

People Select Committee

A meeting of People Select Committee was held on Monday, 19th February, 2018.

Present: Cllr Mrs Jean O'Donnell (Chair), Cllr Sonia Bailey, Cllr Louise Baldock (vice Councillor Hewitt), Cllr Gillian Corr, Cllr Stefan Houghton, Cllr Barbara Inman, Cllr Eileen Johnson, Cllr Mrs Sylvia Walmsley

Officers: Gemma Quinn, Andy Whitehouse, Jane Smith (AH); Gary Woods, Annette Sotheby (DCE).

Also in attendance: Kay Adeboye (NTHFT – A&E), John Barnard (TEWV – CAMHS), Mita Saha (TEWV – CAMHS), Jane King (TEWV – Adult Mental Health Services), Cllr Ann McCoy (TEWV Governor)

Apologies: Cllr Elsi Hampton, Cllr Di Hewitt

PEO Evacuation procedure

48/17

The evacuation procedure was noted.

PEO Declarations of Interest

49/17

Councillor Mrs McCoy declared a personal, non-prejudicial interest in respect of the item entitled 'Scrutiny Review of Mental Health & Wellbeing' as reference was made to Stockton District Advice and Information Services of which she was Chair.

Councillor Baldock also declared a personal, non-prejudicial interest in respect of the same item as she was a member of the foundation trust at North Tees.

PEO Minutes of Meeting Held on 20th November 2017

50/17

Consideration was given to the draft minutes of the meetings held on 20th November 2017.

AGREED that the minutes be approved as a correct record and signed by the Chair.

PEO Scrutiny Review of Mental Health and Wellbeing including Suicide and Self-Harm

51/17

North Tees & Hartlepool NHS Foundation Trust (NTHFT):-

The Committee was provided with information from the NTHFT A&E department which could be summarised as follows:

- Stockton-on-Tees is a negative outlier nationally for alcohol and drug abuse, suicides, deliberate self-harm and self-poisoning.
- Data for 14 to 25 year-olds attending A&E between 1st January and 31st December 2017 showed:
 - 213 presenting as 'apparently drunk' (108 female, 105 male)
 - 295 demonstrating 'deliberate self-harm' (189 female, 106 male)
 - 1192 with 'poisoning (including overdose)' (737 female, 455 male)
- CAMHS has transformed services in this area as it used to be 9-5 service –

now rare to admit young people with mental health issue in hospital, and will only keep in those who require medical treatment (once treated they can then be discharged).

- Crisis Suite takes direct referrals from all (public, schools, Health Visitors, acute trusts, GPs, Police), a huge improvement compared to all being seen in hospitals and then transferred.
- Data-gathering improved over time – used to see the physical presentation rather than the mental, but try to do dual diagnosis now.
- Challenges outlined around long delays in 'section process' (when required), limited availability of beds in secure units (particularly young people – had to go to Hull once), conveyance – from hospital to Crisis Suite (lack of mental health ambulances), and early identification of 'at-risk behaviours' (alcohol and drug issues, early intervention, etc.).

Members queried if most young people in crisis were being seen in A&E – it was noted that A&E are seeing less as a direct referral, and those they do see could be the tip of the iceberg. A request was also made for a further breakdown of the data provided around 2017 A&E attendance across the 14-25 age range.

Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV):-

Recognising the review's focus on the 14-25 year-old age range, the Committee received evidence from both the Child & Adolescent Mental Health Service (CAMHS) and Adult Mental Health Service of Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV).

