

# Joint Health and Adult Social Care and Children's Services and Education Scrutiny Board

**Monday 2<sup>nd</sup> November 2020 at 5.00 pm**

**Present:** Councillor Preece (Chair)  
Councillors Ashman, Carmichael, Chidley,  
Costigan, E M Giles, Hackett, Hartwell, Z Hussain  
Jarvis, R Jones, Kausar. McVittie, Millar, Phillips, Piper,  
Shackleton

**Officers:** Lesley Hagger, Executive Director of Children's Services,  
SMBC;  
Lisa McNally, Director of Public Health, SMBC;  
Sue Stanhope, Interim Director Human Resources, SMBC;  
David Stevens, Chief Executive;  
Chris Masikane, Executive Director of Operations, Black  
Country Healthcare NHS FT Trust (BCH);  
Yassar Mohammed, Equality and Inclusion Lead for (BCH);  
Tom Parker, Clinical Commissioning Group (CCG);  
Colin Marsh, Service Manager, Adult Social Care, Health and  
Wellbeing;  
Karmah Boothe, Head of Strategic Partnerships and  
Commissioning, Children's Services;  
James Cole Adults Mental Health Commissioning Manager  
(Sandwell & West Birmingham CCG);  
Tanith Palmer, Consultant in Public Health, SMBC;  
Marsha Foster, Director of Partnerships, BCH;  
Jaspal Sheera, Workforce Analytics Data Officer, Human  
Resources SMBC;  
John Taylor, Chair of Health Watch Sandwell;  
Anita Andrews, Health Watch Sandwell.



1/20      **Appointment of Chair**

It was moved by Councillor E M Giles and duly seconded that Councillor Preece be nominated Chair of the Joint Health and Adult Social Care and Children's Services Scrutiny Board. On being put to the vote it was:

**Resolved:**

Councillor Preece be appointed Chair of the Joint Health and Adult Social Care and Children's Services Scrutiny Board.

2/20      Chairs Announcement

The Chair paid tribute to Councillor Chris Tranter who sadly passed away on 15<sup>th</sup> October 2020. Councillor Tranter had been a member of the Health and Adult Social Care Scrutiny Board and a valued colleague.

3/20      Apologies

Apologies for absence were received from Councillor Jarvis and David Bradshaw, Healthwatch Sandwell.

4/20      **Declarations of Interest**

Councillor R Jones declared an interest prior to the previous item as an employee of the West Midlands Ambulance Service.

Councillor Piper declared an interest as a Governor of Black Country Partnership NHS Foundation Trust NHS FT Trust and a Trustee of Better Understanding of Dementia in Sandwell (BUDS).

Cllr E M Giles, declared an interest in having a family member who was an employee of Sandwell Council.

Cllr Preece declared an interest as an employee of Sandwell and West Birmingham Hospitals Trust.

5/20

## **Minutes**

The minutes of the meeting of Health and Adult Social Care meeting held on 21<sup>st</sup> September 2020 were noted.

The Director of Public Health confirmed that on page 10 the minute should refer to a private house and confirmed that under tier 2 restrictions the Government only made an exemption to enter private households for registered childminders. The Council had lobbied Central Government and had been listened to, as a result, restrictions were extended to include an exemption for informal childcare as well. This meant that grandparents could mix households with a son or daughter to provide a childcare bubble. As at November 5th it had been confirmed that residents could continue to form a childcare bubble to provide childcare.

6/20

## **Mental Health Support in Sandwell**

The Chair introduced a summary of the evidence provided so far and highlighted the purpose of the session to consider mental health support in Sandwell.

The Chair advised that Members had opportunity to provide questions in advance of the meeting and advised that he would also invite questions from the floor.

7/20

## **Workforce mental health & wellbeing**

The Board noted the presentation provided by the Interim Director of HR and Workforce Analytics Data Officer which outlined employee mental health and wellbeing in the workplace.

