

**MINUTES OF A MEETING OF THE  
HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
HELD ON 17 MARCH 2021 FROM 7.00 PM TO 8.25 PM**

**Committee Members Present**

Councillors: Ken Miall (Chairman), Rachel Bishop-Firth, Jenny Cheng, Guy Grandison, Adrian Mather, Jim Frewin, Barrie Patman, Michael Firmager and Caroline Smith (substituting Clive Jones)

**Others Present**

Malcolm Richards

Madeleine Shopland, Democratic & Electoral Services Specialist

Prue Bray

Andy Croy

Alison Swaddle

Nick Durman, Healthwatch Wokingham

Jim Stockley, Healthwatch Wokingham

Louise Noble, Clinical Transformation Lead, CAMHS Tier 4 and Crisis Services, Berkshire CAMHS

**45. APOLOGIES**

An apology for absence was submitted from Clive Jones.

**46. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Committee held on 12 January 2021 were confirmed as a correct record and will be signed by the Chairman at the next available opportunity.

**47. DECLARATION OF INTEREST**

Councillor Frewin declared a Personal Interest in item 50 Healthwatch Update, on the grounds that he was a First Responder, and his daughter was a midwife.

**48. PUBLIC QUESTION TIME**

There were no public questions.

**49. MEMBER QUESTION TIME**

There were no Member questions.

**50. HEALTHWATCH UPDATE**

The Committee receive an update on the work of Healthwatch Wokingham Borough.

During the discussion of this item the following points were made:

- Nick Durman informed the Committee of information that Healthwatch had received. This included residents having issues in finding information regarding GP and dental services online.
- Healthwatch had heard that many unpaid carers had been caring for longer hours during the pandemic as some services had been reduced. A survey had been undertaken to hear about their experiences during Covid. Nearly 100 responses had been received. Focus groups had also been held with carers. The information was currently being analysed and the Committee would receive the review report once complete.

- Following a review of GP websites, six recommendations had been made which the CCG had agreed to take forwards.
- Disappointingly the Local Dental Council had indicated that they had no authority to ask the dental practices to amend their websites. Nick Durman suggested that the Committee again invite a representative from dentistry to discuss local dental provision.
- Dental services availability was a national issue and NHS England had produced a report following feedback from Healthwatches.
- It was requested that the dental surgery website report be sent to Members so that they could contact practices within their wards directly to encourage them to make changes to their website for the benefits of residents.
- The three Healthwatches across Berkshire West had been involved in the development of the Joint Health and Wellbeing Strategy. Each Healthwatch had assisted in public engagement by holding focus groups. Healthwatch Wokingham Borough had held focus groups with adult and young carers and adults with learning disabilities. Likely key priorities included adult and children's mental health and health inequalities.
- Healthwatch's online reach had increased considerably during the pandemic. In Q4 2019/20 1,800 had been reached via Facebook, Q1 2020/21 16,000 and Q2 15,000 people. With regards to Twitter there had been 4,500 interactions in Q4 2019/20, Q1 12,000 and Q2 12,000.
- A Member asked how the information around anxiety about returning to school would be shared with parents and schools. Nick Durman indicated that the report had been publicised on Healthwatch's social media and published on its website. He indicated that national resources had been used and it would have been useful to have had a local video of a young person discussing their anxiety around returning to school during the pandemic.
- In response to a Member question regarding the GP Patient Survey results, Nick Durman agreed to circulate the results to the Committee. He indicated that there was no obligation for surgeries to publish the results of the survey on their websites, but that the CCG had agreed to implement this recommendation from Healthwatch.
- A Member suggested that the Healthwatch reports contain a priority lists of matters to be considered in the future. It was agreed that Healthwatch would discuss this suggestion further with the Member.
- With regards to the perinatal report, a Member commented that multi births could be stressful for new mothers, and questioned whether this had been considered as part of the review. Nick Durman agreed to feed back on this query.
- A Member questioned what research had been carried out in relation to the impact of the pandemic on the mental health of NHS workers such as midwives and also the impact of large-scale development on residents' mental health. Nick Durman indicated that considerable work had been carried out in relation to the mental health of NHS workers.
- In response to a Member question regarding responding to the pandemic, Nick Durman commented that the response to the way in which the Council had responded to the pandemic, had been very positive.

