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PEOPLE AND HEALTH SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON MONDAY 11 DECEMBER 2023

Present: Cllrs Gill Taylor (Chairman), Piers Brown, Nick Ireland, Paul Kimber, Louie O'Leary, Jon Orrell and Belinda Ridout

Apologies: Cllrs Molly Rennie, Robin Cook and Bill Pipe

Also present: Cllr Byron Quayle

Also present remotely: Cllr Cherry Brooks and Cllr Jane Somper

Officers present (for all or part of the meeting):

Andrew Billany (Corporate Director for Housing), Vivienne Broadhurst (Executive Director - People Adults), George Dare (Senior Democratic Services Officer), Paul Dempsey (Corporate Director - Care & Protection), Sara Bonfanti (Head of Communications & Engagement), Tony Bygrave (Senior Assurance Officer - Complaints), Andy Frost (Service Manager for Community Safety), Ian Grant (Programme Coordinator), Elizabeth Saunders (Interim Corporate Director of Commissioning), Lindsey Watson (Senior Democratic Services Officer) and Elaine Hurl (Head of Children, Young People, LD & Autism, and Mental Health)

Officers present remotely (for all or part of the meeting):

Julia Ingram (Corporate Director for Adult Social Care Operations), Theresa Leavy (Executive Director of People - Children) and Julie Jones (Programme Manager, Stroke, Neurorehabilitation & Community Hospitals), Wendy Longley (Consultant Nurse, Stroke Unit, Dorset County Hospital), and Andrew Miller (Divisional Director of Operations for Urgent Care, Dorset County Hospital)

34. **Apologies**

Apologies for absence were received from Councillors Molly Rennie, Bill Pipe, and Robin Cook.

In the absence of the Vice-Chairman it was proposed by Cllr Taylor and seconded by Cllr Kimber that Cllr Ireland be appointed as Vice-Chairman for the duration of the meeting.

35. **Declarations of Interest**

Cllr Ireland declared that he was a governor of Dorset HealthCare and that his wife worked for Somerset NHS Foundation Trust, however she would not be affected by the reconfiguration of hyper acute stroke care.

36. **Minutes**

Proposed by Cllr Taylor, seconded by Cllr Ridout.

Decision

That the minutes of the meeting held on 31 October 2023 be confirmed and signed.

37. **Public Participation**

There was no public participation.

38. **Councillor Questions**

There were no questions from councillors.

39. **Urgent Items**

There were no urgent items.

40. **Committee's Work Programme and Executive Forward Plans**

The Chairman outlined the committee's work programme for the remainder of the council term. Items included scrutiny of the council's budget and medium-term financial plan, and scrutiny of the SEND Delivery Strategy. There was also a planned informal meeting of sufficiency within the adult social care workforce.

The Portfolio Holder for Adult Social Care, Health, and Housing informed members that there would be an all-member webinar on Care Dorset.

41. **Update on Somerset Hyper Acute Stroke Care**

Members received an update on hyper acute stroke care in Somerset, following a public consultation. The Programme Manager for Stroke, Neurohab, and Community Hospitals and the Head of Communications and Engagement, NHS Somerset, outlined the outcomes of the public consultation and the key themes that emerged from it; these were travel times for staff and patients, and options for recruitment. Financial considerations and the final decision of the reconfiguration of stroke services would be made by the NHS Somerset Board in January. The process to select the options in the consultation was highlighted.

Members asked questions and considered the following points:

- There was an existing stroke unit at Dorset County Hospital and a hyperacute unit was planned for quarter 1 of 2024/25.

- There were some arrangements in place for transport, travelling and access to the hyper acute stroke unit in option A. It would be useful to link with the transport team at Dorset Council.
- There was a need to consider how to attract therapists to work in the area.
- Apprenticeships were being used to fill posts, but it took time to train apprentices.
- A specialist grade doctor had recently been recruited.

The Committee was content with the work completed and thought the consultation was robust.

Members requested a written update following a decision being made by Somerset ICB.

42. **Young People's Mental Health Services - Your Mind, Your Say**

The Head of Children, Young People, Learning Disabilities & Autism, and Mental Health introduced the item and gave some background information to children's mental health services in Dorset.

The Manager of Healthwatch Dorset explained a report that the organisation had produced on young people's views of mental health services. The report highlighted that young people wanted better continuity of care, follow-up support after treatment, and activities during face-to-face therapy. There were some voluntary sector organisations that have helped young people with mental health services.

The Head of Children, Young People, Learning Disabilities & Autism, and Mental Health gave a detailed presentation to the committee, which is attached to these minutes. The presentation covered the following areas: the services that would be part of the transformation; partner organisations and the project governance structure; the assumptions and boundaries used for the project; the funding available for young people's mental health; the project non-negotiables; and how services could work together following transformation.

Members asked questions and considered the following points:

- The metrics for children's mental health were concerning so it was good to see the transformation plans.
- An all-age neuro diversity review would help address some of the challenges.
- There needed to be investment across the system for the project to work effectively.
- There were people who did not want to access or engage with services.
- It was important that children's mental health services were based in places where children were, such as schools, localities, and family hubs.
- There was a tight timescale to keep the pace on the project.
- March 2024 was the deadline for the business case, but it was realistic that the deadline would not be met on time.

Members suggested that, due to the timescale of the project, the committee should receive a further report on the project following the Dorset Council elections in May 2024.

43. Corporate Complaints Team Annual Report 2022-23

The Senior Assurance Officer Complaints introduced the report and outlined the role of the complaints team. The key areas of the annual report were highlighted, which included that: the number of complaints has risen; timescales for responding to complaints have improved but need to be improved further; there was a low number of complaints that reached the Ombudsman, investigated, and upheld; and there was an open culture of learning and transparency for complaints.

In response to questions from members, the Senior Assurance Officer Complaints advised that he was confident changes made from lessons learned were sticking, and that there was a 166% increase in complaints since the council was formed.

The Committee noted the report.

44. Prevent and Channel

The Service Manager for Community Safety introduced the report and explained the statutory duties of local authorities in relation to Prevent and Channel. The Programme Coordinator outlined parts of the report, including how recommendations to the Home Office to a national review could affect Local Authorities; updated guidance on Prevent and Channel; compliance and exceeding compliance of statutory duties; and how the Channel panel has developed in their role of supporting people at risk of radicalisation.

A member stated that the low number of referrals demonstrates how safe Dorset is.

In response to questions from members, the officers confirmed that the three recommendations from the Home Office would be implemented, and they would aim to complete that within the next 2 months.

The Committee noted the report.

45. Exempt Business

There was no exempt business.

Duration of meeting: 10.00 - 11.52 am

Chairman

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Dorset Council
People and Health Scrutiny Committee
Young Peoples Mental Health Services Presentation



CYP MH and experiences of CYP and families

- 50% of mental health problems develop by age 14 and 75% by the age of 24
- 42% of children aged 5– 10 years and 49% of young people aged 11–15 years, who have been in care, develop mental health problems. This is significantly higher than their peers who have not been in care.
- 36% of children and young people (CYP) with learning disabilities experience mental health problems.
- The NHS currently funds Mental Health Services to support 45% of young people who have diagnosable mental health conditions
- NHS Targets; increased access to 100% of prevalent population, 24/7 crisis response, waiting time targets for Eating Disorder services, CAMHS up to 25, MHSTs rolled out to all schools.

"We just know that getting help is going to be hard"

"We just want somewhere to go, be seen quickly when things are bad, there is nowhere other than A&E"

"I'm a mum but I end up coordinating the services that should be coordinating themselves to help us"

"Long waits are the norm and we can't expect anything different, that is how it is"

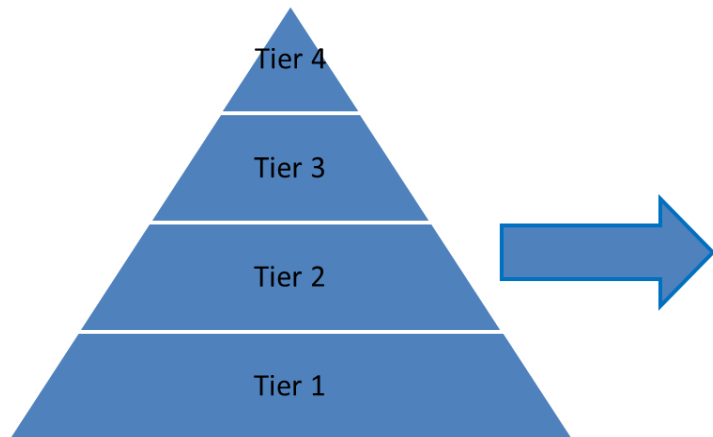
"When things are bad with my daughter we just go out in the car and drive all night ending up at MacDonalds because at least it is open"

"Your daughter's attempted suicides will not get you any faster up the IAPT waiting list"

Local Transformation Programme

- Local Transformation started 2016
- Progress made in 2020 view seeking Your Mind Your Say which explored whether work to date had made a difference
- 2020 Covid 19 Pandemic
- 2022 The Pandemic's impact on an already stressed CYP MH system
- 2023 Started the Your Mind Your Say Project in the context of Thrive – not just NHS services but across the system

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Those whose current need is support in maintaining wellbeing through prevention and health promotion.

The thriving group is described as those who are experiencing the usual challenges of life but do not need the individualised support/care around their mental health needs.

YP in this grouping are recognised to be particularly vulnerable due to a range of social factors (poverty, neglect, poor education), environmental factors (discrimination, gender and social inequalities) and individual factors (e.g. LD, neurodivergence, physical health problem)

According to the model – this is approximately 80% of YP

The system should try to systematically address the variables that place these YP at risk and ensure they have access to prevention and promotion strategies.