The Data officer outlined the following:

- Council survey Findings
- Council sickness levels
- Supporting the Workforce training, occupational health resources and Employee Assistance Program (EAP)
- Next steps

The presentation highlighted that:

- There were 2000 responses to the surveys run between July and August 2020 and relates to those:
  - Working from home
  - Working from home and a council location
  - Working from Council location or across the Borough
- The mental health score was good which means the Council had a resilient workforce;
- 1767 (88%) of staff knew where to go for support for mental health and wellbeing;
- 1700 (85%) of respondents believe they had managed work/life balance well since lockdown;
- Sickness levels had generally reduced, but had increased in relation to stress, depression or mental health by 8.6%, 330 more days which had been lost compared to the same period in 2019. Also, the average duration of time off work had increased by 4 days. The pandemic had most likely been the cause of the increase of stress, depression or mental health due to personal and bereavement related reasons and the rising trend could be a problem moving into the second lockdown.
- Training and support mechanisms were being increased and enhanced, including i-act training and Aim the toolkit that supports the training;
- There had been an Increase in employees visiting occupational health and 'Supporting positive mental health' intranet page had been visited from workplace but particularly when working from home;
- Confidential advice and counselling for employees was available via a telephone line around a wide range of services which allowed up to 6 counselling sessions for mental health and wellbeing;
- The Council was evaluating and developing existing mechanisms, involving and consulting with trade unions and employees. Also, monitoring absence levels to identify trends and improve communication with the workforce.

The Board noted the following comments and responses to questions:

- The systems in place were good, but it was considered that people may be embarrassed to come forward and say that they had a mental health problem, they may feel that it would affect their employment. It was confirmed that the service was confidential, and that the first contact was anonymous. In terms of further access, it would be necessary to identify that they worked for Sandwell to log on for further support; this applied to employees and councillors.
- There was an increasing confidence to access services, but it was a challenge to some people to come forward and use the support available to them. All information was available on the intranet. With an individual's agreement, information about their physical and mental health could be forwarded to a new manager if the employee moved on, to avoid having to repeat the details of their situation.
- A Mental Health awareness campaign had taken place earlier in 2020 to make the workforce aware that the Council was a mental health friendly organisation, that employees could be open about it, and that it was important to access support earlier. It was suggested that the campaign could be repeated.
- The i-act training was welcomed as a good guide for Council employees and councillors, it was accessed via the Council's Intranet. A challenge was identified that when using different mobile devices there was a problem for some councillors to access the intranet. It was also highlighted that some employees had with no access to IT and that this should be investigated. It was confirmed that in relation to staff who do not have easy access to the internet or intranet, the information was published on posters and shared with supervisors to brief staff. Information was targeted to employees without access to IT via the internet which they could access via mobile phones.
- Further detail was requested about the break-down of absence data into different groupings, to look at trends in relation to age, gender, ethnic minority etc and to ensure we had awareness of trends across service areas. The Council had started to prepare this data.
- The data for sickness on the system, specifically for mental health, stress or depression, was only broken down into certain categories (bereavement, personal or from work related issue). It was difficult to determine if mental health

sickness was directly related to Covid, however it could be determined if it was related to personal reasons or bereavement. Work had started to breakdown the data into further categories.

- In terms of support from managers to employees it was identified that there was a need for consistency and work was ongoing to support managers to provide support for employees, and also the level of support we ask managers to provide, including regular briefings. The effectiveness of this was being gathered anecdotally and training offered to managers where a need was identified.
- Targeted information for staff was being considered. It was noted that West Midlands Ambulance Service were targeting information, for example posters and mental health support information on the back of toilet doors and other private locations. The Council were considering other places and ways to post information, but it was noted that currently many staff were not accessing buildings.
- 88% of respondents did know about the mental health offer and how to access it. There was a need to reach out to the 12% who were not positive about current support, and it was agreed to consider a further break down of the 12%.
- 330 additional days had been lost to stress, depression and mental health in 2020. The Board was advised that it was evident that bereavement and personal related stress had increased compared to the previous year and that work-based stress had not increased. An assumption was made that the level had gone up as a result of the pandemic.

**8/20**

### **Presentation (2): 'Child emotional wellbeing and mental health'**

The Executive Director of Children's Services gave an overview of local arrangements and services in place to support the emotional wellbeing of children and young people and to provide some information about the impact of Covid on children and young people. Colleagues from the Council and Partners were in attendance to respond to questions later in the meeting.

