMAN DR MARK HAYES (VALE OF YORK CLINICAL COMMISSIONING GROUP) JOHN BURGESS (YORK MENTAL HEALTH FORUM) PATRICK CROWLEY (CHIEF EXECUTIVE, YORK TEACHING HOSPITAL, NHS FOUNDATION TRUST) GWEN VARDIGANS (ROYAL COLLEGE OF NURSING) ANNE LEONARD (DEFEND OUR NHS, YORK)

92. DECLARATIONS OF INTEREST

At this point in the meeting, Members were invited to declare any personal, prejudicial or pecuniary interests, other than their standing interests, that they might have had in the business on the agenda.

Councillor Wiseman declared a personal interest in the general remit of the Committee as a member of the York Health and Wellbeing Board.

Although he was not required to declare an interest, Doctor Paul Edmondson-Jones declared an interest as a Member of the Advisory Committee for Resource Allocation (ACRA) who had recommended that a 'needs based' formula be used when funding NHS services.

No other interests were declared.

93. PUBLIC PARTICIPATION

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

94. ATTENDANCE OF MPS FOR YORK CENTRAL AND YORK OUTER-DISCUSSION ON THE VALE OF YORK CLINICAL COMMISSIONING GROUP'S INHERITED DEBT FROM NHS NORTH YORKSHIRE AND YORK

Hugh Bayley MP for York Central and Julian Sturdy MP for York Outer attended the meeting to share their thoughts on what could be done in regards to the Vale of York Clinical Commissioning Group's inherited debt from NHS North Yorkshire and York.

Discussion took place around how the inherited debt occurred. Some Members concluded that it was due to bureaucratic problems in the wider NHS, market advice that had been given to NHS North Yorkshire and York on how to manage their budget and due to funding allocation.

Some Members disagreed that the inherited debt was due to bureaucracy. Overcoming debt was difficult in the context of a large scale reorganisation of the NHS, and all MPs needed to be more explicit in campaigning for clearing the inherited debt.

Julian Sturdy agreed that there had been systemic problems and spoke about how the Primary Care Trust (PCT) had been in deficit for several years and how the Strategic Health Authority (SHA) had always paid their outstanding debts.

In relation to the funding formula he felt that York received the lowest share of funding per person in the North. In his opinion if North Yorkshire and York had received the average funding that other Yorkshire PCTs received then they would not be in deficit. He felt that the age of the population of North Yorkshire and York, with its high percentage of those over 85, had not been considered when allocating funding. Health care costs for North Yorkshire and York were higher than other areas, due to its elderly population. He felt that how the funding formula was delivered needed to be re-examined.

Further discussion took place on the funding formula. Hugh Bayley questioned if the split in the debts accrued by the PCT was divided fairly amongst the Clinical Commissioning Groups (CCGs). He commented that funding had been determined using the current financial status of NHS North Yorkshire and York. He felt that the allocation of funding had been skewed towards areas with higher levels of deprivation than North Yorkshire and York. As a result of this North Yorkshire and York's budget had been in deficit whilst other PCTs had a surplus, because York did not have as high a level of deprivation when compared to other areas. He urged caution that if the funding formula was changed during the current financial climate that North Yorkshire and York would not get an increase in their funding automatically.

Doctor Mark Hayes, Chief Operating Officer from the Vale of York Clinical Commissioning Group (VOYCCG) welcomed recognition from both MPs that services in North Yorkshire and York had been detrimentally affected by the formula. As a result of this work was ongoing to reconfigure the VOYCCG's budgets. He added that decisions needed to be made in conjunction with the public who used the services, particularly given the emphasis on service and safety from the Francis Report. Smaller budgets could affect the safety of services because they would have to cover broader areas. He questioned why North Yorkshire and York had not been given support to clear their deficit when other areas had received support. In his opinion the areas which received support would have been in deficit if it was not for the support. He also highlighted that NHS Yorkshire and Humber had sent back surplus funding to the Treasury.

Patrick Crowley, Chief Executive of York Hospital, shared his thoughts with the Committee as to how the current situation had occurred. He stated that;

- The culture of the NHS had been focused on short term solutions, which had created a revolving door in leadership and had not led to a sustainable approach.
- There had been a tendency to define services in terms of “success” or “failure”.
- The management of NHS North Yorkshire and York had not been effective.
- If the funding formula was not changed within a decade that NHS services would be in crisis.

Some Members questioned why when given continuing assurances from Government ministers and through Parliamentary Questions that the VOYCCG would start with a clear balance sheet, that this had not been honoured. They added that the inherited debt would have implications for York Hospital, which was the main service provider for the CCG, and could lead to a funding crisis when added to further reductions in the NHS budgets nationally.

In response Julian Sturdy commented that in the 2011-12 financial year, when the CCGs operated alongside NHS North Yorkshire and York that their outstanding debts were cleared. Therefore in 2012 the budget for both the CCG and NHS North Yorkshire and York was in balance. He added that during the 2012-13 financial year, CCGs were involved in the budget process. He felt that the debt should be written off from when the CCG had started operating independently.

Patrick Crowley raised further points in response to the discussion;

- That hospitals had never been devised to deal with the current financial pressures faced, and that it was on the brink of a crisis.
- That focusing on the debt of the CCG was the smallest end of the wedge; York Hospital had to save £30 million a year from its budget whilst continuing to provide the same level of service with £30 million less to deliver this.
- That 70% of savings had gone into managing the CCG deficit, but the hospital still had to handle a deficit of its own.

- The level of care in health services was deteriorating at a rapid rate with 80% of hospitals nationally failing to reach budget reduction targets.
- That he believed that the system of providing health care in the country was in denial, the safety of care for the patient was not at the top of the agenda for the Government.

Members asked how the Government's 5% efficiency savings in public spending would affect money going into frontline care.

Julian Sturdy responded that health funding had increased but that the difference between health inflation and standard inflation had not been factored into the current allocation formula.

It was reported that MPs from the North Yorkshire and York area had met the Health Minister and NHS England to lobby for a fair settlement of funds.

Hugh Bayley informed Members that he would be happy to organise a cross party debate with other Yorkshire MPs in the House of Commons. Julian Sturdy felt that MPs should make the case that surplus budgets from other areas of the country should contribute to those areas that were in deficit.

The Chair suggested that Health Scrutiny Committees across North Yorkshire work more closely in order to discuss this and general issues that arose from this. She added that it was the responsibility of all those involved in Public Health (including Councillors and MPs) to make sure that NHS services were safe and clinically effective.

- RESOLVED:
- (i) That discussion on this topic be noted.
 - (ii) That a cross party debate be organised in the House of Commons to examine what could be done to persuade the Government to wipe out the CCG's inherited debt.

- (iii) That Health Overview and Scrutiny Committees in North Yorkshire work more closely to identify and suggest actions that could be taken to resolve the general issues raised in the discussion.

REASON:

In order to provide a basis for further discussion and action to be taken to resolve the outstanding debt from NHS North Yorkshire on to the Vale of York Clinical Commissioning Group.

Councillor C Funnell, Chair

[The meeting started at 10.05 am and finished at 11.35 am].

Priory Medical
Group and
Abbey Medical
Group



Priory Medical Group and Abbey Medical Group

**Prepared by Geoff Day
Head of Primary Care**

**North Yorkshire & Humber Area Team
NHS England**

18th June 2013

Priory Medical Group and Abbey Medical Group

Update for Overview Scrutiny Committee on Merger between the Abbey Medical group and Priory Medical Group.

This paper has been prepared to provide and update to Overview Scrutiny Committee on a number of questions raised at a previous meeting relating to the merger of Priory and Abbey Medical Groups.

It should be noted that the merger has now taken place and that no significant issues with the merger have been raised.

The questions raised were as follows:

1. Whether the merger would influence commissioning of services in the future?

The Primary Care commissioning responsibility transferred to NHS England on the 1st April 2013. The merger between the two practices would have no influence on any present or future commissioning strategy.

2. Would the merger lead to a trend to create a very small number of powerful businesses involved in providing health care?

There is undoubtedly a pressure on primary medical care practices at present and the requirement to achieve CQC accreditation and meet raising patient demands does mean that practices will be looking at how best to meet these challenges. There has been some talk nationally around the federated model with practices working together, sharing back office functions etc and whilst these discussions are being had the outcome of the merger is unlikely to have any impact on future models.

3. Would the advent of seven day working for GP surgeries arrive sooner rather than later?

There are no definitive plans for 7 day working by GPs at this stage.

4. How the newly merged surgeries were working with the Out of Hours Service and how data was shared.

There are no particular circumstances where the practice would need to engage with the service outside of the normal contractual arrangements, the practice would utilise the service on the same basis as all other practices in the area. Data would continue to be shared as required by the contract.

We asked the practice to provide an update from their perspective and they made the following comments. In relation to patient feedback, the practice run a continual survey and will be updating this in coming months to capture greater details and will include electronic data capture. Work is continuing to look at ways where they can improve the service offered and this includes appointment of new GPs which take place from September 2013.

The practice are keen to share that they achieved maximum Quality and Outcome Framework points for 2011/12 and have stated that they have robust governance structures applied across the merged practice to ensure clinical best practice is delivered continually, this is monitored on a fortnightly basis.

Priory Medical Group have provided continuity of service following four partner resignations from the Abbey Medical group and have made efficiencies in other areas allowing reinvestment into the practice.

As a result of the merger all the GP's in the group now have access to specialist advice, in particular Gynaecology and Dermatology due to GPs with a Special Interest being in the group. Improvements are being made to the Gynaecology service offered to the patients of Tang Hall Lane, Victoria Way and Park View surgeries.

Geoff Day,

Head of Primary Care

North Yorkshire & Humber Area

NHS England

Priory Medical Group and Abbey Medical Group, York
Geoff Day, Head of Primary Care 18th June 2013.

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Health Overview & Scrutiny Committee

26 June 2013

Report of the Community Mental Health and the Care of Young People
Scrutiny Review Task Group

Community Mental Health and the Care of Young People Scrutiny Review – Interim Report

Summary

1. This report sets out the findings to date in relation to the scrutiny review on Community Mental Health and the Care of Young People.
2. Members are asked to agree what if any further information is required to complete the work on this review, and a final meeting date to identify and agree their conclusions and recommendations arising from the review.

Background

3. At a meeting in July 2012, the Lead Clinician from the Child and Adolescent Mental Health Service (CAMHS), the Service Manager for the Youth Offending Team and the Assistant Director for Children's Specialist Services at City of York Council presented the Health Overview and Scrutiny Committee (HOSC) with an introductory briefing on Community Mental Health Services in Care of Adolescents (particularly boys) – see **Annex A**.
4. This briefing was provided to support the Committee's consideration of a scrutiny topic proposed by Councillor Runciman at the annual scrutiny work planning event in May 2012.
5. The Health Overview and Scrutiny Committee (HOSC) agreed to proceed with the review and set up a Task Group of its members to carry out the review on their behalf.