THRIVE Getting Advice / Coping across system



- Those who need advice and signposting and support around self-management.
- Within this grouping are children and young people adjusting to life's circumstances where the best intervention is within the community with support around self-management.
- This group can also include those with chronic, fluctuating or ongoing severe difficulties for which they are choosing to manage their own health and/or are on the road to recovery.

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- Active Monitoring – Dorset MIND
- I can Problem Solve - early years and primary aged children evidence-based programme that helps CYP to grow in confidence and ability to work through questions
- BRAVE is an evidence-based approach to supporting young people towards good emotional and mental wellbeing with a guided programme of CBT based online support
- Attachment Friendly Schools - a whole school approach to developing a relationship-based approach to teaching and learning.
- Schools' pastoral and counselling support – linked to ed psychologists
- Youth health champions & peer support training
- VCSE offer of advice and guidance – varied across +'
- Discovery Project - mental health recovery edu activity-based learning to help CYP understand skills that enable them to manage their own
- Duke of Edinburgh scheme
- Knowledge Hub

THRIVE Getting Help

- This grouping describes CYP and families who would benefit from goals-based, focused and time limited interventions and programmes of support with clear aims and methods for assessing whether these aims have been achieved.
- Interventions are not necessarily delivered by a trained mental health provider, but may be provided by a range of people who can provide targeted, outcomes focused help to address the specific mental health issue.
- Emphasis is placed on ending an intervention if it is not felt to be working.
- Interventions are characterised by an explicit shared understanding from the outset of:
 - What a successful outcome looks like
 - How likely this is to occur by a specific date
 - What would happen if not achieved.

- Gateway Service – pan Dorset access to assess & brief intervention within 4 weeks under review
- Parent – Infant attachment offer limited to children up to 2 years
- FLASH – families learning about self-harm training fund 3-year test of concept to widen access to the training
- Educational psychology - support schools to identify and overcome barriers to learning including emotional wellbeing and mental health
- MHST in Schools – 50% coverage by end of March 2023
- Kooth online counselling
- Chat Health – text messaging advice and answers to questions
- Child Development Centre – Paediatrician Services (UHD & DCH)
- VCSE offer e.g. equine therapy, activity-based support e.g. kayaking, peer support, sports-based activity, counselling & support
- School Nursing team – health advice and support

THRIVE Getting More Help

- This is not conceptually different from Getting Help – it is a separate grouping because there is a small number of individuals who need extensive resource allocation and particular attention and co-ordination from those providing services across the locality.
- This grouping is often relevant for children who have overlapping needs that means they may require greater input e.g., ASD, ADHD, major trauma/attachment needs
- Allocation threshold that defines the resource allocation to this group is defined by the community services. These families would also benefit from focused and evidence-based interventions, though likely a more extensive plan to involve a range of agencies.
- There is no specific rule for deciding on this grouping, but frequent indicators that it would be appropriate are:
 - The CYP is unable to participate in daily activities in at least one context (home, school, social)
 - They need constant supervision because they are no longer managing self-care e.g., hygiene, diet
 - They experience distress daily

- CAMHS Core offer including NDAC serious / complex mental health diagnosis
- Intellectual Disabilities CAMHS (ID CAMHS)
- Educational Psychology
- Paediatrician teams – east (child development centre) & west

In Progress

- Neurodevelopmental review (All Age) – assessment/diagnosis, support, training, information
- CYP Respite offer (LD & Autism) – BCP led

To Do

- Transform CYP MH offer to include access for up to age 25, expand the early help offer and where needed the therapeutic offer,
- To be developed at a neighbourhood / place level
- Gap for 16-17 yrs olds in east (neurodevelopmental assessment)

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THRIVE Getting Risk Support

- What is being provided is in managing risk ONLY in the context of high concerns but lack of any therapeutic progress.
- CYP in this grouping may have had some or many of the difficulties outlined in the GH and GMH groupings, BUT despite extensive input they or their family are currently unable to make use of the help offered/available AND they remain a risk to self or others.
- CYP in this grouping may routinely go into crisis but are unable to make use of the offered help or the help has not been able to make a difference.
- CYP in this grouping are likely to have had contact from multi-agency input e.g., social care, youth justice.

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Operational but limited capacity currently

- CYP Psych liaison within acute hospitals
- Crisis workers within core CAMHS teams
- Closer 2 Home – Provider Collaborative
- Connection 24/7 Crisis line
- The Harbour in Dorset

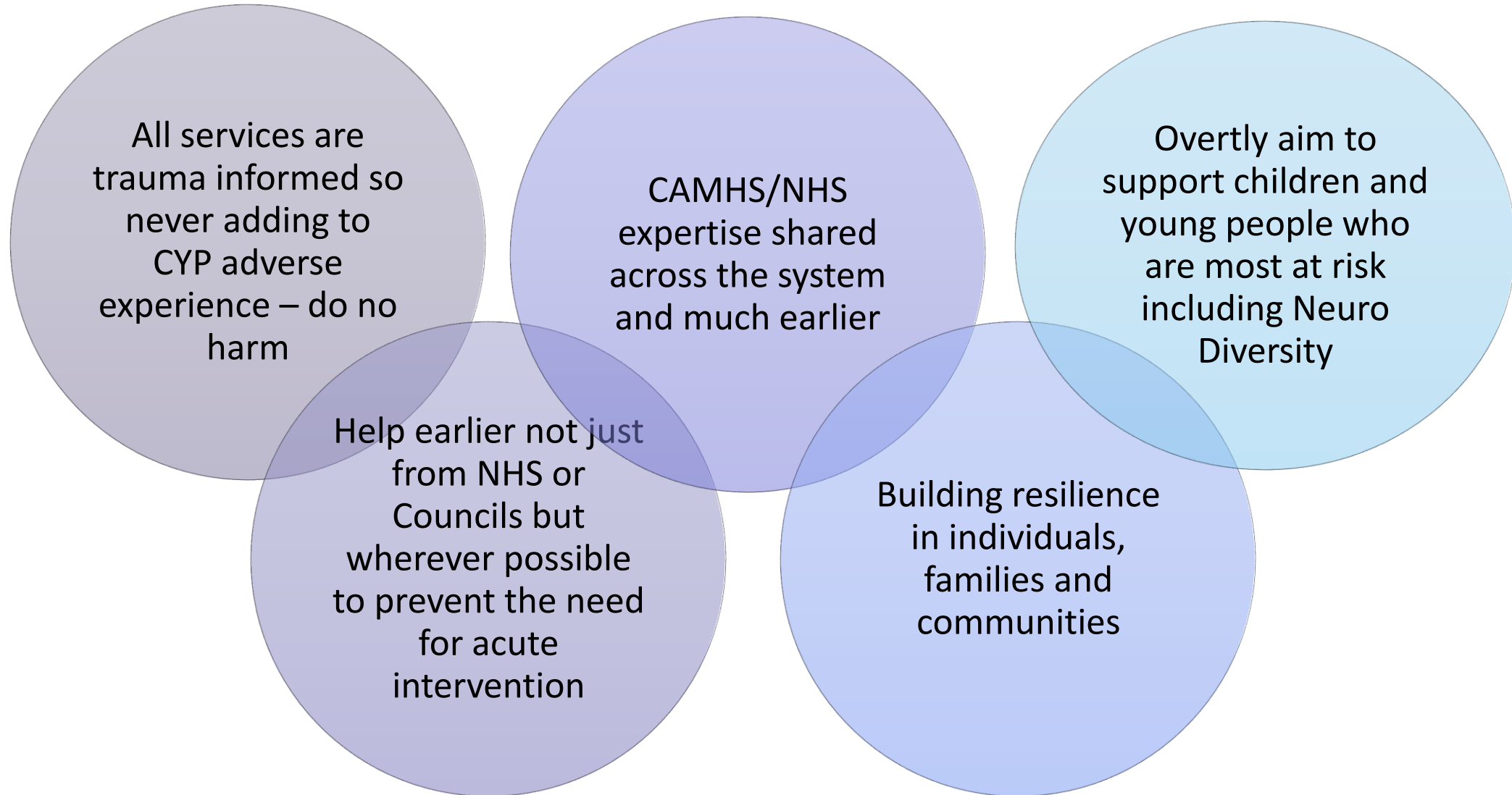
In progress

- Dorset CYP Crisis Intensive Home treatment service – business case approved
- Capital EOI for CYP sanctuary and CYP Retreat submitted
- CYP Respite offer (LD & Autism) – BCP led