The Board received a presentation which outlined the following:

- The four tiers of services available to all, across Sandwell from the Council and partner organisations, and the terminology used to describe work that is done:
  - Green area - services available to everyone
  - Yellow area - services that build on services available that may need signposting to individuals
  - Peach area – where services may be targeting individuals
  - Red area - services where individuals may not have a choice whether to engage, a more urgent emergency.

It was noted that across all services there were no solid lines between layers of need and services; and often the need to access services was across the tiers.
- Systems overview - key documents:
  - Future in Mind
  - NHS 5 year forward view for mental health
  - NHS Local Transformation Plan (LTP) 2019/20
  - Sandwell Thrive Framework
- Child emotional wellbeing and mental health – the ‘snapshot’ slide provided detail of the four tier services and intervention, commissioners and providers.
- Covid-19 – looking at the impact on children, the need to consider: if there were enough services for children and young people, were services doing the right things and what the impact of Covid-19 might be on those services.

The Board noted the following comments and responses to questions:

- The amount of information about emotional wellbeing and mental health on line was immense and quite difficult for parents and families in Sandwell to navigate. Councillor McVittie suggested that there should be a simple flowchart or ‘ask a question’ page available where individuals or organisations could type in key questions and be pinpointed to advice and find support, so that they do not feel isolated or alone. The Executive Director welcomed the suggestion and undertook to take it to the Thrive Group to take forward.
- The approved agencies mentioned in tier 4 would be services such as those provided by Black Country Healthcare, which provided children with in-patient care. The number of tier 4 beds

were limited and the resource and amount of time to get a child a bed was quite challenging.

- The challenge with paediatric acute care beds was the number of beds, and location of beds available. It was noted that the demand for acute care beds across the Black Country was small, around one child every 2-3 months, and that this position had not increased during Covid-19 pandemic. There were some national changes happening relating to the way CAMHS Tier 4 in-patient beds were organised and funded, and that it was expected that the arrangements to purchase beds would become more devolved to a local level.
- A lower take up of children's mental health services had been identified at the previous meeting. It was considered that there had been a reduction in referrals to services during lockdown. The reasons for this was that not all children had been in school until September and during lockdown young people were not able to access to places to visit services.
- Since children had returned to school in September there had been a slight take up of services, but numbers were not up to normal levels. It was considered that there may be a systems issue to support young people, schools and other places were not getting as much contact with young people.
- There was a roll out of 'Trusted Adult Training' in Sandwell, where people were trained to recognise issues earlier, when children and young people may be struggling with their mental health. It was anticipated that there would be an increase in referrals when training was rolled out more widely across Sandwell. The challenge was that people need to make the referrals and that children needed to be able to recognise emotional wellbeing and mental health issues themselves. It was important to create a better understanding across the system in terms of recognising child emotional wellbeing. The suggestion of developing flowcharts and more pinpointing of services would be beneficial.
- The implications around primary care needed to be considered as well, people had not had the same access to services during lockdown or were nervous about accessing them.
- In relation to how child mental health services were going to meet the demands placed on services with the increased demand due to Covid, the Executive Director highlighted that Sandwell had a good range of services available, but the challenge was making sure that the services were all visible, in

the right place and doing the right things at the right time. Parents and children needed to know about them and how to access them. The systems work was really important to make sure services all joined up across the system.

- It was important to manage the demand to the lower tier services, to focus on early intervention and manage the demand into tier 3 CAMHS services, which is where the blockages happened due to the number of inappropriate referrals that could be dealt with earlier. There was more work to do on the system response and individuals being posted to earlier services to prevent progression to tier 3 services.
- The CCG indicated that resourcing going forward was a huge concern in secondary services and that people should not be posted directly to mental health services. It was important to go through the tiers of support to manage the demand on specialist services. It was highlighted that this was the same across all age services and that resourcing and investment over recent years had been directed towards specialist services and not earlier intervention level services.
- Structured mental health support - there was a single point of access staffed by BCH and voluntary sector organisations to provide a steer to the right services and there was a good systems approach to monitor demand. It was noted that there had also been a regular provider meeting to discuss demand and capacity based on that and that pressure points on services could be identified.
- Public perception of the CAMHS service from surveys could be confused from a public perception, the individuals responding may not have a whole system view of mental health provision and sometimes CAMHS was confused for the 'service', rather than part of the whole system.
- It was essential to work to manage the pressure on services such as CAMHS and to tell people about CAMHS and what it does.
- It was important for people to open up, seek support earlier, understand that it was okay for them to feel anxious or to be upset, and there were ways to support them to be resilient and manage their anxiety.
- It was important to listen to the public voice through survey feedback.