6. In early November 2012, the Task Group met with Councillor Runciman who was keen to see the review focus on the correlation between youth offending and mental health problems in adolescents, suggesting there was evidence that effective early intervention could prevent an escalation in mental health problems for young people and consequently contribute to a reduction in youth crime and other poor outcomes for young people. A key message from specialist practitioners at York's Children's Mental Health Matters Conference held in February 2012 confirmed that early intervention could be highly effective in putting things right at an earlier stage.
7. The Task Group discussed a number of themes i.e. :
 - The background of young people with mental health issues and an offending record;
 - Emotional support provided in primary schools
 - The challenges associated with providing emotional support to young people in secondary school settings
 - The impact of low level mental health issues on young people's ability to learn and make positive choices were also considered.
8. Based on their discussions the following remit was set for the review:

Aim

To raise awareness of emotional and mental health issues for young people, and the services and interventions available, with a view to ensuring that the wider children's workforce are well informed and equipped to identify and respond to children and young people with emotional problems and/or emerging mental health issues.

Key Objectives

- i. To identify current levels of understanding and awareness of the importance of recognising early symptoms of emotional and mental health problems in young people
- ii. To look at ways of disseminating learning from effective targeted emotional and mental health support in schools – with particular reference to the successful TaMHS (Targeted Mental Health in Schools) arrangements.

iii. To look at ways to further improve multi-agency working in relation to supporting the emotional and mental health needs of children and young people in the city. In particular, to consider how the developing Child and Adolescent Mental Health Strategy Action Plan 2013-16 (CAMHS) will support this objective.

Consultation

9. Consultation has taken place with:

- Officers across the Council
- The Lead Clinician for the Child and Adolescent Mental Health Strategy 2013-16
- CYC Youth Offending Team Service Manager
- Head Teacher - Huntington Primary School
- Leader of Inclusion - Hob Moor Federation of Schools
- The School/Home Liaison Officer - All Saints Roman Catholic Secondary School
- School Nurses

Information Gathered & Analysis

10. In February 2013 the Task Group received information on a number of areas of ongoing work relating to this scrutiny review:

11. York Youth Council

The Task Group learnt that in 2011-12 the Youth Council had carried out a review of the PSHE curriculum in York's secondary schools with the aim of suggesting more relevant and engaging material for lessons. It highlighted that there was a perception among many young people that there were a lot of unhappy people in schools. And, that young people wanted assurance that their emotional wellbeing was high on their school's agenda and consistent across the city. Officers reported that the national picture was fairly pessimistic but locally the picture was much more positive with schools wanting young people of all ages to be emotionally happy.

12. Working with a Primary Mental Health Worker based at Castlegate, the Youth Council considered information on the experiences of young people with issues such as family bereavement. Looking at whether or not they received support from school. In order to address some of their concerns the Youth Council had identified a number of ways of improving school's approach to emotional health and well being:

- A scheme of work with six lessons for each of Years 7 – 11 was developed, explaining where stress came from and what could be done to manage stress and keep it at healthy level. Young people get to work through strategies for dealing with a crisis and it shows young people how to support each other. It did not include talking about different types of mental illness.
 - A film was commissioned which explained the Risk and Resilience model (stress bag) which could be used in the lessons – see: <http://www.youtube.com/watch?v=nzGIXER5fdc>
13. In addition, the Youth Council considered a Mentally Healthy School Charter which had been developed to detail what strategies, resources and support systems should be in place in secondary schools. The Charter states that schools should balance well-being with academic achievement, and there should be mental health sessions in PSHE, so students can learn how to deal with a crisis and develop resilience. The Youth Council also gave a presentation at a Head teacher's conference in January 2012, and asked Secondary schools to complete a questionnaire, identifying which of the 12 actions on the Mentally Healthy School Charter they already did in school, so there was baseline data.
14. The Youth Council presented their findings at the Child & Adult Mental Health Strategy Conference in February 2012, and highlighted the need for:
- Information on support services to be put in every child's school planner
 - Peer mentoring services – need to be properly supported by qualified staff, the school needs to allocate time and space
 - Lessons that educate everyone on how to stay mentally healthy and help friends when they are stressed
 - Accessible for support for under 16's
 - Support for victims of bullying
15. Finally, to acknowledge the commitment of schools to develop emotionally supportive learning environments, the Youth Council created a three level award.
16. The work of the Youth Council was subsequently shared with a Healthy Schools and Risky Behaviour Consultant who was supporting a group to develop a mental health toolkit for schools. It is hoped that it will be developed in to lessons within York secondary schools.

17. The Task Group recognised that young people cared greatly about their own and their peers' emotional wellbeing, and was pleased to note that the work undertaken by York's Youth Council had been shared with the UK Youth Parliament as part of its Curriculum for Life Campaign.
18. The Task Group agreed to invite a member of the Youth Council to present the findings of their review at a future meeting –details of that are shown at paragraphs 39-46.
19. The Task Group raised the issue of how the Youth Council attracted people to become involved, in particular how they attracted those from a BME¹ background to join or those that would not normally become involved in something like the Youth Council. They felt that whilst the Youth Council was an extremely positive and valuable group it would always generally attract those with a degree of articulacy who were willing and confident enough to become involved. The Voice and Influence Lead Officer at City Of York Council confirmed that the Youth Council does recruit young people from all the secondary schools and youth groups, which has enabled the involvement of BME, LGBTQ², a refugee and specific needs young people from Choose 2³ in York.
20. YorOK Child & Adolescent Mental Health Draft Strategy 2013-16 (CAMHS)
The Task Group received information on the draft Strategy, which was in the process of being updated and aligned with the Children and Young People's Plan 2013-2016 and the overall Health and Wellbeing Strategy for the city. Detailed information on the strategy is shown at **Annex B**, alongside the strategic priorities to achieve the overall aim of improving the support available to younger people.
21. The Task Group noted that whilst the Council offered a good range of services to support children and young people's emotional health and wellbeing, it needed a more complete picture of local need across all the possible dimensions of young people's mental health. In their view, with better information about what services were needed, the Council would be able to successfully deliver them and be able to evidence it was promoting good emotional health and wellbeing amongst younger people.

¹ Black and Minority Ethnic

² Lesbian, Gay, Bisexual. Transgender, Questioning

³ Choose 2 is a youth group for children with learning disabilities and physical disabilities

22. The Task Group acknowledged that raising awareness of mental health and emotional wellbeing issues amongst young people was a priority, and that listening to children and young people was key, together with regular workforce development for those that work with younger people.
23. The Task Group considered the seven key priorities identified within the new strategy as set out below:
 - i. Strategic planning and commissioning bodies will work together effectively to support child and adolescent mental health and wellbeing – *the Task Group were keen that this would involve all communities and health service providers and commissioners; in particular the Leeds and York Partnership NHS Foundation Trust and the newly formed Clinical Commissioning Groups. It was imperative that there was robust communication between the different partnerships.*
 - ii. Children and young people and their families will be treated with respect and confidentiality – *The Task Group were keen that this should mean working with whole families and a holistic approach should be taken.*
 - iii. Mental health and wellbeing services provided by all agencies, including the voluntary and faith sector are well co-ordinated.
 - iv. Promote mental wellbeing for children and young people and intervene early when difficulties begin to emerge – *The Task Group felt that this was around the different services working effectively together.*
 - v. Universal level services (schools/community) will provide coordinated and effective support to children and young people experiencing emotional or mental health problems, through support and signposting by appropriately trained staff – *The Task Group felt that one of the ways this could be achieved was via the mental health toolkit (currently in development and referred to later in this report) and through the TaMHS programme (again mentioned in detail at a later point in this report).*

- vi. Accessible, specialist support will be available for children and young people with severe or chronic mental health needs – The Task Group understood from officers that the number of children needing this kind of support was small. It was felt that there was a good track record for providing this kind of support within the city.
 - vii. Supported, qualified, experienced and confident workforce will work across agency boundaries
24. Further discussion showed that schools, and the Council as a whole, were still struggling to be confident in speaking to young people who were depressed, had other emotional wellbeing issues or were living in difficult circumstances. There were challenges around ensuring that ‘listeners’ were available for young people, and an understanding that in secondary schools young people would be more likely to speak to their peers, whereas in primary school children are often more likely to speak to their teacher (maybe because they only had one teacher whereas in secondary school a pupil would have several teachers).
25. The Task Group agreed there was a significant need to look at equalities issues in relation to the emotional wellbeing of young people, especially as the population of the city was increasingly changing in terms of race, faith and an increase of young carers. They felt this should be added to the list of priorities to be included in the refreshed CAMHS Strategy. The Voice and Influence Lead Officer confirmed that LGBTQ young people also needed specific support and more general work needed to be done to remove the stigma within the community (including amongst pupils).
26. Mainstreaming York Targeted Mental Health in Schools (TaMHS) Project
The Task Group learnt of the Council’s involvement in phase 3 of the TaMHS initiative following receipt of a substantial amount of funding (£222k) to implement a preventative strategy for addressing mental health needs in schools.
27. As part of this York had introduced Emotional Literacy Support Assistants Programme (ELSA), initially in a small number of schools (2 secondary and 6 primary schools). Detailed information on the programme is shown at **Annex C**.

28. The Task Group learnt that many schools also used a national strategy called SEAL (Social and Emotional Aspects of Learning) to develop children's social, emotional and behavioural skills and Silver SEAL which was a more targeted approach to improving wellbeing amongst children and young people. ELSAs were trained in Silver SEAL and it had been noted that just having ELSAs in a school raised the profile of emotional wellbeing.
29. The Task Group recognised the importance of confidential spaces in schools where children could talk to an ELSA. Also that there were many good reasons for early intervention in relation to emotional wellbeing ranging i.e. the positive effect it had on a child or young person to be emotionally stable and confident and minimising the number of children and young people that needed to be referred to a Pupil Referral Unit (PRU) or excluded from school for a fixed term thereby reducing the cost to a Local Authority.
30. The Task Group agreed that despite there being no more funding available, it would be beneficial to continue the ELSA training and for all Local Authority schools to have at least one ELSA. They also suggested that those in independent schools should be encouraged to join the programme.
31. Mental Health Toolkit
The final paper considered by the Task Group at their February 2013 meeting set out information on the Mental Health Toolkit for Secondary Schools.
32. The Task Group learnt of a review undertaken by the Health and Community Consultant of the provision of Personal, Social and Health Education (PSHE) with the PSHE Leads in all 10 secondary schools, and also the special school and education support centre. The review took place between May 2010 and September 2011. The initial analysis was to provide the Council with information regarding the provision of Drug, Alcohol and Tobacco Education (DATE), and also Sex and Relationship Education (SRE) on a school and city-wide basis, and to help individual schools identify their present provision and any future actions to further improve this area of PSHE. Each school was provided with a report of the findings and ways to progress any weak areas.
33. The findings of the analysis highlighted many things including:

- Many schools were working at levels consistent with minimum criteria for DATE and SRE as outlined by the Healthy Schools programme
 - Many schools had made insufficient use of National and Local data to inform programme planning
 - Wider provision of information about health services to support young people in areas readily accessible to students was evident in the majority of schools
 - Very few schools had a dedicated team approach to PSHE. Research suggests that this is the most effective model for delivery of DATE
 - Whilst assessment of DATE and SRE in PSHE took place informally in some schools, there was often no standard procedure for recording it, (although students did have a good idea of the progress they were making).
 - Consideration of the needs' of staff for in-service training on basic drugs awareness, drugs education, SRE, relationships, healthy eating, financial capability and emotional health issues was being addressed through the curriculum, but often teaching staff were concerned about their lack of knowledge in certain areas.
 - Teaching staff were concerned about the number of young people who were presenting possible signs of mental health, emotional health and wellbeing issues, which they often felt ill-equipped to deal with in the short term.
 - Teaching staff expressed the need for training on signs and symptoms of mental health, but also specifically around self-harm and body image. The suggestion of training and a lesson plan Toolkit was felt to be an option to explore overtime. The success of the Sexual Relationship Toolkit for young people with learning difficulties, and having a shared vision and understanding with professionals from the Child and Adolescent Mental Health Service were felt to have been very successful. As a consequence, it was felt that a similar approach would be a good starting point for issues raised around mental health and emotional health and well-being.
34. As a result, agreement was reached to establish a Mental Health Toolkit for Schools with the support of teaching staff.