**RESOLVED:** That the update from Healthwatch Wokingham Borough be noted.

## **51. UPDATE ON CHANGE IN CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) TIER 4 SERVICE MODEL**

Louise Noble, Clinical Transformation Lead, CAMHS Tier 4 and Crisis Services, Berkshire CAMHS, provided an update on the change in Children and Adolescent Mental Health Service (Tier 4 service model).

During the discussion of this item the following points were made:

- Willow House had been the 9 bedded inpatient service since August 2015. It was based in Wokingham Hospital. It worked with young people between the ages of 12 and 18.
- Willow House had been established as an inpatient service on the basis that it had a limited shelf life because the internal layout of the building could not be adapted in way that would continue to meet the necessary service requirements.
- Work had been undertaken with NHS England on a Transformation Plan to create a new service.
- NHS England had undertaken a review of the Accelerated Bed Programme for the South East in early 2020. This, in addition to the New Care Model agenda, had determined a new transformation agenda.
- It had been determined that the needs of the Berkshire population could be better met through alternative models of provision and increased utilisation of existing CAMHS GAU services.
- NHS England has requested that a new model be worked up to deliver a hospital at home service as opposed to an inpatient service. This model was based on evidence and research and models demonstrating success elsewhere in the country,
- It was noted that the current Willow House inpatient provision would close on 30 April 2021 with the transition to the new model commencing in March. Work had been undertaken with NHS England and also with Oxford Health who would become commissioners under the New Care Models programme from April.
- Louise Noble outlined what the new service meant for the children and young people. Currently 50% of those who required such a high level of care, went to units other than Willow House as the Willow House was a General Adolescent Unit. The new service would also support those who required an Eating Disorders bed. Care could now be provided locally to between 75-80% of those requiring Tier 4 level care. The new service would have the capacity to support up to 16 young people at one time.
- Young people who required an inpatient response would still be able to access this. Most would go to units within the Provider Collaborative such as Huntercombe in Maidenhead and Highfield in Oxford and Marlborough House in Swindon. Some young people might still need to go to units outside of the area, but it was hoped that this number would reduce.
- Members were informed that the new service would work more closely with the inpatient clinical team with the aim of reducing length of stay where it was considered safe and effective to do so.
- Louise Noble outlined how the new service would work. She reminded Members that Tier 4 services were required by a very small number of children and young people. It was only accessed via community CAMHS.
- The consultation and advice function of the new service would be enhanced.
- The service would continue to run 7 days a week, but young people would no longer stay overnight. They would either come in for a day care programme run

over extended hours, or they would be supported through an intensive package of care that was delivered to the individual, within the home, or a combination of the two.

