

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Tuesday 15th January 2019

Present:

Councillor Nell Griffiths
Councillor Fazila Loonat
Councillor Alison Munro
Councillor Habiban Zaman

Co-optees

David Rigby
Peter Bradshaw

In attendance:

Tom Brailsford, Head of Joint Commissioning
Mandy Cameron, Head of Education, Inclusion & Safeguarding
Dr Kathryn Johnson, Consultant Neonatologist and Research Lead, Leeds General Infirmary

Apologies:

Councillor Elizabeth Smaje (Chair)
Lynne Keady (Co-Optee)

1 Minutes of previous meeting

Councillor Nell Griffiths was appointed as Chair of the meeting.

That the minutes of the meeting held on 4 December 2018 be approved.

2 Interests

No interests were declared.

3 Admission of the public

All items were taken in public session.

4 Deputations and Petitions

The Panel received deputations from the following people regarding item 5 Foetal Alcohol Syndrome:

1. Mr Jeff Fox
2. Mrs Fox
3. Kate Ward

5 Foetal Alcohol Syndrome (FAS)

The Panel welcomed Tom Brailsford Head of Children's Joint Commissioning North Kirklees CCG, Greater Huddersfield CCG and Kirklees Council; Mandy Cameron - Head of Service - Education Safeguarding and Inclusion; and Dr Kathryn Johnson,

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Consultant Neonatologist & Research Lead, Leeds General Infirmary to the meeting.

Dr Johnson informed the Panel of her role as the Lead Investigator in the study that aimed to determine the incidence of FAS in the UK and Ireland.

Dr Johnson provided an overview of FAS and outlined the diagnostic criteria and case definition for the study.

Dr Johnson informed the Panel of the difference between FAS and Foetal Alcohol Spectrum Disorder (FASD) which was a more complex condition that covered several diagnosis that related to prenatal exposure to alcohol.

Dr Johnson stated that she wished to also undertake a study on FASD although currently there was no regionally or nationally agreed diagnostic criteria. Dr Johnson explained that she was working on developing a better diagnostic pathway in the region and outlined details of a group she had established to look at this work.

Dr Johnson informed the Panel that the group currently did not have a paediatrician representing Kirklees and explained wider representation from across West Yorkshire would help with the work that was taking place in developing and agreeing a regional pathway.

Dr Jonson stated that work had already been undertaken in Canada and Australia in developing a diagnostic pathway for FASD and this had recently been mirrored in Scotland whose guidance was awaiting publication.

Mr Brailsford informed the Panel that within Kirklees the NHS and the Council were trying to manage the signs and symptoms of FAS and FASD within the current resource provision.

Mr Brailsford explained that the Child and Adolescent Mental Health Services (CAMHS) in Kirklees would deal with any signs or symptoms of FAS or FASD through either the Learning Disability Service or the mainstream CAMHS provision.

Mr Brailsford stated that both Mid-Yorkshire Hospitals NHS Trust and Calderdale and Huddersfield NHS Foundation Trust had screening programmes and any neonatal concerns were reviewed by Neonatal Consultants.

Mr Brailsford outlined details of a developed service that was part of the Kirklees substance misuse provision and worked with children of substance misusing parents.

Mr Brailsford highlighted the specialist provision and support available in Kirklees Education Services that wasn't reliant on diagnosis but was based on the behaviour exhibited by children.

Mr Brailsford informed the Panel of the closeness of FASD to autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) and provided

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details of the waiting times for diagnosis, provision of support and the work on developing a neuro developmental pathway.

Mr Brailsford stated that prevention was another key focus of work and that there was a clear message from the Kirklees school nursing teams and health visiting service on zero alcohol during pregnancy.

Mr Brailsford outlined details of the work of the Support for Women and Antenatal service (SWANS) which provided services for women with complex social needs.

Ms Cameron informed the Panel that in terms of all types of additional needs diagnosis was not required to access specialist provision and the focus was very much on presenting need and matching the need to the appropriate provision.

Ms Cameron stated that there was no discrete provision for FASD but the education service always aimed to match the presenting need to as local provision as possible and help as many children as possible to stay within their local community.

Mr Brailsford informed the Panel that FASD was now included in the CAMHS Diagnostic Manual which would help the diagnosis of this disorder.

A question and answer sessions followed that covered a number of issues that included:

- A question on whether there were plans to move towards a more holistic approach for dealing with the effects of antenatal exposure to alcohol.
- An explanation of the spectrum of disorders that resulted from exposure to alcohol and the need for professionals to take care when explaining the different disorders.
- The serious medical conditions suffered by some children within the FASD group.
- A question on where FASD sat within the spectrum of substance misuse during pregnancy.
- Details of a study that had looked at substance misuse by women during pregnancy that found that a high proportion of them also drank high levels of alcohol.
- A query on how far Kirklees was from getting a locally agreed diagnostic pathway for FASD.
- Confirmation that Kirklees was not very close to agreeing a diagnostic pathway predominately due to the lack of an agreed definition.
- An outline of three key areas that Kirklees should focus on that included: a need to understand the scale of the problem; awareness raising; and an agreed diagnostic pathway.
- The option to explore the feasibility of getting local and regional agreement to use the pathway and guidance developed by Scotland.
- A query on the messages and information that was provided to women as part of their antenatal support.
- A concern that increased diagnosis would increase the pressure on schools.
- An outline of the growth in the number of children who were presenting with increased complexity of need.

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- An overview of the Council's High Need Review which was a workforce development strategy to help staff feel confident and able to deal with the increased range of need they were now encountering.
- An overview of the 4 main areas of need outlined in the schools code of practice.
- Details of the increased numbers of Education Health Care Plans (EHP) and the plans to revise and increase the funding for EHPs.
- A question on what advantage would be gained from identifying a child with FASD.
- An explanation of the specific patterns of behaviour exhibited by a child with FASD.
- Clarification that it was possible to identify specific behavioural patterns of a child with FASD.
- The benefits of making teachers aware of a child with FASD.
- The advantage to commissioners of understanding the different approaches to dealing with children with FASD, ADHD or ASD.
- Details of the parenting strategies required for a child with FASD.
- Clarification that early intervention during pregnancy would be of benefit and would help to minimise damage to the child.
- The need to look again at how the message on the effects of alcohol and substance misuse should be delivered.
- The need to consider delivering the message at an earlier stage to teenage girls.
- The lack of information in doctors surgeries and health centres on the impact of drinking during pregnancy.
- A comment that the Panel had found the written deputation submitted by Mr and Mrs Fox helpful.
- A question on whether the commissioners could use the solutions put forward in the deputation as a framework for action.
- The work being done at a West Yorkshire level.

RESOLVED –

1. That the Panel request clarification on what advice and information on the effects of drinking alcohol is provided to women during antenatal care.
2. That the Panel would wish to see a paediatrician from Kirklees join the group established by Dr Kathryn Johnson that is looking at developing a regional protocol and diagnostic pathway for children with Foetal Alcohol Spectrum Disorder (FASD).
3. That the Panel would wish to see more work being done to explore ways of raising awareness of the impact of drinking alcohol during pregnancy.
4. That the solutions outlined in Mr and Mrs Fox's deputation be agreed and submitted to the Kirklees Health and Wellbeing Board for consideration.

6 Work Programme 2018/19

That progress of the work programme for 2018/19 be noted.

7 Date of Next Meeting

RESOLVED – That the date of the next meeting be confirmed as 12 February 2019.