

**NOTES OF THE CHILDREN AND YOUNG PEOPLE AND COMMUNITY WELLBEING
BOARDS LEAD MEMBERS JOINT MEETING ON THURSDAY 8 JANUARY 2015 AT 2.00
PM, SMITH SQUARE ROOMS 3 & 4, LOCAL GOVERNMENT HOUSE.**

Present:

Lead Members from Children and Young People Board:

Councillor David Simmonds (Chair)

Councillor Nick Forbes

Councillor Liz Green

Councillor Helen Powell

Observers: Councillors Tony Hall and Jane Scott, OBE

Lead Members from Community Wellbeing Board:

Councillor Katie Hall

Councillor Gillian Ford

Teleconference: Councillor Linda Thomas

Apologies for absence were received from Councillor Izzi Seccombe (Chair, Community Wellbeing Board) and Councillor Liz Mallinson.

Also in attendance: Sally Burlington, Helen Johnston, Helen Kay, Samantha Ramanah and other officers from the LGA.

1. Transfer of Public Health Commissioning for 0-5 year olds

- 1.1 The report provided an update on the transfer of responsibilities for the commissioning of public health responsibilities for 0-5 year olds from NHS England to local government on 1 October 2015. There was currently a "light-touch" assurance process.
- 1.2 Decision- the Joint meeting agreed the report and the direction of travel. They noted that this was a challenging situation for local authorities particularly in relation to asylum seekers but they suggested developing and modifying numbers in future. They recognised that funding would move towards a formula based on need based over time.

2. Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health

- 2.1 The report provided an update on the national work on Child and Adolescent Mental Health Services (CAMHS) and the LGA's work on adult mental health.
- 2.2 In the introduction to this item, Sally referred to the Task and Finish Group, led by DH and NHS England, attended by Councillors Izzi Seccombe, Gillian Ford and herself.

2.3 The Joint meeting considered that more work needs to be done to work ever closer with schools and that clear monitoring by the CQC was needed. Currently four weeks for CAMHS was the target but this was considered not acceptable.

Decision: The Joint meeting agreed the report and in particular wanted the following to be considered:

- Surveys and experiences shared were a good idea to improve data available but should reflect the geography of the responsible body; i.e. CCG rather than local authorities.
- There should be an emphasis on early intervention for self-harm/suicide, especially provision in schools.
- Consider using safeguarding as a model for showing local accountability e.g. designated teachers and governors.
- Commissioning responsibility shouldn't be split as now, and could be brought together with Health and Wellbeing Boards.

Consider:

- Access for vulnerable groups including armed forces and asylum seeker children.
- Improving referral routes to CAMHS for school, more training for teachers, monitoring of waiting time, clear view of what "good" looks like, improved community-based provision (i.e. out of hospital), dropping CAMHS as a title, improved understanding of the support that LA professionals can offer, raising public awareness of the issue, greater transparency of quality of CAMHS service.

3. People with learning disabilities and complex needs

3.1 The report set out a proposal for an initial programme of work to gain a better understanding of the cost pressures on adult social care for those adults with learning disabilities. In particular it was noted that this covered a large part of the social care budget and it was clear that this group had complex needs which needed to be taken into consideration.

3.2 It was suggested that a scoping study would take place for people with learning difficulties and autism to understand better their experiences, outcomes and transition. It was noted that an extra-plus model took place in Newcastle upon Tyne MDC and that this holistic and joined-up model could be a useful template to be used by other local authorities. In particular it allowed for the NHS and local authorities to work together and pool their respective budgets. In addition, the Winterbourne View issues needed to be considered including that of "out of borough" implications.

Decision: The Joint meeting agreed the report and the scoping study.

4. Summary

4.1 It was agreed that these Joint meetings should occur on other occasions, preferably following the Children and Young People Board.