

Children and Young People's Partnership

A meeting of Children and Young People's Partnership was held on Tuesday, 16th February, 2016.

Present: Jane Humphreys (Chairman),

Peter Kelly, Cllr Ann McCoy, Martin Gray, Jane Smith, Emma Champley (SBC), Chris Davis (TEWV), Gemma Clifford (Catalyst), Christine Smith (4Children), Priti Butler (Big Life), Jo Heaney (CCG), Janet Mackie, Janet Seddon (North Tees and Hartlepool NHS Trust),

Officers: Michael Henderson (SBC)

Also in attendance:

Apologies: Ciaron Irvine (CP), Lorna McLean (SRC), Natasha Judge (Health Update), Hazel Ducker (Primary School Rep), Lindsey Robertson (North Tees and Hartlepool NHS Trust), Paul Williams (CCG), Maryssa O'Conner (Secondary School Rep)

1 Declarations of Interest

There were no declarations of interest.

2 Minutes of the meeting held on 20 January 2016

The minutes of the meeting held on 20 January 2016 were confirmed as a correct record.

3 Children and Young Peoples Joint Commissioning Group

The minutes of the Children and Young People's Health and Wellbeing Commissioning Group held on 11th November 2015 were noted.

4 Minutes of Adults' Partnership held on 5th January 2016

The minutes of the Adults' Health and Wellbeing Partnership held on 5th January 2016.

5 Self Harm

Members considered a report that outlined the current situation in Stockton-on-Tees regarding self-harm, particularly with regard to children and young people.

Members noted that, overall, self-harm was considered to be a challenge in Stockton-on-Tees, especially in young females, for school years 10 and 11 and through to age 19. There was evidence, at least in hospital admissions, to suggest the problem was more noticeable in the most deprived communities.

Most self harmers appeared to be harming themselves only once and a small number were self harming on multiple occasions. However, this analysis was not longitudinal and there had been no analysis of what people were doing into young adulthood.

It was rare for a young person to go to their GP and say they had self harmed. It was more likely that patients presented with an underlying cause or

associated condition (e.g. depression) and a discussion might reveal a history of self harm. So, recording of self harm, by GPs, may be variable.

There was no strong evidence, locally, that the problem was increasing, at least at hospital and primary care level. However, little data existed on the problem in the community at lower levels of harm and some who dealt with young people did feel there was an increasing trend.

There had been welcome service developments in recent times, such as the CAMHS response to all A&E attendances, which had reduced hospital admissions and provided fast response to those in crisis. However, there were concerns about the lack of services at 'lower level' with a scarcity of signposting options and a gap in services to parents and those who were willing to try to get their friends help when they self-harmed.

There was also a gap in training for those who worked with children and young people, around issues of self-harm, including responses to first disclosure.

There was limited evidence of what worked for self-harm, however, a range of national reports and reviews had made recommendations for preventative work and services related to self-harm and there was newly commissioned regional work on this topic through ANEC.

Members discussed the report at length and discussion centered around the following:

- it was felt there would be value in doing work to prevent self harm around school years 10 and 11 and possibly year 9 and particularly in girls. The subtle use of social media may be an area of work, something innovative. Also, targeted training/ mental health first aid in the high risk schools.
- the report had provided a much deeper understanding of what was happening in Stockton, though Partners still needed to understand more about why it was happening in order to formulate interventions. The report was a piece of work which would need to be built upon and the numbers involved reduced.
- this naturally fitted into early help and it was important that it was linked with this area of work.
- the review had not looked at specific groups of children such as LAC. It was agreed that the Director of Children's Services would gather some information in this regard.
- it was agreed that we needed to understand what was happening in the children and young people's lives, for them to end up in A and E. It was noted that the CAMHS Service followed up any incidents. There was a group of CYP who frequently attended A and E and or the crisis team and TEWV were looking at how this small group could be better supported through a consistent and intensive approach. Most of these children did not have significant mental health issues and incidents were being triggered by their social and emotional environment.
- Reference was made to outcomes of the Annual Conversation and feedback

that indicated that there was significant amounts of pressure being experienced by the friends of Young People, who self harmed. It was suggested that a way of helping those who self harmed was to provide some support to their friends and raise their awareness of how to raise it as a problem. TEWV was undertaking some work in this regard.