A meeting was arranged with professionals from across the city to cascade the findings from the analysis and to establish ways forward. It was agreed that the action plan would benefit from sitting with the Social, Emotional Working Group (SEWG), for monitoring and future planning.

35. Two sub-groups were established, with one group covering the training needs of teaching staff and the other the Mental Health Toolkit. The Task Group were informed that two meetings of both groups had subsequently been held and work was underway to ensure effective delivery to young people. Further support had also been offered from University College London - Institute of Health Equity (Marmot Team), to ensure that the most relevant and up to date research was available.
36. The training offered through the Toolkit is provided at three levels:
 - Level 1 - Mental health and emotional health and wellbeing – including generic information around mental health illnesses such as schizophrenia, self harm and bi-polar
 - Level 2 - Working with the Mental Health Toolkit i.e. lesson planning using the Toolkit
 - Level 3 - Bespoke training in schools - to cover further information on the Toolkit and any misunderstanding from the training above
37. The Task Group recognised that after the above training it would be possible to look at specifics; for example, if a school had a particular problem with self-harm then it would be possible to develop lesson plans related to this. It was also acknowledged that building relationships with key partners was imperative as ultimately one of the most important things to make the Toolkit successful was ensuring that schools engaged with it and its associated materials and embedded them within their curriculum and the overall ethos of their school.
38. On consideration of all the information received in February 2013, the Task Group agreed that they would like to take the following next steps:
 - i. To meet with a representative of the Youth Council to receive the presentation they had given at the CAMHS conference in February 2012 around their review into emotional wellbeing

- ii. Meet with Head Teachers or Pastoral Care Leads from two primary and two secondary schools (with at least one of these schools not having an ELSA in place)

39. Meeting with a Representative from the Youth Council

In March 2013 the Task Group met with a representative of the Youth Council and received a presentation entitled '*What young people need to help them cope*' – see copy of presentation at **Annex D**.

- 40. Discussions around the presentation highlighted that the world for young people was a very different place to that experienced by their parents when they were growing up, and they faced a lot of stress. Young people were very often judged by their peers on what they had (i.e. the latest designer trainers or an up to date mobile phone) and this, amongst other things, could lead to school being a very stressful place. Young people faced peer pressure, relationships, exams and future prospects (i.e. university and employment) as well as trying to understand who they were as individuals as they matured.
- 41. Schools were also a different place from most parents' experiences, with academic stress and the expectations of what young people were expected to achieve being stressful enough without the added stress of the issues mentioned in the paragraph above. In contrast, the Youth Council representative confirmed there were many things that were good about being a young person which was a good reason why young people needed to be taught about their own mental and emotional health and wellbeing and ways of coping with stress.
- 42. The Task Group considered the national statistics within Annex D around young people and mental illness (taken from the Young Minds Website⁴ in September 2012) They showed that unfortunately it was not just stress that young people suffered from, but from diagnosable mental health conditions, with 1 in 10 young people being affected. In addition, between 1 in 12 and 1 in 15 young people deliberately self harm and for around 25,000 the self-harming is so bad that they had to be admitted to hospital. About 195,000 young people have an anxiety disorder and about 62,000 are seriously depressed. The Task Group therefore agreed that counselling in schools and more awareness and support for emotional and mental wellbeing was needed for young people.

⁴ http://www.youngminds.org.uk/training_services/policy/mental_health_statistics

43. The Task Group were also presented with information on the emotional wellbeing of young people in York during the year 2011-2012 which showed that around 1300 children and young people were referred to CAMHS via Primary Mental Health Workers with 900 of these going on to be supported by the specialist CAMHS team. The Task Group noted that the figures provided only related to those young people that had been identified as having a mental health issue. They therefore acknowledged there may be young people that had not been identified and as such were not getting any help or support.
44. The statistics also indicated a large gap between what is currently being taught in the PSHE curriculum area and what young people feel should be taught and what they feel they need to develop their emotional wellbeing.
45. The Task Group discussed the stigma around mental health with the Youth Council representative. All felt that mental and emotional health and wellbeing could easily get mixed up with mental illness and young people needed education to help them understand and reduce the fear of prejudice. Teachers and young people needed to be able to access specialist help. Specifically teaching staff needed to have a good understanding of mental and emotional wellbeing and an awareness of mental illness. It was felt that there was little point in having some of the excellent support services available to schools if teachers did not understand. However, they agreed it was important to leave the diagnosis of mental illnesses to the professionals.
46. They also acknowledged a pupil's school work could be affected by their ability to deal with things going on in their lives such as bereavement, poverty, bullying, academic workload or family break up. They agreed schools should have a responsibility to provide a safe and supportive environment in which pupils can learn and achieve.
47. Meeting with Head Teachers and Pastoral Care Leads
Earlier in this review the Task Group had identified that they wished to meet with Head Teachers and Pastoral Care Leads from two Primary Schools in York and two Secondary Schools with at least one of the 4 schools chosen not having an ELSA in place. The following schools were subsequently identified:

Schools with ELSAs

- Hob Moor Federation (hosted the first ELSA and trained staff in both Hob Moor Primary School and Hob Moor Oaks)

- All Saints Roman Catholic Secondary School (the new SENCO⁵ has promoted ELSAs in her previous schools as well as at All Saints)

School without ELSAs

- Huntington Primary School
- Huntington Secondary School

48. In April 2013, the Task Group met with representatives from those schools and discussions ensued around the following questions:

- i. What steps are taken to promote an awareness of the mental health needs and vulnerabilities of young people in your school?
- ii. Do you or how might you use other young people in your school to support those you identify as vulnerable?
- iii. What procedures have you, to identify and share information about children who are solitary and at risk and who may be showing signs of emotional ill health?
- iv. What significant piece of work or action taken by you in the past three years has had the biggest impact on adolescent mental health in your school? - Why do you think this is?
- v. What training have you had in the past three years for dealing with mental health issues in your school? And have you used that training at your school?
- vi. How do you rate your school at dealing with young people's health issues and what is your plan for the next three years? - Do you involve the young people at your school in assessing issues?
- vii. As voluntary organisations become further involved in the community, have you been approached by an organisation and would you welcome this? - What support would you welcome?
- viii. What services are you aware of that are available for students in your school?

49. Following the meeting, the Task Group further posed the following four additional questions to the participating schools:

⁵ Special Educational Needs Co-ordinator

- ix. How often does your school ask young people about their emotional wellbeing?
 - x. Do your staff have the confidence to deal with emotional health and wellbeing issues?
 - xi. What do you want to achieve for young people's wellbeing in your school?
 - xii. Do you plan on developing peer to peer support for young people within your school? If so, how? If not, why not?
 - xiii. Do you think City of York Council should be introducing a baseline to measure against? If so what do you think this should look like?
50. The responses from each school are shown at **Annexes E - G** (Hob Moor Federation of Schools, All Saints Roman Catholic School and Huntington Primary School respectively) (NB: no response received from Huntington Secondary School).
51. The Task Group learnt that the Hob Moor Federation school was situated in an area of high deprivation with children coming in with a range of emotional vulnerabilities. The Federation consisted of Hob Moor Primary School and Hob Moor Oaks (a special school). They had been a host school for training ELSAs and currently had 12 ELSAs at the school along with a Parent Support Advisor (who worked predominantly with parents). In addition, pastoral staff had fortnightly meetings where they allocated key workers to specific children. They also focussed on targeted short term work, work around 'what makes a good male role model and using restorative circles to encourage children to talk with each other and discuss their feelings.
52. The Head Teacher at Huntington Primary School explained that whilst they did not have an ELSA at the school they used SEAL (Social and Emotional Aspects of Learning) and this was woven into everything the school did. The school also had strong links with the community, the parents of the children at the school and with Huntington Secondary School.
53. In regard to All Saints Roman Catholic Secondary School, they operated from two sites, with a pastoral lead at each site.

The school offered lunchtime 'chill out clubs', homework clubs and summer schools for identified vulnerable pupils moving up to the school from a primary school.

Completing Work on the Review

54. In June 2013, the Task Group met again to :
- Consider further the submissions from the schools (shown at **Annexes E- G** to this report)
 - Receive information from the Assistant Director for Children's Specialist Services on the work in progress on the Children and Young People's Mental Health Strategy 2013-15 (see **Annex H**)
 - Discuss with Secondary School nurses the emotional wellbeing issues which emerge in young people upon their transition to Secondary School from primaries
55. At this meeting, Members heard from school nurses about a variety of issues, ranging from the national (as well as local) escalation of self harm amongst young people to eating disorders becoming more apparent at a younger age (as early as Year 7). Different types of activity seemed to be taking place across schools to raise awareness about the emotional wellbeing of young people. Some of the good practice already taking place included Self Help Kits in some schools, established links with CAMHS (Children & Adult Mental Health Services), Student Wellbeing Groups in some schools, transition questionnaires for pupils leaving primary schools. In particular, Members noted that a training day was being held for schools in October 2013 to raise awareness on mental health issues.
56. Upon learning of the work which was taking place, Members still felt that a number of themes were emerging around which some recommendations would be valuable, such as dealing with the 'stigmatisation' associated with admitting to having emotional issues, guidelines to schools on how to respond to these types of issues, clear demarcation of roles and a directory of where to get help.

Council Plan 2011-2015

57. This review is directly linked to the Protect Vulnerable People element of the Council Plan 2011-2015

Implications & Risk Management

58. On completion of the work on this review the Task Group will present a draft final report containing their proposed recommendations and the implications and any risks associated with those draft recommendations, to the Health Overview & Scrutiny Committee.

Recommendations

59. Members of the Health Overview & Scrutiny Committee are asked to note and comment upon this interim report and be aware that the Task Group will meet one final time to formulate its final recommendations for submission to this Committee in its final report.