To Do

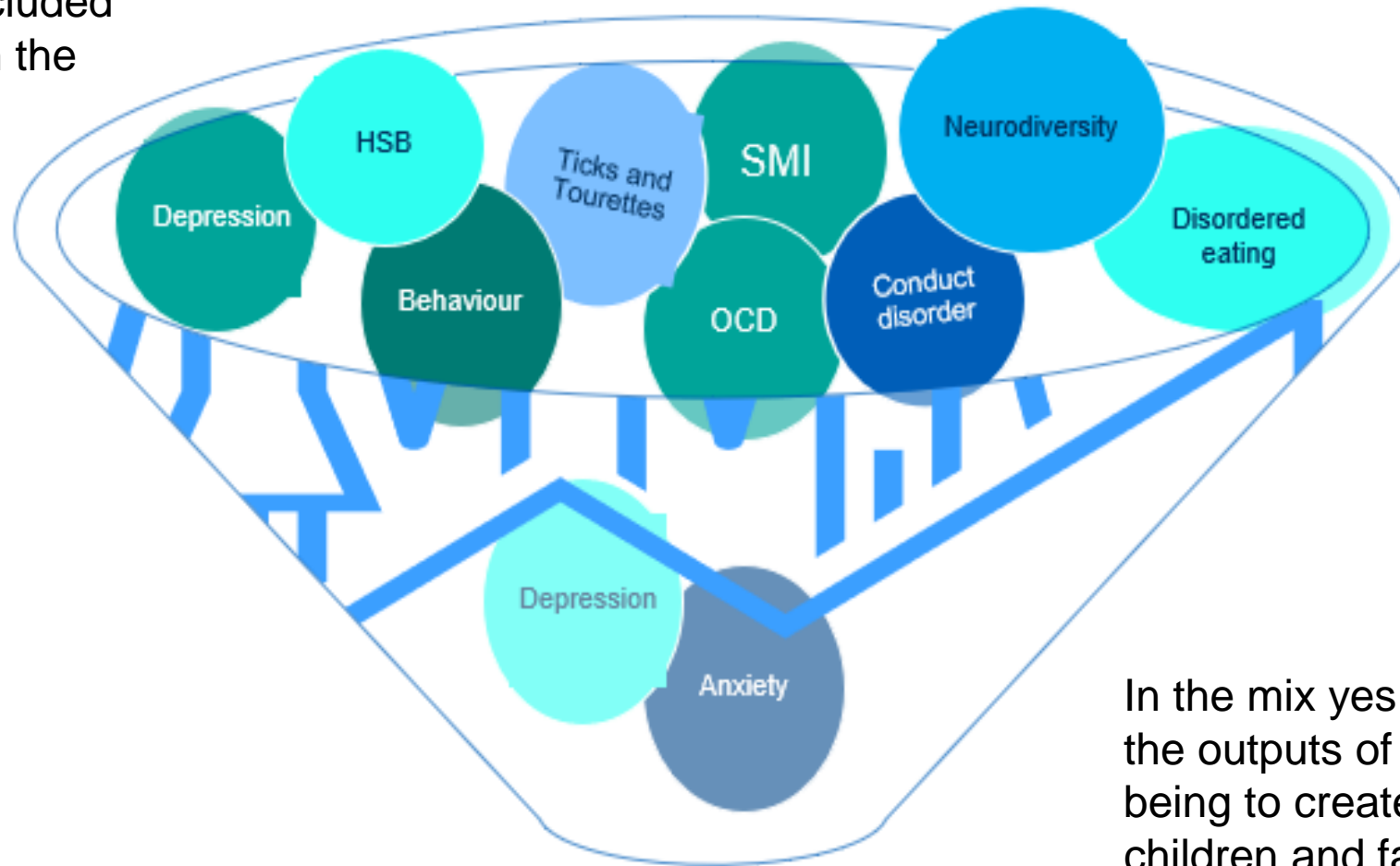
- Develop Crisis Model 7-day service
- Integrated health & social care offer
- Residential respite CYP sanctuary – tier 3.5 type offer
- CYP Crisis Cafes
- Co-produce CYP Keyworker as part of Crisis Model (e.g. care navigation)
- Dynamic Support Register
- Review Children in Care Health offer across Dorset likely to be place driven

Your Mind Your Say CYP MH Transformation themes from 2020



In the mix

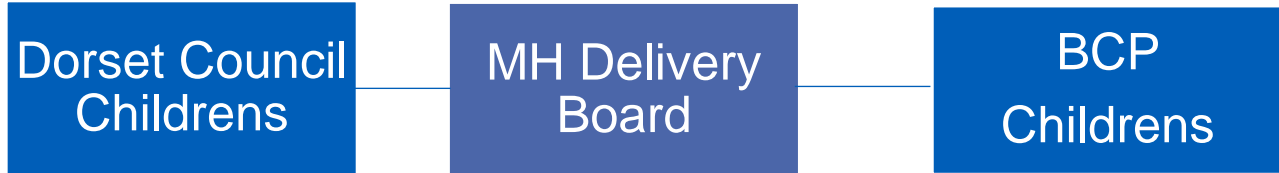
Conditions in the mix yes and no services were excluded from consideration in the review.



In the mix yes but not the driver for the outputs of the review the aim being to create mental support that children and families want.

CYP MH Transformation Partners

System Partnership Executive Level Approval



- Local Authority commissioners
- Public Health Dorset
- Primary care
- Parent carers
- VCSE Organisations
- Dorset HealthCare
- NHS Children Commissioning
- Education
- Safeguarding

CYP Steering Group

Your Mind Your Say Project Group

- Decision Makers
- Social Care
- Primary care
- Acute Hospitals
- Paediatrics
- Parent carers
- Families
- VCSE
- Organisations
- Dorset MH Forum

- Social Care
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Modelling BCP

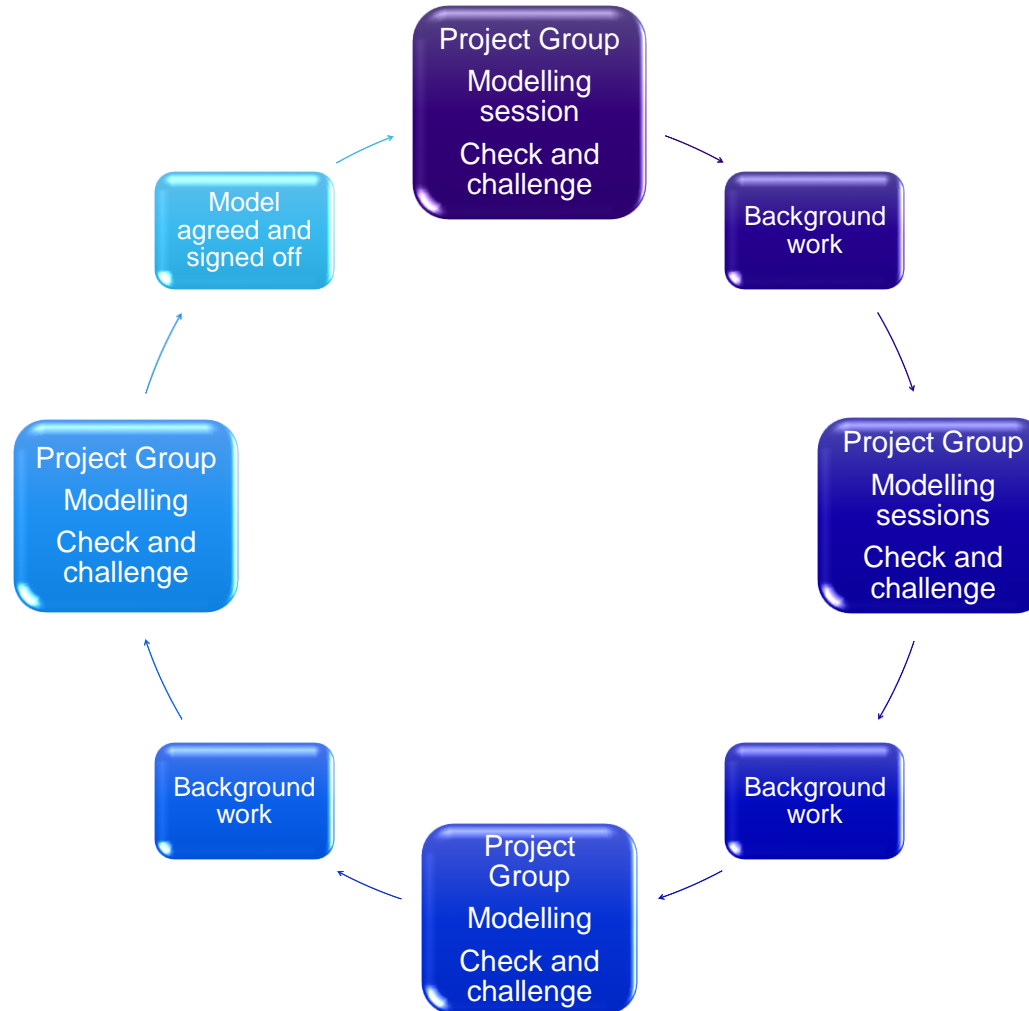
Modelling Dorset

- Social Care
- Primary care
- Acute Hospitals
- Paediatrics
- Parent carers
- Families
- VCSE Organisations
- Dorset MH Forum

Project rhythm

Starting 30 March - 13 July 2023

- Fully coproduced in design of the project and
- Each of the model design groups have had between 80-100 attendees.
- The project group also has around 40-50 people.