CAMHS:-

- Historical issues were outlined regarding a lack of out-of-hours specialist mental health support for young people, significantly higher admissions to acute hospital beds for self-harming behaviours, and young people spending extensive periods of time in busy, overstimulating environments with no privacy at a time of acute distress – backdrop of referrals into CAMHS going up 20% a year too. This led to the establishment of a 24/7 Tees Crisis and Home Treatment service (from June 2017) which has demonstrated hugely positive impacts and has been recognised by service-users and professionals.
- New Intensive Home Treatment concept being developed aimed at those young people in crisis and at risk of hospitalisation, demonstrating risk-taking behaviours, and resistant to traditional CAMHS work. Nationally recognised model – NHS England have real interest (managing young people away from hospital).
- The service is open to ideas to further promote its work, and there remains issues around catching people for the first time – nobody should get told there is nothing we can do.
- The Trust is providing more funding to help young people earlier, and waiting times for assessments are the best in the country (2 weeks).
- Schools now confident in their engagement with CAMHS, though referrals are still going up year-on-year.

Adult Mental Health Services:-

- Service provision in Stockton highlighted, including 24/7 crisis assessment and home treatment, street triage, 24/7 crisis suite (Roseberry Park, Middlesbrough) and a number of community teams. Tees Liaison Psychiatry operates 24 hours a day, 365 days a year.
- Collaborative approach to self-harm (18+) outlined which focused on the significant issue for A&E departments of 'frequent attenders' who have self-harmed. Frequent attenders have a higher incidence of a 'no fixed abode' residence (A&E open 24 hours a day and provides a warm, safe place), unemployment and alcohol use, with a large majority having a significant mental health problem.
- Psychosocial assessment is central to the management of self-harm in people both with and without a history of psychiatric care, and collaborative best practice guidelines (NICE, 2004) recommend that following an episode of self-harm, the first 48 hours is both crucial and essential in the effectiveness of planning follow-up care. Implementation of structured plans aim to prevent escalation, reduce or stop self-harm, and reduce or stop other risk-taking behaviour.

Member comments/questions highlighted the following additional information:

- Ex-service personnel are referred to the British Legion (have funding available to assist).
- Services for young mothers (potentially at high-risk of post-natal depression) – commissioned for peri-natal services in July 2015; provide service post-pregnancy (for 12 months) and during pregnancy; Midwife and Health Visitor involvement should enable earlier identification of mental health issues.
- 230 referrals into Crisis Team per month + 200 others who have to be seen within 28 days = around 450 per month. Stockton highest referrer.
- Need acknowledged for more work to get information out to other stakeholders and public clarifying the pathways from crisis to service, particularly when setting up new initiatives (to allow appropriate signposting).
- The Council's First Contact service, the Children's Hub and Emergency Duty Team all work with the Crisis Team.
- Have to work with housing providers if referral received for someone who is homeless – putting them on their own may cause difficulties if they have a mental health problem.
- In terms of suicide, learning from near-misses is important too.
- Request made for more information around transition between CAMHS and Adult Mental Health Service.

Adult Social Care:-

SBC Adult Social Care internet screenshot demonstrated ('Support for people with mental health problems') – private sector providers listed along with reference to the Stockton Information Directory. Members were concerned that no contact details were evident, and questioned how likely it is that an individual would sift through the Directory to find help.

STEPS:-

Members received a presentation from the Council's STEPs service, established in 2001 and managed within Adults and Health.

- A pan-disability 18+ service, it promotes inclusion by assisting and enabling individuals excluded from mainstream community networks to discover, explore and interact with facilities and organisations in their own neighbourhood.
- Referrals received from Social Care, around 40% involve individuals with a mental health issue. Small percentage of service-users under 25 (mostly 30+), staff are trained in basic mental health (and have NVQs in self-harm, mental health, safeguarding, autism) and signpost to Mind, Alliance and different talking therapies.

AGREED that:-

- 1) The information be noted.
- 2) Further information be provided around 2017 A&E attendance and transition between CAMHS and Adult Mental Health Services.

**PEO
52/17** **Work Programme 2017-2018**

Next meeting on the 26th February 2018 at 1.30pm (focusing solely on 2018 Overview Reports).

AGREED that the update be noted.

**PEO
53/17** **Chair's Update**

The Chair had nothing further to report.

NOTED.