Reason: To conclude the work on this review in line with Scrutiny Procedures and Protocols

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Report Approved

Date

14 June 2013

Specialist Implications Officer(s) Not applicable at this stage

Wards Affected:

All



For further information please contact the author of the report

Background Papers: None

Annexes

- Annex A** Briefing Note on Proposed Scrutiny Topic dated 23 July 2012
Annex B Overview of Children & Young People's Mental Health Strategy
Draft Strategy 2013-16

- Annex C** Overview of the Emotional Literacy Support Assistants (ELSA) Programme
- Annex D** Youth Council Presentation
- Annex E** Response from Hob Moor Federation of Schools
- Annex F** Response from All Saints Roman Catholic School
- Annex G** Response from Huntington Primary Schools
- Annex H** Update on work in progress on the Children and Young People's Mental Health Strategy Action Plan 2013-16

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**Community Mental Health Services in Care of
Adolescents Scrutiny Task Group****February 2013**

Report of the Assistant Director – Children’s Specialist Services

**Briefing Note on Proposed Scrutiny Topic – Community Mental Health
Services in Care of Adolescents (particularly boys)****Introduction**

1. A recent scrutiny planning event identified, as a topic for initial consideration, the relationship between behavioural issues in older boys / young men and low level mental health problems.
2. Specifically, Members expressed an interest in the possible correlation between behavioural problems (including, school exclusion, youth offending and suicide) and low level mental health issues.
3. Members also wish to better understand the local arrangements for the early identification of possible mental health issues in this particular group. The effectiveness of any subsequent interventions was also highlighted as part of any review.

Brief Background

4. In preparation for this initial briefing the views of colleagues from the Child and Adolescent Mental Health Service [CAMHS], the Youth Offending Team and Children’s Social Care were canvassed.

Summary of Initial Views

5. Dr Christine Williams, Consultant Child Clinical Psychologist who is also the Lead Clinician for CAMHS in York reports:

“The team and I have considered the issue highlighted for possible scrutiny by the Health Overview and Scrutiny Committee. On the basis of our clinical experience here in York we believe that, in terms of mental

health issues in teenage boys generally, there is no evidence of any major changes (growth in referrals or diagnosis) in the last 5 years. Of course should the Committee wish to review this issue I would be pleased to investigate this further.

Also, we are not sure that this remit requires a high level of scrutiny. However, the Committee's query prompted a very helpful and closely related debate within our service. In particular, we identified a cohort of young people involved with the Youth Offending Team [YOT]. There are a small but growing number of young men and women who present as 'high risk' in terms of danger to others. These young people often require psychiatric assessments and out of area placements which are expensive and sometimes unsatisfactory. YOT colleagues estimate that there are approximately 10 young people within this 'high risk' category at any one time. There are many more at a lower level of risk although some of these are likely to 'graduate' to higher risk with time. In my opinion, in terms of trying to improve care and avoid escalation of these risky behaviours as well as trying to reduce costs, it would be worth the committee giving some consideration to a review of these arrangements.

6. Angela Crossland – Service Manager – Youth Offending Team reports:

"The Youth Offending Team has seen a steady increase in the recognition of very complex cases both within our service and from colleagues in Children's Social Care. We see young people with higher levels of risk to others, and significant need, presenting before the court on a regular basis. The correlation of these individuals being Looked After Children, on high-end intensity orders and ultimately in custody, has particularly highlighted the need for more responsive approaches in terms of their long-term care and development needs. The YOT, CAMHS and Children's Social Care have been looking at practice level ways to try and identify such individuals but this has shown that there needs to be an overview of what questions this is raising for commissioners in terms of the overall resource for this group of vulnerable and escalating young people.

7. Colleagues in Children's Social Care recognise the issues highlighted by both Dr Williams and Ms Crossland. Responding to 'children who harm' has been the subject of considerable debate both within the service and across the multi agency network. In a nutshell, meeting the needs of these young people whilst minimising the risk they pose to others requires high level of interagency cooperation. Clear pathways to a range of highly specialist resources are also required. These challenges are further exacerbated by the need to maintain some normality for these

young people throughout any treatment period to maximise their opportunity for a full and effective rehabilitation.

Early identification of emerging mental health problems

8. A multi agency conference, hosted by York's CAMHS executive group in April 2012, brought together representatives from over 50 agencies working with children and young people.
9. The event provided a forum for professionals to explore local arrangements for the prevention and early identification of mental health issues in children and young people. Feedback from the event reassured us that there is a high level of awareness across children's services in York about the importance of spotting early signs of emotional distress or mental health problems in children and young people.
10. The workshops and findings from the conference will inform the next CAMHS strategy for the City. At the heart of this strategy is a commitment to further strengthen the message that children's mental health is everyone's business. The supporting delivery plan will ensure that greater support and training is available to all those professionals working with children.

Conclusion

11. There is no sense of any complacency about the wider challenges presented by low level mental health issues for young people and in particular young men. Good multi agency awareness and planning is already in place to support this group.
12. However, enquiries to prepare this initial briefing reveal a clear consensus about the value of further scrutiny of arrangements for responding to children who harm.

Options

13. The options at this stage are:
 - (a) The Health Overview and Scrutiny Committee pursues a more detailed review of the overall arrangements to support the emotional and mental of young men in the City. Such a review could be undertaken within the context of the draft CAMHS Strategy 2012 – 2015.

- (b) The Committee undertakes a more focused review on the prevalence and local arrangements for responding to the mental health and care issues associated with children who harm.

Recommendations

- 14. A wider review of local arrangements to respond to the mental health needs of children and young people in York has recently been completed (Annex 1). This work will inform York's CAMHS strategy for the next three years.
- 15. Addressing the issues associated with 'children who harm' will, of course, feature in the final strategy. However, a more immediate and sharper focus on this issue through further review by this committee would be helpful and is recommended.

Briefing Provided By:

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Yor-ok Child & Adolescent Mental Health Draft Strategy 2013-16

The CAMHS Strategy is being updated, building on the extensive City of York CAMHS Review and Future Challenges 2011-14 strategy document.

It will align with the Children and Young Peoples Plan Action 2013 -16:

- Promoting good mental health - Whilst we have a good range of services to support children and young people's emotional health and wellbeing, we need a more complete picture of local need across all the possible dimensions of young people's mental health.
- We will know we have succeeded - when we have better information about what services are needed, have been able to successfully deliver them and know that they are making a difference. We also need to continue to pay particular attention to what young people are telling us in this area

It will also align with the Health and Well-Being Strategy 2013-16 priority:

- Improving mental health and intervening early.

Each of these documents emphasises the important of: Comprehensive Needs Assessment; Young Peoples Involvement in services development; Early Intervention; Tackling Stigma and Workforce Development.

The draft strategy has been subject of much consultation with partners and young people. It will be presented in March YorOK Board for consultation and sign off. It will then be launched together with the refreshed Executive arrangements.

Outline Strategy:

Mission Statement and Vision:

'The ultimate goal is to: promote good mental and emotional well-being for children and young people in the City of York, where the emotional welfare and psychological development of the child is paramount.

To achieve this everybody engaged in providing services for children and young people should contribute towards:

- *tackling the stigma of mental ill-health*
- *supporting high levels of personal achievement for all children and young people, both as individuals and as citizens, contributing towards the greater good.*
- *Access for all children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders to timely, integrated, high quality, multi-disciplinary*
- *mental health services to ensure effective assessment, treatment and support, for them and for their families.'*

The strategic priorities will be:

- Strategic planning and commissioning bodies will work together effectively to support child and adolescent mental health and well-being.
- Children and young people and their families will be treated with respect and confidentiality.
- Mental health and well-being services provided by all agencies, including the voluntary and faith sector, are well coordinated.
- Promote mental well-being for children and young people and intervene early when difficulties begin to emerge.
- Universal level services (schools/community) will provide coordinated and effective support to children and young people experiencing emotional or mental health problems, thorough support and signposting by appropriately trained staff.
- Accessible, specialist support will be available for children and young people with severe or chronic mental health needs.
- Supported, Qualified, Experienced and confident workforce will work across agency boundaries

Provided By:

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The ELSA (Emotional Literacy Support Assistants) Programme

York introduced the ELSA programme, initially in a small number of schools (2 secondaries and 6 primaries). ELSA is an evidence-based 5-day programme of training for Teaching Assistants, delivered by Educational Psychologists with support from colleagues in the Education Development Service and Specialist Teaching Service.

The course covers a range of areas of mental health needs which can create barriers to learning:

- Emotional Literacy,
- Self-esteem,
- Active Listening and Communication,
- Solution-focused Conversations,
- Autism,
- Attachment,
- Understanding Anger,
- Loss and Bereavement,
- Therapeutic Stories,
- Silver SEAL,
- Social Skills and Friendship Groups,
- Circles of Friends

Primary Mental Health Workers (PMHWs) and Educational Psychologists provided regular (half termly) consultation to ELSAs for the duration of the TaMHS project.

The TaMHS Steering Group was set up as a subgroup of the York Social Emotional Wellbeing Group (SEWG) and the ELSA initiative was embedded in the comprehensive review of the Child and Adolescent Mental Health Service (CAMHS) Strategy for 2011-14, as part of the 'Early Intervention and Primary Care' element (p.9 onwards). More recently it has been highlighted in the Health and Wellbeing Strategy 2013 and will be included in the refreshed CAMHS Strategy 2013-16.

The ELSA programme has trained 109 ELSAs in 42 schools across York since 2010. Amongst many other things one of the aims of the programme was the hope that the ELSA might be the person who noticed when a child or young person had a problem with their emotional or mental wellbeing.