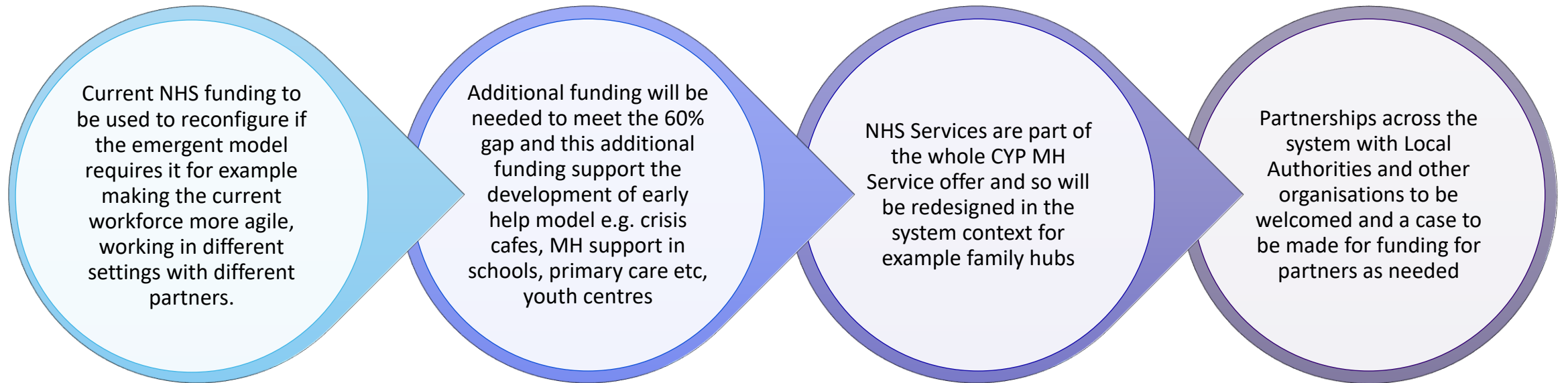
Background work

- Engagement with partners
- Refining the model as the work progresses
- Building business case/s
- Addressing concerns/challenges
- Reporting to various boards and partnerships
- Sign off

After model is agreed

- Staff consultation
- Service specification developed
- Some components operational April 2024

Your Mind Your Say CYP MH assumptions/boundaries



Project non-negotiables 2023

1. Children and families at the very centre
2. Coproduced model with CYP and families – creating together a model that works for families
3. Create new branding for CYP MH Support
4. Families to have more control
5. Services to trust that families know what they need
6. Help available much sooner, where CYP are already such as school in communities
7. Fast access to help, right time, right place, right type
8. Effective and inclusive for CYP who have autism and or learning disabilities
9. No wrong door and no barriers/thresholds to accessing help
10. Joint funding – shared budget – one pot
11. Integrated and multi-disciplinary
12. VCSE part of the partnership not a bolt on
13. Invest where the need is

Project Non-negotiables

Children and families at the centre, and design of service coproduced with CYP and Families creating a model that families and young people want

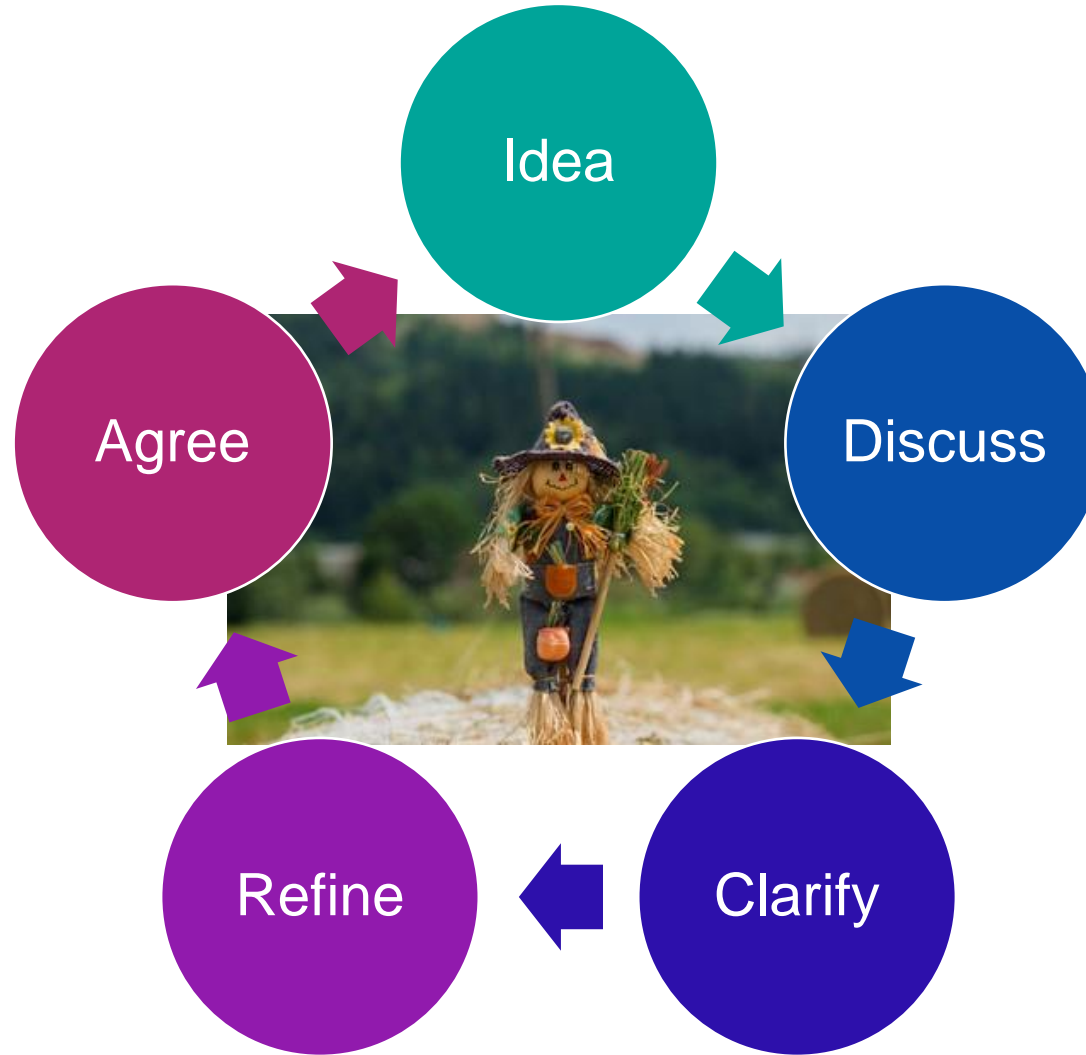
Families to be trusted and have more control in relation to the type of support they can access

Help and support available much sooner, in the places CYP are, in communities, in schools, in GPs/primary care. Immediate access to help when heading towards or in crisis.

No wrong referral, integrated, very few if any thresholds/barriers to accessing help and fully inclusive for any young person who needs support.

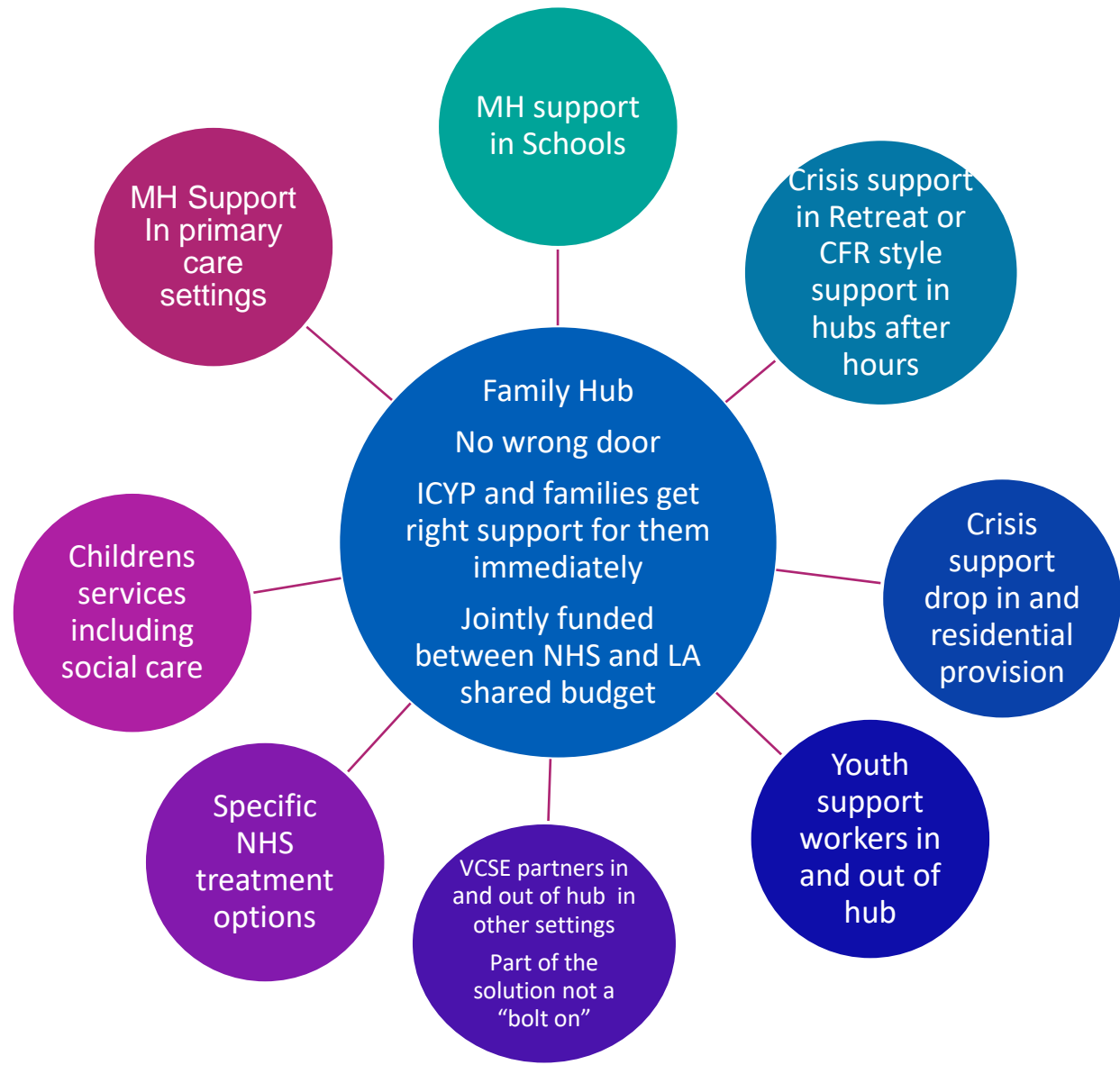
Services properly invested in to meet the level of need and anticipated need and single agreed funding pot ending argument

