

Minutes of the Children and Young People's Overview and Scrutiny Sub-Board

7 December 2023

-: Present :-

Councillor Law (Chairwoman)

Councillors Fellows, Nicolaou, Tolchard and Twelves (Vice-Chair)

Non-Voting Co-opted Members

Tanny Stobbart, Play Torbay

Hayley Costar, Devon and Cornwall Police

Mike Cook, Voluntary and Community Sector and Alternative Provider (Education)

(Also in attendance: Councillors Bye, David Thomas and Jacqueline Thomas (virtually))

16. Apologies

Apologies for absence were received from Laura Colman (Co-opted Member) and Saskia Hogbin (Roman Catholic Diocesan Representative – Co-opted Member) who advised that she was not able to take up her post.

It was reported that, in accordance with the wishes of the Conservative Group, the membership of the Sub-Board had been amended to include Councillor Tolchard in place of the Conservative Group vacancy.

17. Child and Adolescent Mental Health Services (CAMHS) and Emotional Wellbeing Support Spotlight Review

The Children and Young People's Overview and Scrutiny Sub-Board undertook a spotlight review on Child and Adolescent Mental Health Services (CAMHS) and Emotional Wellbeing Support and examined the submitted supporting evidence (full details of which can be found at

<https://www.torbay.gov.uk/DemocraticServices/ieListDocuments.aspx?CId=1862&MId=25737&Ver=4.>)

- Torbay Local Area Partnership Presentation
- One Devon Presentation (revised presentation)
- Summary of Children and Young People Emotional Health and Wellbeing Needs
- Provision for Children and Young People in Torbay
- Public Questions

- Healthwatch Report and Questions Experiences of Children and Young People Mental Health and Wellbeing
- Case Studies

The Sub-Board heard evidence from the following:

- Liz Davenport, Torbay and South Devon NHS Foundation Trust;
- Phillip Mantay, Devon Partnership NHS Trust;
- Dr Hannah Gooding, Principal Clinical Psychologist, Child and Family Health Devon;
- Beverley Mack, Child and Family Health Devon;
- Femi Akerele, Clinical Director CAMHS;
- Julia Chisnell, Public Health;
- Nancy Meehan, Torbay Council;
- Su Smart, NHS Devon;
- Nigel Acheson, NHS Devon;
- Stuart Heron, School Representative;
- Kevin Dixon, Healthwatch Torbay;
- Carrie, young person; and
- Anonymous, young person.

Partners outlined how they were working together building on existing partnerships with education, health and care for the management and delivery of services to support children and young people with their mental health and that this was a priority area for improvement. This also linked to the approach of the Family Hubs based in Torquay, Paignton and Brixham which was bringing services together in the community to support young people and their families and carers.

Members noted the national statistics showed that mental health needs had increased by 25% since the pandemic with 70% increase in the number of people presenting to health professionals. In Torbay for 7-16 year olds, prevalence had increased from 12% in 2017 to 18% in 2022 and for adolescents aged 17-19 years old, prevalence had increased from 10% in 2017 to 26% in 2022. Child and Family Health Devon provide integrated mental health services for Torbay as well as the wider Devon area (excluding Plymouth). They provide assessment and treatment, support other care professionals and social workers as part of a larger network with 0-19 Universal Services (Family Hubs) and Torbay and South Devon NHS Foundation Trust, One Devon, Young Devon and Kooth which helps to promote the importance of good mental health and ensure children's mental health was everyone's business.

The Sub-Board heard the impact of the long waiting times to access services and how young people and their families were being communicated with throughout the process, e.g. asking if they still needed to access services when they had been waiting a long time and how this had also impacted negatively on the young people and their families and added to their mental health pressures and anxiety. They noted that the average number of weeks to wait for a routine referral was 17 weeks, with emergency referrals being seen the same working day with a target of 7 days for those who needed to be seen quicker but not the same day. There was a dedicated service for cared for children and young people with a routine referral taking 14

weeks. Support was moving to a more holistic approach to consider the wider impact on the whole family as well as the young person with responsibility for support sitting across a number of services. CAMHS may work with the school and look at the wider environment around the child to be sensitive of their needs, as well as working with the parents and other family members.

Members noted that where a young person did not meet the threshold for formal CAMHS they were provided with a list of signposted information and self-help such as Kooth, numbers to call if circumstances changed, crisis and intervention lines. CAMHS may also go back to the person who referred the young person for more information to discuss the best options for them. It was noted that there had been some issues with the crisis line not being picked up and it was explained that this was due to a change in operation with assurance given that this was being addressed.

Members heard that young people felt that CAMHS had a stigma in schools and that the services were 'a joke' and that more needed to be done within the schools to change this culture and ensure that young people could go to school staff and be supported and referred appropriately for their mental and emotional health needs.