- up skilling schools to help them identify vulnerable children and prevent incidents of self harm occurring. This tied in with work being undertaken by the CCG and transformation plans. The identification of a CAMHS worker, to link into schools, to provide support, was being considered.

- the CCG was looking at digital technologies and would be consulting with young people to understand how to provide support, engage with treatments and interventions, attend appointments etc.

- self harm wasn't, on its own, a factor for initiating early help assessments but may be hidden in other things, which could be looked at.

- Martin Gray referred to a pathway across the four LSCBs, from 2012, which included content about awareness raising, training, mental health first aid but it was unclear whether this was being used routinely, but perhaps should be looked at.

- peer group pressure, self harm considered by some groups of young people to be a badge of honour and provided a sense of belonging. It was suggested that young people, 14 -16 years of age, who experienced parental/family break up, were particularly susceptible to self harm.

- it was agreed that any interventions should include work with the year 9 age group.

- the Partnership felt that it would be useful to understand what self harm looked like across the Tees and regionally. Was this behaviour regarded as normal/acceptable in parts of the Tees Valley?

- one off incidents needed to be better understood and TEWV agreed to undertake a clinical audit of such cases.

RESOLVED that:

- 1.the report and discussion be noted and the recommendations contained in the report be prioritised and taken forward.

- 2.Comparisons be made with the rest of the Tees and North East region.

3. information about the position relating to LAC to be collated by the Director of Children's Services.

4. the Public Health Team to look at school year 9,10 and what could be done around mental health first aid and helping schools to support their pupils.

4. the Self Harm issue be presented to the Secondary Headteachers meeting in a co ordinated way, potentially including Public Health, Children's Social Care,

TEWV, the CCG.

5. TEWV would undertake a clinical Audit of one-off cases of self harm and look at what might have led to them and what had happened in response.

6 Eating Disorder Services

Members considered a report that informed the Partnership of the Eating Disorders service which was commissioned by Hartlepool and Stockton-On-Tees Clinical Commissioning Group. The report outlined the national direction, local activity and response to the mandate set out under Future In Mind.

Members noted current provision and interventions that were provided within the CCG footprint and were provided with activity across that footprint for 2013/14 and 2014/15. Fourteen referrals had been made into community services for Stockton on Tees residents between April 2015 and December 2015. The Partnership asked if an age and gender breakdown could be provided.

The Partnership was informed that the:

- service would be moving towards an open access service where referrals would be received from individuals, primary care and other universal provision such as schools and colleges.
- service would be expanding its workforce to ensure that the skill mix was appropriate for the population that it served.
- services education and training function would be extended into universal provision, to ensure the earliest possible identification and treatment commencement, and maintain the appropriateness of referrals.
- key element of change which will be realised with the transformation would be the development and implementation of outcome measures.
- CCG, in conjunction with the community team, would be working with NHSE to explore and evaluate the impact assertive outreach workers had in supporting children/young people and their families to either remain at home, or discharge to home from an in-patient stay at the earliest possible point.

It was explained that the next steps for the CCG were as follows:

- working with South Tees CCG in development of a new specification.
- reviewing pathways into treatment, as part of the wider work under the transformation plans.
- development of a communication plan to ensure all relevant organisations were aware of the plan changes, with an expected go live date of April 2016.

The Board considered the report and discussion could be summarised as follows:

- it was important to raise awareness of services in primary schools as well as secondary schools.
- training and identification of priority workforces/key partners. The following were initially identified:
 - Health
 - Public Health - school nursing etc
 - Schools
 - Children's Social Care
 - TEWV
- the transformation of the service would allow for more intensive home support with families.
- it was noted that there was a adult community service and there would continue to be close work across transitions.
- in terms of getting messages to young people and parents, reference was made to the Children's Information Hub, which included a section on Emotional Health and Wellbeing and was accessible to professionals and families.
- it was accepted that the factors/triggers, that led to eating disorders, was extremely complex, therefore the prevention agenda was equally complex.
- the eating disorder pathway, like other similar pathways, must be part of the wider work being undertaken on service transformation.
- it was anticipated that the transformation would create capacity in main stream CAMHS.