Your Mind Your Say – Straw Man

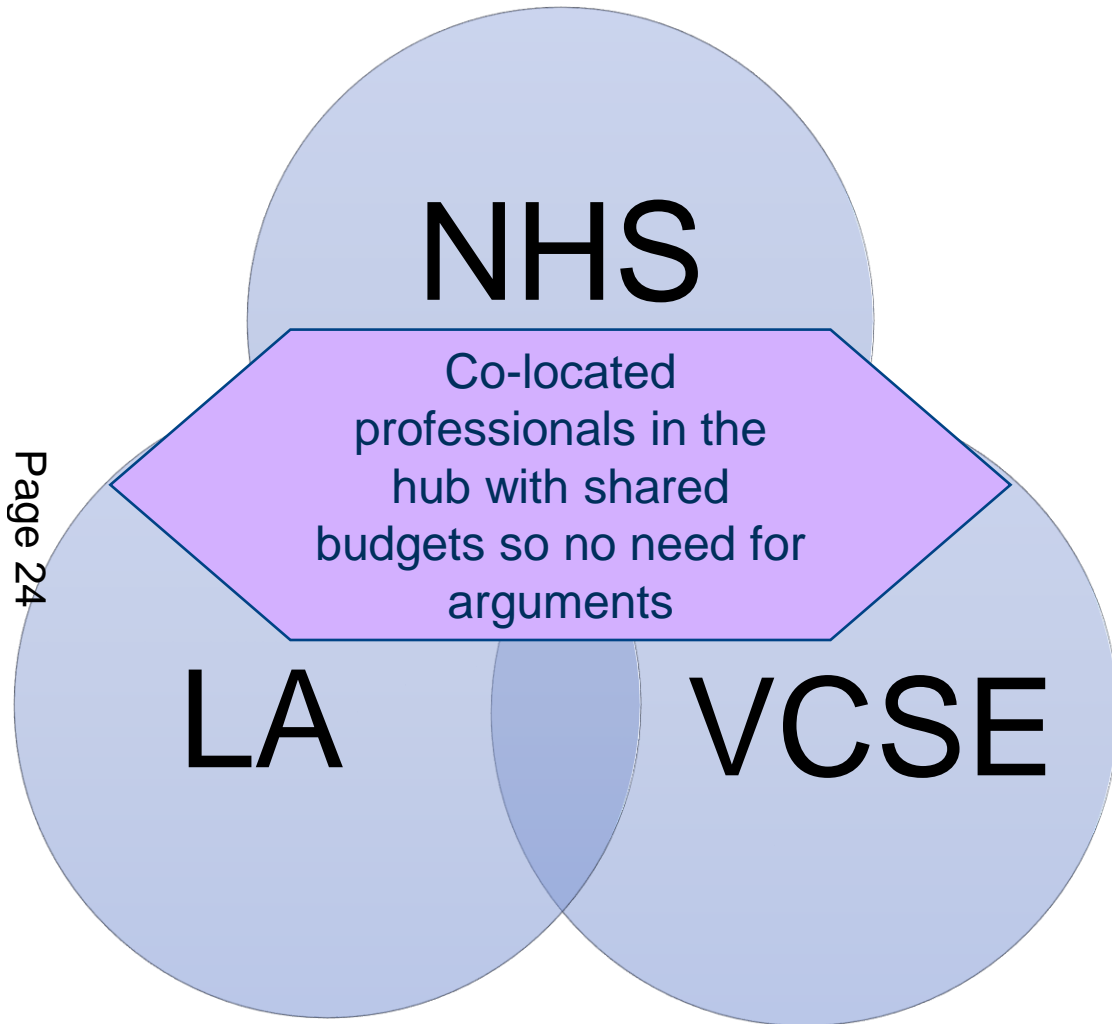


HUB and Spoke

- Interdependencies**
- Autism review outcomes e.g., keyworker in the hub, use of Dynamic Support register
 - Mental Health Integrated Community Care review (Adult MH Transformation)
 - Family hub development



- More MH support in Schools in primary care and in other settings where young people are
- Access to help when a MH issue first occurs rather than when someone becomes very unwell
- Crisis support developed locally in vicinity of hubs
- Possibly not C2H as is
- Systemic and dialogic practice with whole families
- Parental mental health
- Work across all Thrive areas but especially in the advice and getting help quadrants



Early conversation themes

- Integration
- Co-located and multidisciplinary
- Family hubs and model as delivery mechanism for early help and entry to other types of help
- Partnerships between LA, NHS and VCSE
- Early help and advice and support
- More help in schools
- No wrong referral
- Immediate access to crisis support in café style spaces
- Immediate access to NHS crisis support
- Residential crisis support (not hospital)

What people families want



Different entry points but none wrong

Service to work around the family wherever possible

Transparency when there might be a bit of waiting time and support whilst waiting

Parents and carers and young people viewed as equal partners

No referral or threshold barriers

Choice and control for families

Truly integrated NHS, LA VCSE

Expertise brought in when needed

Integrated and multi-agency

Proper clarity to manage expectations

Choice about support and treatment

No one needs to keep re telling their story

Guidance, navigation and support

More support intensity if needed

Advice, information and guidance

Central greeting and information place

Young person and family can return to the service as needed without referral

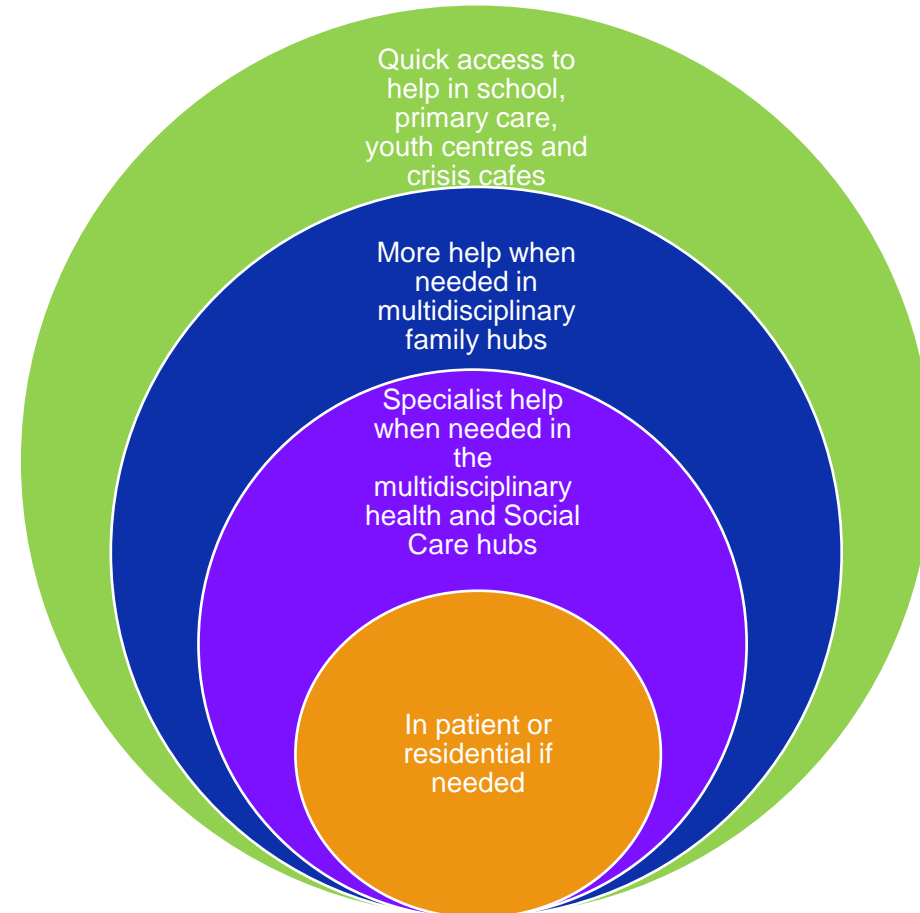
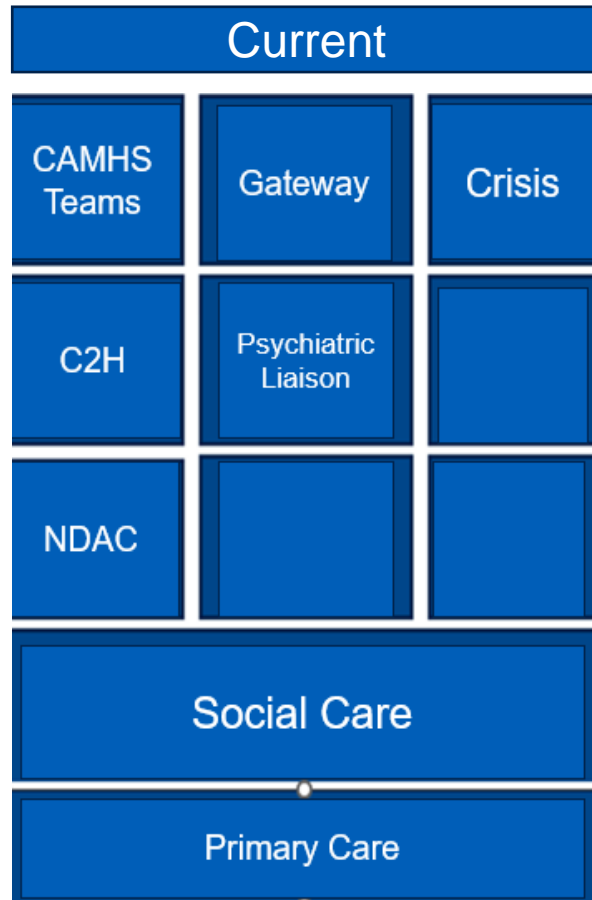
Early help for young people and families