- BCH re-iterated the importance of encouraging young people to talk about mental health and wellbeing. Also, that more work was needed to tackle the stigma of mental health, to work on prevention and work in the communities to break down barriers and challenges. It was agreed that there needed to be a collaborative approach in Sandwell.
- It was highlighted that earlier triage for mental health was needed, so that children and young people did not wait in a long queue for services, when earlier intervention was required.
- A consultation event had been held in September 2020 to reach out to communities in Sandwell, 100 people had attended to look at the impact of mental health on communities.

**9/20**

### **Mental Health Update – Healthwatch Sandwell**

The Board noted the report from the Chair of Healthwatch Sandwell. The paper outlined areas of Healthwatch work which had highlighted issues around mental health, including:

- how navigating the complexity of the system was difficult, particularly when people were at a difficult time in their life;
- concerns relating to the stigma of mental health
- being able to access services;
- the need to look at resourcing, quality of services and the waiting time for people.

The Chair of Healthwatch highlighted that although the survey was only part of the picture, the voice of end users through the survey was as valid as the voice of a commissioner, practitioner or clinician in a whole system approach. Healthwatch had agreed with the Chair of Health and Adult Social Care Scrutiny to bring short reports about the relevant topic on the agenda, to enable the voice of public and patients to be heard at scrutiny meetings.

The paper highlighted issues raised through surveys relating to:

- Carers – highlighted loneliness and isolation of carers;
- Children and Young People – highlighted CAMHS services could be a problem for parents and children if not getting services at the right time;
- Homeless young people – highlighted issues around waiting times, attitudes, and access due to no permanent address or not registered with GP.

- The complaints organisation had indicated an increase in complaints in recent months;
- Covid – people had said their mental health had deteriorated due to isolation, relationships had deteriorated as had general wellbeing.

Health watch had recently launched a new piece of work with focus groups around mental health and wellbeing, particularly around the impact of Covid.

BCH indicated that the Board may benefit from a wider report about CAMHS, to provide a more comprehensive picture of the whole system approach. BCH would connect with the SHAPE work and Healthwatch to co-ordinate a 360-degree approach to give an all-round view of CAMHS.

The Board agreed that it was important have the user voice and views in balance in any work being done. It was challenging to gather views from individuals that was fully representative when they all had different experiences and perspectives.

The Board agreed that an in-depth CAMHS report would be appreciated to the Children's Services and Education Scrutiny Board Meeting in 2021.

## 10/20 **Summary and recommendations**

The Chair summarised the matters identified by the Board and advised that officers should be consulted to identify the most appropriate Scrutiny Board to receive further information on the matters highlighted at the meeting.

**Resolved:** That the appropriate Scrutiny Board receive further information to the matters identified by the Joint Health and Adult Social Care and Children's Services and Education Scrutiny Board on 2<sup>nd</sup> November 2020.

1. Workforce Mental Health and Wellbeing:
  - a. Further analysis of the data in relation to the 12% of employees, who responded to the workforce survey, about the mental health offer and how to access it but did not respond in a positive way.

- b. The service level breakdown of workforce sickness absence and the service area impacted.
  - c. Communication mechanisms for employees and councillors that do not have access to IT or the intranet.
2. The Executive Director Children's Services consider the suggestion to develop a flowchart or an 'ask a question' page on the website to pinpoint the public and organisations to advice and support relating to children's mental health in Sandwell;
  3. A report relating to Acute Paediatric Children's Beds;
  4. A report relating to triage for Child Mental Health;
  5. A detailed report relating to CAMHS.

**Meeting ended at 7.15 pm**

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