RESOLVED that:

1. the report and discussion be noted/ actioned as appropriate.
2. age and gender breakdown of Stockton residents referred to community services be provided.
3. initial identification of priority workforces/key partners, for training, be noted:
 - Health
 - Public Health
 - school nursing etc.
 - Schools
 - Children's Social Care
 - TEWV

7 Director of Public Health's Annual Report 2015

Members considered the Director of Public Health's Annual Report for 2014/15. The report built on the previous one and the theme of health inequalities underpinned it. The focus of this report, however, was the life course and included information and a key recommendation for each of the following areas:

Pregnancy
Age 0 -3
Nursery and Primary School Ages
Children and Young People
Adults
Alcohol
Cardio Vascular Disease
Smoking
Better Health and Work
The elderly but also anyone vulnerable to living in a cold home

The Director presented his report to the Partnership and concentrated on the elements of it which were pertinent to Children and Young People.

Recommendations in this regard included:

- To review how services interact with all pregnant women to ensure they receive the very best advice possible for a health pregnancy, the support to help them implement it and that we particularly focus upon the most vulnerable women.
- To work with all agencies who provide services for children aged 0-3 to help create the conditions for all children to be safe and to thrive and to maximise their potential at this critical stage of life.
- To continue to spread the message that fizzy drinks should be a rare treat for children and never the daily norm and to continue to educate children and their parents about the importance of regular tooth brushing.
- To ensure we work with parents and schools to raise awareness of the importance of children having a health weight and of the new service that is available to help children who are overweight to achieve that goal.

There was a discussion on the report and the following issues were raised:

- The Chair undertook to contact any school that was not engaging with the tooth brushing programme in schools. Details would be forwarded by Public Health.
- the focus on healthy pregnancy was welcomed and it was felt that a review of messages around this and how they were promoted would be helpful.
- Perinatal Mental Health and the role of Children's Centres and looking at how this could be supported through any future Children's Centre model.

RESOLVED that:

1 the report and discussion be noted.

2 the Chair be provided with details of schools that were not currently engaging with the tooth brushing programme, with a view to her contacting the relevant head teacher.

8 Annual Conversation Feedback

Members received a report that presented findings that came from the Partnership's Annual Conversation 2015, held with Children and Young People on 7th December 2015. The report also provided details of the format of the event and requested that partners consider what changes to arrangements, for this year's event, may be beneficial.

It was considered that the event had been very successful and some useful feedback had been collated. An issue that had been highlighted at the event, but was not referred to in the feedback report was young people's frustration at a lack of continuity of teaching staff and the use of supply teachers etc. It was agreed that this would be added to the feedback data.

The Partnership discussed the arrangements and format and considered that some lessons had been learned:

- there were too many adults in the room and it was felt this had stifled some discussion
- the venue should be different next time to allow round table discussion.
- Wide range of age in groups – some subjects could not be properly explored, given the age of some of the children involved.
- Lack of representation from secondary school.

It was agreed that the key strands of the feedback would need to be raised at various forums, including:

- secondary heads, primary heads
- Stockton Local Safeguarding Children Board
- Stockton Youth Assembly

It was suggested that the Partnership should :

- consider having two conversations this year with an age split.
- look at identifying a different, more suitable, venue and link the conversations with another event/activity. e.g SIRF
- start the process of asking what young people want to talk about, at this year's Conversation(s)
- identify the dates of the event(s) soon and potentially hold them during the summer.

RESOLVED that:

1. the report and discussion be noted.
2. that comments made by Young People at the Conversation be added to the feedback data.
3. the Annual Conversation outcomes be fed back to appropriate groups including the SLSCB, schools head teacher forums, SYA.
4. the Chair, with appropriate officers:

- consider having two Annual Conversations, during 2016, each with a different age group range (to be determined)
- identifying a different, more suitable, venue and link the conversations with another event/activity. e.g SIRF
- start the process of asking what young people want to talk about, at this year's Conversation(s)
- identify the dates of the event(s) soon and potentially hold them during the summer.

9 Action Tracker

Members considered the Action Tracker and a number of updates were provided to actions. Members were asked to consider the Tracker further, outside the meeting, and provide updates to Michael Henderson.

RESOLVED that the Action Tracker be noted and actions taken forward as appropriate.

10 Forward Plan

Members noted the Forward Plan.

It was agreed that

Operation encompass be moved to June, to tie in with Domestic Abuse Analysis Report.

Breastfeeding Audit go to July meeting.

Prior to the conclusion of the meeting, Members were provided with a copy of the Partnership's/ Council's Children and Young People's Plan and the revised Continuum of Need across Stockton and Hartlepool. The Chair asked that members made their staff and organisations aware of both documents.