- **Help in schools** – build on the MHST offer, one new MHST promised by NHSE, increase the support working with schools that do not have an MHST at this point for example fund posts in schools that can link with the MHSTs then blend with the MHSTs as these are rolled out
- **Help in GP and primary care** settings based on the PCN need and ambition. This will include active monitoring or MH Practitioner on site linked to CAMHS etc or social prescribers for young people dependent on needs identified by various PCNs
- **Develop at least two “Crisis Cafes”**- quickly to test the concept and shape the crisis pathways for young people based on need.
- **Develop Multi agency integrated welcome hub/SPOA** – create fully integrated and multidisciplinary in Dorset and BCP including NHS, VCSE and Local Authority staff, admin navigators/wellbeing practitioners etc
- **Restructure the core CAMHS** services to enable them to work into the family hubs and community/neighbourhood teams
- **Align the development with the Community and Neighbourhood** work in primary care as provides a vehicle for delivery alongside family hubs

Linked project critical to system and for system investment

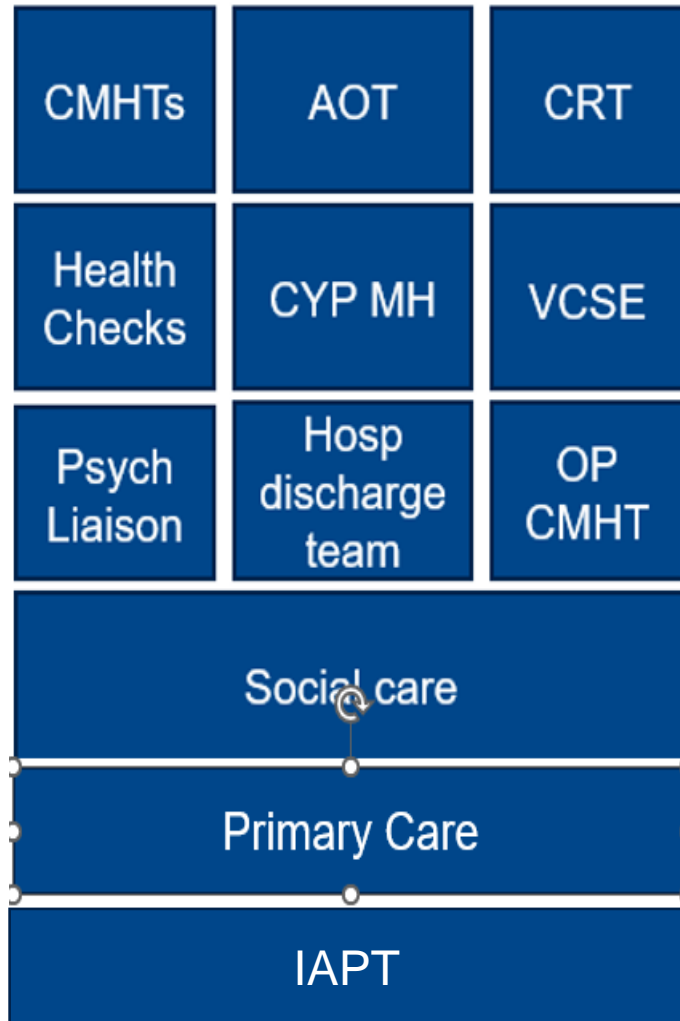
Develop a residential space for CYP who have complexity in their levels of need