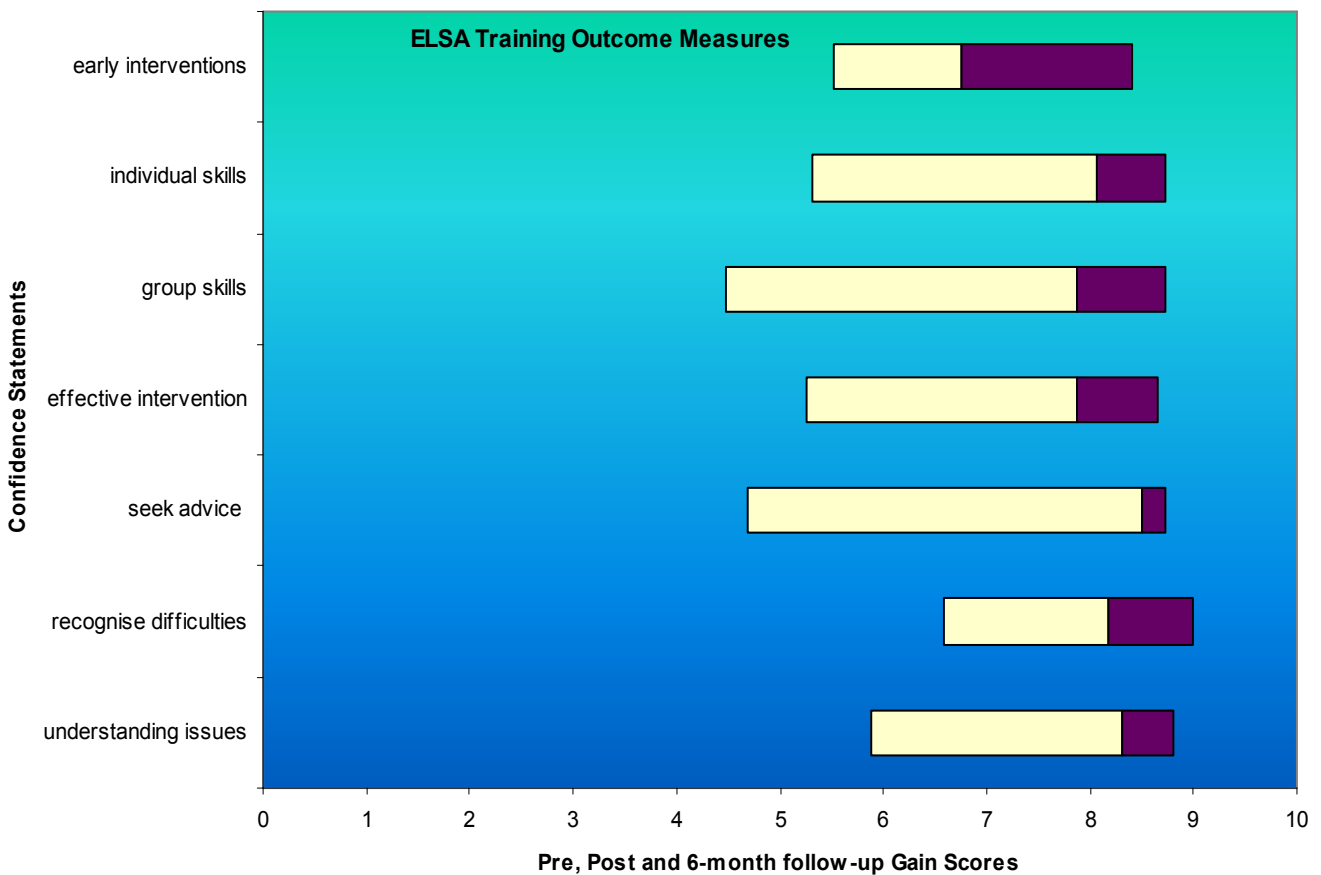
Quantitative Evaluation of ELSA work:

The programme has proved successful. It was subjected to a comprehensive evaluation which demonstrated a very positive impact. Teaching Assistants were given questionnaires to complete before training, after training and with further follow-up 6 months into their role as an ELSA.

The results demonstrated a large positive shift in the confidence and competence of ELSAs dealing with emotional issues. And, many had shared their skills with others and now felt more able to notice and identify children and young people who might be vulnerable.

The top three items, showing the biggest overall gains, were:

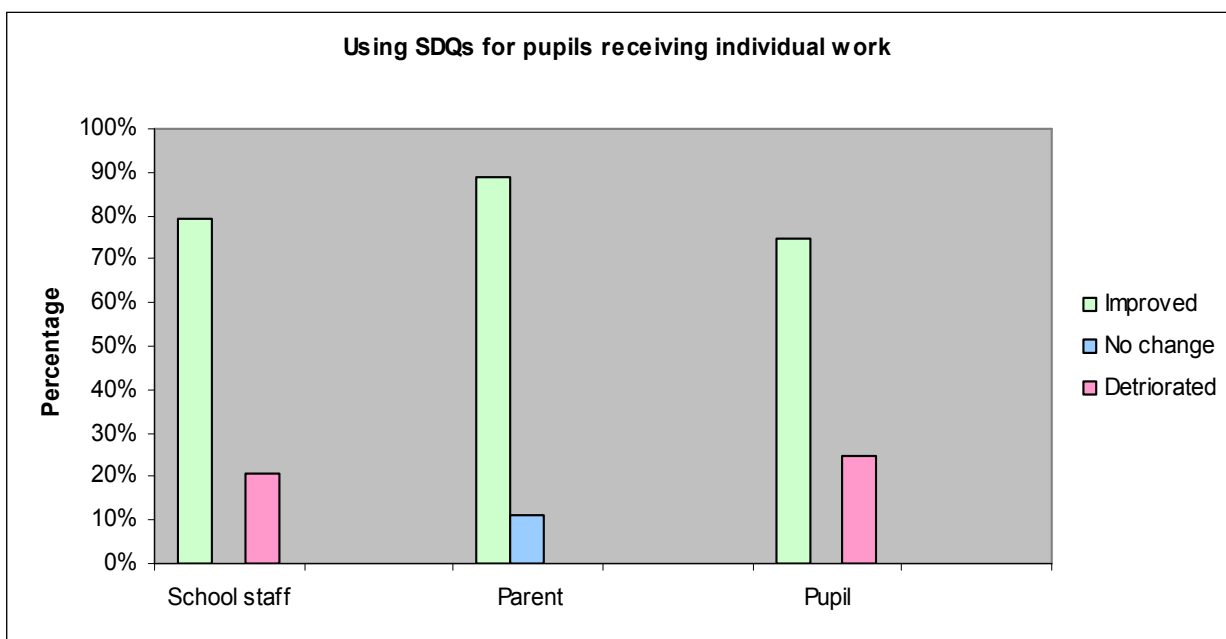
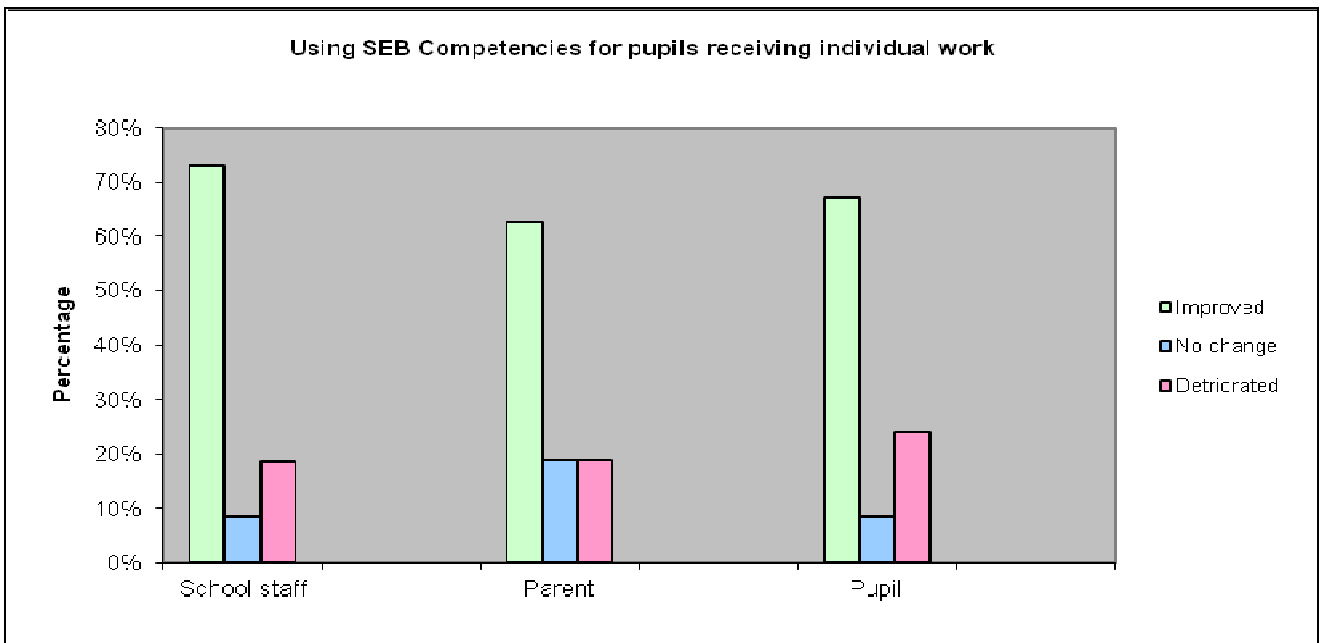
- Item 3 – ‘I know where to seek information, advice and support on Emotional Health and Well-being (EHWB) issues’
- Item 5 – ‘I have the skills to run effective groups to develop EHWB’
- Item 6 – ‘I have the skills to work with individual pupils experiencing difficulties relating to EHWB, in a 1-to-1 context’.



Data on pupil progress was triangulated from staff, parents and pupils, using the York Social Emotional and Behavioural (SEB) Competencies Profile. For the most complex cases the Strengths and Difficulties Questionnaire (SDQ) was also used.

For all interventions, both individual and group work, improvements were reported by staff, parents and pupils.

- For group work: 72% of staff, 65% of parents and 62% of pupils showed improvements in perceptions of Emotional Health and Well-being (EHWB) for the targeted pupils.
- For individual work 73% of staff, 63% of parents and 67% of pupils showed improvements in perceptions of EHWB for targeted pupils
- For more complex individual work 79% of staff, 89% of parents and 75% of pupils showed improved scores on the Strengths and Difficulties Questionnaire (SDQ) for targeted pupils



Cost effectiveness case-studies were undertaken. The cost of TaMHS/ELSA interventions for a specific pupil ranged from £157 (individual support) to £371 (extended group and individual work). Most schools anticipated that without TaMHS involvement, further input would have been required from outside agencies, incurring additional costs. For one of the cases the anticipated outcome was a short-term placement in the York Pupil Referral Unit (PRU) so the costs *without* TaMHS support potentially had an upper range of £3,000+.

Referrals to CAMHS increased over the duration of TaMHS, but Primary Mental Health Workers felt that this was because they had better links with schools to facilitate swift referrals, which were appropriate and had robust documentation.

Qualitative evaluation of ELSA work, including anecdotal quotes about the ELSAs:

OFSTED Report published 16.12.10 (p.7) reads: *'Pastoral care is good ... A team of well-trained teachers and support staff provide particularly effective care for the most vulnerable pupils. The 'Targeted, Adolescent and Mental Health' (TaMHS) support programme is a real asset in developing pupils' social and emotional skills, consequently enabling them to be successful learners.*

Staff: (ELSA is) ... *"An extremely effective and excellent use of money."* (Y6 teacher)

"It has given the more vulnerable children more confidence and has built up their resilience in dealing with situations, which would otherwise have caused them unhappiness. It is lovely to see the children using the coping strategies they have been taught." (Headteacher)

Parent: *"X has really enjoyed the sessions and talked positively about them. He seems to be able to accept praise more readily and is more aware of his and other people's emotions."*

Pupil: *"I started getting worried about things about 1 year ago but ever since Mrs X started helping me it's been a lot better. I've done lots of strategies to help me calm down like the firework method where I think about a firework, so there is the trigger which gets me worried then the fuse when I get even more worried then BANG! in which I sort of break down but I've managed to stop it every time on the trigger. I have also done a method where there is a bag with six or seven marbles which represent my worries and every time I take out a marble it means 1 worry gone away."* (Primary pupil)

The current situation

Following the success of the TaMHS pilot project, the ELSA programme has been rolled out across the Local Authority as part of a 'mainstreaming strategy'. Although the government funding finished in April 2011, York chose to invest money from the Early Intervention Grant to sustain the ELSA project in 2011-12 and 2012-13, and York is now part of the national ELSA Network and has its own website run by one of the ELSAs.