Members were advised about the Thrive Framework for Mental Health which showed that 30% of people may get better themselves, which was why during the wait for assessment and treatment young people and their families were written to and asked if they still need support. It was acknowledged that the wording and tone of such communication was not being received well and that this could be improved to make it more sensitive to the family.

It was noted that only a small proportion of young people with ongoing specialist mental health care require services post 18 but that the locality teams look at the young person when they were 17 ½ years old to discuss their ongoing needs which include mental health services, education, offer from the voluntary sector, talking therapies etc. to enable the support to be put in place before they reach 18.

Members heard about the importance of early intervention, diagnosis and treatment and supported the need to gather local evidence and data to be used together with co-design of services with young people, parents and carers to ensure that future services meet the needs of our young people and their families to support their mental and emotional health and wellbeing and enable them to meet their full potential.

The Sub-Board thanked the members of the public who had written in questions for consideration as part of the spotlight review which informed the discussions at the meeting. However, a number of issues related to Special Educational Needs and Disabilities (SEND) and Education and Health Care Plans (EHCP), whilst acknowledging that there were concerns around these two areas, this was not covered by the spotlight review as not all people with mental and emotional health needs have SEND or an EHCP.

Members thanked partners for participating in the spotlight review and acknowledged the commitment from the partners to work together to make improvements to communication, signposting and access to services to support children and young

people with their mental and emotional health and wellbeing, as well as the importance of early help and intervention which could reduce the need for formal Child and Adolescent Mental Health Services (CAMHS).

Resolved (unanimously):

1. that the Children and Young People's Overview and Scrutiny Sub-Board acknowledges that it is a multi-agency partnership responsibility to ensure that we meet the needs of our children and young people requiring support for their emotional and mental health needs;
2. that the Chief Nurse, Integrated Care Board (ICB) and the Head of Service, Child Family Health Devon (CFHD) be requested to provide assurance that all relevant steps are being taken to reduce waiting times for assessment and treatment through Child and Adolescent Mental Health Services (CAMHS) where these are the right services to meet the needs of our children and young people and where CAMHS does not best meet their needs they will introduce them to a service that will meet their needs;
3. that the Chief Nurse, Integrated Care Board (ICB) and the Head of Service, Child Family Health Devon (CFHD) be requested to provide evidence of how children and young people and their families and carers have been engaged in co-designing the services and support available to them and what action has been taken to determine if the current services are still fit for purpose taking into account the impact of Covid-19, cost of living crisis and climate change, ensuring that services offer flexibility to meet the individual needs of the user;
4. that the Chief Nurse, Integrated Care Board (ICB) and the Head of Service, Child Family Health Devon (CFHD) be requested to provide information and signposting on support that is available immediately to vulnerable children and young people and their families and the different pathways to access this support, such information to be widely shared across various platforms to ensure that the message reaches as far as possible to empower people to seek and access support at an early stage, which may lead to a reduction in the need to access formal CAMHS;
5. that the Chief Nurse, Integrated Care Board (ICB) and the Head of Service, Child Family Health Devon (CFHD), Deputy Director of Commissioning – Out of Hospital, NHS Devon and Director of Children's Services be requested to review the language used in communications regarding emotional and mental health to use a 'Plain English' approach and to consider how the information will be received from those concerned who may be experiencing extreme anxiety and where appropriate include signposting to alternative provision;
6. that the Chief Nurse, Integrated Care Board (ICB) and the Head of Service, Child Family Health Devon (CFHD), Deputy Director of Commissioning – Out of Hospital, NHS Devon and Director of Children's Services be requested to explore other options for alternative provision to traditional CAMHS such as

offer from the community and voluntary sector or the scheme run by Cornwall Council);

7. that to help address the inequalities that emerge in the early years, the Director of Children's Services be requested to work with our partners to develop a dedicated mental health offer for families around early years which draws on support offered through parenting programmes health visiting, perinatal mental health services, and Family Hubs;
8. that the Director of Children's Services be requested to work with the Chief Nurse, Integrated Care Board (ICB) and schools to develop a more co-ordinated approach to care for children and young people who need mental health support;
9. that the Director of Children's Services and Chief Nurse, Integrated Care Board (ICB) be requested to develop a Joint Strategic Needs Assessment on children and young people's mental health and wellbeing, in order to better understand and respond to children and young people's mental health and wellbeing needs in Torbay and that this data is used to inform the design of services and that relevant performance indicators be developed to enable the Children and Young People's Overview and Scrutiny Sub-Board to monitor progress of delivery against the targets;
10. that an update on the recommendations in 2 to 9 above be presented to the Children and Young People's Overview and Scrutiny Sub-Board meeting on 22 April 2024; and
11. that the Children and Young People's Overview and Scrutiny Sub-Board will design a spotlight review as part of the 2024/2025 Work Programme to hear the voice of children, young people and their families.

Chairwoman