Before and after

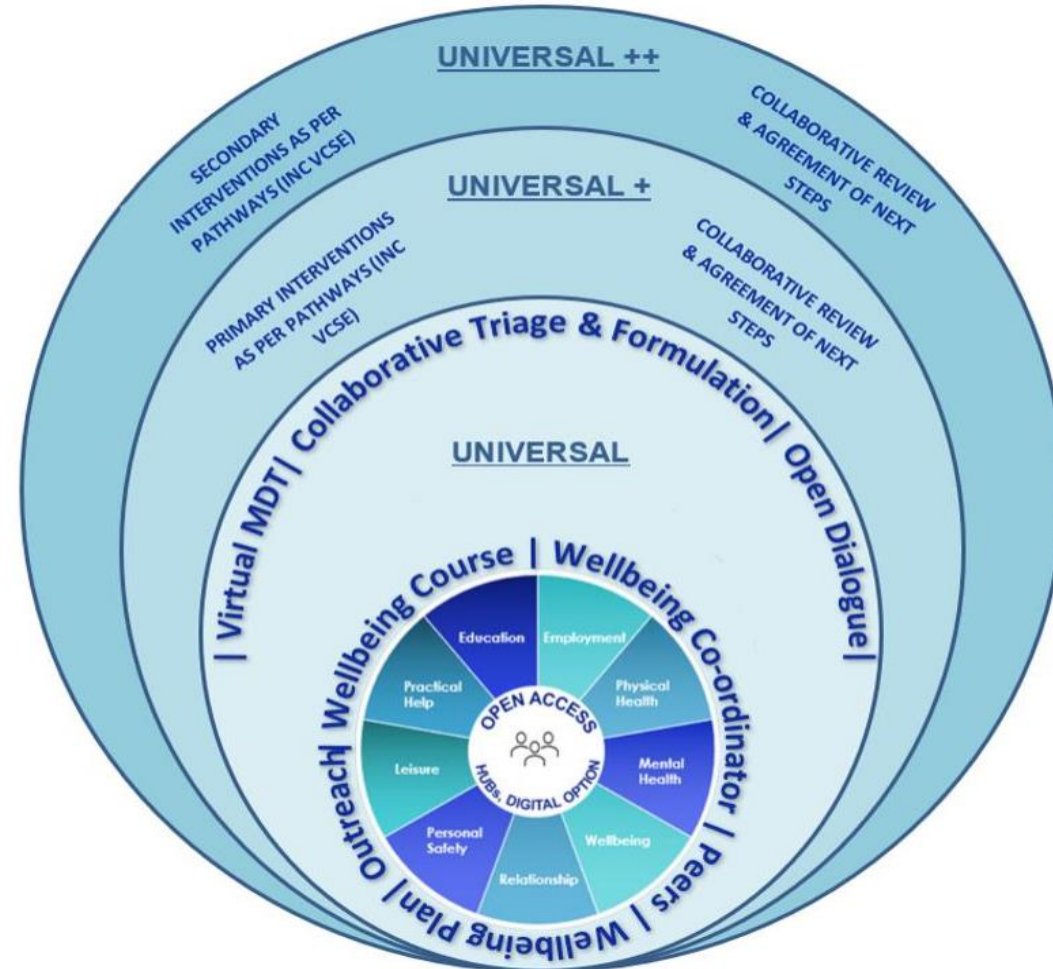


Emergent Model for the transformation of community mental health

How things are now

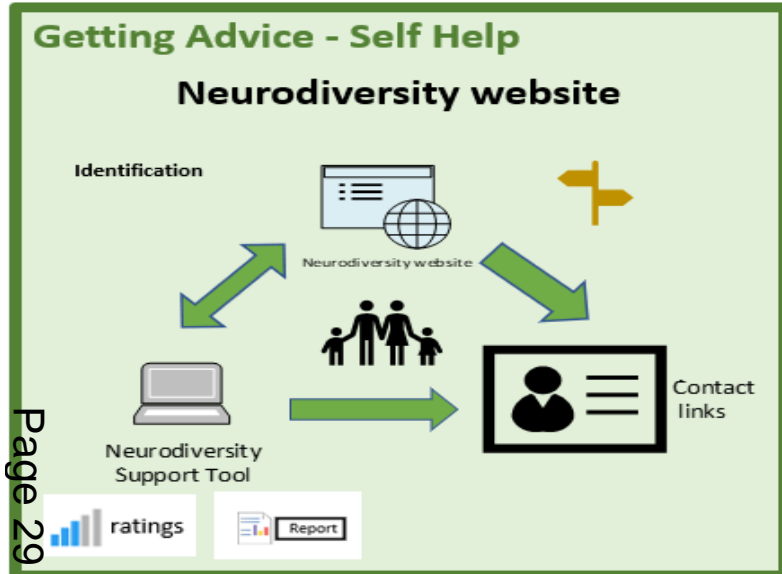


How things will be

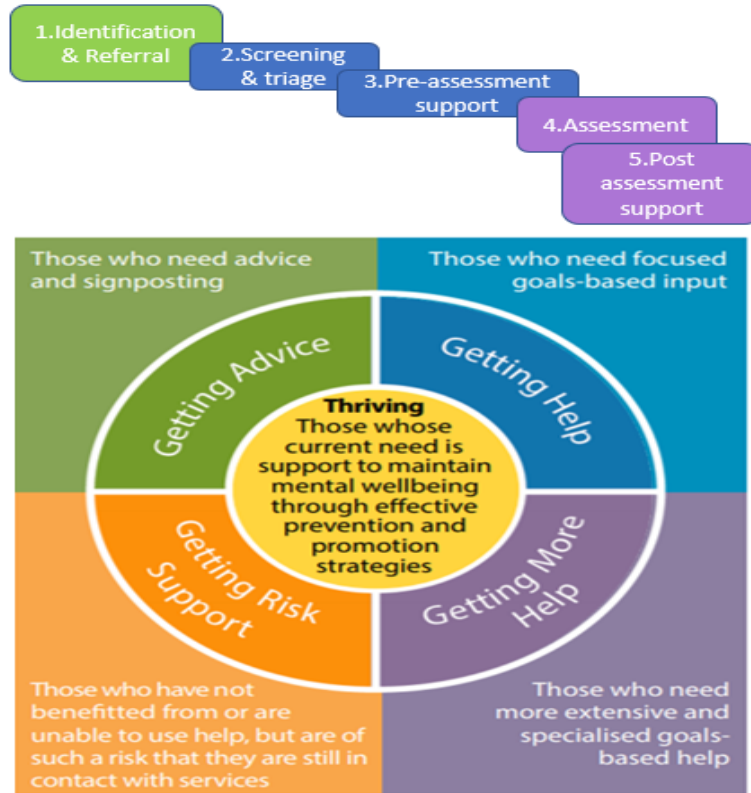


All Age - Neuro Diversity Review – New model

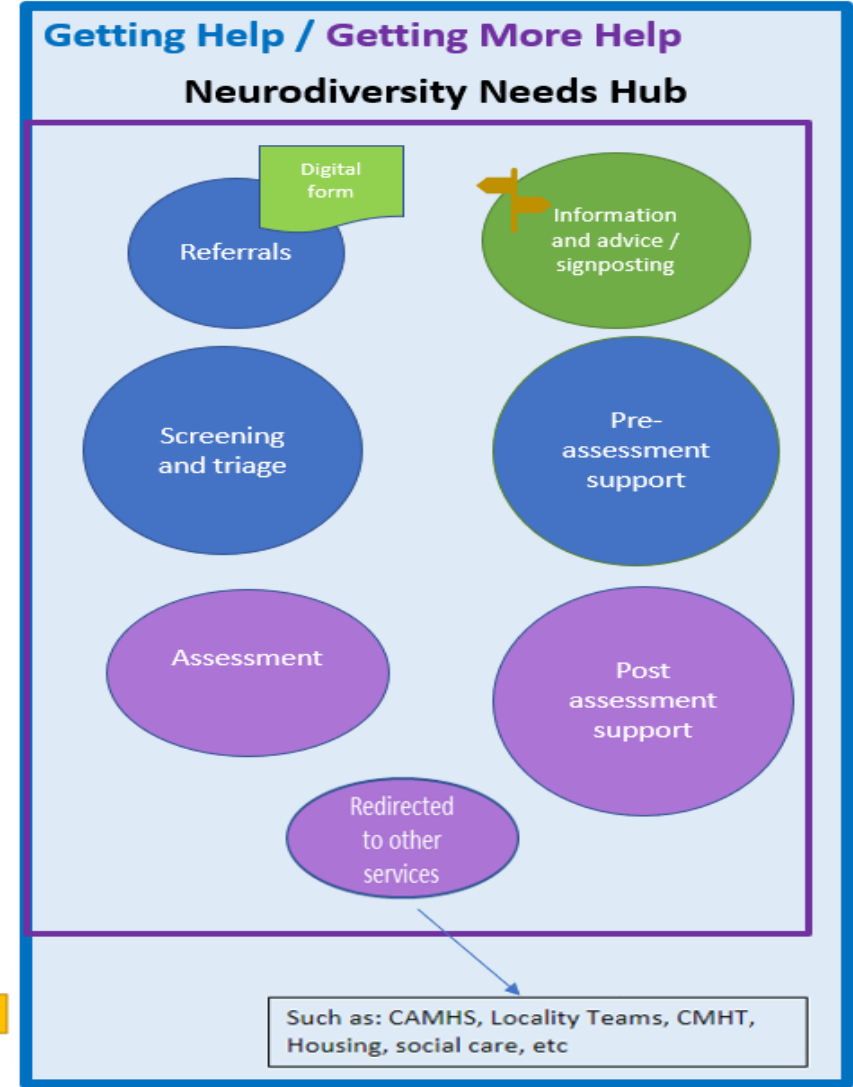
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All Age Neurodevelopmental Review Proposed Future Model



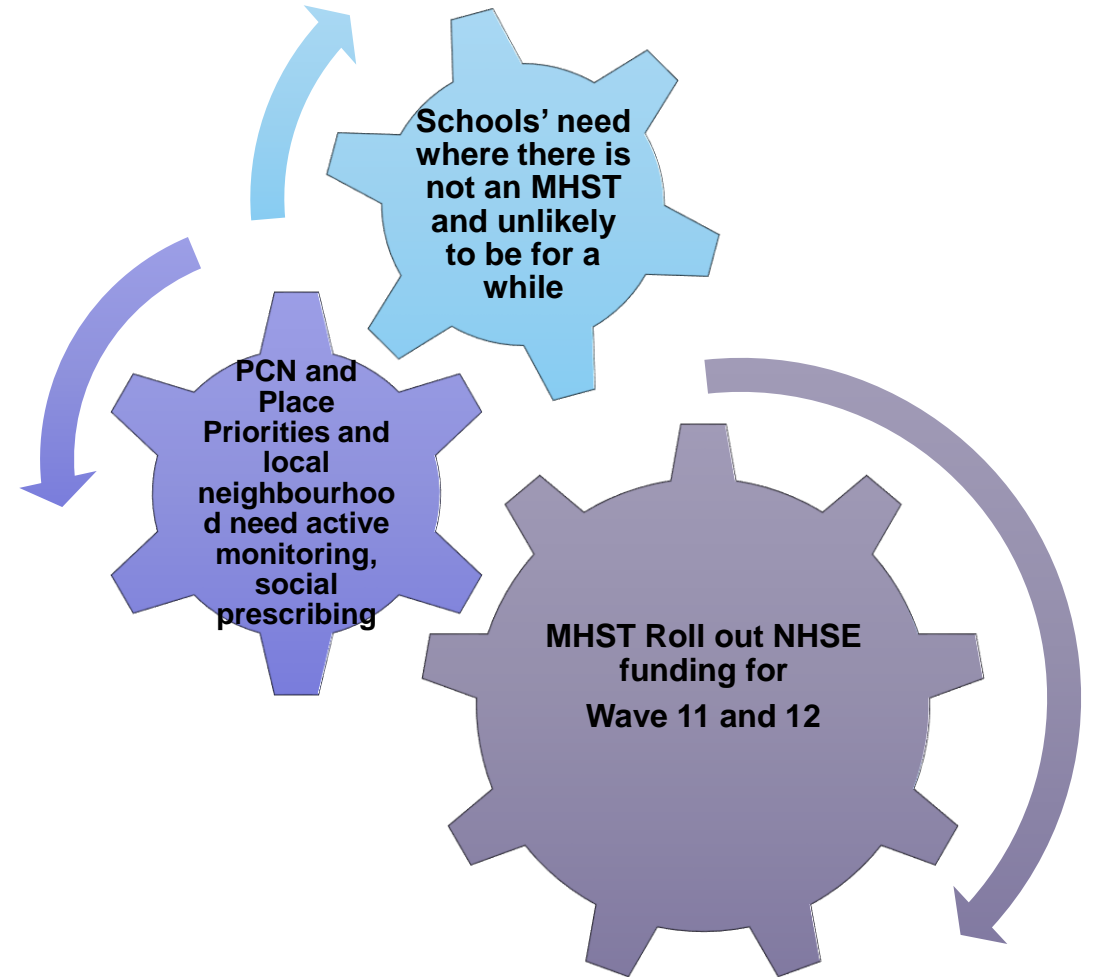
Hub referral Risk / Specialist Support



The model in reality – doable and meeting the critical success factors

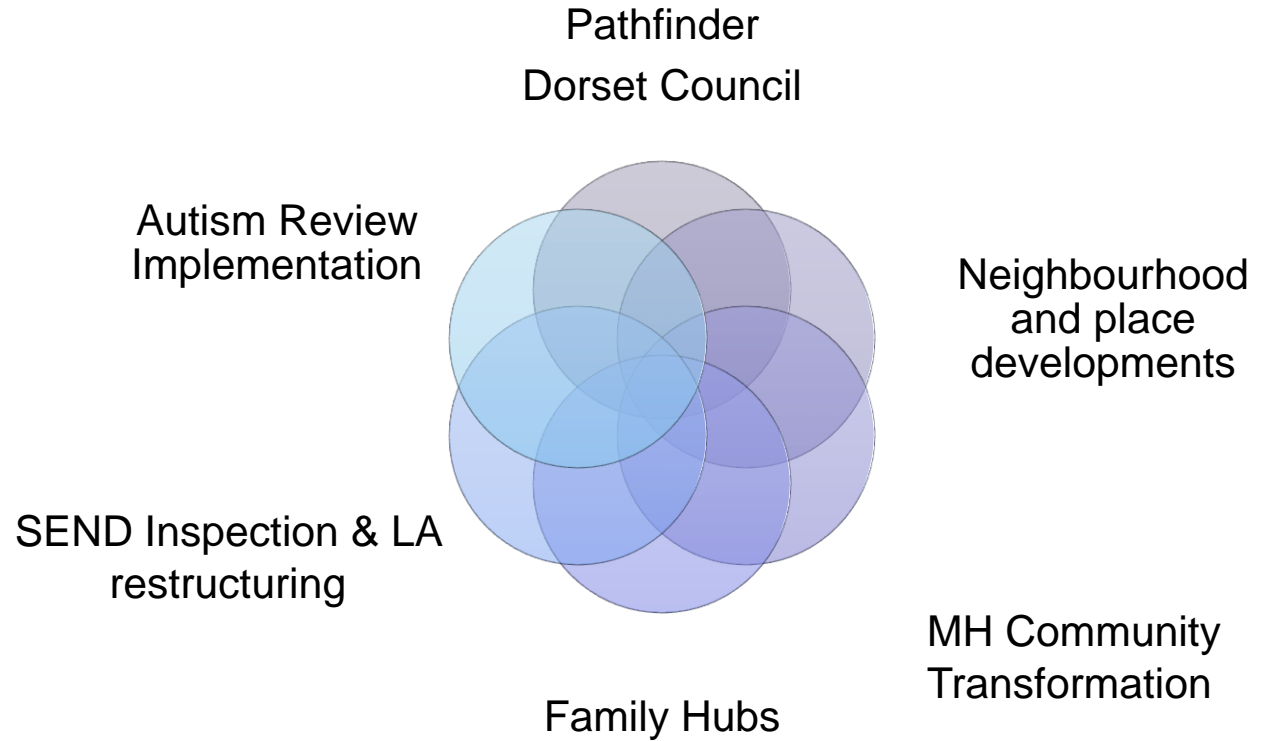
- Develop and build the early help workforce
- Help in schools – build on the MHST offer, increase the support working with schools that do not have an MHST at this point for example fund posts in schools that can link with the MHSTs then blend with the MHSTs as these are rolled out
- Help in GP and primary care settings based on the PCN need and ambition so could be active monitoring or MH Practitioner or social prescribers on site linked to CAMHS etc
- Develop at least two “Crisis Cafes” based on what is known about need, age range and local area hot spots