The funding has enabled the Educational Psychology (EP) Service to deliver the course with 'host' schools providing the venue, hence it continued to be part of the Universal CAMHS Strategy. The ELSA initiative is coordinated by the Senior Educational Psychologist, with all members of the EP Team contributing to the course, alongside colleagues from School Improvement and the Specialist Teaching Team. We are proud of the fact that we have trained 109 ELSAs in 42 schools across York since 2010. Many schools have more than one ELSA, indeed one primary school has 12 ELSAs and another federated primary/special primary school has 10 ELSAs.

Educational Psychologists have continued to offer ELSAs termly supervision in geographically-organised groups within their school patches. Subsequent evaluations of ELSA courses at Westfield, Hob Moor, Carr Juniors, Hempland and Clifton With Rawcliffe have been very positive. Overall 99 % of the ratings given for achieving the course learning outcomes have been 'good' or 'excellent'. Competence and confidence questionnaires continue to show positive shifts pre and post training. Demand for places on the courses continues to be high. Yearsley Grove Primary School is hosting the current ELSA programme (Spring 2013).

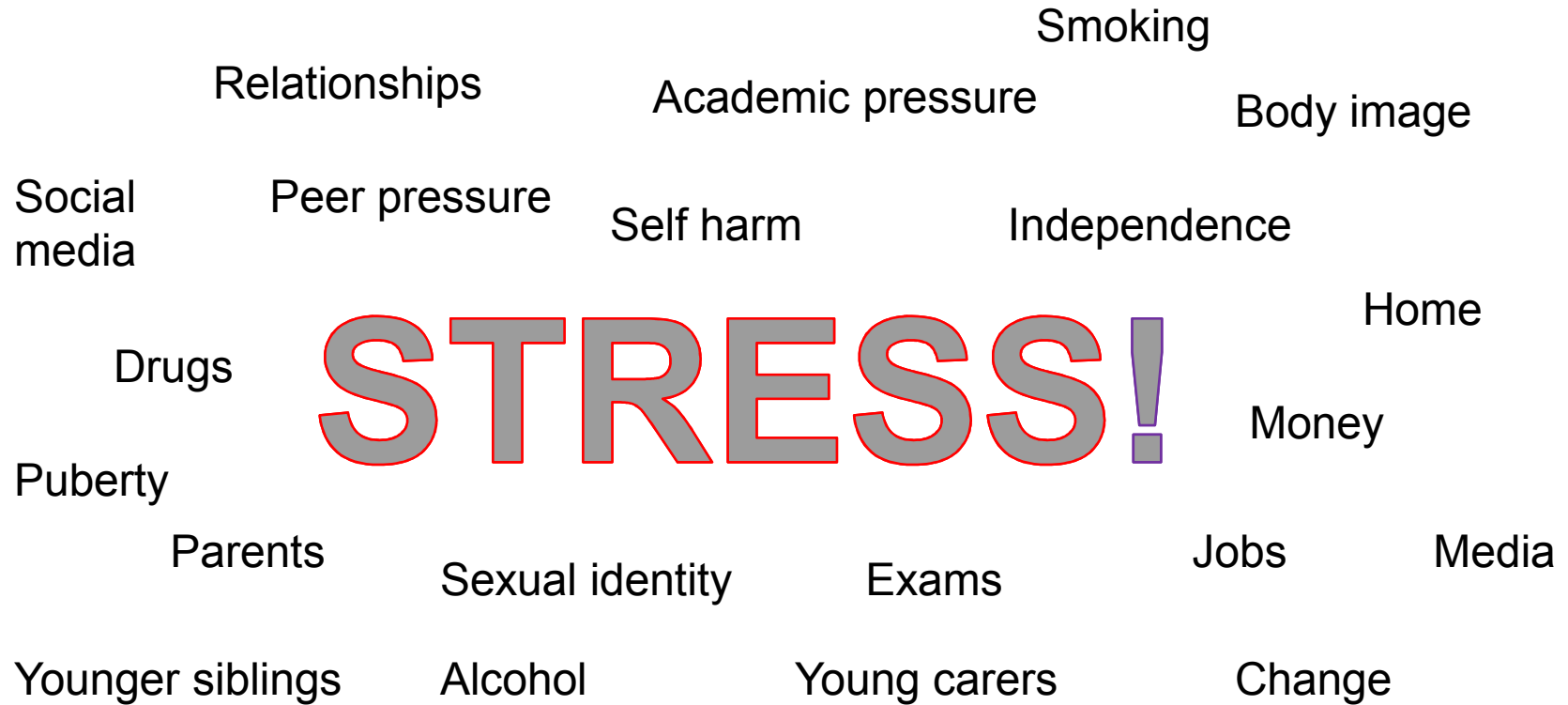
The Educational Psychology Service hopes that funding will remain in place to continue training and supervising ELSAs across the city.

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What Young People need to help them cope



Young People face...



and only we know how much.

Young People and Mental Illness

- ❖ 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder;
- ❖ That is around three children in every class;

- ❖ Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm;
- ❖ Around 25,000 are admitted to hospital every year due to the severity of their injuries;

- ❖ For secondary school age children (11 – 16):
 - ❖ About 195,000 (4.4%) have an anxiety disorder;
 - ❖ About 62,000 (1.4%) are seriously depressed;

- ❖ British Medical Association estimates that 1.1 million children under the age of 18 would benefit from specialist mental health services.

Quotes from Young People in a York School

It's like a weight has been lifted off my shoulders. I am more confident and can make decisions for myself.

I am happier both in school and at home because I can deal with things.

When my life was full of difficulties, there were people in school who listened to me and helped me.

I have grown stronger because of this and I am not failing any more.

Young People and Emotional Well-being in York

During the year 2011-2012

- ❖ About 1300 children and young people were referred to CAMHS via the Primary Mental Health Workers
- ❖ About 900 went on to be supported by specialist CAMHS
- ❖ About 300 of these had serious mental illness such as anxiety and depression
- ❖ 80 young people were seen in hospital by the CAMHS duty team following an overdose or another serious form of deliberate self harm
- ❖ 278 young people 16-25 approached Castlegate for information about counselling
- ❖ The Young Person's Mental Health Worker at Castlegate supported over 100 young people with mental health needs

Reducing Stigma

- ✪ People are fearful of things they don't understand
- ✪ Education can help to remove ignorance, fear and prejudice
- ✪ Diagnosis should be left to the professionals
- ✪ Teachers and young people themselves should be able to access specialist help
- ✪ Everyone needs tools/ knowledge to enable them to stay mentally healthy and cope with life's stresses

Why are we campaigning for better mental health awareness?

Annex D

Mental Health and Well-Being affects every Young Persons' life...

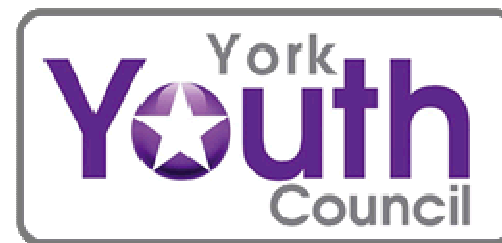
PSHE Curriculum Area	What do young people say they are currently learning?	What do young people say they want to learn?	Difference
Emotional Health & Well-being	44%	90.67%	106.06%
Being A Parent	35%	71.67%	102.83%
First Aid	40%	78.00%	96.64%
Managing Your Money	45%	60.33%	34.07%
Body Image	44%	57.00%	29.55%
Careers	73%	70.67%	-3.64%
Equality	80%	71.67%	-10.42%
Sex	78%	63.33%	-18.45%
Relationships	65%	52.00%	-20.00%
Physical Activity	69%	52.00%	-25.00%
Drugs	78%	54.00%	-30.47%
Learning About Work	76%	49.67%	-34.36%
Healthy Eating	82%	52.00%	-36.59%
Alcohol & Tobacco	86%	54.00%	-37.21%
Staying Safe	90%	48.67%	-46.13%

...so why don't we talk about it in schools?

We realised...

- ✿ Pupils' School Work gets affected by a pupil's ability to deal with the things going on their lives:
 - bereavement,
 - terminal illness,
 - poverty,
 - bullying,
 - parents with drug problems,
 - parent loosing their job,
 - family break-up,
 - academic workload
- ✿ Young people need a safe supportive environment in which to learn and achieve;
- ✿ Specialist services need to be provided for everyone who needs them: so, we need to make sure we identify the people who need them.

York Youth Council is a body of young people that come from all over York to volunteer and influence decisions that affect every young person in York. We campaign for a more youth-friendly York and we represent young people from every background.



Annex D

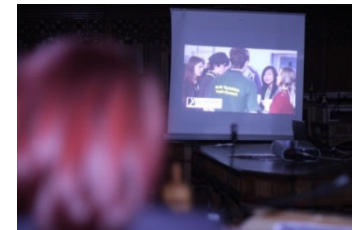


Every year, we choose what our three campaigns should be based on issues brought up by young people in our constituency.

What York Youth Council are doing?

Annex D

- ★ We have created schemes of work. Six lessons on well-being each year covering different issues from Yr 7 -11
- ★ We have commissioned a teaching resource to be part of the lessons
- ★ We are part of the working group to create the mental health toolkit for secondary schools
- ★ We have created a Mentally Healthy School Charter
- ★ We want to recognise the achievements of schools as they progress through the actions on the Charter, with a tangible three-level, Minding Minds School Award
- ★ We are feeding our ideas in to the nation UK Youth Parliament Campaign



Film about Stress

<http://www.youtube.com/watch?v=nzGIXER5fdc>

Minding Minds School Award

- ✪ If a school has a comprehensive Emotional Wellbeing Strategy and is teaching mental health in the correct way, then we can give **Bronze Award**,
- ✪ **Silver Award** if the school have achieved the points above and 2 more of the action points and
- ✪ **Gold Award** for achieving all 12 actions on the Mentally Healthy School Charter

Now, over to you...

You've seen us tell you what young people think about York. So, here's our question for you: what do you want to achieve for young people's well-being in your area?

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Response from Hob Moor Federation

1. What steps do you take to promote an awareness of the mental health needs and vulnerabilities of young people in your school?
 - In September 2011 we established the Pastoral Team to work across both Hob Moor Oaks and Hob Moor Primary School. This consists to the Principal and Leader of Inclusion (as designated teachers for safeguarding and LAC), the heads of schools, pastoral advisor (who works predominantly with families), learning mentor (who works predominantly with children in school) and twos Emotional Literacy Support Assistants. We also have another 10 ELSA's working across both schools.
 - Each week during briefings there is an opportunity for staff to raise any concerns they have about individual children to the whole school.
 - Cause for concerns forms are completed about any concerns staff have about children's' wellbeing, no matter how large or small. These are then passed to the Pastoral Team where they are actioned. This may be a referral to the front door, a discussion with parents or the child or allocation of a keyworker from the Pastoral Team.
 - The Pastoral Team meet formally once a fortnight and informally on a weekly basis. During this time children are discussed and support is allocated to the children who need it.