- Work has also been undertaken with the local authorities, voluntary sector, CCGs and parents and carers, with regards to targets in the NHS Long Term Plan to improve crisis support for children and young people. The Committee noted the crisis response model that would be developed. Alongside the Tier 4 service the NHS Long Term Plan required CAMHS and the CCG to improve and enhance crisis services so that they were more widely and easily accessible.
- A new protocol for assessments was being developed in the Crisis Service and also the Tier 4 care service which would be more multi agency than at present, to assist the young people and their families. An NHS only response was unlikely to promote a long-term recovery and wellness.
- CAMHS actively engaged with its service users on a number of issues such as recruitment and how buildings were set out. Regular participation and engagement events were held. Feedback had suggested that patients did not want to be admitted to an inpatient setting, particularly one which was some distance from their home. Service users wanted services delivered in the community and in their homes.
- It was noted that Willow House had a school element within it. The education element was vital, and the school provision would be retained.
- There was a growing number of young people with high acuity and complexity in relation to their mental health need. The pandemic had created considerable challenges and there had been an increase in the number of young people with eating disorders.
- A Member questioned what was done in the cases of young people where their home was one of the root causes of their issues. Louise Noble stated that if the young person needed a mental health intervention and they could not be suitably supported at home because the risks were too high or the family issues too great, but they were safe to continue to live long term in the family home, then consideration would be given to inpatient care. However, if the home setting was part of the root cause for the young person, then CAMHS needed to work closely with social care. Some councils were planning to develop specialist foster carers to support this complex cohort of children if required.
- In response to a Member question as to how the out of hours crisis service worked, Louise Noble commented that work was being undertaken around broad access. The CAMHS service currently operated 8am-10pm 7 days a week. The hours had been extended at the beginning of the pandemic as there had been an increase in those requiring the service. Outside of the opening hours young people would access the crisis service via adult services. Work was being undertaken on young people's experiences of the out of hours service and the number of them using it. Numbers were relatively low, but data suggested that their experiences were not always of the quality hoped for. Those under the Tier 4 service had access to a specific cohort of staff. Evidence from other areas of the country suggested that those given very intensive support rarely required out of hours support.
- A Member asked at what age individuals transferred to adult mental services. Louise Noble commented that services were commissioned up to the age of 18. When a young person approached 17 ½ planning on the transition to adults would begin. The Crisis Service was up 18 currently.
- A Member asked about respite for the family and carers and how this would be addressed. Louise Noble commented that there was a need to balance the needs of the young person and the long term impact on their mental health, and the

wellbeing and the resilience of the family. CAMHS wanted to work in a more multi agency way with its system partners to take a more systemic approach. It was important to start conversations earlier in order to identify those young people requiring a more intensive service earlier. In addition, the way that treatment would be provided was also very focused on supporting parents and carers, and teaching them the same skills and strategies that the young person would be taught, so that they could better support them. Inpatient provision would still be available where required.

- Members were informed that Lincolnshire had run their new service for a year and within the first six months had been able to reduce inpatient admissions by 95%.
- A Member questioned whether there would be sufficient capacity given the increase in mental health issues as a result of the pandemic. Louise Noble commented that there had been an increase in crisis following the first lockdown. It was likely that the increase would not be as acute following the current lockdown. Nevertheless, it was anticipated that there would be sufficient capacity.
- In response to a Member question regarding families having to travel to visit their child, Louise Noble stated that last year 13 young people from Wokingham had required Tier 4 care, 7 of which had been supported at Willow House, and the others had gone to units within the Provider Collaborative and one outside of the area. Willow House was a General Adolescent Unit so up until now if intensive treatment for an eating disorder and other conditions was required, the individual had had to go elsewhere. The new service would improve the situation for more families. Where there were challenges around travel, there was a social worker as part of the Tier 4 unit and part of their remit was to work with families to inform them of what support was available to access.
- In response to a question regarding funding levels, Louise Noble stated that there were investment plans in place regarding the Tier 4 service.
- Members questioned how it would be ensured that no one fell through the gaps. Louise Noble emphasised that CAMHS was only one part of the collaborative network which commissioned and delivered services for children and young people's mental health. Through the pandemic partnership working had improved and developed. For example, weekly meetings had been held between organisations to share resources and ideas.
- A Member asked for more information on the education element of the service and was informed that those children attending day care would continue to attend school at Willow House in the way that they would currently. For those who would be treated at home, the education provider would work closely with Foundry College or the home school.
- Nick Durman commented that Huntercombe had received a rating from the CQC of Requires Improvement. Louise Noble commented that it was an important service that was being supported to improve. There were currently no Wokingham residents at the unit.
- A Member asked that future reports could include references.

**RESOLVED:** That the update on changes in the Children and Adolescent and Mental Health Service (CAMHS) Tier 4 service model be noted.

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