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The model in reality – doable and meeting the critical success factors

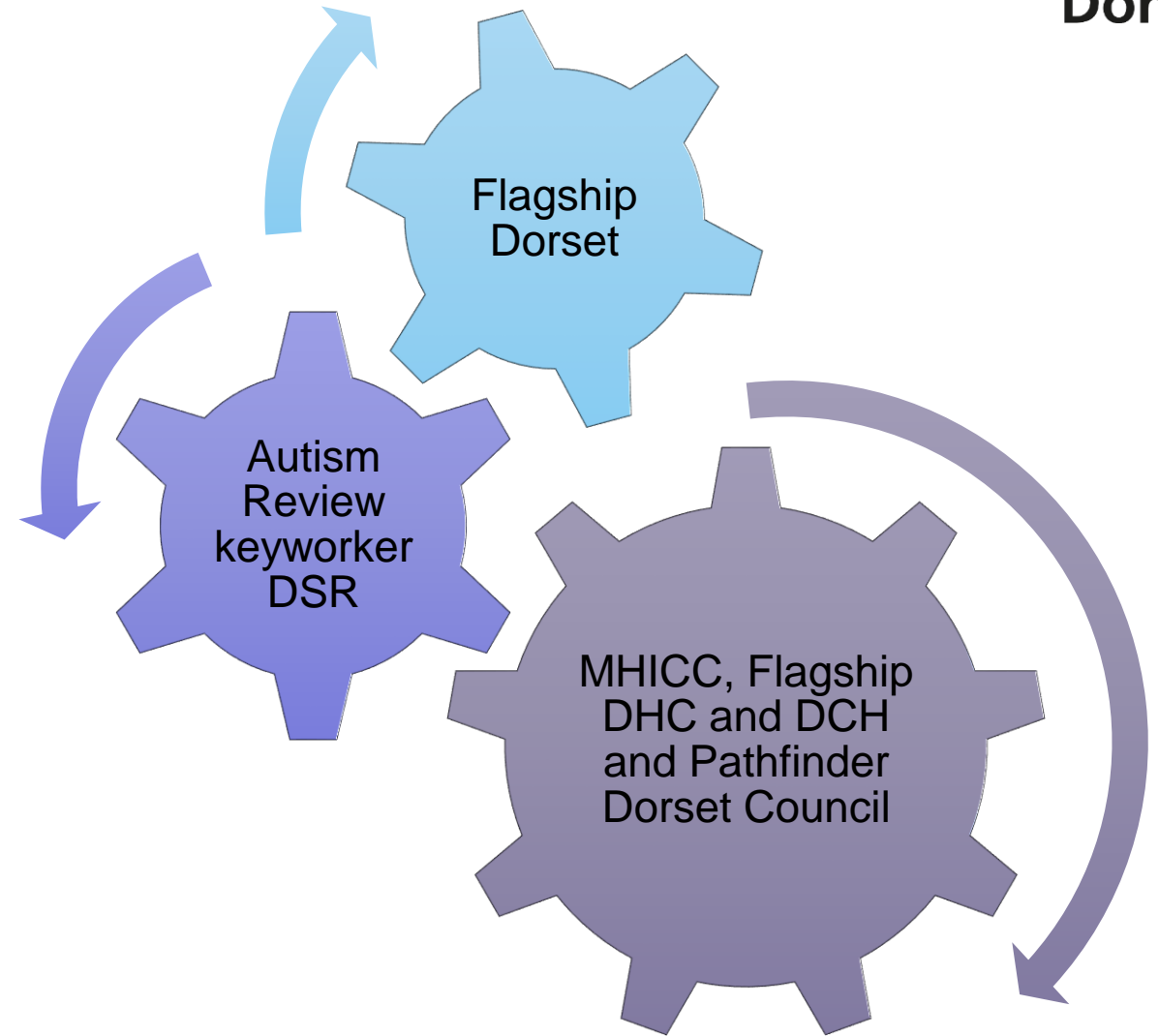
- Page 31
- Create integrated community and neighbourhood teams and co-locate i.e. MH and Social Care, Primary Care working around the family, together
 - Align the development of these with the Community and Neighbourhood work in primary care as provides a vehicle for delivery
 - Develop Multi agency welcome hub/SPOA, fully integrated and multidisciplinary in Dorset and BCP including NHS, VCSE and LA staff



Develop a residential crisis space for CYP who have a range of complexities in their lives

System investment and commitment to a small group of families that have a complex range of needs

Proportionate universalism



Early help for young people and families

- 18 Primary care networks with varied numbers of CYP
- 18 family hubs that are not far off in alignment with PCNs some physical some virtual
- 300 educational establishments schools, colleges, universities, pupil referral and specialist provision (MHSTs have about 50% coverages to date)
- Youth centres and VCSE youth organisations
- Neighbourhood and community developments in primary care

Headlines	Numbers <small>DiiS as data source</small>	Notes re number of CYP in MH need
Dorset Total 0–25-year-olds	203,831	Total CYP in Dorset and BCP 0-25
BCP	120,856 = 59.29%	Total CYP people in BCP
Dorset	82,903 = 40.67%	Total of CYP people Dorset
THRIVE assumption 20% in need	40,766	Total CYP across Dorset assuming 80% Thriving
BCP	24,170	Total CYP in BCP assuming 80% Thriving
Dorset	16,579	Total CYP in Dorset assuming 80% Thriving
1 in 6 MH need =16.67%	33,978	Total CYP assuming 1 in 6 have a MH need
BCP	20,145	Total CYP in BCP assuming 1 in 6 have a MH need
Dorset	13,818	Total CYP in Dorset assuming 1 in 6 have a MH need

PCN populations 0–25-year-old young people one in six with some mental health need

BCP PCNs			Dorset PCNs		
PCN	Total pop	MH Need	PCN	Total Pop	MH Need
North Bournemouth	21,555	3,592	Sherborne	5,874	979
Central	13,219	2,203	Blandford	5,762	960
South Coast Medical	13,454	2,242	Vale	9,583	1,597
Poole Central	17,057	2,842	Cranbourne	8,023	1,337
Poole North	13,928	2,321	Wimborne	9,868	1,664
Bournemouth East	13,480	2,246	Mid Dorset	11,629	1,938
Shore Medical	13,997	2,332	W&P	17,478	2,913
Christchurch	10,633	1,772	Purbeck	7,024	1,170
Poole Bay	3,533	588	Jurassic	7,662	1,277
	120,856	20,138		82,903	13,835

PCN population of 0–25-year-old young people 1 in 6 with MH need and 3.63% recorded on PCN QOF

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BCP PCNs			Dorset PCNs		
PCN	1 in 6 MH Need	QOF	PCN	1 in 6 MH Need	QOF
North Bournemouth	3,592	130	Sherborne	979	35
Central	2,203	79	Blandford	960	34
South Coast Medical	2,242	81	Vale	1,597	58
Poole Central	2,842	103	Cranbourne	1,337	48
Poole North	2,321	84	Wimborne	1,664	60
Bournemouth East	2,246	82	Mid Dorset	1,938	70
Shore Medical	2,332	84	W&P	2,913	106
Christchurch	1,772	64	Purbeck	1,170	42
Poole Bay	588	21	Jurassic	1,277	46
	20,138	728		13,835	499

Timeframes for next steps

Develop the early help offer	<ul style="list-style-type: none"> • Schools, expand MHSTs, increase support to schools that do not have MHSTs • MHST Wave 11 and 12 roll out • Primary care networks – Active Monitoring or Social Prescribing • Crisis cafés in two locations
Develop multi-disciplinary hub/s	<ul style="list-style-type: none"> • Model the requirements with the local authorities for a multidisciplinary hubs BCP and Dorset including “navigator” type roles • Agree levels of integration in the settings in each place • Model workforce needed to ensure MH provision in the family hubs and or neighbourhood teams.
Redesign the specialist NHS provision	<ul style="list-style-type: none"> • Align CYP MH with the emerging Dorset and BCP Neighbourhood community model and family hubs • Parity of esteem on the ground with multidisciplinary teams around the family • Aligned with ICP and Place strategies putting MH and CYP at the top of the priorities

Stage 4 develop residential tier 3.5 - Operational 2025 if ICS approves

- Identify capital funding
- Location
- Design model
- Implement