2. Do you or how might you use other young people in your school to support those you identify as vulnerable?
 - Peer mediators work in the playgrounds at lunch time helping children to resolve their difficulties for themselves. They use a structured set of questions to assist them with this – taken from restorative practice.
 - What happened?
 - What were you thinking at the time?
 - What have your thoughts been since?

- Who has been affected by what you did? How?
 - What do you think needs to happen next?
3. What procedures have you to identify and share information about children who are solitary and at risk and who may be showing signs of emotional ill health?
- Through the cause for concerns forms and the Pastoral Team meetings. All staff are aware to look for those children who are becoming more withdrawn as well as those that act out.
4. What significant piece of work or action taken by you in the past three years has had the biggest impact on adolescent mental health in your school?
- (i). Why do you think this is?
- The introduction of the Pastoral Team and Restorative Practice. It is hard to separate the impact of these initiatives as they were introduced at the same time. Restorative Practice has enabled children to talk about their feelings, giving them the vocabulary to do so. It has also helped them to think about how their behaviour has affected others. The introduction of the Pastoral Team has meant that the staff are available to talk with the children and support the families of the most vulnerable children.
5. What training have you had in the past three years for dealing with mental health issues in your school?
- (i). Have you used that training at your school? Please give examples of training being put into practice
- Attachment Theory – from Lime Trees and Educational Psychologist
 - Restorative Practice
 - Gimmie 5 – sensory integration
 - ELSA training
6. How do you rate your school at dealing with young people's emotional health issues and what is your plan for the next three years?
- (i). Do you involve the young people at your school in assessing issues?

- The school has an excellent record of supporting vulnerable children and this is supported by the progress data of vulnerable groups.
 - In the next 3 years I would hope to continue to develop the roles of ELSA's within the school and how the Pastoral Team work in more proactive ways to target vulnerable groups of children.
7. As voluntary organisations become further involved in the community have you been approached by an organisation and would you welcome this?
- (i). What support would you welcome?
8. What services are you aware of that are available for students in your school?
9. How often does your school ask young people about their emotional wellbeing?
- Each class hold circles on a regular basis throughout the day (at least twice a day) were the children are expected to say how they are feeling. Children are then able to select someone that they wish to share their worries with.
 - Children are also encouraged to use impromptu circles to resolve problems and conflicts that happen throughout the day. This allows things that could become bigger issues to be resolved quickly.
10. Do the staff at your school have confidence to deal with emotional health and wellbeing issues?
- Generally yes, although we know that we can seek support when we do not. We have a close working relationship with our Primary Mental Health Worker, Educational Psychologist, IDAS worker and NSPCC worker.
11. What do you want to achieve for young people's wellbeing in your school?
- That all children feel safe and happy in school and are able to reach their full potential.

12. Do you plan on developing peer to peer support for young people within your school? If so, how? If not, why not?

- To continue to develop the role of peer medication.

13. Do you think City of York Council should be introducing a baseline to measure against? If so what do you think this should look like?

Response from All Saints Roman Catholic School

1. What steps do you take to promote an awareness of the mental health needs and vulnerabilities of young people in your school?

Specific topic assemblies (may be run by pupils themselves), Information sharing between staff – info given at the formal staff meeting at the start of the year, then throughout the year it may just be a 'tlc please' memo – many staff do not need to know all the details, just that a child may be vulnerable.

Staff respond very well to these memos and are also good at identifying pupils who are struggling in a variety of ways, and passing that information on.

We are currently upgrading our student information computer data base to enable identified staff to access concise and comprehensive information all in one place.

We undertake fundraising throughout the year, sometimes raising money for our own pupils' needs, sometimes for the wider community. Pupils are involved in choosing which charities to support.

We have a breakfast club on the lower site which gives free breakfast to identified pupils, and we financially support pupils to attend trips, residential etc. Any member of staff is able to refer a pupil.

We have an enormous number of Primary feeder schools, and as many as possible are visited by our Head of Site each summer term. We then offer 2 parents evenings for our main Catholic feeder schools, and an additional Saturday morning where we ask the pupils to come too. This morning is for the schools where a pupil may be the only one coming from that school. The children engage in various fun team building activities so that by the end of the morning each child will be able to identify someone with whom they would like to be in a form. If a child is very nervous about coming to high school we have as many additional visits as necessary for them to feel alright about it, engaging with other pupils as much as possible. We also do this again at the year 9/10 transition we have to the upper site.

The parents meetings allow an opportunity for them to give us any confidential information or talk about their anxieties. My own role works well here as I am able to offer individual support and advice if necessary. Our overall year 6/7 transition programme gives us a good start in identifying vulnerable pupils very early on.

2. Do you or how might you use other young people in your school to support those you identify as vulnerable?

We have peer listeners from year 9 who are trained and supported through the year to support other pupils.

We run Circles of Friends for identified vulnerable pupils (currently there are 2 running in year 7).

At the start of year 7 we do a one-off circle time with each form with the themes of 'making friends' and 'identifying who to go to for support in school'.

We have a 'Chill Out' club every lunchtime at the lower site where vulnerable pupils can support each other in a managed environment.

3. What procedures have you to identify and share information about children who are solitary and at risk and who may be showing signs of emotional ill health?

Anyone (staff and students) who has a concern is able to speak with a member of staff. Usually this will be the learning leader or one of the pastoral team. We encourage pupils to tell us if they have a concern about someone or they see something wrong.

4. What significant piece of work or action taken by you in the past three years has had the biggest impact on adolescent mental health in your school?

Internet safety and social media sites are a big area of concern currently, and something where we are continually trying to find better ways of supporting pupils to be safe. We involve the Police when necessary and, we have assemblies highlighting the risks. Self-harm is also another area where we know we have some very vulnerable pupils. I personally work very closely with identified pupils who are self-harming.

5. What training have you had in the past three years for dealing with mental health issues in your school?
 - (i). Have you used that training at your school? Please give examples of training being put into practice

I have received training in both these areas, as well as bereavement support (this forms a regular part of my work). In addition I have recently been on a course looking at techniques to help children through drawing.

6. How do you rate your school at dealing with young people's emotional health issues and what is your plan for the next three years?

We work hard to provide a very good response to pupils' mental health needs. To this end we have duplicated support on both sites - the Emmaus Centre which works with students who struggle behaviourally, the Here 2 Learn room supporting academic progress and offering support to students who may be withdrawn from a particular lesson, and after school homework support sessions are on both sites. There is a Pastoral Leader on both sites. Our Chaplaincy worker and I (Home-school support) work across both sites. Any of us may identify a pupil in need. We work well as a team, and work to individual strengths. At any point support may be layered across several 'teams' or we may use one person for a period of time and then switch to someone else.

Communication is key.

In addition we have a new Director of Inclusion and she is working to update and improve our ways of working.

We run Anger Management groups as required, and are setting up a Mindfulness group with support from our Educational Psychologist. We are about to start a small group specifically aimed at helping identified pupils with making friends.

We have prayers daily, sometimes written by the pupils. This provides a few minutes of calm and reflection at the start of each day for both staff and pupils. At upper site we run a religious retreat for each year group. Pupils choose to attend for the few days away.

- (i). Do you involve the young people at your school in assessing issues?

We have an active School Council and pupils are asked what they want. Pupils are involved in interviewing new members of staff. Near the end of year 7 we ask pupils to update our year 7 handbook with what they think should be in it for the new intake.

7. As voluntary organisations become further involved in the community have you been approached by an organisation and would you welcome this?

We are regularly approached by various voluntary agencies and are happy to work closely if we have an identified need and the capacity to do so. We are currently working with Lifeline, Young Carers, Yo Yo, and we have worked with Relate over the last 5 years running parents groups and working specifically with pupils re relationships. We will contact an agency if a need arises eg Cruse, Castlegate, Relateen etc.

8. What services are you aware of that are available for students in your school?.

We work with the Front Door, IFS, PSI, school health, CAMHS (we are currently part of a research study for Lime Trees, into using c-cbt for pupils who are experiencing low mood.) the hospital. teaching team etc.

9. How often does your school ask young people about their emotional wellbeing?

We regularly talk with pupils about how they are. In addition we have what we call 'Quiet Days' which are for individual forms to take time out of the curriculum and focus on mediation, contemplation and reflection about how they are both together and individually. Pupils write bidding prayers and intentions for mass.

10. Do the staff at your school have confidence to deal with emotional health and wellbeing issues?

Depending on the issue, teaching staff often deal with form issues, but will usually initially speak with a member of the pastoral team or the Learning Leader for advice. This ensures that we offer a co-ordinated and appropriate response. All staff know how to respond re safeguarding concerns.

11. What do you want to achieve for young people's wellbeing in your school?

Comprehensive, quick, and individual support for all pupils, including specialist services where necessary.

12. Do you plan on developing peer to peer support for young people within your school? If so, how? If not, why not?

13. Do you think City of York Council should be introducing a baseline to measure against? If so what do you think this should look like?



Response from officer from Huntington Primary School

1. What steps do you take to promote an awareness of the mental health needs and vulnerabilities of young people in your school?
 School mission statement Consider And Respect Everyone sets out values, expectations and ethos.
 We are a leading SEAL School in York and Social & Emotional Aspects of Learning run as a core through all we do.
 Close working with families all staff, led by Head teacher, Health promotion and Healthy Schools Award, use of pupil premium to enable children to be fully included e.g. music tuition
 Spiritual, Moral, Social & Cultural development was judged by Ofsted as Outstanding in March 2013
2. Do you or how might you use other young people in your school to support those you identify as vulnerable?
 Peer Mediators, Buddy systems (all year groups)
3. What procedures have you to identify and share information about children who are solitary and at risk and who may be showing signs of emotional ill health?
 Observations, Teaching Assistant support targeted at vulnerable pupils
4. What significant piece of work or action taken by you in the past three years has had the biggest impact on adolescent mental health in your school?
 Annual anti-bullying week, peer mediators, behaviour policy & practice review
 - (i). Why do you think this is?
 Children feel better equipped to deal with issues as they arise and know who to go to in school for help
5. What training have you had in the past three years for dealing with mental health issues in your school?
 CAMHS training, Bereavement Counselling training
 - (i). Have you used that training at your school? Please give examples of training being put into practice

To support 3 pupils and their families when one parent has died

6. How do you rate your school at dealing with young people's emotional health issues and what is your plan for the next three years?
We deal with children's' emotional health issues very well by creating an environment which is safe, secure and caring
'The school provides an exceptionally caring and supportive environment in which all pupils are valued'
OFSTED March 2013
 - (i). Do you involve the young people at your school in assessing issues?
Yes, through School and Class Councils and our Annual Pupil Survey
7. As voluntary organisations become further involved in the community have you been approached by an organisation and would you welcome this?
 - (i). What support would you welcome?
We struggled to find training for childhood bereavement. I would find it helpful to know what is available through the health, education and voluntary sectors locally (that is in York).
8. What services are you aware of that are available for students in your school?
Behaviour support, CAMHS
9. How often does your school ask young people about their emotional wellbeing?
This is an on-going matter in our school as previously outlined.
10. Do the staff at your school have confidence to deal with emotional health and wellbeing issues?
Yes, we work as a team in supporting each other with this.
11. What do you want to achieve for young people's wellbeing in your school?
We aim for our pupils to feel happy, safe, and secure in school; to know who to turn to in times of trouble and be confident that they will get the help they feel they need.
12. Do you plan on developing peer to peer support for young people within your school? If so, how? If not, why not?

