Wellbeing Overview and Scrutiny Committee

Wednesday 14 February 2018

Present:

Councillor Mrs Aspinall, in the Chair.
Councillor James, Vice Chair.
Councillors Dann, Deacon, Loveridge, Dr Mahony, Tuffin, Tuohy and Vincent.

Apologies for absence: Councillor Mrs Bridgeman

Absent: Councillor Cook

Also in attendance: Councillor Mrs Beer (Cabinet Member for Children and Young People), Councillor Mrs Bowyer (Cabinet Member for Health and Adult Social Care), Dave McAuley (NEW Devon CCG), Lin Walton (NEW Devon CCG), Sarah Lees (Public Health), Supt Craig Downham (Devon and Cornwall Police), Matt Garrett (Head of Community Connections), Craig McArdle (Director for Integrated Commissioning), Anna Coles (Strategic Commissioning Manager) and Amelia Boulter (Democratic Adviser).

The meeting started at 2.00 pm and finished at 4.40 pm.

Note: At a future meeting, the Panel will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

55. **Declarations of Interest**

There were no declarations of interest.

56. Chairs Urgent Business

There were no items of chair's urgent business.

57. **Minutes**

The minutes of 13 December 2017 were agreed.

58. **Mental Health**

Councillor Mrs Beer (Cabinet Member for Children and Young People), Councillor Mrs Bowyer (Cabinet Member for Health and Adult Social Care), Dave McAuley (NEW Devon CCG), Lin Walton (NEW Devon CCG) and Sarah Lees (Public Health) were present for this item.

In response to questions raised by the Committee, it was reported that -

- (a) every secondary school has a mental health lead that is trained and can either signpost or provide help to that young person. There is a whole school approach with staff trained up to recognise young people with mental health issues, using simple questioning to identify and find the right support. Also the CAMHS service now work within the schools:
- (b) the average waiting time had reduced from 20 weeks to an average of 6 weeks for a routine referral. An area of concern was childhood trauma and there was increasing evidence of perinatal mental health problems for mothers which then affect the babies. A new service was being implemented in Plymouth providing support and specialist treatment for mothers as well as looking at the impact of emotional wellbeing from an early age;
- (c) no suitable information was available within the overview of risk factors for emotional health and wellbeing as set out within the Local Transformation Plan Refresh because the plan was produced at an STP level and that there would be either no uniform measure or would have data at a Plymouth level that was not publicly available;
- (d) with regard to e-safety they use a whole school approach to emotional, health and wellbeing to develop young people's skills on how to use social media responsibly. They use the Five Ways to Wellbeing in all schools, helping young people on how to cope and becoming resilient. Every child would have the same offer across all schools;
- (e) they do not have any data for Plymouth around young people buying prescription drugs over the internet, however, we do have the Wellbeing Survey within schools which includes what risk taking behaviours young people were involved in. This issue would need to be tackled at a global level and would be beyond what we could do locally;
- (f) the number of people accessing specialist mental health services and in employment has been static at 6% and the agencies that support people with benefits claims report that there was a big need for advocacy around the review of PIPs;
- (g) the Home Treatment Team were available every day and around the clock to manage the pathways in and out of hospital. The level of support would be dependent on need;
- (h) a support service was in place to help veterans to find the services they need but this was also reliant on the person identifying themselves as a veteran.

The Committee agreed -

- I. to be provided with a better understanding of the Local Transformation Plan Refresh to include the significance of the plan, what the plan was used for and data available at a Plymouth level rather than STP level.
- 2. to be provided with the results of the Wellbeing Survey undertaken in secondary schools to understand how risk taking behaviour is tracked and addressed at a future meeting.
- 3. that the Chair on behalf of the Committee write to the 3 MPs to highlight the growing issues of young people accessing and buying prescription drugs over the internet.

59. Safer Plymouth Partnership

Supt Craig Downham (Devon and Cornwall Police) and Matt Garrett (Head of Community Connections) were present for this item.

In response to questions raised by the Committee, it was reported that -

- (a) the re-referral rate was below 20 percent in Plymouth and these are people going through the service again after another episode of domestic abuse. The commissioned contract was looking to maximise numbers going through and accessing the service and working with providers to make sure people access the most suitable services;
- (b) so far in Plymouth have not encountered "cuckooing" which is when a vulnerable drug user being used by a person outside of the area to deal drugs from their home or to stay occasionally at their home. Working with the voluntary and community sector for any signs of cuckooing. This is currently more prevalent in Exeter and Cornwall;
- (c) Operation Greywild tackles groups or gangs of young people within the city centre. They were working closely with Plymouth City Council and partner agencies to deal with and provide support for these young people;
- (d) training was available for a range of staff including Plymouth City Council staff on child sexual exploitation and modern slavery. The Safer Plymouth Partnership has a sub group that raises awareness of and deals with Modern Slavery;
- (e) they were not aware of any issues with young people accessing prescription drugs via the internet. However, legal highs was an issue and this was being addressed;

- (f) the Rees Youth Centre was being used as a community centre and it was reported that there had been a spike in anti-social behaviour in the area:
- (g) that the teaching of British Values in schools was taken into account by Ofsted during inspections;
- (h) the reporting of hate crime was going up and this was positive, however, there were instances of under reporting for various reasons such as people feeling that they weren't being treated properly or taken seriously. They were working with partners on the importance of reporting these types of crime.

The Committee agreed -

- I. that a briefing paper outlining youth provision across the city and how antisocial behaviour is tackled with in the city is provided to the Committee.
- 2. for a briefing paper outlining what was provided in schools around the Prevent agenda and British values.

60. **CQC Report**

Councillor Mrs Bowyer (Cabinet Member for Health and Adult Social Care), Craig McArdle (Director for Integrated Commissioning) and Anna Coles (Strategic Commissioning Manager) were present for this item and provided the Committee with a presentation. It was reported that on the whole feedback from the CQC was very positive and the next stage they would be producing an Action Plan. The Committee agreed to:

- I. Formally accept the CQC Plymouth Local System Review Report.
- 2. Agree to formally monitor the Action Plan and receive regular reports.

61. Integrated Commissioning Score Card

The Chair advised that this item together with the integrated finance monitoring report had been included on the agenda for information. As no issues had been identified for consideration prior to the meeting, no Cabinet Members or officers had been invited to attend.

62. Integrated Finance Monitoring Report

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63. Work Programme

The Committee noted the work programme.