This is already in place in our school across all year groups and at break/lunch times through peer mediation.

13. Do you think City of York Council should be introducing a baseline to measure against? If so what do you think this should look like?
I am not certain how a baseline could be set or how useful it would be with regard to the promotion of well-being and good mental health. I would however like to see a city-wide directory of 'good practice' case studies which could be used for new/different ideas. This could be similar to the Ofsted best practice guides for aspects of the curriculum.

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Community Mental Health and the Care of Young People Scrutiny Review

Update on work in progress on the Children and Young People's Mental Health Strategy Action Plan 2013-16

1. Introduction

This report updates the Scrutiny Review Group on progress towards completing a Children and Young People's Mental Health Strategy – Action Plan 13 – 16 for the City. This action plan will deliver the priorities and outcomes set out in *City of York Children and Young People's Mental Health Strategy Review and Future Challenges 2011-2014*.

The action plan is being developed by the Child and Adolescent Mental Health Services [CAMHS] Executive Group.

2. Local Context

This Action Plan will align with the:

Children and Young Peoples Plan 2013 -16 and the Health and Well-Being Strategy 2013-16

3. Outline of Strategy

Mission Statement and Vision

The ultimate goal is to: promote good mental and emotional well-being for children and young people in the City of York, where the emotional welfare and psychological development of the child is paramount.

To achieve this everybody engaged in providing services for children and young people should contribute to:

- Tackling the stigma of mental ill-health

- Supporting high levels of personal achievement for all children and young people, both as individuals and as citizens, contributing towards the greater good.
- Access for all children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and for their families.'

Priorities in the strategy are:

- Strategic planning and commissioning bodies will work together effectively to support child and adolescent mental health and well-being;
- Children and young people and their families will be treated with respect and confidentiality.
- Mental health and well-being services provided by all agencies, including the voluntary and faith sector, are well coordinated.
- Promote mental well-being for children and young people and intervene early when difficulties begin to emerge.
- Universal level services (schools/community) will provide coordinated and effective support to children and young people experiencing emotional or mental health problems, thorough support and signposting by appropriately trained staff.
- Accessible, specialist support will be available for children and young people with severe or chronic mental health needs.
- Supported, Qualified, Experienced and confident workforce will work across agency boundaries.

4. Action Planning

Key actions within this action plan will be:

- The membership of the Executive will be reviewed to ensure full representation of stakeholders and improve communication between agencies
- Undertake a needs assessment to plan for the increasing need of children and families with particular assessment of minority communities. (Recognising responsibilities enshrined in the Equalities Act 2010) - support the Health and Well-Being survey and use the information provided within the overall needs assessment
- Work with schools to build capacity to support vulnerable children and young people with mental health need. Provide ongoing training and supervision to Emotional Literacy Support Assistants (ELSAs) across all school settings.
- Support the work of the CAMHs forum and Youth Council to develop a Mental Health Toolkit for all schools, thereby helping to further develop a culture of tolerance, understanding, and mutual respect of difference and diversity.
- Ensure High quality Specialist and targeted services will be available to those most in need.
- Provide accurate, appropriate and jargon free information for young people, their parents and carers to support them in making informed choices.
- Capture the voice of users and carers - CAMHS, both in specialist and generic settings will work toward the 'You're Welcome Quality Criteria'.

Eoin Rush
Assistant Director – Childrens Specialist Services
June 2013

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Health Overview & Scrutiny Committee**26 June 2013**

Report of the Assistant Director, Governance and ICT

Update to Membership of Task Groups**Summary**

1. At the Annual Council meeting on 23 May 2013 appointments were made to various Committees, outside and partnership bodies for the 2013/14 municipal year. As a result, the membership of Health Overview & Scrutiny Committee changed slightly for 2013/14. In turn, this has had a slight effect on the membership of some Task Groups, which this Committee has set up. This report seeks to update the membership of Health Overview & Scrutiny Task Groups, as appropriate.

Background

2. In 2012/13, this Committee set up the following two Task Groups, comprising Members of this Committee:

Personalisation Task GroupCommunity Mental Health & Care of Young People

3. Councillor Cuthbertson can no longer be a formal Member of the Personalisation Task Group, as he is no longer a Member of this Committee
4. Councillor Richardson can no longer be a formal Member of the Community Mental Health & Care of Young People Task Group, again, as he is no longer a Member of this Committee.
5. Should they wish to do so, both elected Members are, of course, welcome to continue to attend meetings of the Task Group, but on a more informal basis. This would be particularly valuable given the experience gained as these Task Groups bring their work to a conclusion.

Consultation

6. The relevant Party Groups have been consulted and given their representation on this Committee will be appointing the following Members to the available places on these Task Groups:

Personalisation:

Councillor Jefferies to replace Councillor Cuthbertson

Community Mental Health & Care of Young People:

Councillor Doughty to replace Councillor Richardson

Options

7. As the 'parent' and appointing Committee of the above two Task Groups, Health Overview & Scrutiny Committee needs to ensure that Members appointed to it come within its own membership. Since the work of these two Task Groups started with the involvement of the above two party groups, it would be sensible to retain the make up of the Task Groups as originally set up in the last Municipal Year. That would mean making the replacements proposed above.

Council Plan 2011-15

8. Establishing an appropriate decision making and scrutiny structure, contributes to the Council delivering its key priorities and core capabilities set out in the Council Plan, effectively.

Implications

9. There are no known implications in relation to the following in terms of dealing with the specific matter before Members, namely to update appointments to places on the Task Groups set out in paragraph 6:
 - Financial
 - Human Resources (HR)
 - Equalities
 - Crime and Disorder
 - Property
 - Other

Legal Implications

- 10. There are no specific legal implications associated with membership updates, other than ensuring the continuing membership of these Task Groups is drawn from Health Overview & Scrutiny Committee.

Risk Management

- 11. In compliance with the Council's risk management strategy, there are no known risks associated with the recommendation in this report.

Recommendation

- 12. Members are asked to agree the updates to Member appointments to the Personalisation and Community Mental Health /Care of Young Children Task Groups for the duration of their reviews.

Reason: In order to ensure appointments are updated in line with changes made to the membership of this Committee at the Annual Meeting.

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Andy Docherty
Assistant Director, Governance and ICT

**Report
Approved**

Date 10 June 2013

Specialist Implications Officers

Not applicable

Wards Affected: Not applicable

All

For further information please contact the author of the report

Background Papers

None

Annexes

None

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Health Overview & Scrutiny Committee Work Plan 2013/2014

Meeting Date	Work Programme
26 th June 2013	<ol style="list-style-type: none"> 1. Update Report – Merger of Priory Medical Group Surgery and Abbey Medical Group to discuss how well the merger is working and how the medical group is working with the Out of Hours Service 2. Verbal Update from Chair of Personalisation Review Task Group 3. Interim Report from the Community Mental Health and the Care of Young People Scrutiny Review 4. Update on Membership of Ongoing Task Groups 5. Verbal Update from Chair on Children’s Cardiac Services 6. Workplan,(including details of possible topics identified at Annual Scrutiny Work Planning Event)
24 th July 2013	<ol style="list-style-type: none"> 1. Attendance of the Cabinet Member for Health, Housing and Adult Social Services 2. Year End CYC Finance & Performance Monitoring Report 3. Adult Safeguarding Report (Annual Assurance of Governance Arrangements) 4. Six Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services 7. Public Health Service Plan (Paul Edmondson-Jones) 5. Briefings on any new agreed topics arising from Annual Scrutiny Work Planning Event 6. Workplan

11 th September 2013	<ol style="list-style-type: none"> 1. First Quarter CYC Finance & Performance Monitoring Report 2. Update on Implementation of the Recommendations Arising from the End of Life Care Scrutiny Review 3. Update on the Implementation of the NHS 111 Service in York 4. Monitor of partnership working and implementation of learning about partnerships (report from LYPFT on the way that older people's mental health services are provided) 5. Annual Report to the Committee from Chief Executive at York Teaching Hospital NHS Foundation Trust 6. The Francis Report – Implications for the Health Overview and Scrutiny Committee 7. Report – Section 136 of the Mental Health Act – Provision of a Place of Safety Workplan
23 rd October 2013	<ol style="list-style-type: none"> 1. Annual Report to the Committee from the Chief Executive at Yorkshire Ambulance Trust 2. Joint Update from Vale of York Clinical Commissioning Group, Commissioning Support Unit and York Teaching Hospital NHS Foundation Trust on how they are working together, their challenges and priorities. 3. Workplan
27 th November 2013	<ol style="list-style-type: none"> 1. Second Quarter CYC Finance & Performance Monitoring Report 2. Update Report – Provision of Medical Services for Travellers and the Homeless (to include data, attrition and patient flow) 3. Workplan
18 th December 2013	<ol style="list-style-type: none"> 1. Annual Report to Committee from the Chief Executive at Leeds and York Partnerships NHS Foundation Trust 2. Workplan
15 th January 2014	<ol style="list-style-type: none"> 1. Workplan
19 th February 2014	<ol style="list-style-type: none"> 1. Annual Report on the Carer's Strategy
12 th March 2014	<ol style="list-style-type: none"> 1. Third Quarter CYC Finance & Performance Monitoring Report 2. Workplan
23 rd April 2014	<ol style="list-style-type: none"> 1. Workplan

Ongoing Reviews started in 2012/13

Personalisation

Community Mental Health and the Care of Young People

Scrutiny Topics Proposed at Scrutiny Work Planning Session on 13 June 2013-06-14, largely in the following priority order:

- **Men's Health** – stemming from a presentation given by Professor Chris Bentley to the Health and Wellbeing Board in April 2013 and the knowledge that there is a significant proportion of male premature deaths in York between the ages of 35 and 65.
- **Loneliness** – As requested by the People with Long Term Conditions Partnership Board, to address loneliness across the city and look at the scale of the issue and what can be done to provide support etc.
- **Partnership Working – Hospital Discharges**: The relationship between Social Services, Ambulance Services and the hospital, and how this potentially affects the hospital meeting its targets.
- **Smoking Cessation**: To look at ways of potentially encouraging people in York to stop smoking
- **Dementia Friendly City**: To review the work undertaken to date in relation to the challenge set for York to become a Dementia Friendly City.

Potential Item for Overview and written into the Work Plan when more information is available:

Vale of York Clinical Commissioning Group's inherited debt from the recently disbanded NHS North Yorkshire and York – potential for a Joint Health OSC with North Yorkshire, as this will have an impact on residents across all of York and North Yorkshire. The Director of Public Health has recently written to the Secretary of State about this on behalf of the Health OSC, asking for the debt to be written off. Health OSC have also recently met with the MPs for York Central and York Outer who are looking to instigate a debate in Parliament around this. There may be further work that a joint Health OSC could do to support this. Any evidence gathered could be used to support the argument that the debt should be written off

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